

Improving Surgical Access in Low-Resource Settings: Case Study, Benue State, Nigeria

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Abstract

Surgical conditions contribute significantly to the global disease burden, yet access to safe, timely, and affordable surgical care remains limited in many low- and middle-income countries (LMICs). Nigeria, sub-Saharan Africa's most populous nation, exemplifies these challenges, with an estimated 17 million potentially avertable deaths annually. In emerging cities like Makurdi, Benue State, approximately 85% of children develop surgical conditions by age 15, a critical demographic representing 42% (89 million) of Nigeria's 214 million population, who are at risk. This paper synthesizes existing evidence on barriers to surgical access in Makurdi through a systematic review of 50 scholarly medical journals published within the last decade. The study evaluates the surgical workforce, national policy frameworks such as Nigeria's National Surgical, Obstetric, and Anaesthesia Plan (NSOAP), infrastructure capacity (including power, oxygen, and blood supply), readiness for digital referral systems, data management practices, and financial coverage for surgical procedures. Key findings identify systemic and policy obstacles restricting surgical care delivery. Recommendations emphasize scaling the health workforce via targeted training and task-sharing; fully implementing and financing NSOAP; enhancing first-level and regional infrastructure; expanding financial protection mechanisms; utilizing telemedicine and hub-and-spoke referral models; and developing robust data systems to enhance measurement and accountability in surgical services.