

ABSTRACT

Health plays an important role in the productivity of an individual. The healthier the people are, the more they will be productive. In this regard, the role of an effective and efficient health financing and the availability of healthcare work force is undeniable. The present study undertakes the role of financing- public and private- and work force on the health outcomes- life expectancy and infant mortality rate under-five. The comparison is made across three income groups - high, middle, and low- income groups. Panel data econometric techniques are applied to underscore the empirical analysis while using a macro-level data that is based on 10 years (2010-2019). The econometric techniques Driscoll-Kraay and Prais-Winsten estimation techniques, robust to heteroskedasticity, serial correlation, and cross-sectional dependency, are applied. The empirical results of the show that health financing (public and private) and healthcare work force has positively increasing the life expectancy and reducing infant mortality rate. Furthermore, by disintegrating the data for further analysis, it shows mixed results of health financing and work force on life expectancy and infant mortality rate under-five across varies income groups. The marginal impact of health financing and work force availability is higher in low-income countries followed by middle- and high-income countries.