

Augmenting surgical capacity in resource-limited settings

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Deficiencies in access to surgical care in low-income and middle-income countries are well recognised. Despite the awareness and benchmarks generated by the Millennium Development Goals,¹ most sub-Saharan African nations have a negative annual growth rate in the number of physicians compared with their population growth rate.² In several sub-Saharan African nations, there are only 0·9 physicians per 1000 population, compared with 21 physicians per 1000 population in the UK and 28 per 1000 population in the USA.³ These trends raise concerns about the morbidity, mortality, and disability-adjusted life-years lost due to injury and diseases requiring surgical treatment (including obstetrics) in sub-Saharan Africa.⁴ Policy makers and health-care leaders in Rwanda, a nation with only 0·1 general surgeons per 100 000 population (compared with 6·4 per 100 000 in the USA), have recognised the substantial negative socioeconomic effect caused by such deficiencies and have committed themselves to tackling these challenges.⁷