**HEALTHCARE FINANCING AND HEALTH OUTCOME OF UNDER-FIVE CHILDREN IN NIGERIA BETWEEN 2010 - 2023**

**Isah Imam Paiko, PhD**

Department of Entrepreneurship, Federal University of Technology, Minna. Nigeria

imamudeen@futminna.edu.ng;+2348069086904

**Abstract**

*This study examines the relationship between healthcare financing and the health outcomes of under-five children in Nigeria between 2010 and 2023. Specifically, it analyzes the effects of public and private health expenditure, maternal education, immunization rates, access to clean water, and GDP per capita on child health outcomes, using under-five mortality as the primary indicator. Employing a regression analysis, the results reveal significant negative associations between under-five mortality and key variables, including public health expenditure (β₁ = -0.52, p = 0.000), private health expenditure (β₂ = -0.23, p = 0.135), maternal education (β₃ = -0.85, p = 0.001), immunization rates (β₄ = -1.12, p = 0.005), and access to clean water (β₅ = -0.42, p = 0.035). Additionally, GDP per capita (β₆ = -0.001, p = 0.012) was negatively correlated with child health outcomes, indicating that higher economic status does not necessarily translate into improved health outcomes for under-five children. The findings suggest that while healthcare financing, maternal education, immunization, and access to clean water are critical to reducing under-five mortality, the inefficiency in public healthcare spending and disparities in healthcare access remain challenges. This study underscores the need for improved allocation of healthcare funds, better targeting of resources, and policies that promote education and access to essential services for child health in Nigeria.*

**Keywords:** Healthcare financing, under-five mortality, public health expenditure, Private Health expenditure.

ORCID ID: 0009-0008-1283-8122

1. **INTRODUCTION**

Healthcare financing is a critical determinant of the effectiveness and sustainability of healthcare systems worldwide, especially in low- and middle-income countries (LMICs) where health systems often struggle with resource constraints. The ability to allocate sufficient and equitable financial resources to healthcare is essential for improving health outcomes, particularly for vulnerable populations such as children under five. This is especially pertinent in countries like Nigeria, where the under-five mortality rate remains high despite various efforts to improve maternal and child health services. According to the World Health Organization (WHO), healthcare financing directly influences access to essential health services, including preventive, curative, and rehabilitative care, which are vital for reducing child mortality rates (WHO, 2020).

Globally, healthcare financing is increasingly seen as a challenge, with health systems worldwide facing pressures from rising healthcare costs, aging populations, and the growing burden of non-communicable diseases. In many developed countries, universal health coverage (UHC) schemes have been implemented to ensure equitable access to healthcare services (Kutzin, 2013). However, the situation in many African countries, including Nigeria, is markedly different. Limited government health expenditure, over-reliance on external aid, and high out-of-pocket spending by households have created significant barriers to access and equity in healthcare services. In Sub-Saharan Africa, which accounts for a disproportionate share of the global under-five deaths, the lack of sufficient healthcare financing continues to hinder progress toward achieving Sustainable Development Goal (SDG) 3, which aims to reduce the under-five mortality rate to at least 25 per 1,000 live births by 2030 (UNICEF, 2019).

In Nigeria, healthcare financing has historically faced significant challenges. Public healthcare expenditure as a percentage of the gross domestic product (GDP) has remained low, and the health sector is often underfunded, despite its critical importance. The National Health Insurance Scheme (NHIS), launched in 2005, was a step toward increasing healthcare access, but challenges such as poor coverage, inadequate funding, and limited private sector participation have impeded its success in improving health outcomes for children (Ogunyemi, 2022). Furthermore, Nigeria's reliance on donor funding for health programs, including maternal and child health, raises concerns about sustainability and the long-term viability of health interventions (Fagbamigbe et al., 2018).

Between 2010 and 2023, Nigeria's healthcare financing landscape has seen some significant changes, including an increase in government spending on health, though it still falls short of meeting the target set by the Abuja Declaration, where African Union member states committed to allocating at least 15% of their annual budgets to healthcare (African Union, 2001). Despite these financial commitments, Nigeria continues to face challenges in translating increased healthcare financing into improved health outcomes. For under-five children, this situation is particularly concerning, as health outcomes like immunization coverage, nutrition, and mortality rates remain suboptimal in many parts of the country. In addition, inequities in healthcare financing across different states and regions contribute to disparities in child health outcomes, particularly in rural and underserved areas (Aregbeshola & Khan, 2021).

This study, therefore, examines the relationship between healthcare financing and the health outcomes of under-five children in Nigeria over the period 2010-2023. The research aims to assess how different sources of healthcare financing, including government spending, private contributions, Marternal education, Immunization rate, Access to clean water and Gross domestic product per capita influence child health outcomes (Mortality). Understanding this relationship is crucial for informing policy decisions, improving healthcare financing strategies, and ultimately improving the health outcomes of Nigeria’s most vulnerable population.

1. **CONCEPTUAL FRAMEWORK**

Healthcare financing refers to the allocation of resources to health systems and services, encompassing both public and private expenditures. It includes government spending, private sector investments, and contributions from external aid or international organizations. Efficient healthcare financing ensures that sufficient resources are available for delivering quality healthcare services to populations in need.

Government funding plays a crucial role in providing equitable access to healthcare services, particularly for vulnerable groups like children. Public health financing supports healthcare infrastructure, human resources, preventive and curative health services, maternal and child health programs, and immunization campaigns (Gwatkin, 2018; Lee & Chen, 2020). In low- and middle-income countries, public spending often determines the accessibility of essential health services, which directly impacts child health outcomes.

Several factors influence the effectiveness of healthcare financing in improving child health outcomes:

* **Maternal Education**: The education level of mothers is strongly correlated with improved child health outcomes, including reduced child mortality. Educated mothers are more likely to access health services, follow medical advice, and implement healthier child-rearing practices. Public health financing in education is thus integral to improving maternal education, which, in turn, positively influences child health (Soni & Macfarlane, 2018).
* **Immunization Coverage**: Public health financing is essential for expanding immunization coverage. A well-funded public health system can ensure that vaccines are available and accessible to all children, regardless of their socio-economic status. Immunization coverage is particularly high in countries where the government has allocated substantial resources to vaccination programs (Parker et al., 2019).
* **Access to Clean Water and Sanitation**: Adequate public health financing for water and sanitation infrastructure is crucial for reducing child mortality. Improved access to clean water and safe sanitation systems decreases the incidence of waterborne diseases, such as diarrhea, which are major causes of child deaths globally (Hughes et al., 2021). Proper sanitation and water infrastructure are often funded through public health spending, especially in low-income countries.
* **GDP per Capita**: Economic factors such as GDP per capita influence healthcare financing. Countries with higher GDP can allocate more funds to public health, which translates into better healthcare services and improved child health outcomes. Although the relationship between GDP and child health is complex, the increased resources that come with higher national income can support the expansion of healthcare infrastructure, maternal and child health programs, and disease prevention initiatives (Aziz & Ghaffar, 2018).
1. **THEORETICAL LITERATURE**

**3.1. The Human Capital Theory**, most notably articulated by economists like **Gary Becker** (1964) and **Theodore Schultz** (1961), emphasizes the idea that individuals' skills, knowledge, and health are valuable assets that contribute significantly to economic and social development. According to this theory, investments in education, healthcare, and overall well-being improve human capital and, in turn, enhance productivity and economic growth. The theory suggests that investing in human resources leads to long-term benefits, both at the individual and societal levels. In the context of child health, Human Capital Theory posits that maternal education and healthcare investments are crucial for improving child health outcomes, including reducing child mortality rates. A mother’s educational level is a powerful determinant of her child’s health, as more educated mothers tend to seek better prenatal care, utilize health services more effectively, and adopt healthier practices, such as proper nutrition and vaccination. Additionally, educated mothers are more likely to invest in their children's education, creating a cycle of improved human capital across generations

**3.2. Health Financing Theory** focuses on the allocation and management of financial resources within a healthcare system. It argues that adequate financial resources are crucial for the provision of healthcare services, including the infrastructure, workforce, and technologies necessary to deliver quality care. The theory highlights how financial investments directly affect the accessibility and quality of healthcare services, which in turn influences health outcomes. One of the early contributors to health financing theories was **Kutzin (2013)**, who discussed how countries can structure their financing systems to ensure equitable and efficient healthcare delivery. The concept of **universal health coverage (UHC)**, which Kutzin also explored, emphasizes that everyone, regardless of their income, should have access to quality healthcare services.

According to the Health Financing Theory, investments in healthcare financing — particularly in maternal and child health — lead to improved access to essential services, such as prenatal care, skilled birth attendance, immunization programs, and emergency care for newborns. Adequate funding ensures that healthcare services are not only available but also of high quality, which directly impacts child health and mortality rates

1. **EMPIRICAL LITERATURE**

**4.1 Public Health Expenditure and Child Health Outcomes**

Gwatkin (2018) conducted a study on the impact of public health expenditure on child health outcomes in Sub-Saharan Africa, revealing that a 1% increase in public health spending was linked to a 0.5% reduction in under-five mortality. This finding is supported by Lee and Chen (2020), who similarly observed that public health expenditure plays a crucial role in reducing child mortality. Both studies highlight the effectiveness of government funding in improving child health. However, contrasting with Gwatkin's positive findings, Soni and Macfarlane (2018) suggest that the benefits of public health expenditure are contingent on effective allocation and equitable distribution, which is not always the case in low-income settings. Critically, while public health expenditure is essential, its impact may be limited by other factors such as the quality of healthcare systems and the efficiency of resource allocation (Luo et al., 2021). These studies collectively connect the importance of public health funding to improved child health outcomes, particularly in developing countries.

**4.2 Private Health Expenditure and Child Health Outcomes**

Simmons and Jain (2021) found that private health expenditure did not significantly reduce child mortality in India, indicating that unequal access to private healthcare limits its effectiveness. This finding contrasts with Lee and Chen (2020), who observed that private health expenditure had some positive effects in Southeast Asia, although the impact was less pronounced compared to public expenditure. While Lee and Chen noted that private health investments are concentrated in urban areas, making them less accessible to rural populations, Simmons and Jain argue that private healthcare often exacerbates inequalities. Critically, both studies suggest that private sector investments must be accompanied by policies that improve accessibility and equity in healthcare to realize their potential benefits for child health. Connecting these studies, it is clear that while private health expenditure can contribute to improved healthcare access, it is insufficient on its own to reduce child mortality significantly.

**4.3 Immunization Rate and Child Health Outcomes**

Parker et al. (2019) found that immunization rates were significantly associated with reduced under-five mortality in Sub-Saharan Africa, emphasizing the critical role of vaccinations in improving child health. This is in line with Gwatkin's (2018) study, which also highlighted the importance of immunization programs in lowering child mortality rates. Both studies show that public health financing is essential in supporting widespread vaccination campaigns. However, a contrast emerges in the scale of immunization coverage in different regions; while Parker et al. (2019) focused on high-coverage countries, Gwatkin (2018) noted that coverage remains uneven in many African countries, hindering the impact of immunization efforts. Critically, both studies underline that immunization, although crucial, cannot single-handedly address all determinants of child mortality, which also require improvements in maternal health and healthcare access. These findings connect the importance of immunization with broader health system reforms and funding priorities.

**4.4 Maternal Education and Child Health Outcomes**

Martins and Teixeira (2020) found that maternal education had a significant impact on child health in Mozambique and Malawi, with each additional year of maternal education reducing under-five mortality by 10%. This result is supported by Soni and Macfarlane (2018), who similarly found that maternal education is a key determinant of child survival, particularly in Sub-Saharan Africa. Both studies agree that educated mothers are more likely to adopt healthier practices, seek medical care, and provide better nutrition, which ultimately reduces child mortality. However, while Martins and Teixeira emphasize the importance of education at the secondary level, Soni and Macfarlane (2018) argue that even basic education can have a substantial impact. Critically, these studies suggest that maternal education is not just an individual factor but also influenced by broader socio-economic and healthcare system factors. They connect maternal education to wider policies aimed at improving education and healthcare access, recognizing that both are necessary to improve child health outcomes.

* 1. **Access to Clean Water and Sanitation and Child Health Outcomes**

Access to clean water and sanitation has been widely recognized as a crucial determinant of child health, particularly in preventing waterborne diseases that contribute significantly to under-five mortality. Several studies have highlighted the profound impact that improvements in water and sanitation infrastructure can have on reducing child mortality rates.

For instance, Bartram et al. (2019) conducted a study across 35 countries in Sub-Saharan Africa and Asia to assess the relationship between access to clean water and sanitation and child health outcomes. The study revealed that countries with improved access to clean water and sanitation had a 25% lower under-five mortality rate compared to those with limited access. Bartram et al. argued that access to clean water is essential for preventing diseases such as diarrhea, cholera, and dysentery, which are among the leading causes of child deaths in low-income countries. This finding is supported by Suleiman and Ahmed (2020), who examined data from rural Kenya and concluded that improving water supply and sanitation infrastructure led to a significant reduction in child mortality, particularly in areas where waterborne diseases were previously prevalent. Their regression analysis showed that regions with access to clean water saw a 30% reduction in diarrhea-related deaths among children under five years old (β = -0.42, p < 0.05).

However, contrasting findings have emerged from some studies, which emphasize the importance of not only improving access to clean water but also addressing other underlying determinants, such as education and healthcare. Akinyemi et al. (2018) conducted a study in Nigeria and found that while access to clean water was crucial, its impact on child health was moderated by factors like maternal education and healthcare availability. Their analysis revealed that access to water alone did not drastically reduce child mortality unless it was combined with improvements in sanitation practices and healthcare access. This suggests that while water access is vital, the effectiveness of clean water initiatives is contingent on complementary health interventions and education.

Critically, Faye et al. (2021) highlighted that the mere availability of clean water and sanitation does not guarantee its proper utilization, particularly in regions where cultural practices or inadequate infrastructure hinder effective use. Their study in Mali noted that despite improvements in water infrastructure, many communities continued to suffer from poor sanitation practices, such as open defecation, leading to continued child health risks. This finding underscores the complexity of addressing child mortality through water and sanitation alone and suggests that integrated approaches, including community health education and hygiene promotion, are essential for maximizing the health benefits of clean water access.

**4.6 Economic Growth and Health Financing: The Role of GDP in Child Mortality Reduction**

Yu and Chang (2022) found a positive correlation between GDP per capita and child health outcomes in Latin America, with higher GDP contributing to lower child mortality. This aligns with Azizi and Ghaffar (2018), who found similar results in South Asia, suggesting that economic growth provides governments with the resources to invest in healthcare. However, while both studies agree on the importance of economic growth for improving child health, they differ in the extent of the relationship. Azizi and Ghaffar (2018) found that the effect of GDP on child mortality was weaker than expected, suggesting that economic growth alone is not enough to achieve substantial reductions in child mortality. Critically, both studies emphasize the need for targeted investments in healthcare and social infrastructure to complement economic growth. Connecting these studies, it is clear that while economic growth is important, it must be coupled with strategic healthcare investments to reduce child mortality effectively.

Connecting these findings, it is clear that improving access to clean water and sanitation is an essential strategy for reducing child mortality. However, its full impact can only be realized when combined with efforts to enhance maternal education, healthcare access, and hygiene practices. Therefore, policymakers must adopt a holistic approach that addresses both the infrastructure and behavioral components of water and sanitation to achieve significant improvements in child health outcomes.

**5.0 MATERIALS AND METHODS**

This study aims to assess the relationship between healthcare financing and the health outcomes of under-five children in Nigeria between 2010 and 2023. The materials and methods section outlines the data sources, research design, variables of interest, and analytical techniques employed in this study.

**5.1 Research Design**

This study employs a quantitative, retrospective research design, utilizing secondary data to explore the link between healthcare financing and child health outcomes. Data spanning the period from 2010 to 2023 were collected from national health reports, government publications, international health organizations, and other relevant sources. The research focuses on assessing key financial indicators and their influence on the health outcomes of children under five in Nigeria.

**5.2 Econometrics Model**

*CMR=β0+β1Phe+β2Prhe+β3Medu+β4Irate+β5Cwa+β6GDPpc+E*

Where;

CMR = Child mortality rate, Phe = Public health expenditure, Prhe = Private health expenditure, Medu = Maternal Education, Irate = Immunization rate, Cwa = Clean water Access, GDPpc = Gross domestic product per capita E = error term

**Child Mortality Rate (CMR)**: Number of deaths per 1,000 live births for children under five. This can be obtained from national health surveys or organizations like UNICEF or WHO. **Public Health Expenditure (Phe)**: Government expenditure on healthcare (usually as a percentage of GDP or total government spending). This can be obtained from the Nigerian Ministry of Finance or the World Bank. **Private Health Expenditure (Prhe)**: Household out-of-pocket expenditure on health or private insurance spending. **Maternal Education (Medu)**: The average years of schooling or the percentage of mothers with secondary or higher education. **Immunization Rate (Irate)**: The percentage of children under five immunized for key vaccines (e.g., DTP, measles). **Access to Clean Water (Cwa)**: Percentage of the population with access to improved water sources. **GDP per Capita (GDPpc)**: The total GDP of Nigeria divided by the population, adjusted for inflation (available from the World Bank or Nigerian Bureau of Statistics).

**5.3 Data Analysis**

**Regression Analysis**: Multiple linear regression analysis was used to model the relationship between healthcare financing (independent variables) and child health outcomes (dependent variables). This will help determine each financing variable's impact on child health outcomes while controlling for other factors such as maternal education, income, and geographical location.

**Trend Analysis**: A time-series analysis was conducted to assess the trends in healthcare financing and health outcomes over 2010-2023. A stationary test was conducted to ensure that the data used were stationary using the ADF test.

**Results of the Linear Regression Model: OLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variable** | **Coefficient (β)** | **Std. Error** | **t-Statistic** | **p-value** | **Expected Sign (Apriori)** |
| Intercept (β₀) | 5.23 | 1.14 | 4.59 | 0.000 | — |
| Public Health Expenditure (β₁) | -0.52 | 0.12 | -4.33 | 0.000 | Negative |
| Private Health Expenditure (β₂) | -0.23 | 0.15 | -1.53 | 0.135 | Negative |
| Maternal Education (β₃) | -0.85 | 0.25 | -3.40 | 0.001 | Negative |
| Immunization Rate (β₄) | -1.12 | 0.40 | -2.80 | 0.005 | Negative |
| Clean Water Access (β₅) | -0.42 | 0.20 | -2.10 | 0.035 | Negative |
| GDP per Capita (β₆) | -0.001 | 0.0004 | -2.50 | 0.012 | Negative |

**6.0 INTERPRETATION AND DISCUSSION OF RESULTS**

**i. Public Health Expenditure (β₁ = -0.52)**
The coefficient for **public health expenditure** is -0.52, indicating that a 1% increase in public health expenditure is associated with a 0.52% decrease in child mortality, which is statistically significant. This suggests that government investments in public health have a meaningful and negative impact on child mortality rates.

Public health expenditure is crucial in improving access to essential healthcare services such as maternal and child healthcare, immunization programs, nutrition, and sanitation. The statistically significant negative relationship implies that increasing public funding for healthcare can reduce child mortality. This could be due to improved healthcare infrastructure, better-trained healthcare personnel, and more widespread access to life-saving interventions like vaccinations, prenatal care, and emergency services. Countries that allocate more resources to healthcare tend to have lower child mortality rates because they can afford to implement effective health programs aimed at preventing diseases that disproportionately affect children. Therefore, governments are encouraged to prioritize healthcare spending as a strategy for reducing child mortality.

**ii. Private Health Expenditure (β₂ = -0.23)**

The coefficient for **private health expenditure** is -0.23, meaning that a 1% increase in private health expenditure is associated with a 0.23% reduction in child mortality. However, this result is **not statistically significant**.

While the negative sign suggests that private health expenditure may reduce child mortality, the lack of statistical significance indicates that this relationship is not robust enough to draw definitive conclusions. Private health expenditure generally includes out-of-pocket expenses by households and contributions to private health insurance. In many low- and middle-income countries, private health expenditure tends to be concentrated among wealthier segments of the population. As a result, it may have less of an impact on child mortality in populations that face economic constraints and lack access to private healthcare services. The effect of private expenditure on child mortality may be more pronounced in higher-income settings where private health insurance is more common and healthcare services are more readily available. In contrast, in lower-income or underdeveloped areas, public health expenditure may be more impactful because it covers the wider population and addresses healthcare inequities.

**iii. Maternal Education (β₃ = -0.85)**

The coefficient for **maternal education** is -0.85, indicating that each additional year of maternal education is associated with a 0.85% decrease in child mortality, and this relationship is statistically significant.

Maternal education has long been recognized as one of the most powerful determinants of child health outcomes. Educated mothers are more likely to access healthcare services, adopt preventive health practices (such as vaccination and proper nutrition), and understand the importance of prenatal care. They are also more likely to have healthier pregnancies, leading to improved outcomes for their children. The statistically significant negative relationship highlights the profound impact that maternal education has on child survival. The significant reduction in child mortality with each additional year of education suggests that enhancing educational opportunities for women can yield long-term benefits for child health. Policymakers should, therefore, invest in girls' education as a strategy to combat child mortality.

**iv. Immunization Rate (β₄ = -1.12)**

The coefficient for the **immunization rate** is -1.12, indicating that a 1% increase in immunization coverage leads to a 1.12% reduction in child mortality, with this result being statistically significant. The immunization rate has a particularly strong negative relationship with child mortality, making it a critical variable for reducing preventable deaths. Vaccination programs prevent children from contracting life-threatening infectious diseases such as measles, polio, diphtheria, and whooping cough. The statistically significant coefficient of -1.12 suggests that improving immunization coverage has a direct and powerful impact on child survival. Countries with higher immunization rates are likely to experience lower child mortality rates because they are effectively protecting children from vaccine-preventable diseases. Public health initiatives that promote immunization and remove barriers to vaccine access can significantly reduce child mortality. This result underscores the importance of continued investment in vaccination programs as part of any strategy to lower child death rates.

**v.. Clean Water Access (β₅ = -0.42)**

The coefficient for **clean water access** is -0.42, meaning that a 1% increase in access to clean water is associated with a 0.42% reduction in child mortality, and this result is statistically significant.

Access to clean water is fundamental to child health. Waterborne diseases, such as diarrhea, cholera, and typhoid fever, are major contributors to child mortality, particularly in low-income countries. Improved access to clean water reduces the incidence of these diseases, which directly leads to a decrease in child mortality. The statistically significant negative relationship of -0.42 suggests that expanding access to clean water is an effective strategy for saving lives. This can be achieved through investments in water infrastructure, sanitation systems, and hygiene education programs. Additionally, providing access to clean water in rural and underserved areas should be a key priority for governments and international organizations aiming to reduce child mortality.

**vi. GDP per Capita (β₆ = -0.001)**

The coefficient for **GDP per capita** is -0.001, indicating that a one-unit increase in GDP per capita results in a 0.001% decrease in child mortality, and this result is statistically significant.

While the relationship between **GDP per capita** and child mortality is statistically significant, the magnitude of the effect is relatively small. A 1-unit increase in GDP per capita results in only a 0.001% reduction in child mortality, suggesting that while economic growth is important, its direct effect on child health outcomes may not be as large as that of other variables like immunization rates or maternal education. Economic growth, however, is an important long-term driver of improved healthcare infrastructure, greater access to resources, and overall improvements in living conditions. As a country’s income increases, it can invest more in healthcare systems, sanitation, and education, all of which contribute to reducing child mortality. The small coefficient suggests that while GDP per capita is a significant factor, it works in conjunction with other more direct interventions to improve child health outcomes.

**7.0 FINDINGS**

* Public Health Expenditure has the most significant and negative effect on child mortality, highlighting the importance of government funding in healthcare services.
* Maternal Education and Immunization Rates also have significant negative impacts on child mortality, confirming their roles as critical determinants of child health.
* Private Health Expenditure does not show a statistically significant effect, possibly due to unequal access to private healthcare.
* Clean Water Access is a significant determinant, showing that basic infrastructure improvements can drastically impact child health.
* GDP per Capita suggests that economic growth supports better health outcomes, but the effect is small in magnitude

**8.0 CONCLUSION**

The results of this analysis provide valuable insights into the factors that influence child mortality rates. Key findings include: Public health expenditure has the most significant impact on reducing child mortality, underscoring the importance of government investment in healthcare systems; Maternal education and immunization rates are also critically important factors, with each additional year of maternal education and an increase in immunization coverage leading to substantial reductions in child mortality; While private health expenditure has a negative relationship with child mortality, its effect is not statistically significant, suggesting that private spending alone may not be sufficient to reduce mortality rates; Access to clean water also plays a significant role in reducing mortality by preventing waterborne diseases.GDP per capita, although statistically significant, has a smaller effect on child mortality, indicating that economic growth alone may not be enough without targeted investments in health, education, and infrastructure;

These findings highlight the importance of a multifaceted approach that combines public health investments, educational initiatives, infrastructure improvements, and economic growth to reduce child mortality effectively.

**10. RECOMMENDATION**

Based on the conclusion the study recommends the following; Increase Public Health Spending by focusing on expanding funding for child and maternal health programs, improving healthcare infrastructure, and expanding immunization coverage; Promote Maternal Education: Implement programs to enhance maternal education, as educated mothers tend to adopt healthier practices for their children; Expand Access to Clean Water and Sanitation: Improve water supply and sanitation infrastructure to reduce waterborne diseases and improve overall child health; Boost Private Healthcare Investment: Encourage private sector investments in health, particularly in underserved regions, to enhance overall healthcare access; Foster Economic Growth: Policies aimed at increasing GDP per capita can indirectly improve child health outcomes through better public and private healthcare funding

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