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► **To cite this version:**

Abderraouf Ben Ahmed Mtiraoui. The action of public power and Economic Growth: Application to the health sector in the MENA region. 5 th International Conference on Business Economics, Marketing & Management Research (BEMM-2017), Nov 2017, Sousse, Tunisia. ⟨hal-02523118⟩

HAL Id: hal-02523118

<https://hal.science/hal-02523118v1>

Submitted on 28 Mar 2020

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The action of public power and Economic Growth: Application to the health sector in the MENA region

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Abstract— The objective of this article is to show the impact of the action of public power over the management of public expenditure on health. Our empirical attempt tries to clarify the direct and indirect effects of the efficiency of the government on the development of public spending for the health sector during the 1984-2014 period in the MENA region while using the model of simultaneous equations.

Keywords— Public expenditure, Economic growth, Government Effectiveness, Public expenditure on health and simultaneous equations model.

I- INTRODUCTION

Governance is more than ever under the eyes of all stakeholders from public life. It is clear that it is increasingly recognized that governance of public spending is essential for the implementation of the goals and strategic directions of the state. The governance of public spending remains at the heart of any controversy concerning the economic development policies. Indeed, the notion of governance emerged in the early 1990s in the constellation of representations in favor of a society based on universal values like "accountability and transparency".

This concept indicates the process by which decisions are made and implemented in the country. In public administration, governance is the process by which "government run public resources". Public finance is the most important mechanism available to governments for the execution of their public policy objectives, good governance of public finances is therefore essential for the success of these public actions.

Moreover, public health spending have increased in some countries and decreased in others lead logically to question the determinants of public resources that a government allocates to health. This invites us to consider, very pragmatically, to initiate actions to increase public spending on health Countries with adverse health situations are not spending, on average, proportionally more than other countries. More the total financing need, the less health expenditures will be compared to the total public expenditure. This result implies that the overall financial constraint is partially an obstacle to the amplification of public health expenditure. The study by Demry and Gaddis (2003) shows that the structure of health

spending through the levels in the delivery of health care has changed little over the last decade. The share of the budget allocated to higher levels of care remained high, with frontline of rural services with in relative terms. The poor tend to use services that have less budget allocations. Although poor proportionally benefit from expenditure of primary health care, the quality of service they get when they visit primary care clinics can be limited compared to that obtained through hospital care. Given their limited access to academic centers, the poorest people earn relatively low (compared to richer) in government funding for the health sector.

II- REVIEW OF THE LITERATURE

A. *The interaction between governance, public expenditure and economic growth.*

Trying to define a concept of governance and analyze its relationship with health expenditure is a challenge for some young researcher. Of course, we are aware that we are neither the only nor the first to have tried such research. Indeed, we use throughout this article publications and contributions of researchers from different fields and disciplines. But we believe we can make a significant contribution in the incorporation of practical reality and academic reality related causal relationship between governance and health expenditure. Modest contribution, but perhaps will contribute to the emergence of achievements carriers questions.

The concept of governance was given to honor the early 1990s by the Anglo-Saxon economists and international institutions (UN, World Bank and IMF), to designate new "art or manner of governing". Moreover, it is the fact to manage public expenditure to reach the proper allocation of resources available to governments. In this spirit, there is broad consensus that public spending on health is often lacking in developing countries like the arab world countries.

This is in no way in conflict with the fact that it would be a side usually possible to improve the state of health with the same volume of public resources, and on the other side the research available shows that public spending health often do not have significant influences on the health status of the populations in question.

Beyond these influences which confirm the complexity of the correlations between public health spending and

improving health status, it emerges from the literature corpus of two arguments for an amplification of public health expenditure:

* In looking for other factors, "the involvement of public health spending on the population's health is greater in low-income countries than in others, and it is higher on the state of health the poor than the non-poor". According Filmer, Hammer and Pritchett (2000) and Gupta, Verhoeven and Tiongsong (2001) "exposes the results that assume that even with a homogeneous distribution of public spending on health among different social groups, the effect of public spending on health status will still be more important for the poor. But it could be argued that before considering an increase in public spending, it should focus on improving the efficiency of systems, good governance of public spending through the proper allocation of financial resources". As for Hensher, (2001) which estimates the existence of a discretion in the matter, but it is certainly varies between countries.

The study by Gupta, Verhoeven and Tiongsong (2001) shows that whatever the potential benefits in efficiency, public allocations remain insufficient in many cases. "This study implies a reduction of two thirds of the infant mortality rate by 2015 in the countries eligible for Heavily Indebted Poor Countries initiative would require, all things being equal, a level of public spending equivalent health 12% of GDP, while it is currently around 2%".

In total, the state of health in African countries is very poor. The question that arises at this point: what has financing capabilities do we need to improve the health of the population significantly? The general finding of the investigation of literature emerges a health financing gap, with wide divergences between countries.

B. *Public spending in recent models of growth*

Recent models of growth (for models of endogenous growth) estimate for most of that outside the consideration of external effects, the state has a direct influence on the efficiency of the public sector. It is in this light that Barro (1990, 1991) presents a growth model where public expenditure are a driving force (Agenor, 2000). Indeed, total public expenditure does not have a positive effect on the growth of the economies of WAEMU.

This result is consistent with those obtained by Ojo and Oshikoya (1995) and Tanzi and Zee (1997). In addition, the direct and indirect effects of public spending on growth of the economies of the WAEMU, following the approach of Tanzi and Zee (1997). The question of the actual destination of expenses incurred by representatives of public authorities needs to be asked in connection with the mixed impact in the short term, although positive, public investment on growth. Or public investments were used to finance unproductive projects in terms of contribution to economic growth, or they have been diverted from their original destination, posing in either case the question of good governance of EU economies.

In fact, Rajkumar and Swaroop (2002) showed, from an international comparison and an estimate panel data covering the period 1990-1997, that good governance (measured by the degree of corruption and the quality of bureaucracy) has a positive impact on the efficiency of public investment spending. This efficiency is measured by the gain on the GDP growth, the increase in public spending on health.

C. *The determinants of health expenditure: a macroeconomic approach*

The determinants of health expenditure are many and their respective impact difficult to separate. However, three fundamental developments appear to speak "upstream" the dynamism of the expenditure that should continue in the long term:

* Health trends (epidemiology and aging): the evolution of the health status of the population shapes the needs and therefore demand for care.

* The standard of living: the review mechanism is the rise in demand for health care driven by an increase in income.

* The advancement of medical knowledge / technological progress: it is above all because it is an innovative sector that the health industry is a growth industry. Innovations have often very expensive; they are mainly a product innovation (generator expense) rather than processes (factor cost savings).

* Integrated public systems (Health Service) are traditionally considered more appropriate for cost containment policies that increasingly segmented systems. Global instruments to control supply of (numerus clausus for example) can be linked to this mode of intervention.

D. *Public power and health systems and social protection in the MENA region*

The Arab countries are not entered what Raymond Massé called "new public health", which incorporates a strong citizenship dimension. In these countries, the citizenship dimension is absent for the majority of public health policies and, more broadly, health and social protection systems. It follows several consequences, holistic and individual. From an individual perspective, individualisation leads to the development of various therapeutic itineraries, involving an escape from the health system and the use of palliative care.

If care within the biomedical system are not open to the sick, they resort to other treatments: traditional medicines, herbal medicines, medicines "religious", etc. While this reduces leakage at first the public health system, but it is easy to see the negative consequences not only for care, but also dodge that this does not lead, paradoxically, to reform the health system. The individualization can also obviously promote epidemics because it implies a lack of information and thus an underestimate risky behavior.

Despite the structural weaknesses and institutionnelles public spending on health include recurrent expenditure and expected fixing by government budgets, loans and external

grants and social funds of health insurance in the world in a générale. To characterize the importance of health spending in the economy of a country, the indicator used is the amount of total expenditure on health as percentage of gross domestic product (GDP).

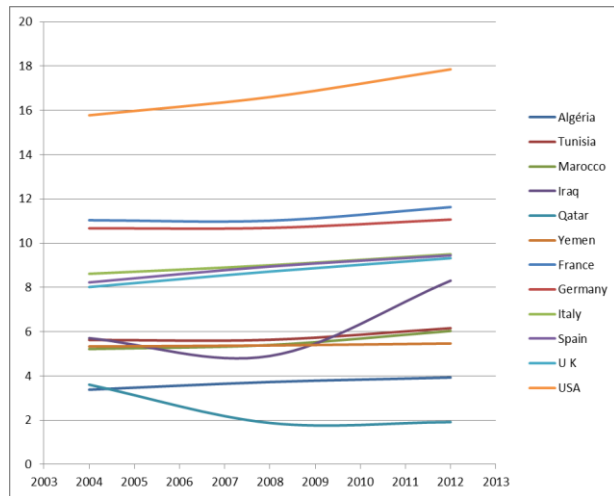


Figure (1): Evolution of public health expenditures (% of total) in the World.

** The diversion of patients to the private sector*

Are realized through the appointment decision. The patient is fix the appointment in a private hospital or in a nursing office where he will be received as soon as possible. Thus, while working in a public health facility and being paid by the state, some doctors and nurses to provide private clients.

In medical laboratories and medical imaging, the most common practice is to make the patient believe that the service has over supplies or devices that have failed. Then, the patient is directed to the private sector where it is ensured pay more service or it is suggested the "solution" to pay a certain sum for the service, if not the exams are delayed. Thus, X-rays and laboratory tests are performed out of hours services, fees are paid directly to the nursing specialists who are themselves interpretations.

When these are considered complicated, the reviews are presented to the radiologist or biologist doctors as having been carried out regularly (RENLAC, 2004).

**Conditions essential to health*

Health requires a number of conditions and Pre resources, the individual must be capable of especially :

- Housing,
- Access to education,
- Eating properly
- Have some income,
- Benefit from a stable eco-system,
- Count on a sustainable flow of resources,
- Have the right to social justice and fair treatment.

These are the prerequisites for any improvement Health.

** Policy-making for health*

The promotion of health goes beyond mere health care. It puts health on the agenda of policy makers in all sectors and at all levels, encouraging them to be aware of the consequences of their decisions on health and getting them to admit their responsibility in this regard.

Health promotion policy combines different approaches, but complementary; legislative, financial, tax and organizational change in particular. It is coordinated action leading to health policy, financial and social policies to foster greater equity. The joint action can offer goods and safer and healthier services, public services that promote better health and cleaner, more enjoyable environments.

Health promotion policy requires that we identify barriers to adoption of policies for health in non-health sectors, and ways to overcome these obstacles. The aim must be to make the choice easier for politicians to be as the best choice in terms of health.

III- CHOICE OF VARIABLE AND VALUATION METHODOLOGY

A. *The estimation method: Simultaneous Equations in panel data*

Empirical studies have examined very simple models are limited to an equation, generally linear in which an endogenous or explained. We assumed Y that is explained by a set of exogenous variables and a random perturbation (residue).

Indeed, the economic events that have a bit complexed are described by a set of variables, but their modeling requires by equations linking these economic variables, we are talking of simultaneous equation models. We specify the endogenous variables, which are determined by exogenous variables in the model. So modeling is done through three phases namely:

- The design, ie writing or model specification.
- Estimating equations of the model, as adapted techniques.

Overall, the vast majority of recent work on simultaneous equation models developed under the benevolence of the Cowles Commission; Koopmans (1950) and Koopmans and Hood (1953) are known references.

This work has greatly influenced the direction followed by the econometric theory for many years. For a story about the recent development of econometrics, see Morgan (1990). Because the literature on of simultaneous equations models is vast, we will process a small part of it. There are a large number of studies on this theoretical field, and many structures which are at different levels.

Two interesting review articles are those of Hausman (1983), which deals with traditional literature, and Phillips (1983) which deals with the more specific field of theory in small sample in the models of simultaneous equations, a subject we n 'not discuss at all.

- *Endogeneity problem:* The study of several economic

models such as growth, corruption and human capital require the consideration of the problem of endogeneity as the tested variables interact simultaneously.

Indeed, there are strong reciprocal causality between these factors which brings us to the problems of endogeneity and simultaneity. Estimation methods that may be used in the context of simultaneous equation models are functions of the model identification criteria and to estimate the endogeneity problem.

- *Method SURE* (Seemingly Unrelated Regression): In our case, the model presented is over-identified. The adopted method was the econometric method SUR (Seemingly Unrelated Regression). This method is suitable for treating this kind of model.

However, our model is characterized by the presence of an endogeneity problem of order two, by its definition, which is why the estimate by the leastsquares method would triple longer recommended. The estimation method is ON based on the principle of applying the ordinary least squares method in three stages. A technique to solve endogeneity problems is to introduce the origin of these problems variables as instrumental variables. However, the version used in this study is that of STATA 11. Using the method 2 SLS, treatment with Stata software allows us to complete resolution of the results to criticize.

- *The variables used in the estimate*

-**GDP**: This is the annual growth rate of GDP per capita. (WDI)

-**HK**: This is the tertiary enrollment rates. (WDI)

-**IN**: This is the gross fixed capital formation to GDP (WDI).

-**Pop**: This is the growth rate of the population (WDI).

-**FDI**: This is the net flow of foreign direct investment. (WDI)

-**TRAD**: This is the sum of exports and imports to GDP (WDI).

-**GC**: This is the level of government consumption as a percentage of GDP (WDI).

-**GE**: This is government effectiveness. (WGI)

-**PHE**: Public expenditure on health (WDI)

B. Model specification

- *The equation of economic growth*

We use the endogenous variable in the first equation the annual growth rate of GDP per capita (GDP). Indeed, Andersen (2003) argues that the per capita GDP growth rate is a good indicator for measuring economic growth and a

variable is justified by the abundant literature which states that foreign direct investment has a positive impact on economic growth as Ikiara, Mr. Moses (2003) and N.

Fosto, which prove that the technology transfer from the (DFI) positively affect growth. A variable (POP) is the growth

rate of the population. Regarding the second variable that this trade openness indicator denoted by (TRAD) which is measured by the ratio of the sum of imports and exports

relative to GDP, it is included in our model as a predictor of growth rate. Like Berthélemy and Varoudakis (1995), we introduce the increased trade openness indicator accelerates economic growth and hence the expected sign of this variable is then positive.

In addition, the assessment of the effect of public spending on welfare will be using the approach "benefits incidence analysis" Lionel Demery (2003), which takes into account the cost of public expenditure. This approach is complementary to the analysis of the progressivity of the use of public services and aims to assess the distributional impact of public expenditures (GC).

That's what there Kaufmann et al. have created a variable is government effectiveness (GE) reflects the perceived quality of public services, the quality of the civil service and the degree of independence from political pressures, the quality of the formulation and policy implementation, and the credibility of the government's commitment to such policies.

We will regress, and the annual growth rate of per capita GDP on these variables with the objective to verify the effect of government effectiveness (GE) and the indicator of public expenditure (GC) on the growth rate. The model is specified in Equation (A)

$$Y_{i,t} = \alpha_0 + \alpha_1 GC_{i,t} + \alpha_2 GE_{i,t} + \sum_{i=3}^5 \alpha_i X_{i,t} + \epsilon_{i,t}$$

The equation becomes as follows:

$$GDP_{i,t} = \alpha_0 + \alpha_1 GC + \alpha_2 GE_{i,t} + \alpha_3 FDI_{i,t} + \alpha_4 POP + \alpha_5 TRAD_{i,t} + \epsilon_{i,t}$$

With **X** is the vector of economic indicators (DFI, POP,

TRAD) determinants of growth and specific equation (A)

where (i = 1 17... N = 493; t = 1... 29).

- *The equation Public Expenditure*

The second endogenous variable is government spending (GC). The largest share of national wealth devoted to basic social sectors. Indeed, global governance indicators do not reflect the official position of the World Bank, its directors or the countries they represent.

They are not used by the World Bank Group to allocate resources. The impact of government efficiency (GE) on PEM quality (GC) is a scientific research scheme in detail at the level of total public resources allocations.

So, the model is specified in Equation (B):

$$D_{i,t} = \beta_0 + \beta_1 Y_{i,t} + \beta_2 PHE_{i,t} + \sum_{i=3}^4 \beta_i V_{i,t} + \mu_{i,t}$$

The equation becomes as follows:

$$GC_{i,t} = \beta_0 + \beta_1 GDP_{i,t} + \beta_2 PHE_{i,t} + \beta_3 IN_{i,t} + \beta_4 HK_{i,t} + \mu_{i,t}$$

With is **V** the vector of variables (**IN et HK**) specific equation of corruption and ($i = 1 \dots 17$; $N = 493$; $t = 1 \dots 29$).

- *The equation Public Expenditure of health*

The share of expenditure on public health (PHE) in gross domestic product can be in all of insufficient spending to the social objective in this side.

The model specified in equation (C):

$$S_{i,t} = \delta_0 + \delta_1 Y_{i,t} + \delta_2 D_{i,t} + \sum_{i=3}^3 \delta_i R_{i,t} + \omega_{i,t}$$

The equation becomes as follows:

$$PHE_{i,t} = \delta_0 + \delta_1 GDP_{i,t} + \delta_2 GC_{i,t} + \delta_4 GE_{i,t} + \omega_{i,t}$$

With **R** is the vector of economic indicator (GE) The equation specification: ($i = 1 \dots 17$; $N = 493$; $t = 1 \dots 29$).

**Presentation of the model:*

The structural model allows us to test the direct effect of each indicator on the endogenous variable and allows to observe the feedback effects exerted between the endogenous variables. This model will later be transformed into a model "reduced" to explain where the variables are substituted by their functions in the equations of the other variables. The whole relationship of this model is explained in the following diagram:

$$GDP_{i,t} = \alpha_0 + \alpha_1 GC + \alpha_2 GE_{i,t} + \alpha_3 FDI_{i,t} + \alpha_4 POP + \alpha_5 TRAD_{i,t} + \epsilon_{i,t}$$

$$GC_{i,t} = \beta_0 + \beta_1 GDP_{i,t} + \beta_2 GE_{i,t} + \beta_3 PHE_{i,t} + \beta_4 IN_{i,t} + \beta_45 HK_{i,t} + \mu_{i,t}$$

$$PHE_{i,t} = \delta_0 + \delta_1 GDP_{i,t} + \delta_2 GC_{i,t} + \delta_4 GE_{i,t} + \omega_{i,t}$$

D In the case of a simultaneous equations model, an endogenous variable in an equation may be included as an exogenous variable in another equation. This is the case of the variables "economic growth" and "Public expenditure" in our model.

The double status of these variables can result in a bias in estimates when using the Ordinary Least Square method (OLS) equation by equation. To avoid this estimation bias, we will

transform our model to estimate so that we get "a model where the endogenous variables are expressed as a function of exogenous variables."

The variable growth rate is a dependent variable in the first equation and is transformed into an explanatory variable in the second and the third equation, and vice versa. The double status of these two variables leads to biased estimates of the coefficients if the estimate is made by equation equation by OLS. Estimation by the simultaneous equations method offers the possibility to overcome this simultaneity.

C. Analysis of model results

- *Effects of the action of public power in the three regressions.*

We can remember that the purpose of this study is to test the institutional indicator that can promote economic development or not that is the action of public power can promote the creation of social wealth of a country?

The institutional factor, in this case, as an element of control that we need to explain its key role in the management and manner of governing public spending and especially social expenditure (health) and its effectiveness in stimulating economic growth.

In this context, we can explain the nature of relationship between public spending as an engine of growth and action of public power?

Our intuition is to know the weight of government's ability to keep well and also to steer by applying a control and monitoring strategy. We analyze the effects of an indicator on the two other variables and the same work is repeated with the other variable to be [the effects of (GE) on (CG), (PHE) and (PDG) and also on other variables Exogenous. Indeed, what primarily concerns the direct effect of government effectiveness on growth.

The results of the estimation of simultaneous equations by the least squares method of triple government efficiency (GE) on growth (GDP), the public s expense (GC), and health expenditure (PHE) are given by Table N°. 1.

Table N°1: Analysis of the results of the regression model on the effects of the action of public authority on growth, public spending and public spending on health.

<i>Variables</i>	<i>GDP</i>	<i>GC</i>	<i>PHE</i>
<i>Cst</i>	<i>3.90766</i> <i>(2.13)**</i>	<i>0.459932</i> <i>(17.90)***</i>	<i>0.465338</i> <i>(12.80)***</i>
<i>GE</i>	<i>0.757539</i> <i>(1.52)</i>	<i>0.098118</i> <i>(13.72)***</i>	<i>-0.0461301</i> <i>(-4.05)***</i>
<i>PHE</i>	-----	<i>0.1141151</i> <i>(3.47)***</i>	-----
<i>GC</i>	<i>0.5751619</i> <i>(0.19)</i>	-----	<i>0.246411</i> <i>(3.92)***</i>
<i>GDP</i>	-----	<i>-0.000071</i> <i>(-0.09)</i>	<i>0.88</i> <i>(-0.88)</i>
<i>DFI</i>	<i>0.1374892</i> <i>(0.113)</i>	-----	-----
<i>POP</i>	<i>0.0819714</i> <i>(0.65)</i>	-----	-----
<i>IN</i>	----	<i>0.0002665</i> <i>(0.26)</i>	----
<i>TRAD</i>	-----	----	----
<i>HK</i>	---	<i>0.0269325</i> <i>(1.53)</i>	----
<i>Observations</i>	<i>493</i>	<i>493</i>	<i>493</i>
<i>R²</i>	<i>0.1581</i>	<i>0.2704</i>	<i>0.1454</i>

Note: The words in parentheses are *-t-Student* and **, **, ****: significant at 10%, 5% and 1% respectively.

- *The interaction between the efficiency of government and the health sector in the MENA region.*

The results show that the institutional indicator (government effectiveness) is positively colored and not significant with economic growth. So the action of public power does not explain the growth. This then implies that the action of public power in the MENA region is ineffective.

We are talking about the bad institutional quality followed by poor governance in the presence of inefficiency of governmental power to stimulate growth in the MENA region .

In this context, according Bardhan Pranab (1996), the possibility for the state to control corruption depends on its vis-à-vis credibility of its people and the establishment of credible and strong institutions.

Then, on the effect of the government's effectiveness in total public spending. Analysis of the results shows a positive and significant effect of 0.098118 (1%) between government efficiency and public spending (GC), so the institutional indicator remains effective since the action of the public to participate to create Social rich even in a context of economic and social development. Then, the effect between the action of the public power remains significant (1%) and negatively stained -0.0461301avec expenses of Health (PHE).

If there is an effective action of public power then there will be a good orientation of the relevant expenditure in the health sector. The latter a negative effect with the efficiency of public power so there is a misallocation of resources because consumption was well governed. It is a waste phenomenon.

Moreover, the results found works the studies Filmer, Hammer and Pritchett (2000) and Gupta, Verhoeven and Tiongson (2001) discuss the results that assume that even with a homogeneous distribution of public spending on health among different social groups, the the effect of public spending on health will still be more important for the poor. But it could be argued that before considering an increase in public spending, it should focus on improving the efficiency of systems, good governance of public spending through the proper allocation of financial resources.

Finally, the direct effect of public spending (GC) appears mainly to expenditure of Health (PHE), since the latter a positive effect (0.1141151) and significant (1%). So the expenses are still needed to improve basic social sectors and especially the health sector and also these expenses can develop the quality of health services.

IV-CONCLUSION

This work focuses on assessing the weight of public power in a context of good governance and economic growth and to answer some questions related to empirical data reported in the new literature, so it is interesting to know to what extent the action of public power is effective at the decisions taken in the allocation of resources.

Indeed, the analysis takes as an example the world Arab consists of 17 countries during the period from 1984 to 2014. According to the main findings of this paper, we first note, institutional indicator plays an important role in the economic development of nations, because the action of public power seems to have an effect on public expenditure management that remain in this case a catalyst for growth and which were explained by the journal the existing literature.

The results show that the action of public power does not explain the growth. This then implies that the action of public power in the MENA region is ineffective. This is the result of poor institutional quality in the presence of inefficiency of governmental authority to avoid waste of public spending especially in public health spending and public resources to guide it in the proper pattern of growth in the world Arab.

In total, we studied the weight of power and efficiency of application within the MENA region to know the action of public power in the health sector, and we have proved that the effect government effectiveness on public health spending and economic growth as conceived by the economic literature, and we tried to verify empirically the interaction between the action of public authorities and economic development.

To fight against economic growth by the action of public power, we must update the legal standards and must also create new laws affecting the reality of the citizens of this area. This is one of the economic policy goals most prominent today to the possibility of increasing the country's wealth while reducing corruption.

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