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Literature Review

Possibilities and Challenges of Increasing Life Expectancy in Nigeria

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Abstract

Life expectancy is a discreet but striking measure of a nation's health, fairness and opportunity. In Nigeria that story is gradually improving but the gap is still wide. Nigerians live an average of about 55 years, according to recent global estimates — almost 73 years worldwide and about 64 in sub-Saharan Africa. Two decades of progress is real but fragile. The numbers for child mortality now are also lower, thanks to improved immunization and maternal health programs. But income gains are still held back by rising deaths from hypertension, diabetes, road traffic accidents, malaria and tuberculosis. Nigeria's health care system has profound structural problems. Public health spending lags far behind continental targets, doctor-to-patient ratios are low and health insurance coverage extends to only a small fraction of people. Most households still pay out of pocket, often driving families further into poverty. Poor data systems also make planning and accountability harder. Not just healthcare — social and environmental conditions can be decisive. All these factors lead to unequal survival outcomes: poverty, low education levels among women, inadequate sanitation and garbage disposal facilities, unsafe water supply, air pollution and insecurity in certain regions. These recommendations include strengthening primary healthcare systems, expanding digital health systems to reach underserved populations; investing in education and gender equity; addressing environmental risks such as climate change; and ensuring transparent and accountable governance. In the end, longevity isn't just about medicine; it's about creating structures that allow every Nigerian to have a fair shot at flourishing.

Keywords: *Life Expectancy, challenges, health, Education, Health Inequality in Nigeria, Primary Health Care Reform*

1. Introduction

Chromoblastomycosis is a chronic infection of the dermis and subcutaneous tissue caused by fungi mainly affiliated with the order Chaetothyriales, family Herpotrichiellaceae.

1.1 Life Expectancy: A Core Public Health and Development Indicator

Life expectancy the average number of years a person should expect to live is more than just a health statistic. It is a mirror reflecting the overall wellbeing of a country: its healthcare system, environment, education and economy; even how equitably resources are allocated (World Health Organization [WHO], 2024). In some ways, it's a story of how a society cares for its people.

Since the 1950s, sanitation advances, vaccines and better maternal care have pushed life expectancy around the globe steadily upward. Today, the world average is around 72.8 years, which sounds good until you dig through the numbers. But the differences between regions remain stark. In high- income countries, they frequently live well into their 80s. But this number plummets in many low- and middle-income countries (LMICs), especially Nigeria.

Sub-Saharan Africa's overall life expectancy has increased from 47 years in 2000 to around 64 years in 2024 (United Nations Development Programme [UNDP], 2024). Nigeria, while Africa's largest economy and populated by over 220 million people, still ranks below the world and regional averages of about 54-56 years (National Population Commission [NPopC] & National Bureau of Statistics [NBS], 2025). As a statistic, that is not just another number; it's an indication of underlying problems. Because underlying it are layers of inequality, weak health systems, environmental challenges and the everyday realities people encounter from poverty and education gaps to poor governance (low trust in public institutions) to limited healthcare access.

So, when we speak of "increasing life expectancy," it's not medicine alone that accounts for this. We're talking about changing systems the type that decide whether a child makes it through their first year, whether a mother can deliver safely and whether an older man or woman can get care without facing financial ruin.

1.1 The Demographic Profile of Nigeria and Development of its Health-System

To get to grips with Nigeria's life expectancy challenge, you have to begin with who we are. Its population has recently exploded past 220 million in number, and its median age is under 18 (UNDP, 2024). That makes Nigeria a young country full of potential, sure, but also under pressure. Rapid urbanization, uneven development and deep regional disparities all influence how long a person lives and how healthy they are.

There are three levels on which Nigeria's health system is constructed:

i. Federal (tertiary or specialized facilities)

ii. National (for secondary care)

iii. Primary(local- the first point of contact for most people)

In practice, though, this system operates with chronic underfunding and poor coordination.

Management of overall policy is the concern of the Federal Ministry of Health and Social Welfare (FMOH) while For this purpose, we established through an act in 2022 National Health Insurance Authority (NHIA), with goal/ target to achieve health coverage for all and reduce out-of-pocket expenses. Initiatives such as the Basic Health Care Provision Fund (BHCPF) and the National Primary Health Care Development Agency (NPHCDA), also seek to build household level services mostly in rural communities.

Yet some alarming facts remain: Just around 10% of Nigerians hold any type of health insurance (NHIA, 2024). In rural communities, many clinics are barely open some do not have electricity, others run out of vital medicines and most have too few qualified staff. When people get sick, they commonly must pay for care themselves or just go without.

Then there are the social and environmental realities. High unemployment, unsafe water, poor sanitation and insecurity in parts of the North all contribute to the health crisis. (UNICEF 2024) Unsafe water and bad hygiene kills more than 100,000 people every year. That is compounded by conflict and displacement in many northern areas, leaving families with limited access to primary health care and vaccinations. All of these factors the economic struggles, the tattered infrastructure and the ongoing insecurity contribute to conditions that make getting through a day more difficult than it ought to be.

Women, children and rural communities bear the brunt of this burden, placing life expectancy not just as a national statistic but as an individual and regional both reality in which it varies from village to village.

1.2 Aim and Scope of the Review

For years, Nigeria has embarked on health initiatives and reforms intended to strengthen public health outcomes. But gains in life expectancy have been slower than you'd expect from a country with this level of talent, innovation and economic power. That gap between potential and performance is the reason this review exists.

The timing could not possibly be more relevant. As the world comes together in pursuit of “Health for All by 2030” and adopts digital transformation of health systems, Nigeria has a critical question: can we convert policy promises into real, measurable outcomes in life expectancy, well-being and quality-adjusted life years

In order to do so, this review seeks to:

1. Explores the trends in life expectancy across all states of Nigeria over time based on WHO, UNDP, NBS and NPopC data

2. Determine the key determinants of longevity and categorize them into social, economic environmental, behavioral and systemic factors.

3. Assess opportunities for improvements through enhanced financing, governance and utilisation of digital health innovations.

4. Look at the obstacles that are slowing progress, like funding shortfalls, disease burdens and patchy data systems.

5. Provide data-driven solutions that support existing frameworks such as the National Health Strategic Development Plan III (2021–2025) and Nigeria Digital in Health Initiative (NDHI, 2025).

In the end, making Nigerians live longer is not just about hospitals or medicine. It’s about connecting the dots between health, education, environment, technology and governance because those are the building blocks of a healthy society or something that will tear it down..

The remainder of this review explains those connections in more detail and makes clear that meaningful progress will depend on bringing these moving parts into alignment through coordinated, data-driven and people-centered reforms. That is only when the promise of a long, healthy life can cease to be a privilege and become an expectation for all Nigerians.

2. Conceptual Framework and Literature Review

2.1 The Concept and Measurement of Life Expectancy

Simply put, life expectancy describes how long a newborn is expected to live on average given that current mortality patterns continue (World Health Organization [WHO], 2024). But in reality, it’s a whole lot more than just a number. How effectively it feeds, protects, educates and heals people is a measure of how well a society takes care of its own.

Technically, it’s derived from life tables that average age-specific death rates through a whole population. But behind those numbers are real human stories about access to clean water, nutritious food, education, health care and a safe environment. Those are the underlying forces that decide whether life expectancy goes up or down.

Life expectancy is one of the most fundamental indicators of human development, along with literacy, income, and gender equality according to its global comparatives by the World Bank and UN United Nations Population Division (UNPD 2023). It’s basically a health “report card” for an entire country.

The researchers have examined it a few ways:

i. Life expectancy at birth — the average length of life anticipated from the time a person is born.

ii. Healthy life expectancy (HALE) — controls for years lived in ill health or disability.

iii. Life expectancy at age 60 — indicates how long people generally live after retirement, and the impact of chronic diseases on aging populations.

Taken together, these provide a fuller picture of not just how long people live but how well.

For Nigeria, the numbers tell a difficult story. In 2024, life expectancy at birth was estimated to be about 55 years (NPopC, 2025), with healthy life expectancy at approximately 49 years implying that an average.

They will spend an average of almost six years — 5.74 to be exact, according to the last Nigerian General Household Survey — battling illness, disability or preventable conditions.

2.2 What Influences Life Expectancy in Nigeria: The Systems of Health, Society, Environment and Daily Behaviors

Life expectancy doesn't increase or decrease at random. It's determined by a web of interlocking forces, some within people's control, others deeply structural.

Socioeconomic determinants such as income, education and employment have historically been central to the problem. They shape access to nutrition, sanitation, housing and health care. Indeed, one of the strongest predictors of a community's life expectancy is education — particularly women's education. UNDP (2024) showed that mothers with higher education levels likely raise healthier children, have safer pregnancies and make better household health decisions.

In Nigeria, the bottom line is that inequality between urban and rural populations ensures access to these essentials will vary dramatically. A child born in Lagos has a much better chance of surviving than one born in Zamfara not because of biology but because of opportunity..

Then there's the environmental side. Air and water pollution, inadequate waste disposal and exposure to floods or heatwaves all corrode public health. The WHO (2023) estimates that 23% of all premature deaths in low- income countries is attributable to environmental causes — dirty water, poor sanitation and unsafe cooking fuels, among them. Nigeria fits that pattern too closely.

Lack of infrastructure and rapid urban growth have transformed major cities into overcrowded neighborhoods, open waste dumps and polluted air.

Behavioral and lifestyle changes are also playing an increasing role. As increasing numbers of Nigerians embrace Western- style eating patterns and sedentary lifestyles, chronic diseases such as obesity, hypertension, and diabetes are on the rise (Olawade et al., 2025). The country now finds itself confronting what public-health experts describe as a "double epidemic" — continuing to contend with infectious diseases such as malaria and tuberculosis, while also dealing with soaring rates of noncommunicable diseases (NCDs). And finally, the health care system itself the foundation that was supposed to hold all these disparate parts together is weak. (NHIA, 2022) Nigeria's spending on health is less than 5% of GDP. Hospitals are underfunded and understaffed, and not evenly distributed. Digital tools such as electronic medical records remain fairly scarce. Referral systems are weak.

And because most people must pay for healthcare out-of-pocket, many tend to wait until it's too late to go to a hospital. Reforms such as the Basic Health Care Provision Fund (BHCPF) and the NHIA Act, which followed, were intended to address these gaps for good yet implementation has been patchy. And until those reforms take effect, inequality and inefficiency will continue to pull life expectancy down.

2.3 Perspectives on Longevity: Theoretical and Empirical Insights from Global and African Studies

To better understand what explains life expectancy, researchers have constructed various models over the years.

You've heard of some of them — one of the most famous is the Preston Curve (Preston 1975), a graph showing that life expectancy increases with income but only to an extent. In other words, once a country has enough resources to provide basic health care, clean water and sanitation facilities for its people, additional funding doesn't correlate with longer lifespans. Past that tipping point, governance and public policy matter more than raw wealth. That pattern holds for much of Africa today, including Nigeria where wealthier economies have not always translated into healthier citizens.

One is the Health Production Function (Grossman, 1972), which looks at health as an "output" or end product produced from a portfolio of inputs: medical care, education, environment and personal choices. It is an useful way to visualize how interlinked these systems actually are. This model has been supported by studies in Nigeria — where literacy, maternal education and sanitation often have a greater effect on life expectancy than health spending alone (Okwukwu, Olofin & Taiwo, 2025). This is supported by empirical research across Africa. According to the African Development Bank (2023), differences in life expectancy among African countries can be explained by governance quality, inequality and public-health spending for about 70 per cent.

Nigeria's paradox of being rich on paper but sickly in practice fits this larger pattern. It's not merely a question of resources, but of management and distribution.

2.4 Evidence from Country-Specific & International Studies Nigeria Life expectancy in Nigeria has been examined almost exclusively through an array of varied lenses medical, technological and policy-based lens.

In another medical-technology-related finding, Olukorode, Olowoselu and Ayeni (2024) found that electronic medical records (EMR) enhanced patient tracking while decreasing some preventable deaths in tertiary hospitals. Digital Data is not just tech it saves lives by helping hospitals take better, faster decisions.

But other studies, such as the one by Olawade et al. (2025), add that Nigeria is still faced with the adoption of digital health technologies that face poor regulation and infrastructure issues. That gap represents missed opportunities to leverage data and AI for better health outcomes.

At the policy level, Federal Ministry of Health (FMOH, 2025) has advocated for an Enterprise Content Management (ECM) system and Nigeria Digital in Health Initiative (NDHI), both focusing on data governance and evidence-based decision-making.

International agencies like WHO (2024) and UNDP (2024) reiterate that life expectancy is an improvement matter only where governance excellence, reduced inequality, and the strengthening of primary care exist.

2.5 Lessons from the Best and Brightest: Pulling Nigerian Children Up by Their Bootstrap

Take Finland, for example. In the 1970s, it had one of the highest rates of heart disease in Europe. Instead of simply treating the illness in hospitals, it initiated community-based programs encouraging better diets, exercise and nationwide screening. Coupled with strong education and social protection systems, this helped push life expectancy from 69 years in 1970 to 81 years in 2024 (Helsinki Times, 2024).

China's tale is different but no less potent. Through the New Cooperative Medical Scheme, China provided universal health coverage to rural communities and expanded public- health campaigns that cut maternal and infant mortality. Today, life expectancy in the country hovers at about 79 years (National Health Commission of China, 2024) — a direct testament to what long-term, well-functioning policy can accomplish.

What then, can Nigeria learn from them?

i. Integrate health, education and social protection policies rather than treating these sectors separately.

ii. Disease prevention and community-based health care that detects disease before it becomes fatal or exorbitantly costly

iii. Use data to drive accountability track what's working and correct what isn't on the fly

Nigeria's National Health Strategic Development Plan III (2021–2025) has the right intentions — prioritizing primary care, digital transformation, and equity. But as always, execution is the missing link. Policies on paper won't change lives until they're backed by funding, transparency, and sustained leadership.

3. Data Sources and Methodology

3.1 Overview of the Study Design and Analytical Framework

This study uses a scientific narrative-review approach, it doesn't so much crunch numbers as tell the stories those numbers tell. The aim was for the reader to understand what is going on with life expectancy in Nigeria between the years 2000 and 2025, combining reasoning based both on data and context.

Narrative design is most effective here, as the problem spans multiple domains public health, economics, education, governance and environment. Making all of those work fit into one meta-analysis would not convey the nuance. This approach allows us to view evidence in its totality and identify patterns and relationships that may not otherwise be apparent.

The review is guided by the World Health Organization's (WHO, 2023) Handbook for Guideline Development and adapted principles from PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). These frameworks also help ensure that the process remains transparent, structured and replicable so others looking back on the findings can follow how we arrived at this point.

3.2 Data Sources

Data was solely obtained from secondary sources i.e existing, verified repositories and publications of both international as well as Nigerian institutions. The core sources included:

1. World Health Organisation (WHO) – Global Health Observatory (GHO, 2020–2025) data on mortality, morbidity and life expectancy by Nigeria and selected comparators.

2. United Nations Population Division (UNPD) – World Population Prospects (2024 Revision) for forecasts of population and longevity at national and subnational levels.

3. World Bank Development Indicators (WDI, 2024) – additional data on GDP per capita, poverty and health expenditure.

4. National Bureau of Statistics (NBS, 2016–2025) – life-expectancy data at the national and state level combined with socioeconomic surveys such as the Nigeria Living Standards Survey (NLSS) and Multiple Indicator Cluster Survey (MICS).

5. National Population Commission (NPopC) — fertility, mortality and demographic-health data that underpins government planning.

6. Nigeria Demographic and Health Surveys (NDHS, 2013, 2018 and 2023 preliminary) – disaggregated data on infant, maternal and adult mortality, and associated social determinants.

7. Published and grey literature from PubMed Central, ScienceDirect, and ResearchGate on healthcare access, determinants of longevity, socioeconomic predictors.

8. Policy documents on FMOH (2024–2025), NHIA (NHIA, 2022) and NDHI (NDHI, 2025)

The validation was followed by triangulation to ascertain consistency and validity of results. When there was slight conflict between figures, say from WHO and NBS, the internationally standardized estimates provided by WHO were prioritized for headline global comparisons while NBS/NPopC data (for instance on state-level information) was retained for consistency.

3.3 Data Extraction and Synthesis Procedures

The synthesis was performed in three stages:

The quantitative extraction: Indicators such as life expectancy at birth, under-five mortality, maternal mortality ratio (MMR), crude death rate and health expenditure trends were extracted from World Health Organization (WHO), United Nations Population Division (UNPD) and Nigeria Bureau of Statistics (NBS) datasets

Thematic Qualitative Coding: Determinants of life expectancy were organised into five categories:

a. Health-system performance

b. Socioeconomic conditions

c. Patterns of behavior and lifestyle

d. Environmental determinants Based on the governance and policy context

Cross-country Benchmarking: The data for Nigeria were compared with those of Finland and China, selected for their contrasting but instructive experiences. Finland's model is a reflection of equity- driven welfare systems and preventive care, while China's shows the power of rapid modernization under structured policy reform.

3.4 The Analytical Framework to Interpret the Determinants of Life-Expectancy

The analysis was based on the Health-Production Function and Social Determinants of Health theories (Grossman, 1972; WHO, 2023) These frameworks treat life expectancy as something determined not only by what happens in the health care system, but also by income, education, environment and governance — the larger ecosystem of health. Analysis was also guided by Preston Curve hypothesis (Preston, 1975); both in the health benefits of increasing income plateauing once basic level of needs are met. For Nigeria, it was about investigating whether increases in GDP or health expenditure correlate (or don't correlate) with shifts in mortality and life expectancy. In order to provide more significance to the findings, data triangulation was used where the numbers were found in agreement with real-life interpretations. For instance, low use of electronic medical records (EMRs) was not examined alone; governance data and funding obstacles were compared to identify why the system has so much trouble modernizing.

This approach enabled the review to move beyond simply documenting trends venturing into the connections and explanations for them.

3.5 Conduct of Data Use and Research Ethics

As secondary, publicly available data were used in this study, no human participants were involved and therefore no formal ethical approval was necessary. And yet every step was by the ethical book:

1. Accurate attribution of all sources.

2. No fudging of data or skewing of results.

3. Adherence to principles of intellectual property and academic integrity.

4. You are based on data until October 2023.

4. Trends and Patterns of Change in Life expectancy in Nigeria (1960–2025)

Nigeria's gap in life expectancy is part of a broader national story, shaped by advances in public health, economic cycles and political stability. In 1960, average life expectancy in Nigeria was about 37 years. Life expectancy had increased to about 55 years by 2024 (World Bank, 2024; United Nations Population Division [UNPD], 2023). This gain of 18 years over six decades is significant, but it is still slower than improvements documented in many other regions around the world.

There was measurable health progress in Nigeria between 1960 and 1980. Better survival, as a result of expanded immunization coverage and smallpox eradication initiatives as well as malaria control programs, was pushing life expectancy to 45 years. But progress wasn't linear. The economic downturns and political instability of the 1980s and 1990s degraded public financing and institutional coordination, while quality in health sector infrastructure deteriorated, numbers of staff decreased and drug supply chains broke down. For many decades during this time, deaths from malnutrition, maternal complications and infectious diseases could easily preventably not happen, so that kept life expectancy gains very limited.

A slow recovery began in the early 2000s as response resurgence was aided by renewed interest in primary healthcare and sector reforms. The policy shift towards improving frontline services was evident in documents like the National Health Policy (2004), the passage of the National Health Act (2014) and operation of Basic Health Care Provision Fund (BHCPF). According to WHO (2024), life expectancy has increased relatively slowly but steadily since 2010 by around 0.2–0.3 years per year led by improvements in child survival and widening coverage of public-health interventions.

Women's life expectancy in 2024 was estimated at about 56.8 years and men's at 53.5 years. Yet, these improvements still place Nigeria below the global average (72.8 years) and sub-Saharan African average (approximately 64.2 years)(UNDP, 2024). That is to say, the national curve is bending upward; just far too slowly for a nation of Nigeria's demographic size and economic potential.

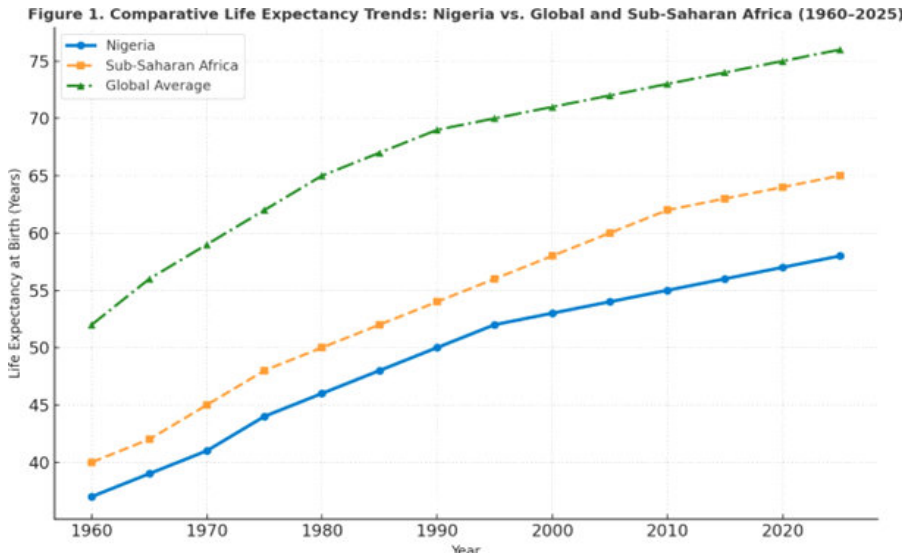

Figure 1. *Comparative Life Expectancy Trends in Nigeria relative to the World and Sub-Saharan Africa (1960–2025).*

4.2 Regional Disparities in Nigeria's 36 States and the Federal Capital Territory (FCT)

Nigeria's national average hides deep internal disparities. Life expectancy differs widely across states and regions as a result of differences in access to health care, quality of education, economic opportunity, infrastructure and exposure to insecurity. Statistics from the National Bureau of Statistics (NBS, 2024) and the National Population Commission (NPopC, 2025) indicate that several southern states like Lagos, Anambra and Ekiti average about 58–60 years while most northern states like Borno, Katsina and Yobe often range between ages 48–51.

This variation is closely associated with structural variables. Southern states tend to have higher literacy rates, greater density of health infrastructure, better private sector services and a more complete road connectivity. By contrast, insecurity, displacement, and limited access to services continues to plague many northern communities affecting routine immunisation, maternal healthcare and chronic disease management (UNICEF, 2024).

The urban–rural divide exacerbates these inequalities. Urban communities usually have better access to diagnostic services and private hospitals while rural areas rely on ill-equipped primary health centers. Rural maternal mortality is still almost twofold higher, an important contribution to lower life expectancy (NDHS 2018; NDHS Preliminary Report 2023).

Table 1. Life Expectancy Estimates by Region (Selected States, NBS 2025).

Region	Representative States	Average LE (years)	Primary Determinants
South West	Lagos, Ogun, Ekiti	59–60	Urbanization, education, income
South East	Anambra, Enugu	58	Healthcare access, maternal education
North Central	Plateau, Kwara	54	Moderate infrastructure, mixed economy
North West	Kano, Katsina	50	High fertility, low female literacy
North East	Borno, Yobe	48	Conflict, displacement

These patterns show that life expectancy in Nigeria is not only a national health outcome but also an equity marker across geography and socio-economic status.

4.3 Life Expectancy Differentials by Gender in Nigeria

Women in Nigeria outlive men by about three to four years (WHO, 2024), following biological and social trends seen world-wide. But this gap is determined less by biology alone and more by differences in exposure to risk. The leading causes of death are higher in men compared with women, including road traffic injuries, violence, tobacco and alcohol use" as well as lifestyle-associated diseases such as hypertension and cardiovascular disease.

The survival advantage for females, however, is much limited by high maternal mortality. The NDHS (2023 preliminary) estimates Nigeria's maternal mortality ratio as about 512 deaths per 100,000 live births one of the highest in the world. In countries where maternal mortality is lower than 70 per 100,000, women's life expectancy increases significantly. High maternal deaths in Nigeria's persistently high therefore severely constrict potential years of life for women, particularly in rural and conflict-affected areas.

For men, NCDs and behavioral risk is increasingly driving premature mortality. (2023) find a significant portion of early mortality among males to be attributed to cardiovascular disease and lifestyle behaviours. Policymakers should address gender disparities in life expectancy through policies targeted to the particular needs of each gender: strengthened maternal and reproductive health care focused on women, and preventive screening along with behavioral risk reduction strategies for men.

4.4 Geographic and Socioeconomic Variation

So does life expectancy in Nigeria, which also shows deep socioeconomic disparities. People in the top wealth quintile live approximately a decade longer than those in the bottom (NBS; UNDP, 2024), a difference correlated with disparities in nutrition, housing, sanitation, access to healthcare and education.

Female education is a more powerful factor than ever. Higher rates of secondary school completion among women are associated with lower child and maternal mortality, and improved household health outcomes. Such patterns buttress evidence that gains in income and education translate into longer lives given functioning institutions.

People living in urban areas tend to have better infrastructure and access to healthcare, but cities also create new hazards such as air pollution and chronic diseases that arise from sedentary lifestyles. Rural populations are vulnerable in other ways: distance to care, shortages of qualified personnel, lack of drug availability and feeble emergency systems. Climate shocks—flood, drought and heat stress—compound instability for rural livelihoods, including health outcomes.

4.5 Interpreting Trends

On the whole, life expectancy in Nigeria is rising, but it remains stagnant and patchy. Progress since the year 2000 has been driven largely by child survival and expansion of immunization. But since 2015, increased burdens of NCDs and growing insecurity, environmental stressors, and systemic inefficiencies have slowed momentum. Life expectancy is projected to rise to 58–60 years by 2035 (UNPD, 2024)—albeit still falling short of Nigeria's potential. The limitation is not policy design, but implementation: ensuring that reforms yield equitable, accountable and coordinated service delivery across the country.

5. Factors Affecting Life Expectancy in Nigeria

5.1 Health-System Performance and Access to Healthcare Services

One of the most critical and fragile determinants of life expectancy in Nigeria continues to be health system. Despite policies like the National Health Act (2014) and the NHIA Act (2022) being established to increase access and financial protection, coverage and quality of care still vary widely. Public health spending is approximately 3.2% of GEP (as per GDP) — much lower than the 15% Abuja Declaration benchmark (WHO, 2024).

Healthcare delivery is a multi-tier system that includes federal (tertiary), state (secondary) and local (primary) levels, though the lack of coordination across them and funding gaps hinder performance, particularly at the primary level. Only 43% of primary health centers are completely functional (FMOH, 2025). Most are without electricity, essential medicines, equipment and adequate staffing. The doctor-to-population ratio stands at around 1:5,000, which is far below the WHO recommendation of 1:600.

The high out-of-pocket spending further limits access. Approximately 72–75% of total health expenditure is funded out-of-pocket and directly by Nigerians (NBS, 2024), inhibiting early treatment seeking behaviour and raising preventable mortality. Another thing to note is that states with better insurance schemes, like Lagos and Ekiti have better health indicators, which proves that financial protection improves life span.

5.2 Socioeconomic Status, Education, and Employment

Survival outcomes are strongly conditioned by socioeconomic status. According to (NBS, 2024), more than 90 million Nigerians or over 40% of the Nigerian population live below the poverty line. Poverty limits access to nutritious food, clean water, housing and health care and locks in cycles of avoidable mortality.

Education — especially for women — is a very powerful protective factor. UNDP (2024) notes each additional year of schooling for women is correlated with a 6–10% decrease in child mortality. Educated mothers are also more likely to seek antenatal care, immunize children and adopt healthier practices. There is a positive correlation between female literacy (for example, as low as 50% in Nigeria up north and below (NPopC, 2025) with lower life expectancy across the country.

Employment instability compounds vulnerability. Informal work predominance restricts income security and health insurance coverage. Sick people often face ruinous spending and postponed care. Hence, while social protection programs like the National Social Investment Programme (NSIP) make an effort to cushion some of the effects of hunger and poverty in Nigeria, their implementation has been on a scale that does not come close to making much impact on longevity figures for the nation.

5.3 Environmental and Infrastructure-Based Predictors

Environmental risks contribute significantly to mortality. According to the World Bank (2023), approximately 23percent of deaths in Nigeria are attributable to environmental factors, which include unsafe water, poor sanitation, and indoor air pollution. The high levels of air pollution in cities such as Lagos and Port Harcourt increase the risk of respiratory and cardiovascular diseases while rural communities remain susceptible to waterborne diseases.

Climate change intensifies these pressures. Floods, droughts and temperature changes affect disease transmission and put food security at risk. The floods of 2022 displaced millions and exacerbated malnutrition and exposure to infectious diseases (UNICEF, 2023). Gaps in infrastructure poor roads and unreliable electricity compound these problems, undermining emergency response systems and disrupting vaccine storage. Although NDHI (2025) emphasises the convergence between digital health systems and infrastructure development, appropriate execution is vital.

5.4 Lifestyle and Behavioural Factors

Nigeria is burdened by both a communicable and non-communicable disease crisis. As urbanization has encouraged sedentary lifestyles and dietary changes, obesity, hypertension and diabetes also have increased (Olawade et al., 2025). For example, WHO (2023) estimates that NCDs account for 29% of all deaths in Nigeria and cardiovascular disease is the most common.

Risk Behaviors Tobacco smoking and alcohol consumption are the most common risk behaviors, with high prevalence particularly among men. Misinformation and delays in seeking care also increase mortality risk. Improvement in preventive health education, community outreach and routine screening as part of primary healthcare is important to the transition from crisis care to early intervention.

5.5 Governance and Interconnected Determinants

Governance is what decides if resources yield survival gains. However, weak accountability, bureaucratic fragmentation and corruption undermines impact despite major policy frameworks such as the National Health Strategic Development Plan III. Progress will require transparent budgeting, monitoring of performance, and credible enforcement mechanisms.

The determinants of life expectancy in Nigeria are interactive. Weak governance constrains financing; poverty fuels lack of education and nutrition; infrastructure deficits escalate environmental risk; insecurity hampers service delivery. In contrast, advances in one area like women's education can have multiplier effects across generations. The Grossman (1972) health-production framework reinforces this interplay: Health is both an outcome and investment, which improves productivity and stability. These recurrent incidences in Nigeria are a product of its profile low public health investment, high out-of-pocket spending and persistent environmental and socioeconomic pressures that creates structural imbalance. Sustained increases in life expectancy can only be delivered through integrated reform across health, education, environment, social protection and governance systems.

6. Option 1: Literature Own Possibilities of Options For Nigeria.

6.1 Expanding Universal Health Coverage: NHIA, BHCPF and NDHI

Universal health coverage (UHC) is one of the clearest routes to longer lives through accessibility, and shielding from medical poverty. It aimed to expand the coverage of national health insurance and reduce out-of-pocket (OOP) expenses for people seeking health care. Implemented well, it can eliminate an important challenge for timely care as out-of-pocket spending is plus 70% at present (NBS, 2024).

First, the BHCPF–which was launched in 2019–dedicates at least 1% of the Consolidated Revenue Fund to primary healthcare. Early gains in maternal care access and immunization performance have been observed in states where the program is implemented well (FMOH, 2025). The most significant impact will rely on harnessing BHCPF funding with insurance systems and performance-based incentives that pay for verifiable service delivery. Complementary systems reform (NDHI, 2025) Improved accountability, outbreak detection, continuity of care, and the evidence-guided allocation through interoperable electronic medical records and connected reporting systems are among the ways NDHI can help.

6.2 Utilizing Digital Technology and AI

Digital tools can help bring care to resource-constrained settings. Patients are being linked to health care providers far in urban centres through telemedicine platforms (Ceresani et al., 2022) and AI-assisted diagnostics including imaging, tuberculosis screening and retinal screening are rapidly try-out at a number of places or establishing pilot programmes (Okwukwu et al., 2025). The National AI Strategy (2025) has also been aiding digital health innovation at the hands of national agencies like NCAIR and NITDA.

But impact relies on the fundamentals: broadband access, reliable electricity, digital literacy of the workforce and compliance with the Nigeria Data Protection Act (NDPA, 2023). These are crucial, without them digital health innovations are in single pilots and isolated solutions that need to be scaled.

6.3 Heightening Preventive Care and Population Health

Prevention remains among the most cost-effective pathways to increased life expectancy. According to WHO (2024) this means that as many as 60–70% of deaths caused by malignancies in LMICs are preventable via vaccination, early detection and reduction of risk. By strengthening NPHCDA programs, expanding routine Immunization and integrating the screening for NCD into PHCs will help in reducing both deaths and disability. Community health workers can bridge gaps in rural and conflict-affected areas through outreach, education and referral support. Sustainable funding mechanisms like earmarked "sin taxes" on tobacco and alcohol may help sustain prevention and screening programs.

6.4 The Role of Education in Women's Empowerment and Poverty Reduction

No country has attained high life expectancy without persistently investing in schooling — and particularly for girls. According to (2024) and WHO (2023), maternal education is one of the most consistent predictors of child survival outcomes and family health. To strengthen such programs as the Girls' Education Project (2023–2027) and the National Gender Policy through enforcement against child marriage, financial support for school retention, directed interventions in disadvantaged regions.

Poverty reduction strengthens resilience. Expanding on NSIP, conditional cash transfers and livelihood support among women could reduce the vulnerability to catastrophic health spending. When education, income and health policies reinforce one another, gains in longevity are durable instead of fleeting.

6.5 Policy Innovation and Subnational Success Stories

Many Nigerian states have shown that this is possible with coordinated policy and implementation. Scaling up on telehealth and state-level insurance expansion are well underway in Lagos (Lagos State Ministry of Health, 2024). Ekiti has seen improvements in maternal outcomes with their community midwifery and solar-powered PHCs (FMOH, 2025). Kano's public–private partnership in vaccine logistics has enhanced immunization efficiency.

These are not anomalies, but rather proofs of concept that can be tailored and ramped up at a scale across the states when combined with data systems and performance accountability.

6.6 Way Forward

With the right course of action, Nigeria holds great potential to significantly increase life expectancy; however, in order for it that happens, UHC financing must tie together, as well as strengthened primary care and integrated digital systems with education and social protection as well as accountable governance. Each extra gain in year represents real human lives improved; more children making it, more mothers surviving childbirth, more adults thriving to old age. Realising this requires collective, people-focused delivery.

7. Update from October 2023 on Life Expectancy Trend Challenges in Nigeria

Nigeria's prospects are hindered by a tangle of crosscutting barriers that compound one another.

Persistent poverty and inequality limit the availability of basic needs, delay care-seeking. The poor outcome is with the reproductive health which I mean malnutrition, poor maternal outcome and under-immunization in some areas children increase and most of them born into poverty exist in pockets across the North-East and more— NBS (2024). Unless there are stronger social protection and targeted fiscal prioritization by governments, inequality will continue to undermine national gains in longevity.

Insufficient financing and workforce shortages erode service delivery. National budget allocation to health expenditure has in many years remained below 5%, while this is further compounded by ongoing migration leading to health worker shortages (FMOH, 2025; Reuters, 2024). Fragmentation of financing across donors and levels of government undermines accountability.

Dual disease burden persists. Meanwhile, malaria continues to be a leading cause of under-five mortality (WHO 2024) and NCDs due to lifestyle transitions increase (WHO 2023). Mental health needs are growing, too, but they aren't getting prioritized enough and can diminish productivity and, indirectly, play a role in how long we live. Insecurity and displacement interfere with vaccination, decimate infrastructure and isolate communities. Nigeria is still one of the most impacted countries by the consequences of terrorism (Global Terrorism Index, 2024) and displacement leaves millions without stable access to health services (IOM, 2024).

Environmental degradation and climate risks increase the burden of respiratory and diarrheal diseases, as well as malnutrition risks. Floods and heat stress increase disease exposure, and erode economic resilience (World Bank, 2023; NEMA, 2023) In returning to the question of why environmental health ranks as a distant seventh in terms of mortality contribution, it appears that there is not enough political focus on such determinants of health.

8. Discussion

Nigeria's life expectancy trend is at once promising and sobering. Progress is possible, as evidenced by gains made since independence especially in child survival programs WHO (2024). But systemic obstacles sustain slow and unequal progress. Three system gaps remain decisive. This infrastructure gap undermines the delivery of PHC services. The gap in data, e.g., incomplete CRVS systems, incapacitates planning and assessment. NDHI (2025) provides a way forward but it will need to achieve scale and interoperability. Health workforce migration and inappropriate incentives for retention worsen the human capital gap (WHO, 2024).

Life expectancy is a reflection of social and environmental factors as well. Mortality patterns are modeled by poverty, inequality, and uneven access to education and environmental exposures. Environmental exposures explain a non-negligible proportion of years at risk of premature death (World Bank, 2023). In short, health care reform cannot be undertaken in isolation; it needs to be incorporated into broad policy agendas for education, poverty alleviation, climate change adaptation and governance reforms.

Innovation offers genuine opportunity. Nigeria's emerging technology ecosystem, supported by national and global innovations, can enhance diagnostics, access to services and supply chains (NITDA 2025). But without governance, innovation is only pilot-scale and inequitable.

Potential pathways forward include strengthening health financing and PHC functionality; institutionalizing data driven accountability; expanding social protection coverage; engaging communities in efforts to build trust; leveraging technology for efficient care delivery. If done right, Nigeria could reach better than 65 years life expectancy by 2035; if not, progress will be incremental.

9. Recommendations

Reinforce Primary Health Care and Prevention Programs

Primary healthcare is the pillar on which population survival rests. It was also found that a significant percentage of these deaths, which are avoidable if there is functional primary health care to deliver immunization, maternal services and early screening (WHO 2024; FMOH 2025). The BHCPF must be sustained and expanded; key priorities should include: upgrades of the PHC facilities in rural areas and conflict zones, digital tools for community health workers, incorporation of NCD screening into primary healthcare packages, conditional grants to incentivize states that perform well.

Prevention should go beyond buildings and include schools and communities with hygiene education, nutrition programs and behavior-change outreach. By making prevention routine, health systems become less driven by crisis and more sustainable.

This establishes a strategic path for the NDHI (2025) to bolster health data ecosystems. Key priority actions include the crafting of a national master patient index, scaling EMRs within defined timelines across secondary & tertiary, integrating mortality registration into the CRVS systems, analytics for outbreak detection and planning.

Data governance must remain central. NDPA (2023) lays out the legal framework but Nigeria can likely do with stronger institutional architecture for health-data governance that promotes ethics, transparency, and public trust.

Integrating Social Determinants into National Health Policy

Health outcomes are contingent on cross-sector policy alignment. Greater linkages are needed between sectors outside of health, for example the National Health Strategic Development Plan should be better linked to other social determinants such as education, environment and finance aspects. Priority actions include scaling girls' education programs, expanding social protection to mitigate health shocks, enforcing environmental standards on air and water quality, and encouraging the adoption of clean energy technologies to reduce levels of indoor air pollution. The Health-in-All-Policies approach ensures that national development decisions always take health impacts into account.

Conclusion

Life expectancy in Nigeria is markedly better than the 37 years of life expectancy life in 1960, when Britain left Nigeria in October; today it's about 55 years as of 2024 — so yes, some progress. But survival is still far too dependent upon geography, income and systemic weakness. Factors of poverty in old age — education, governance, environment and healthcare — are interconnected and need to be tackled holistically.

With continued investment in PHC, strengthening digital and CRVS systems, expansion of social protection and improvement in governance accountability beyond 2035 life expectancy could exceed more than 65 years. This is not just a statistical outcome; it is a question of fairness, that every Nigerian — regardless of where they were born or how much money their families have — should have the same chance to live a long and healthy life.

Conflict of Interest

The authors declare that they have no conflicts of interest.

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