



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	British Journal of Economics, Management & Trade
Manuscript Number:	MS: 2012/BJEMT/2462
Title of the Manuscript:	Does Fiscal Decentralization Nexus with Life Expectancy? Evidence from Pakistan.

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
The introduction and the background of the aim of this study improved. The ideas are now clearer than previous version of the paper. However, there are some methodological issues that I think it should be mentioned as a distinctive features /limitations of the study: - Fiscal decentralisation indicator: RPCI has a very small effect on life expectancy. It is only 3.4%. Most of the empirical studies that reviewed the relationship between fiscal decentralisation and health outcomes, they showed an effect around 10% (such as Rubio, 2011). One of my comments was about some figures about GDP or RPCI, it should help the reader to understand what this 3.4% means. Author should see if it is required. - Pakistan decentralisation should be a particular case of study in fiscal decentralisation process. For example, why provinces were delegated fiscal autonomy and it was not delegated to districts; some military dictatorships occurred during the years analysed. It must be had an effect on the discretion of local governments. These issues make Pakistan case a particular case. - Life expectancy must be a very sensible indicator to decentralisation policies as well as other social/economic policies, etc. It must be very difficult to distinguish between those effects. It should be mentioned in the paper. These additional information help to understand what it was measured and how decentralisation affects life expectancy.	Fiscal decentralization has very small effect on life expectancy because a tiny fraction of GDP is being spent on health sector. In Pakistan provinces, districts and union councils are delegated fiscal autonomy, but data collection process regarding districts and union councils levels is very complicated. The Military dictatorship period remained for long time as compare to democracy, but Fiscal decentralization was not influenced by Military rule at large scale, therefore, financials funds which were spent on public health sector remains unchanged. Yes I accept yours argument, as you know that I have seen only and only affect of FD on Public health sector, while others factors remain unchanged. Therefore, other policies like monetary policy, coordination of Monetary and Fiscal and stabilization policies are ignored. Actually, figures can be drawn dependent and all explanatory variables but infrastructure and mechanism has been determined already which depicts clear picture of paper. Therefore, I did not included nomenclatures of figures.