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## REVIEWER'S REPORT

Manuscript No.: IJAR-57167

Title: Employment Shock, Household Burden, and Public Health in Israel during COVID-19 and the Swords of Iron War, 2020–2024: A Secondary Policy Analysis,

### Recommendation:

Accept as it is .....

Accept after minor revision.....

**Accept after major revision .....YES**

Do not accept (*Reasons below*) .....

| Rating         | Excel. | Good | Fair | Poor |
|----------------|--------|------|------|------|
| Originality    |        | √    |      |      |
| Techn. Quality |        |      | √    |      |
| Clarity        |        | √    |      |      |
| Significance   |        | √    |      |      |

Reviewer's ID: JPR-094

## Detailed Reviewer's Report

### ## □ **\*\*1. Strengths\*\***

#### ### Novelty and Timeliness

\* The study uniquely compares **\*\*two different crises (pandemic vs war)\*\*** within the same country.

\* **Highly **\*\*timely and policy-relevant\*\*****, especially linking labour economics with public health.

#### ### Clear Conceptual Framework

\* **Strong use of **\*\*social determinants of health framework\*\*****

\* **Clearly distinguishes:**

\* ****\*\*Demand shock (COVID-19)\*\*****

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**\* \*\*Supply shock (war)\*\***

### **### Good Data Sources**

**\* Uses credible institutional data:**

**\* Bank of Israel**

**\* Central Bureau of Statistics**

**\* OECD**

**\* Taub Center**

**\* Enhances \*\*reliability and credibility\*\***

### **### Logical Structure and Flow**

**\* Well-organized sections:**

**\* Introduction → Methods → Results → Discussion → Conclusion**

**\* Arguments are \*\*coherent and easy to follow\*\***

### **### Policy-Oriented Insight**

**\* Moves beyond descriptive statistics to:**

**\* Household burden**

**\* Mental health**

**\* Caregiving stress**

**\* Strong \*\*interdisciplinary relevance\*\***

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### ## **\*\*2. Weaknesses\*\***

#### ### **Lack of Methodological Depth**

**\* Purely *\*\*narrative analysis\*\****

**\* No:**

**\* Statistical testing**

**\* Econometric modeling**

**\* Causal inference**

**This limits scientific rigor for high-impact journals.**

#### ### **Over-reliance on Aggregate Data**

**\* Uses *\*\*annual indicators only\*\****

**\* Misses:**

**\* Monthly/quarterly fluctuations**

**\* Micro-level heterogeneity**

**Important variations during crisis periods are masked.**

#### ### **Limited Original Contribution**

**\* Findings are largely *\*\*interpretative\*\****

**\* No new dataset, model, or empirical estimation**

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**Risk of being seen as a **\*\*policy commentary rather than research\*\*****

**###  Weak Health Outcome Evidence**

**\* Public health implications are:**

**\* **\*\*Conceptual, not measured\*\*****

**\* No:**

**\* Morbidity/mortality data**

**\* Mental health statistics**

**Weakens the “public health” claim**

**###  Lack of Comparative Perspective**

**\* Focuses only on Israel**

**\* No comparison with:**

**\* Other countries**

**\* Similar conflict or pandemic contexts**

**Limits generalizability**

**## **\*\*3. Key Points\*\*****

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\* Two distinct labour-market shocks:

\* COVID-19 → **\*\*Demand-side disruption\*\***

\* War → **\*\*Supply-side disruption\*\***

\* Macro indicators suggest:

\* **\*\*Recovery and resilience\*\***

\* However:

\* Hidden burdens exist:

\* Household stress

\* Caregiving disruption

\* Labour shortages

\* Mental health strain

\* Main argument:

\* **Low unemployment ≠ healthy labour market\***

## **\*\*4. Significance\*\***

### Academic Significance

\* **Contributes to:**

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- \* Health economics
- \* Labour economics
- \* Public health policy
- \* Bridges gap between:
  - \* \*\*Macroeconomic indicators and health outcomes\*\*

### ### Policy Significance

- \* Highlights need for:
  - \* Childcare support
  - \* Mental health services
  - \* Labour replacement policies
- \* Useful for:
  - \* Governments
  - \* Public health planners

### ## \*\*5. Recommendations\*\*

### ### \*\*Major Revision Required\*\*

The manuscript is promising but needs **\*\*substantial improvement\*\*** before publication.

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### ## **\*\*6. Specific Suggestions for Improvement\*\***

#### ### **1. Strengthen Methodology**

**\* Include:**

- \* Time-series analysis OR**
- \* Regression models**
- \* Even simple statistical correlation would improve rigor**

#### ### **2. Add Health Data**

**\* Include measurable indicators:**

- \* Mental health statistics**
- \* Healthcare access data**
- \* Hospital utilization**

#### ### **3. Improve Data Resolution**

**\* Use:**

- \* Quarterly/monthly labour data**
- \* Show **\*\*short-term shocks more clearly\*\*****

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### ### 4. Expand Discussion

**\* Compare with:**

**\* Other OECD countries**

**\* Conflict-affected economies**

### ### 5. Clarify Novel Contribution

**\* Explicitly state:**

**\* What is new vs existing literature**

### ### 6. Improve Figures

**\* Include actual graphs (not placeholders)**

**\* Add:**

**\* Trend visualization**

**\* Comparative plots**

##  **\*\*Final Decision\*\***

**\*\*Major Revision\*\***

## REVIEWER'S REPORT

# **\*\*Reviewer Justification for MAJOR REVISION\*\***

## **\*\*Overall Reason for Major Revision\*\***

The manuscript addresses an important and timely topic, but:

\* It is **\*\*primarily descriptive and narrative\*\***

\* Lacks **\*\*analytical rigor, empirical testing, and measurable health outcomes\*\***

\* Several sections need **\*\*clarification, expansion, and methodological strengthening\*\***

Therefore, **\*\*major revision is required before it can be considered for publication\*\***

# **\*\*Line-by-Line Comments\*\***

## **\*\*Title (Lines 1–3)\*\***

**\*\*Issue:\*\***

\* Title is clear but slightly long and descriptive

**\*\*Suggestion:\*\***

\* Consider shortening and sharpening focus

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e.g., **\*“Labour Market Shocks and Public Health in Israel (2020–2024): A Policy Analysis”\***

**## \*\*Abstract Section\*\***

**### \*\*Lines 5–7 (Background)\*\***

**\*\*Issue:\*\***

**\* Good clarity, but lacks **\*\*explicit research gap\*\*****

**\*\*Required Revision:\*\***

**\* Add 1 sentence:**

**\* “However, limited research examines the comparative health implications of successive labour-market shocks.”**

**### \*\*Lines 8–12 (Methods)\*\***

**\*\*Issue:\*\***

**\* “Secondary policy-analysis design” is vague**

**\* No explanation of:**

**\* Analytical framework**

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**\* Variable justification**

**\*\*Required Revision:\*\***

**\* Clarify:**

**\* Why these 4 indicators were selected**

**\* How analysis was conducted (framework, steps)**

**### \*\*Lines 13–19 (Results)\*\***

**\*\*Issue:\*\***

**\* Purely descriptive statistics**

**\* No analytical interpretation or statistical validation**

**\*\*Required Revision:\*\***

**\* Add:**

**\* Trend interpretation OR**

**\* Comparative statement (e.g., % change, rate of recovery)**

**### \*\*Lines 20–23 (Conclusion)\*\***

**\*\*Issue:\*\***

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**\* Strong claims on “mental stress” and “health pressures” without data**

**\*\*Required Revision:\*\***

**\* Either:**

**\* Add supporting evidence**

**OR**

**\* Tone down claims (use “likely”, “potential”)**

**## \*\*Table (Lines 26–27)\*\***

**\*\*Issue:\*\***

**\* Data presented without:**

**\* Source citation under table**

**\* Statistical analysis**

**\*\*Required Revision:\*\***

**\* Add:**

**\* Source note**

**\* % change or trend analysis column**

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**## \*\*Figures (Lines 29–33)\*\***

**\*\*Issue:\*\***

**\* Figures are missing (only placeholders)**

**\*\*Required Revision:\*\***

**\* Mandatory:**

**\* Insert actual graphs**

**\* Add captions and interpretation**

**This alone is a \*\*major revision requirement\*\***

**## \*\*Introduction (Lines 34–52)\*\***

**### \*\*Lines 35–37\*\***

**\*\*Issue:\*\***

**\* Strong conceptual statements but no citation**

**\*\*Required Revision:\*\***

**\* Add references supporting:**

## REVIEWER'S REPORT

\* Employment → health linkage

### \*\*Lines 38–45\*\*

\*\*Issue:\*\*

\* Good explanation, but lacks literature comparison

\*\*Required Revision:\*\*

\* Add:

\* 2–3 studies from other countries

### \*\*Lines 46–52\*\*

\*\*Issue:\*\*

\* Research objective is implicit, not explicit

\*\*Required Revision:\*\*

\* Add clear aim:

“This study aims to...”

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**## \*\*Methods (Lines 53–67)\*\***

**### \*\*Major Critical Issue\*\***

**\*\*Lines 54–62\*\***

**\*\*Problem:\*\***

**\* No reproducible methodology**

**\* No:**

**\* Statistical model**

**\* Analytical technique**

**\* Inclusion/exclusion criteria**

**This is the \*\*MAIN reason for major revision\*\***

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**### \*\*Lines 60–62\*\***

**\*\*Issue:\*\***

**\* “Narrative analysis” weak for research article**

**\*\*Required Revision:\*\***

**\* Add at least:**

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\* Trend analysis

\* Correlation OR regression

### **\*\*Lines 64–66\*\***

**\*\*Issue:\*\***

\* Limitation mentioned but not addressed

**\*\*Required Revision:\*\***

\* Explain how limitation affects results validity

## **\*\*Results (Lines 68–80)\*\***

### **\*\*Issue:\*\***

\* Entire section is descriptive

\* No:

\* Statistical significance

\* Comparative analysis

**\*\*Required Revision:\*\***

## REVIEWER'S REPORT

**\* Add:**

**\* % increase/decrease**

**\* Comparative phases (COVID vs war)**

**## \*\*Section 3.2 (Lines 81–92)\*\***

**\*\*Issue:\*\***

**\* Strong causal language (“operated through”) without evidence**

**\*\*Required Revision:\*\***

**\* Replace with:**

**\* “likely operated through” OR**

**\* Support with citation/data**

**## \*\*Section 3.3 (Lines 93–104)\*\***

**\*\*Issue:\*\***

**\* Claims on:**

**\* Gender burden**

**\* social inequality**

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**But no quantitative evidence**

**\*\*Required Revision:\*\***

**\* Add:**

**\* Supporting statistics OR references**

**## \*\*Section 3.4 Public Health (Lines 105–111)\*\***

**\*\*Major Issue:\*\***

**\* Health outcomes are **\*\*assumed, not measured\*\*****

**\*\*Required Revision:\*\***

**\* Include:**

**\* Mental health data OR**

**\* Healthcare utilization data**

**This is a **\*\*core weakness\*\*****

**## \*\*Discussion (Lines 112–133)\*\***

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### **\*\*Lines 113–117\*\***

**\*\*Issue:\*\***

**\* Repetition of results, limited deeper analysis**

**\*\*Required Revision:\*\***

**\* Add:**

**\* Mechanistic explanation**

**\* Policy comparison**

### **\*\*Lines 118–123\*\***

**\*\*Issue:\*\***

**\* Policy recommendations not evidence-backed**

**\*\*Required Revision:\*\***

**\* Link recommendations with:**

**\* Data or literature**

### **\*\*Lines 124–129\*\***

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**\*\*Issue:\*\***

**\* Strong claims on “health equity” without empirical support**

**\*\*Required Revision:\*\***

**\* Add citations or soften claims**

**## \*\*Conclusion (Lines 134–147)\*\***

**\*\*Issue:\*\***

**\* Overgeneralization**

**\* Claims exceed evidence**

**\*\*Required Revision:\*\***

**\* Align strictly with findings**

**\* Avoid introducing new ideas**

**## \*\*Table (Lines 149)\*\***

**\*\*Issue:\*\***

**\* Formatting errors:**

**\* “labourmarket” (typo)**

**\* Misaligned table**

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**\*\*Required Revision:\*\***

\* Correct formatting and improve readability

## **\*\*References (Lines 162–178)\*\***

**\*\*Issue:\*\***

\* Good sources, but:

\* Mostly institutional reports

\* Limited peer-reviewed journal articles

**\*\*Required Revision:\*\***

\* Add:

\* Recent journal studies (2020–2024)

# **\*\*Summary of Major Issues (Why MAJOR REVISION)\*\***

### **Critical Problems:**

1.  No analytical/statistical methodology
2.  No direct health outcome data
3.  Missing figures

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4.  Over-reliance on descriptive data

5.  Causal claims without evidence

#  **\*\*Final Recommendation\*\***

**\*\*MAJOR REVISION REQUIRED\*\***