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Research Article

Implications of Human Capital Flight in the Health Sector on Nigeria's Life Expectancy (2015-2024)

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Abstract

Introduction: Human capital flight refers to the migration of professionals from one country to another in search of better opportunities while life expectancy is the average life span of citizens in a given country. The inability of existing literature to determine the implications of human capital flight in the health sector on life expectancy in Nigeria and the inability of government to find solution to the issue of human capital flight in the health sector made it necessary for the conduct of this study.

Method: The study adopted a qualitative technique through the desk content analysis of documents obtained from academic databases (World Health Organizations (WHO), Medical and Dental Council of Nigeria (MDCN), National Bureau of Statistics (NBS) and national dailies).

Results or Findings: The analysis of research findings indicated that human capital flight in the health sector has impacted negatively on life expectancy in Nigeria due to low budgetary allocation to the sector by successive administrations.

Discussion or Conclusion: The analysis of result reveals that pain and gain factors are responsible for human capital flight. The paper concludes that increase in budgetary allocation to 15% will address the challenges confronting the health sector and improve life expectancy situation in Nigeria.

Keywords: human capital flight, health professionals, life expectancy, health workers

JEL Codes: H30, I18, J18

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Araştırma Makalesi

**Sağlık Sektöründen Beyin Göçünün Nijerya'daki Yaşam Süresi Beklentisi
Üzerindeki Etkileri (2015-2024)**

Joseph A. Adekeye^a & Rosemary N. Barnabas^b

Öz

Giriş: Beyin göçü, profesyonellerin daha iyi fırsatlar arayışıyla bir ülkeden başka bir ülkeye göç etmesini ifade ederken; yaşam beklentisi, belirli bir ülkedeki vatandaşların ortalama yaşam süresini ifade etmektedir. Mevcut literatürün, sağlık sektöründeki beyin göçünün Nijerya'daki yaşam beklentisi üzerindeki etkilerini yeterince ortaya koyamaması ve hükümetin bu alandaki beyin göçüne yönelik etkili çözümler geliştiremeyişi, bu çalışmanın gerçekleştirilmesini gerekli kılmıştır.

Yöntem: Bu çalışma, Dünya Sağlık Örgütü (WHO), Nijerya Tıp ve Dış Konseyi (MDCN), Ulusal İstatistik Bürosu (NBS) ve ulusal basın organlarından temin edilen belgelerin, masa başı içerik analizi yöntemiyle nitel bir perspektiften sistematik olarak incelenmesine dayanmaktadır.

Sonuçlar ya da Bulgular: Araştırma bulgularının analizi, sağlık sektöründe yaşanan beyin göçünün, ardışık hükümetlerin sektöre yönelik yetersiz bütçe tahsisleri nedeniyle Nijerya'daki yaşam süresi beklentisini olumsuz yönde etkilediğini ortaya koymuştur.

Tartışma ya da Yapılan Çıkarımlar: Elde edilen sonuçların analizi, sağlık sektöründeki beyin göçünün temelinde itici (acı) ve çekici (kazanç) faktörlerin etkili olduğunu ortaya koymaktadır. Çalışma, sağlık sektörüne yönelik bütçe tahsisatının %15 seviyesine çıkarılmasının, sektördeki yapısal sorunların giderilmesine katkı sağlayacağı ve Nijerya'da yaşam beklentisinin artırılmasında önemli bir rol oynayacağı sonucuna ulaşmaktadır.

Anahtar Kelimeler: beyin göçü, sağlık profesyonelleri, yaşam beklentisi, sağlık çalışanları

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Introduction

Human capital flight refers to the mass exodus of trained personnel from third world to developed countries in search of better condition of life. It could take the form of geographical, organizational or industrial and situational dimensions; The geographical movement involves a change of location by professionals to another country. The organizational or industrial human capital flight is the migration of professionals from one companies to another in order to secure better offer(s) whereas the situational migration means the exodus of intelligentsia between a particular region to another due to change of whether, flooding, insecurity, epidemics, war, outbreak of communicable disease or other related occurrences (Okonkwo et al., 2022).

Migration is an inevitable act as it has been in existence since the creation of mankind and it can be grouped into domestic and cross- border migrations. Domestic exodus is the relocation of individuals from one region to another within a country. This could be in form of rural-urban migration or movement from urban to rural area. Cross-border expedition on the other hand refers to the movement by anyone who leaves his country of origin for a several of reasons. Cross-border migration thus encompasses all forms of movements, including those caused by economic reasons, family reunification and refugee situations. (Obani & Odalonu, 2023).

The advent of industrial revolution in Europe in 18th Century created the need for more factory workers in larger numbers. Attempts to hire more factory workers created an avenue for sale of human cargo or slave trade (Allen, 2011). This was subsequently replaced with trafficking in persons from developing to developed countries. All the above activities may not necessarily lead to human capital flight since trafficked individuals may not be professionals or skilled workers. Specifically, human capital flight in the context of this paper means mass exodus of health workers from home country to another in search of greener pastures such as employment opportunities, better standard of living, access to basic amenities and the likes (Nnoruga & Osigwe, 2023).

In the case of Nigeria, medical professionals such as; doctors, nurses, medical laboratory technicians, and pharmacists are migrating abroad in search of better opportunities (Lawal et al., 2022). Available statistics reveal that 13,609 physicians migrated from Nigeria to Britain from 2021 - 2022 (UK National Statistics, 2022). As of the end of 2022, there were 10,387 physicians in Britain that have gone through professional training at home (Obani & Odalonu, 2023). Similarly, 3000 migrated from January 2020 - September 2022 alone as published by the General Medical Council in the UK (GMC, 2022). Nigeria is 3rd after India and Pakistan among the countries with the largest number of Physicians in Britain (Brennan et al., 2021). Nigerian doctors are 9 out of 20 Doctors who received their education at medical institutions in Sub-Saharan African nations and are currently working in the USA (Duvivier et al., 2017).

Human capital flight tends to impact negatively on life expectancy since it usually leads to dearth of professionals in the health sector. For instance, the migration of skilled health workers has eroded the quality of service delivery in the Nigerian health sector (Iruo & Okolo, 2021). Lack of adequate medical professionals to provide regular treatment for diseases such as HIV & AIDs, gonorrhoea, malarial, cancer, bacteria and fungi infections has resulted into high mortality rate and a drastic reduction in average life expectancy. For instance, Nigeria is ranked lowest among 200 countries investigated in life expectancy survey by Worldometer in 2024. All African countries including Chad republic are ahead of Nigeria.

The major reasons responsible for the above scenario is low budgetary allocation to the health sector in Nigeria. For instance, the highest allocation to the health sector in Nigeria since independence is less than 7% as against 15% recommended by World Health Organization (WHO). For instance, budgetary allocation to the health sector in 2022 was 4.7% while it stood at 5.57% in 2023. The relative low budgetary allocation to the Nigerian health sector is largely responsible poor remuneration for health workers, insufficient drugs, lack of adequate equipment and facilities both at Primary, Secondary and Tertiary hospitals in Nigeria.

The issue of human capital flight would be being a thing of the past if the huge amount of money being budgeted for medical tourism can be added to annual allocation to the Nigerian health sector. According to Adejoro (2024), Nigeria spent ₦ 2.38 million on medical tourism in six months (January –June) in 2024 alone. The inability of government officials to use Nigerian public hospitals for the health services related issues is largely responsible for lack of commitment to the development of Nigerian health sectors.

Several studies have been conducted on the subject matter of this paper. For instance, Akinola and Adekile (2024) examined the implications of human capital flight on unemployment and economic growth in Nigeria. Similarly, Popogbe and Adeosun (2022) carried out empirical analysis of the push factors of human capital flight in Nigeria. In the same vein, Nwafor and Clement (2024) assessed the impact of medical policies and politics on human capital flight in developing countries. However, none of the scholars in existing literature focuses on the implications of human capital flight in the health sector on life expectancy in Nigeria. This is the gap in literature that this study intends to bridge.

Objectives

The aims of this paper are to:

1. Determine the issues responsible for the mass exodus of health personnel from the Global South to the Global North.
2. Assess the implication of human capital flight on average life span in Nigeria.

Methodology

This paper adopted a qualitative technique through the content analysis of documents obtained from Academic databases (such as Springer, Google Scholar, Crossref, Researchgate), World Health Organization (WHO), Professional Institute on health and National Bureau of Statistics (NBS). Documents obtained from the above sources were analyzed through the use of desk examination of factors responsible (pain-gain) for mass exodus of health workers from Nigeria to western nations and the attendant implications on life expectancy in Nigeria.

Conceptual Analysis

Human Capital Flight

Human capital flight means the mass exodus of skilled workers within one region and another for the purpose of obtaining better offers abroad. According to Johnson and Regets (1998), it actually started with the decision to secure admission overseas, secure employment and going back to the home country to secure a better offer. Subsequently, emigrants may decide not to return home if the environment abroad is better than the situation at home.

Equally, human capital flight according to the UK government means the movement of professionals or experts who leave UK to US and Canada between 1950s and 1960s (Cervantes & Guellect, 2002). Subsequently, the definition of human capital flight means the movement of professionals from global south to global north in search of better conditions of service. In other words, it refers to mass exodus of working population from poorer to richer nations of the world for the purpose of acquiring more skills or utilizing the skills possessed from their homeland.

On the other hand human capital flight can become brain gain if the knowledge gained abroad is used for the benefit of home country thereafter. However, it may become human capital flight if the knowledge acquired from home country is used for the position that requires lesser skill than the skill obtained at home. Dohlman et al. (2019) observed that 7 out of 10 black physicians usually relocate abroad. In the case of mass exodus of health workers from Nigeria to western nations, it can be referred to as human capital flight since the knowledge acquired from home country is utilized for the benefit of western nations in the form of technology transfer in exchange for wages and salary.

Average Life Span

This means the life expectancy of individuals in home country within a given period of time depending on the quality of life, nature of health care delivery system, social and psychological well being. In the opinion of Laranjeira and Szrek (2016), life expectancy during delivery refers to the minimum days a person lives on earth from birth based on the average death rate in a given period of time. Similarly, WHO (2010) conceives life expectancy as a situation of physical, psychological and emotional stability of individual regardless of being sick or critically ill.

Onisanwa et al. (2024) opined that average life span is the standard duration a person will exist at a specified time based on the nature of death rate according to various categories of individuals. Life expectancy is part of the four parameters being used for measuring the level of human capacity building. According to Raffin and Seegmuller (2014), life expectancy per time depends on better health condition, enhanced productivity and sustainable economic development. Similarly, Issaoui et al. (2015) conceive average life span during delivery as the days a new born baby will be alive depending on the pattern of death rates during the period. For the purpose of this study, average life span means the life expectancy of a given person before death due to access to quality health care services and high standard of living.

In the case of Nigeria, low life expectancy depends partly on health condition. For instance, the Nigeria's health sector is characterized by high rate of diseases such as; small pox, measles, malaria, polio, cancer, fungi infections, syphilis to mention a little. Other factors responsible for low life expectancy rate in Nigeria include but are not limited to high level of poverty, poor nutrition, lack of access to clean water, relatively high infant and maternal mortality rates (Onisanwa et al., 2024).

Empirical Review

Several studies were conducted on matters regarding the influence of human capital flight on average life span in Nigeria. For instance, an empirical study conducted by Ogbonna and Oseiweh (2016) assessed the impact of public funding of hospitals on average life span in Nigeria. The study used the cause analysis to ascertain the static nature of variable through the use of Augmented Dickey-Fuller Test. The outcome of the paper demonstrates that government recurrent expenditure influenced the average life span in Nigeria significantly. Similarly, a study conducted by Akintunde et al. (2016) appraises the influence of life expectancy on Gross Domestic Product (GDP) in Nigeria using quantitative method for the purpose of data analysis and interpretation. The outcome of the study reveals that average life span really influenced the Nigeria's economy significantly.

Conversely, a study conducted by Osigbesan (2021) obtained information on the experiences of health practitioners who practiced outside the shore of Nigeria using the pain and gain model as a framework of analysis. The major concern of the study is to find out the reasons why health care professionals are relocating abroad and the health implications of such decisions on average citizens. A non-probability selection techniques and a face-to-face interaction were adopted to obtain the required information from selected respondents. The outcome of the paper reveals that poor budgetary allocation to the health sector is largely responsible for human capital flight from Nigeria to western nations of the world. In the same vein, a study carried out by Okwara (2023) reviewed the influence of human capital flight on the Nigeria's physical wellbeing and learning process using the pain and gain model as a framework of analysis. Qualitative technique was adopted through the content analyses of secondary data. The findings of the study demonstrated that the pain and gain variables are the root cause of human capital flight in the Nigerian health sector.

Likewise, a study conducted by Joseph and Agada (2024) evaluated the effect of government funding on average life span in Nigeria through the use of descriptive statistical tools for data gathering, categorization, measurement and analysis. The outcome of the study revealed that the impact of public government spending in the health section on average life span in Nigeria is inconsequential. By implication, public expenditure is grossly inadequate towards improving the low level of average life span in Nigeria. Lastly, a paper written by Abib et al, (2024) evaluated the implications of health spending on life expectancy disparities across gender line using the unit root test alongside the Dynamic Ordinary Least Square (DOLS) for the purpose of data analysis and interpretation. The findings of the paper exhibited that private health spending has made profound contribution to life expectancy in Nigeria with no bias with regards to gender sensitivity.

A cursory examination of the above empirical studies and existing literature reveals that most studies focused on the influence of government spending on life expectancy, impact of average life span on Gross Domestic Product (GDP) and factors responsible for brain drain. However, Organization Economic Corporation and Development (OECD, 2021) stated that the factors have the tendency life expectancy include; per capita income, high quality of life/enlightenment and access to affordable and quality health care delivery. Meanwhile, the impact of quality of life and improved living condition/literacy rate on average life span apart from quality healthcare has not been addressed in existing literature. This is the gap that this study intends to bridge.

Theoretical Framework

The Push-Pull approach was adopted as theoretical underpinning for this study since it interrogates the causes and factors responsible for human capital flight or migration. The exponents of the theory are Everett Spurgeon Lee, Pan G and Natasha C. Parkins. The theory states that the reasons for the floating population, migration and immigration are because people can improve their living condition through migration. The push factors refers to unbearable conditions such as high cost of living, abject poverty, lack of access to basic amenities, unemployment, poor condition of service, under-employment, insecurity, political instability among others. The pull factors on the other hand are expectations that attract the attention of emigrants to relocate abroad. They include; employment opportunities, scholarship, better condition of service, high standard of living, access to basic amenities, political stability, quality education, availability facilities/equipment, security of life and properties (Parkins, 2010).

This theory is applicable to this study since human capital flight within the Nigerian Health sector is due to the influence of pain and gain syndrome. For instance, factors that cause pain include; political instability, insurgency, kidnapping, banditry, poor budgetary allocation to the health sectors, lack of regular training, lack of adequate facility/equipment, poor leadership style of heads of institutions, poor condition of service, unemployment, underemployment, low standard of living and environmental degradation. Meanwhile, the expected gain variables are; attractive compensation, availability of adequate facilities, access to basic amenities, conducive environment, regular training, high standard of living among others. All the above factors are responsible for mass exodus of health care professionals from Nigeria to Western nations.

Factors Responsible for Movement of Medical Personnel out of Nigeria to Western Nations

The reasons responsible for mass exodus of medical professionals out of Nigeria to western nations comprise but are not limited to the following:

Endemic Poverty

The majority of Nigerian citizens are wallowing in abject poverty due to low income and lack of access to basic amenities such as goods roads, pipe borne water, electricity, affordable health care delivery and quality education. According to the World Bank, the poverty level in Nigeria has increased from 82.9 to 85.2 and 90.0 million between 2018/19, 2020 and 2022 accordingly owing to increase in birth rates without a corresponding increase in productivity (Olawoyin, 2022). The relative increase in poverty was due to high inflationary trends without a corresponding increase in sources of income to households. For instance, Nigeria's consumers price index in second quarter, 2024 rose to 32.70 % as against 26.72% in September, 2023 (Tunji, 2024). The inability of take home pay by health workers to meet up with their basic needs is the major cause of human capital flight by medical professionals in Nigerian.

Low Budgetary Allocation

World Health Organization (WHO, 2010) and health professionals in Nigeria (2012) recommend the allocation of a minimum of 15% of annual national funding plans for medical unit. However, available record reveals that allocation to the health sector has not exceeded 6% during the fourth republic. For instance, budgetary allocation to the health sector in 2022 was 4.7% while it stood at 5.57% in 2023. The breakdown of budgetary allocation indicated that

N1.179tn, N826.96b, N547b, N278.31b were allocated to the Nigerian health sector in year 2023, 2022 and 2021, 2015 respectively (Muauya, 2022).

Lack of Equipment and Facilities

Lack of adequate equipment and facilities are the reason for mass exodus of Nigerian health workers to the global North. According to Akinmoyeje (2024), more than 2/3 of Nigerian Primary, secondary and tertiary health care institutions lack access to basic drug and medical equipment to function. Similarly, a report released by National Health Facility Survey made available by National Bureau of Statistics (2023), observed that only 35% of medical facilities in Nigeria had essential drugs such as paracetamol, aspirin, amoxicillin and oral rehydration salts available and unexpired. The remaining 65% are either expired drugs or lack essential facilities. However, secondary health facilities were stocked with 50.6% necessary drugs but the Primary Health facilities had only 34.3% essential drugs available or unexpired. The breakdown of the report according 6 geopolitical Zones indicated that South-West led with 47% of primary health facilities, North West recorded 19.8% in drug availability, North-West led with 57.8% facilities stocked with essential medicines (Akinmoyeje, 2024).

Poor Remuneration and Insecurity

The pay package for health workers in Nigeria is arbitrarily low due to low budgetary allocation to the sector. In a paper written by Onah et al. (2022), the highest determinant of job satisfaction for doctors is a good salary which they can't get in Nigeria and the top reason for doctors' emigration is the increasing rates of insecurity which decreases their motivation and availability for effective service delivery.

Data from the Organization for Economic Corporation and Development (OECD) revealed that most Nigerian Doctors are practicing in the United Kingdom, United State, Canada, Ireland and Germany. The annual salary for Nigerian Doctors is \$5,912 whereas their counterparts in Canada, USA, UK, Germany, France and Italy receive \$75,460, \$79,400, \$63,600, \$143,500, \$83,927 and \$70,386 annual salary respectively (Uduu, 2023). Medical Doctors in Nigeria have embarked on strike several times with the demand for improved welfare package by the Federal Government has refused to do the needful. Inability of government to ensure improved condition of service for Nigerian Doctors and other health workers is largely responsible of human capital flight syndrome.

Medical Tourism

The inability of successive administrations in Nigeria to meet up with the minimum benchmark of 15% funding plan for medical unit, corruption and economic problems have led to infrastructural decay, inadequate equipment/facilities, poor remuneration, lack of regular training and poor environmental conditions. In view of the above, political office holders and heads of government agencies prefer to seek for treatment abroad. The available option of seeking for medical treatment abroad has led to the abandonment of the Nigerian health sector by the Nigerian government.

According to Adeoye (2023), the cost of medical tourism in Nigeria has risen to \$1 billion annually. The Nigeria health sector should have been among the best in the world this huge amount of resources is added to annual budgetary allocation. The inability of government to revamp the Nigerian health sector through the procurement of modern facility, improved welfare package and the creation of conducive environment has led to mass movement of health workers into western nations of the world in search of greener pasture.

Human Capital Flight in Medical line and Life Expectancy in Nigeria

Successive administrations in Nigeria since independence have made frantic efforts towards curbing the menace of human capital flight in the medical aspect of the economy. However, the matter appears to be beyond control in the fourth republic. Records show that over 9,000 health medical professionals relocated from Nigeria to western nations between 2016 and 2018. Similarly, it was disclosed that over 727 physicians licensed in Nigeria migrated to Britain within the period of 6 Months (December 2021 and May 2022) (Muauya, 2022).

In 2022, a professional body responsible of issuing licenses to medical Doctors affirmed that over 100 physicians relocated from Nigeria to western nations in less than 2 years (Mussette & Mussette, 2022). Similarly, a body responsible for training newly inducted medical Doctors confirmed that nearly 12 physicians relocated from Nigeria to other countries weekly in 2018. Thirty thousand out of eighty thousand licensed physicians by professional body are practicing in Nigeria. WHO advocates for an average of 4.45 health professionals per 1,000 people in order to support universal health coverage; Nigeria has less than 2.1 (Lawal et al., 2022). In view of the identified shortage of health professional, patients have to spend long time to be attended to by physicians, under utilize available health care equipment, patronize traditional healthcare provider and seek for self-help at odd hour. These are the main causes of the nation's low health indices (Adewole & Osungbade, 2016).

The internal (pain) factors responsible for the mass exodus of health workers from Nigeria to western nations according the paper are political instability, insurgency, kidnapping, banditry, poor budgetary allocation to the health sectors, lack of regular training, lack of adequate facility/equipment, poor leadership style of heads of institutions, poor condition of service, unemployment, underemployment, low standard of living and environmental degradation. On other hand, the external factors (gain) factors responsible for human capital flight are attractive compensation, availability of adequate facilities, access to basic amenities, conducive environment, regular training, and high standard of living being experienced in western nations of the world.

The inability of government to address the challenges confronting the health sector has impacted negatively on the life expectancy of Nigerian citizen. According to Onwube et al. (2021), the Nigeria's average life span for 2018 stood at 54.33 years. Nigeria is closely followed by Sierra Leone with (54.31 years), Chad (53.97 years) and Lesotho (53.70). The 2023 report indicated that Nigeria came second out of 10 countries with the least life expectancy in Africa with an average of 52.7 years (Shahara Reporter, 2023).

Unfortunately, life expectancy for 2024 reveals that Nigeria took the last position among 200 countries globally by life expectancy with an average of 54.64 years. Chad Republic took 199th position with an average of 55.24 years while Hong Kong took 1st position with an average of 85.63 years (Worldometer, 2024). In the same vein, Orekoya and Oduyoye (2018) observed that Nigeria's death rate is one of the highest among comity of nations. The above statistics reveal that life expectancy in Nigeria arbitrarily low due to the inability of average citizens to afford the high cost of medical bills, none availability of medical professionals, lack of adequate facilities and low standard of living.

Conclusion

The outcome of this paper reveals that the increase in human capital flight by health professional is attributed to low budgetary allocation into the sector by successive administrations. Global bodies on health related matters recommend at least 15% annual financial plan for medical sector. However, the highest allocation to the health sector in Nigeria since independence is less than 7%. This may not be unconnected with the fact that government officials prefer to travel abroad for medical check-up instead of channeling such resources for the maintenance of health workers, upgrading of hospital equipment, procurement of latest drugs and installation of adequate facilities.

In view of the above, the annual budgetary allocation is grossly inadequate for the provision of standard equipment in elementary, intermediate and specialized medical centre across the country. Similarly, medical workers are poorly paid in Nigeria in comparison with pay package in western nations. Health workers have embarked on strike in quest for improved welfare for their members on several occasions but the outcome of such exercises are yet to produce any meaningful result. The above unmet expectations led to the mass exodus of Nigerian health worker abroad in search of greener pastures.

Human capital flight and other factors have impacted negatively on life expectancy in Nigeria greatly. For instance, Nigeria is ranked lowest among 200 countries investigated by Worldometer in 2024. All African countries including Chad republic are ahead of Nigeria. This report is a clear departure from life expectancy reports when Nigeria was referred to as “giant of Africa”.

Recommendation

In the light of issues discussed, observations made and findings established, the following recommendations are considered fundamental towards the reduction in the high influx of Nigerian health workers to western nations in search of greener pastures:

1. Annual financial plans for medical matters should be reviewed upward to at least 15% as recommended by both local and international bodies. This will go a long way towards reducing the level of human capital flight in the sector through the provision of adequate facilities and improvement welfare for health workers. Similarly, a law should be enacted by the National Assembly for the purpose of preventing government officials from going abroad for medical tourism for the treatment of minor ailments such as; headache, malarial, back pain, boil among others.
2. Approved budget should be released for capital and recurrent expenditure at the beginning of each financial year in order to guide against the misappropriation or underutilization of funds in the health sector.
3. There is need for timely publication of health budget implementation report for the purpose of ensuring accountability, transparency, avoidance of duplication and waste of scarce resources.
4. Modern facilities and equipment should be provided in elementary, intermediate and specialized medical centre in Nigeria. Similarly, the condition of service for health workers should be reviewed upward in order to facilitate quick return of Nigerian medical professionals who are currently practicing abroad. This will go a long in boosting life expectancy in Nigeria.

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