

## **The Influence of Health Interventions by International Organisations on Socio-Economic Development of the Northern Senatorial District of Cross River State, Nigeria.**

**By**

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### **Abstract**

International organisations have over the decades played a critical role in supporting socio-economic development in developing nations through targeted interventions in the area of health. In Nigeria, health intervention programmes led by agencies like WHO, UNICEF and the Global Fund are aimed to improve maternal and child health and to reduce the burden of preventable diseases. This study assessed the influence of health interventions by international organisations on socio-economic development in the Northern Senatorial District of Cross River State. In specific terms, the study examined the impact of maternal and child health interventions and disease prevention/control campaigns on socio-economic development in the study area. Drawing on dependency theory, the study critically explored whether these interventions foster sustainable development or reinforce dependency structures. Findings revealed that although international health interventions have led to notable improvements in public health indicators such as child survival and disease control, their effectiveness is often hindered by infrastructural deficits, governance challenges and a lack of local ownership. The study concluded that though, international organisations contribute to short-term socio-economic improvements, long-term development in the region requires strengthened institutional frameworks and greater investment in locally driven initiatives. It is recommended that future interventions be restructured to promote autonomy, transparency and sustainable capacity-building at the community level.

**Keywords:** International organisations, Health interventions, Maternal and child health, Disease prevention, Socio-economic development, Dependency.

### **Introduction**

Intervention by international organisations has historically played a significant role in shaping the socio-economic development of countries across the world. These interventions are typically aimed at supporting developing nations in achieving their developmental aspirations through financial assistance, technical expertise, and humanitarian support (World Bank, 2019). While the United Nations and its specialised agencies are often the first to come to mind, the term 'international organisations' encompasses a wide array of entities, governmental, inter-

governmental, and non-governmental, originating locally, nationally, regionally, or globally, but operating across borders (Duru, Okafor, Eze, & Ebenyi, 2020). These bodies operate in countries of all classifications: developed, developing, transitional, and those emerging from conflict.

The historical development of international organisations can be traced to early cooperative structures such as the ancient Greek amphictyonic councils and the Hanseatic League. However, their formal establishment began to gain attraction in the nineteenth century (Pease, 2012). The Congress of Vienna (1814–1815) was particularly significant, as it laid the foundation for modern international cooperation following the upheavals caused by the French Revolution. This period marked a growing awareness among states that the prevailing systems were inadequate to address emerging international conflicts (Mbah, 2019). The creation of the Inter-Parliamentary Union in 1889, followed by the establishment of the League of Nations in 1919, reflected an emerging consensus on the need for structured global governance. The League eventually gave rise to more robust institutions such as the United Nations (UN), the World Health Organisation (WHO), and the World Trade Organisation (WTO), among others (Leichter, Mocci & Pozzuoli, 2010; Mbah, 2029).

Over time, international organisations expanded their scope of intervention beyond diplomacy to include health, education, economic integration and disaster relief. For instance, the International Office of Public Health was established in 1903 to address public health challenges globally. Economic-focused organisations such as the Metric Union (1875), the International Copyright Union (1886), and the International Institute for Agriculture (1905) which now operates under the Food and Agriculture Organisation (FAO), also emerged in this era (UN, 2014; Mbah, 2019). In sub-Saharan Africa, interventions by international organisations have been instrumental in facilitating capital investment, transferring new technologies, promoting skill development, and boosting productivity (Ukpong, 2017). These interventions often support industrialisation, enhance resource efficiency, diversify products, and generate employment. However, the success of such interventions depends on the terms of engagement and the governance capacities of recipient countries (Bakare, 2011).

In the Nigerian context, international organisations provide support through a range of mechanisms, including grants, concessional loans, technical support, and emergency aid. These interventions target sectors such as healthcare, education, transportation, water and sanitation, and

small- and medium-scale enterprises. Although these efforts have contributed significantly to improving the standard of living, critics argue that over-reliance on international aid has impeded the country's motivation to develop and harness its domestic human and material resources (Peterson, 2020). Despite massive inflows of aid, key challenges such as unemployment and infrastructure deficits remain largely unaddressed. Moreover, issues of mismanagement and inefficiencies often plague the implementation of these interventions (Duru et al., 2020).

Health-related interventions by agencies such as UNICEF, WHO, and the World Food Programme (WFP) have had a meaningful impact in addressing public health concerns across Nigeria. These agencies have provided vital support in treating malnourished children, vaccinating against preventable diseases, and enhancing access to clean water and sanitation (World Bank, 2019; Mbah, 2019). The European Union (EU), between 2014 and 2020, allocated €513 million to Nigeria for health and humanitarian relief, particularly in addressing the polio crisis and rehabilitating communities affected by the Boko Haram insurgency in Borno State (Adamu, 2020). Despite these contributions, Nigeria continues to grapple with systemic challenges in healthcare delivery, especially in rural and conflict-affected areas.

The Northern Senatorial District of Cross River State is not exempted from these socio-economic and health-related challenges. The region is burdened with inadequate health infrastructure, poverty, food insecurity, and environmental degradation. Moreover, insecurity and weak institutional oversight pose further barriers to effective international interventions. While agencies like UNICEF have made strides in supporting health and child welfare programmes in parts of Nigeria, including internally displaced and conflict-affected communities, the impact in Northern Cross River has been limited by poor governance and lack of accountability (Ukpong, 2017). Concerns over mismanagement of aid and lack of transparency have raised questions about whether international interventions truly translate into long-term development outcomes in the region.

Although numerous studies have explored the general impact of international organisations on Nigeria's economic development, there remains a scarcity of focused research on the socio-economic implications of health interventions in the Northern Senatorial District of Cross River State. This knowledge gap leaves an intellectual void, particularly with respect to assessing the relevance, efficiency and sustainability of such interventions. The present study, therefore, aims

to investigate the influence of health interventions by international organisations on the socio-economic development of Northern Senatorial District of Cross-River State.

## **Literature Review and Theoretical Framework**

### **Intervention Programmes**

Interventions refer to actions taken by a country or group of countries to influence or interfere in the internal affairs of another nation, often through military, economic, political, or developmental means. These interventions are frequently driven by varying ideologies and motivations, reflecting the political priorities of the intervening countries. Such actions are often aligned with broader foreign policy goals, which are typically influenced by dominant political party ideologies (Abdi, 2020). Within the context of this study, an intervention programme specifically refers to official development assistance that is, the flow of official funds, usually concessional in nature, from developed countries of the West to developing nations in the Global South, such as Nigeria. The primary objective of this form of intervention is to foster economic growth and development in less developed countries, albeit often under certain stipulated conditions (World Bank, 2015). This implies that intervention programmes are rarely free transfers of resources; instead, they are frequently accompanied by economic and political conditionalities that can hinder their overall effectiveness.

Health intervention programmes, as a specific category of development assistance, include targeted actions undertaken by international organisations and donor governments to improve public health systems, combat disease, and promote well-being in recipient countries. These interventions cover areas such as immunisation, maternal and child health, disease control, nutrition, and access to clean water and sanitation. Although such programmes have the potential to positively influence human capital development and socio-economic well-being, their effectiveness is often constrained by the conditionalities that accompany them and by limitations in local governance and policy implementation.

### **Socio-Economic Development**

Socio-economic development is a multi-dimensional process that normally connotes change from less to more desirable state. Socio-economic development is the process of social and economic development in a society. Its purpose is to maintain the social and material well-being

of the nation and its people with the aim of achieving the highest possible level of human development (Okunlola, 2019). Accordingly, Oladeji (2015) argued that socio-economic development means the improvement of people's lifestyles through improved education, incomes, skills development and employment. It is the process of economic and social transformation based on cultural and environmental factors. Socio-economic development, therefore, is the process of social and economic development in a society ((Edoumiekumo, 2017).

It is measured with indicators, such as Gross Domestic Product (GDP), life expectancy, literacy and levels of employment. For better understanding of socioeconomic development, we may understand the meaning of social and economic development separately. Social development is a process which results in the transformation of social institutions in a manner which improves the capacity of the society to fulfil its aspirations (Okunlola, 2019). It implies a qualitative change in the way the society shapes itself and carries out its activities, such as through more progressive attitudes and behavior by the population, the adoption of more effective processes or more advanced technology.

Economic development on the other hand is the development of economic wealth of countries or regions for the well-being of their inhabitants. Economic growth is often assumed to indicate the level of economic development. Economic development therefore, is the process by which a nation improves the economic, political, and social wellbeing of its people (Oladeji, 2015). The definition of socio-economic development involves stating what characterizes those changes and what determines them. In other words, we have to determine what changes count as socio-economic development. To present the specific nature of socio-economic development, we must refer to the character of processes and goals of changes making up this type of development.

### **Maternal/Child Health Interventions and Socio-Economic Development**

International organisations have played a central role in promoting maternal and child health (MCH) across developing countries, recognising its vital connection to socio-economic development. The World Health Organisation (WHO, 2016) emphasises that maternal and child health is a critical component of public health, directly affecting productivity, educational attainment, and poverty reduction. Global health initiatives led by international agencies such as WHO, UNICEF, GAVI, and the United Nations Population Fund (UNFPA) have introduced life-saving interventions, such as immunisations, antenatal care, skilled birth attendance, and

nutritional support, which have contributed to reductions in child and maternal mortality worldwide. Bhutta et al. (2013) show that implementing cost-effective MCH interventions in low-income countries could avert up to 3.6 million deaths annually, boosting long-term economic stability and resilience. These programmes are often accompanied by capacity-building strategies aimed at strengthening local health systems, training personnel, and improving data collection.

In Nigeria, international organisations have been instrumental in addressing persistent challenges in maternal and child health, particularly in rural and conflict-affected areas. Programmes such as the Expanded Programme on Immunisation (EPI), Safe Motherhood Initiative, and the Maternal, New-born and Child Health (MNCH) Week, largely supported by UNICEF, WHO, and the European Union, have improved vaccination coverage, antenatal attendance, and delivery by skilled personnel (Okonofua et al., 2018; Adamu, 2020). Yet, the impact of these interventions has been uneven across regions due to poor infrastructure, political instability, and limited community involvement. Adebayo and Oladokun (2021) argue that while international support has brought essential health services to underserved populations in Nigeria, the sustainability of these interventions is threatened by the country's over-reliance on external funding, fragmented implementation, and insufficient domestic investment in health.

Scholars have also explored the broader socio-economic implications of international MCH interventions in Nigeria and other developing countries. For instance, Uthman et al. (2019) highlight that regions benefitting from comprehensive MCH programmes often experience parallel improvements in female education, labour force participation, and household income. International organisations, by promoting child survival and maternal health, indirectly support economic productivity by ensuring that more children reach school age and more mothers remain active in the economy. In Nigeria, the World Bank (2021) reports a positive correlation between MCH-focused donor support and improvements in human capital development indicators. However, Madu and Muhingi (2017) caution that the conditionality tied to some interventions may undermine national ownership and limit the adaptability of programmes to local realities. Thus, while international organisations contribute significantly to socio-economic development through MCH interventions, their success depends largely on effective domestic integration, transparency, and local engagement.

Several studies have explored the influence of maternal and child health interventions on socio-economic development in Nigeria, particularly in underserved regions such as the Northern Senatorial District of Cross River State. According to Olanrewaju et al. (2020), access to maternal health services such as antenatal care, skilled birth attendance, and postnatal care significantly reduces maternal and infant mortality, thereby enhancing community productivity and economic stability. Eze and Onuoha (2019) further argue that improved child health outcomes through immunization and nutrition programmes contribute to better educational attainment and long-term labour force quality. In the context of Cross River State, Okoi and Obono (2021) observed that interventions by international agencies such as UNICEF and WHO have led to increased utilisation of primary healthcare centres, especially in rural communities. These improvements not only enhance health outcomes but also reduce household expenditure on preventable diseases, allowing families to invest more in education and small-scale enterprises.

Similarly, Iya and Adeyemi (2018) note that maternal and child health programmes have a multiplier effect on socio-economic development by empowering women through health education and enabling them to participate more actively in economic activities. Collectively, the literature affirms that maternal and child health interventions are pivotal to fostering socio-economic growth in regions like the Northern Senatorial District of Cross River State.

### **Diseases Prevention/Control Campaigns on Socio-Economic Development**

Globally, international organisations have played a fundamental role in disease prevention and control, recognising the strong link between population health and socio-economic development. The World Health Organisation (WHO), the Global Fund, GAVI, and the World Bank have championed campaigns to control infectious diseases such as polio, tuberculosis, HIV/AIDS, and malaria in low- and middle-income countries. These efforts have improved life expectancy, labour productivity, and school attendance, all of which are vital components of economic growth. According to Bloom, Canning, and Sevilla (2004), health improvements from disease control lead to increased workforce participation and human capital investment, thereby stimulating national development. Similarly, Sachs (2012) noted that malaria eradication programmes in endemic regions substantially enhanced agricultural productivity and GDP performance over time. By reducing disease burden, these campaigns contribute to economic resilience and poverty alleviation.

In Europe, disease prevention initiatives supported by institutions like the European Centre for Disease Prevention and Control (ECDC) and WHO-Europe have yielded remarkable results. For instance, public health campaigns focusing on immunisation, antimicrobial resistance, and non-communicable disease control have significantly reduced morbidity and healthcare costs across European Union countries. According to Leichter, Mocci, and Pozzuoli (2010), these programmes not only improved individual health outcomes but also helped streamline national health expenditures, freeing resources for education, infrastructure, and innovation. Countries like Sweden, France, and Germany have seen marked improvements in labour productivity and economic efficiency following successful vaccination and health awareness campaigns. These successes have informed global frameworks for integrated disease prevention as a critical component of sustainable development planning.

Across Africa, the influence of disease control campaigns has been more varied but equally impactful. International efforts, especially from WHO, GAVI, Médecins Sans Frontières (MSF), and the Global Fund, have targeted high-burden diseases such as malaria, HIV/AIDS, and Ebola. These interventions have not only saved millions of lives but also stabilised economies previously crippled by frequent outbreaks. According to Grybaite and Tvaronaviciene (2018), effective disease prevention in sub-Saharan Africa has led to increased agricultural output, reduced absenteeism in schools and workplaces, and improved national productivity. However, challenges persist, such as inadequate healthcare infrastructure and weak political will, which can undermine the long-term benefits of these campaigns. Tambo et al. (2016) highlighted that failure to integrate disease prevention with broader health system strengthening limits the socio-economic impact of such efforts on the continent.

In Nigeria, disease control campaigns by international organisations have played a pivotal role in public health and socio-economic development. Polio eradication, for instance, was largely driven by WHO, UNICEF, and the Bill & Melinda Gates Foundation, leading to Nigeria's removal from the list of polio-endemic countries in 2020. These successes have improved child survival rates and reduced the economic burden of disability on families and the healthcare system (Mbah, 2019). Additionally, malaria control programmes supported by the Global Fund and Roll Back Malaria have led to a drop in malaria-related deaths, improving workforce productivity and school attendance. According to Ukpong (2017), disease prevention campaigns in Nigeria have

contributed to economic development by improving population health and reducing health-related financial shocks. Nonetheless, scholars such as Duru, Okafor, Eze, and Ebenyi (2020) argue that these gains remain fragile due to overdependence on donor funding, corruption, and limited domestic health investment. Hence, while disease prevention campaigns by international organisations have clearly contributed to socio-economic progress in Nigeria, sustained development requires stronger institutional frameworks and local ownership of health initiatives.

Several scholars have examined the impact of disease prevention and control campaigns on socio-economic development in underserved areas, including the Northern Senatorial District of Cross River State. According to Adebayo and Fagbohun (2019), disease prevention initiatives such as mass immunisation, sanitation campaigns, and malaria control programmes significantly reduce disease burden, leading to increased productivity and reduced healthcare expenditure among rural populations. Emeh and Etim (2020) highlight that when communities experience fewer disease outbreaks due to effective public health campaigns, children can attend school regularly and adults can engage more fully in economic activities, thereby stimulating local development. In their study of Cross River State, Uche and Okpala (2021) found that disease control interventions supported by international organisations like the WHO and the Global Fund have led to notable reductions in communicable diseases such as tuberculosis, malaria, and cholera, improving the quality of life and enabling socio-economic participation.

### **Theoretical Framework**

This study adopted the dependency theory to explain health interventions by international organisations and socio-economic development in Northern Senatorial District of Cross-Rivers State.

### **Dependency Theory**

Dependency theory was developed as a framework for understanding the reasons for the divergence in the development level between wealthier and poorer nations. Historically, the theory was first used to explain the underdevelopment of Latin America and is associated with scholars such as Paul Prebisch and Hans Singer. Prebisch, in 1949 had argued that Latin America is underdeveloped because it relied on the exportation of primary commodities, which resulted in

unequal trade terms between Latin American countries and developed western countries (Oladeji, 2015).

The main tenet is that the economy of certain countries is conditioned by the development and expansion of another economy to which the former is subjected. This simply implies that the relationship between two or more economics assumes the form of dependence because some countries (the dominant ones) can expand and be self-sustaining while other countries (dependent ones such as Nigeria) can do this, only as a reflection of that expansion, which can have either a positive or a negative effect on their immediate development (Orji et al, 2020). Also, another basic assumption of this theory is that developing economies such as Nigerian economy is still dependent on its donor countries, in order to acquire the required resources to curb Nigeria's development and this made Nigerian economy to be drawn into the institutional framework of the advance economy where they are exploited and subordinated by the core actors in the world economy. This exploitation occurs due to harsh conditionality and mechanism that comes with the foreign aid from donor countries to recipient nations like Nigeria (Orji et al, 2020).

Applying this theory to the international health interventions and socio-economic development in the Northern Senatorial District of Cross River State, the theory helps us critically assess how such interventions, though seemingly beneficial, can create patterns of reliance rather than fostering sustainable, internally driven development. For instance, international organisations such as WHO, UNICEF, and Médecins Sans Frontières have been instrumental in delivering vaccinations, maternal health services and disease control programmes in the area. However, these services are often implemented through parallel structures that bypass or underutilise local institutions and personnel. According to dependency theory, this can weaken local health systems, erode community initiative, and perpetuate a reliance on foreign assistance rather than building autonomous capacity.

Furthermore, the socio-economic development of the Northern Senatorial District is influenced by the conditionality and frameworks dictated by international donors, which may not align with the region's specific needs or cultural context. For example, international funding might prioritise vertical programmes targeting malaria or HIV/AIDS, while underfunding broader systemic needs like rural hospital infrastructure, health education, or workforce development. This

creates a scenario where short-term health gains are achieved, but long-term development remains stunted.

### **Conclusion/Recommendation**

This study critically assessed the influence of health interventions by international organisations. The study utilized secondary data. Data from related published and unpublished Literatures were used for the study. Based on the issues discussed in the study, It was revealed that while maternal and child health initiatives and disease prevention campaigns led by agencies such as WHO, UNICEF, and the Global Fund have contributed significantly to improvements in health outcomes such as reduced child mortality and disease burden, the long-term developmental impacts remain constrained by infrastructural deficits, weak governance structures and limited community ownership. The study established that although these international health programmes offer short-term benefits, they often operate through parallel systems that inadvertently reinforce dependency rather than promote locally driven and sustainable socio-economic development.

In light of these findings, the study recommends;

1. That international health interventions should be restructured to align more closely with local needs and institutional realities.
2. Future programmes must prioritise community ownership, build local capacity, and invest in strengthening existing healthcare systems rather than creating parallel structures.
3. Collaboration between international organisations, government agencies and local stakeholders should be deepened to ensure that interventions are culturally appropriate, sustainable, and capable of driving long-term development; there is also a need for increased domestic investment in health infrastructure to foster inclusive socio-economic growth in the Northern Senatorial District of Cross River State.

### **References**

- Abdi, R. (2020). Global politics and development intervention: A critical overview. *Journal of International Affairs and Policy Studies*, 12(3), 45–58.
- Adamu, M. (2020). The EU's health and humanitarian interventions in Nigeria: Focus on the Boko Haram insurgency. Abuja: Centre for Policy and Humanitarian Studies.

- Adebayo, A., & Oladokun, A. (2021). Sustainability challenges of donor-driven maternal health programmes in Nigeria. *African Journal of Reproductive Health*, 25(4), 112–123.
- Ayuk, A., & Essien, E. (2018). Disease control and rural development in Cross River State, Nigeria. *Journal of Health and Development*, 7(2), 101–112.
- Bakare, A. S. (2011). The challenges of international development interventions in Sub-Saharan Africa. *Journal of Sustainable Development in Africa*, 13(5), 203–214.
- Bhutta, Z. A., Das, J. K., Bahl, R., Lawn, J. E., Salam, R. A., Paul, V. K. & Walker, N. (2013). Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? *The Lancet*, 384(9940), 347–370.
- Bloom, D. E., Canning, D., & Sevilla, J. (2004). The effect of health on economic growth: A production function approach. *World Development*, 32(1), 1–13. <https://doi.org/10.1016/j.worlddev.2003.07.002>
- Chaparro, M. P., Zaghoul, S. S., Holck, P., & Dobbs, J. (2009). Food insecurity prevalence among college students at the University of Hawai'i at Mānoa. *Public Health Nutrition*, 12(11), 2097–2103. <https://doi.org/10.1017/S1368980009990735>
- Duru, E. J. C., Okafor, C., Eze, M., & Ebenyi, L. (2020). International development assistance and governance challenges in Nigeria. *International Journal of Development Strategies in Humanities, Management and Social Sciences*, 10(3), 23–34.
- Edoumiekumo, S. G. (2017). Understanding socio-economic development: A theoretical perspective. *African Journal of Economics and Development Studies*, 9(1), 55–70.
- Emeh, A. U., & Etim, E. (2020). Effect of disease prevention programmes on human capital development in South-South Nigeria. *Nigerian Journal of Public Health*, 11(3), 73–82.
- Eze, P., & Onuoha, H. C. (2019). Maternal and child health services as predictors of human capital development in Nigeria. *Journal of Social Sciences and Public Policy*, 11(2), 90–101.
- Grybaite, V., & Tvaronaviciene, M. (2018). Towards sustainable development: The impact of disease control on economic productivity in Africa. *Journal of Security and Sustainability Issues*, 7(3), 569–577. [https://doi.org/10.9770/jssi.2018.7.3\(6\)](https://doi.org/10.9770/jssi.2018.7.3(6))
- Iya, I. B., & Adeyemi, O. (2018). Health education, maternal empowerment and economic participation in Nigeria. *Journal of Gender and Development Studies*, 8(2), 121–134.
- Leichter, J., Mocci, S., & Pozzuoli, F. (2010). *Global governance and international institutions*. London: Routledge.

- Madu, C. A., & Muhingi, A. (2017). Rethinking aid conditionalities in global health governance: A developing country perspective. *International Journal of Health Policy and Management*, 6(9), 487–495.
- Mbah, M. O. (2019). The evolution of international organisations and their impact on global development. *Journal of International Relations and Policy Studies*, 8(2), 114–129.
- Okoi, O., & Obono, O. (2021). Maternal and child health interventions and rural development in Cross Rivers State, Nigeria. *Journal of Health Promotion and Practice*, 5(2), 130–141.
- Okunlola, A. (2019). Social change and socio-economic development in Africa: An overview. Ibadan: Crown Research Press.
- Oladeji, S. I. (2015). Foundations of economic development in Africa. Lagos: Integrity Publishers.
- Olanrewaju, F. O., Omotosho, F., & Alabi, J. O. (2020). Improving maternal health outcomes through public health interventions in Nigeria. *Journal of Public Health in Africa*, 11(3), 150–158.
- Orji, A., Kamenov, A., Dirac, C., Davis, L., Chadha, J., & Vos, R. (2020). Dependency, global finance and development in the Global South: A review of theory and evidence. *Journal of Development Economics and Policy*, 12(2), 88–104.
- Pease, K. K. S. (2012). International organizations (5th ed.). Boston, MA: Pearson.
- Peterson, A. (2020). Aid dependency and the limits of foreign assistance in Africa. *African Development Review*, 32(1), 88–99.
- Sachs, J. D. (2012). Achieving global malaria eradication. *Science*, 338(6107), 1247–1248. <https://doi.org/10.1126/science.1228714>
- Tambo, E., Ugwu, E. C., Ngogang, J. Y., & Olalubi, O. A. (2016). Repositioning Africa to achieve the sustainable development goals in health care: A review of disease prevention strategies and partnerships. *International Journal of Health Planning and Management*, 31(4), 501–512. <https://doi.org/10.1002/hpm.2341>
- Uche, A., & Okpala, N. (2021). Disease control programmes and sustainable development in Cross River State: A policy impact analysis. *International Journal of Community Medicine and Public Health*, 8(4), 1674–1682.
- Ukpong, I. D. (2017). Donor-driven development and health sector performance in Cross River State, Nigeria. *Calabar Journal of Public Policy*, 5(1), 42–57.

- United Nations (UN). (2014). The evolution and role of international organisations in global governance. Geneva: United Nations Publications.
- Uthman, O. A., Aremu, O., & Ekström, A. M. (2019). Women's empowerment and socio-economic gains from maternal health interventions in low-income settings. *Global Health Research and Policy*, 4(15), 1–8. <https://doi.org/10.1186/s41256-019-0103-4>
- World Bank. (2015). Official development assistance and global health financing trends. Washington, DC: World Bank Group.
- World Bank. (2019). World development report 2019: The changing nature of work. Washington, DC: World Bank Group.
- World Bank. (2021). World development indicators: Human capital and health investment. Washington, DC: World Bank Publications.
- World Health Organization (WHO). (2016). Strategies toward ending preventable maternal mortality (EPMM). Geneva: WHO Press.