International Cancer Patient Coalition

Rwanda

Breast Cancer Factsheet: Insights & Key Developments

Key Insights on Breast Cancer Care and Infrastructure

Core Pillars:

1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Breast Cancer Screening

Breast cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

This factsheet provides a comprehensive overview of key pillars shaping breast cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Breast cancer incidence: 16.5% of all female cancers
- Incidence rate: 16.2 per 100,000 women per year
- Total cases (2018-2022): Approximately 1,131 new cases annually
- Most affected age group: Highest incidence between ages 55–59 years

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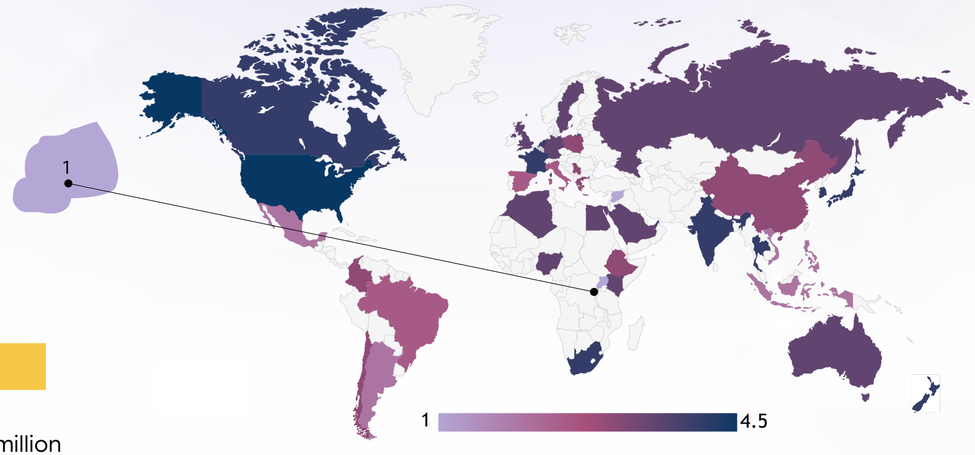
Infrastructure



Strengths

- Butaro Cancer Center of Excellence serves as a national referral hub for oncology care.
- Partnerships with NGOs like Partners In Health aim to expand diagnostic capacity and workforce training.

Weakness

- Fewer than five pathologists per million people; molecular diagnostics (e.g. HER2, BRCA) are nearly nonexistent.
- Biomarker tests are often sent abroad, with turnaround times exceeding 2–3 months and prohibitive costs.

S W O T

Opportunity

- Establish in-country molecular labs to reduce dependency on external facilities.
- Expand pathology training programs and invest in decentralized diagnostic infrastructure.

Threats

- Severe infrastructure gaps delay diagnosis and limit access to personalized treatment.
- Financial barriers and rural-urban inequality risk further marginalizing underserved populations.

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

3. Moderate infrastructure, primarily in private settings or research institutions.

2. Limited infrastructure, available only in select centers or for high-cost private testing.

1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	3	3
Kenya	2	2
Nigeria	2	2
Egypt	3	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	3
Japan	4	4
South Korea	4	4
China	3	3
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	5
France	4	4
Netherlands	5	5
Sweden	5	5
Italy	4	4
Spain	4	4
Poland	3	3
Mexico	2	2
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	2
United States	5	5
Canada	5	5
Australia	4	4
New Zealand	4	4
Greece	3	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	3	3
UAE	3	4
Syria	1	1
Indonesia	2	2
Vietnam	2	2
Philippines	2	2
Russia	4	3

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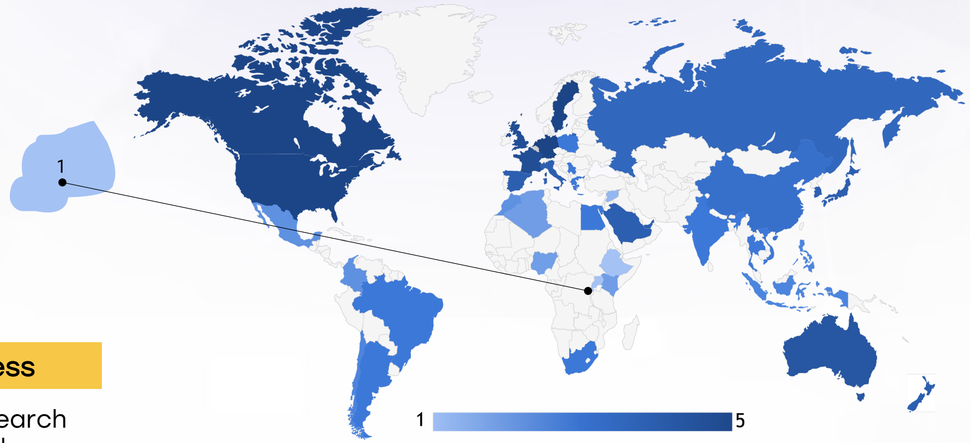
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Chemotherapy partially subsidized in public facilities; some NGO-led awareness efforts.
- Participation in international research collaborations (e.g., NCI, AORTIC).

Weakness

- Minimal research funding and treatment concentrated in a few cities.
- National awareness campaigns are underfunded and fragmented.

S W O T

Opportunity

- Strengthen national programs through public-private partnerships.
- Expand early detection campaigns via schools, media, and community health workers.

Threats

- High out-of-pocket costs force many patients to delay or forgo treatment.
- Awareness gaps contribute to persistent late-stage diagnoses.

5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.

4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.

3. Moderate development, with specialized treatments available in major hospitals, research funding concentrated on specific cancers, and occasional but limited awareness efforts. Healthcare access may be restricted by cost or geography.

2. Limited system where cancer treatment is available only in select urban centers, research funding is minimal or sporadic, and awareness campaigns are rare or underfunded. Patients often face long wait times or financial barriers.

1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	3	3	3
Kenya	2	2	2
Nigeria	2	2	2
Egypt	3	3	3
Morocco	2	2	3
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	4
South Korea	4	4	4
China	3	4	3
Thailand	3	3	3
Singapore	4	5	5
United Kingdom	4	5	5
Germany	5	5	5
France	4	5	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	2	3
Brazil	3	3	3
Argentina	3	3	3
Chile	2	3	3
Colombia	2	2	3
United States	5	5	5
Canada	5	5	5
Australia	4	4	5
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	2	1	1
Indonesia	3	2	3
Vietnam	3	2	3
Philippines	3	2	3
Russia	4	4	3

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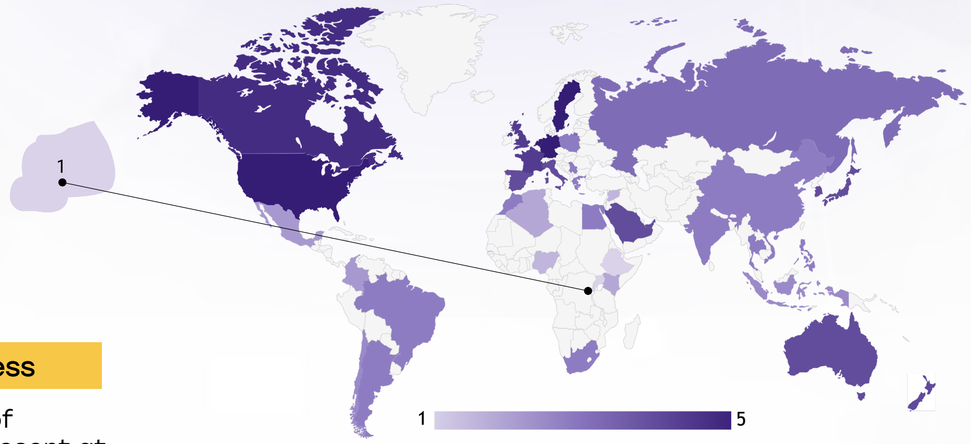
Survival Rates, Early Detection and Palliative Care



Strengths

- Growing involvement of organizations like KENCANSA and NCCP in awareness.
- Palliative care available in key urban centers like Nairobi and Eldoret.

Weakness

- Over 70% of patients present at stage III or IV due to limited screening and awareness.
- Few facilities offer palliative care outside major cities.

S W O T

Opportunity

- Mobile outreach and community-based palliative support could expand reach
- Improved training and resource allocation can support earlier diagnosis.

Threats

- Survival rates remain low due to late detection and limited palliative coverage.
- Rural populations lack access to pain management and supportive care.

5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.

4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative care. Some disparities may exist in rural areas or for specific cancer types.

3. Moderate survival rates, early detection available but not widespread, and palliative care services mainly in urban centers. Some patients experience delays in diagnosis or limited end-of-life care.

2. Low survival rates, early detection efforts are inconsistent or underfunded, and palliative care is minimal or only available in select hospitals. Cancer patients face significant access barriers.

1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa	3	3	3
Kenya	2	2	2
Nigeria	2	1	2
Egypt	3	3	3
Morocco	3	3	3
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	4
South Korea	4	4	4
China	3	3	3
Thailand	3	3	3
Singapore	4	5	4
United Kingdom	4	5	4
Germany	5	5	5
France	4	5	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	3	2
Brazil	3	3	3
Argentina	3	3	3
Chile	2	3	3
Colombia	2	3	2
United States	5	5	5
Canada	5	5	4
Australia	4	4	4
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	2	2	1
Indonesia	3	3	2
Vietnam	3	3	2
Philippines	3	3	3
Russia	4	3	3

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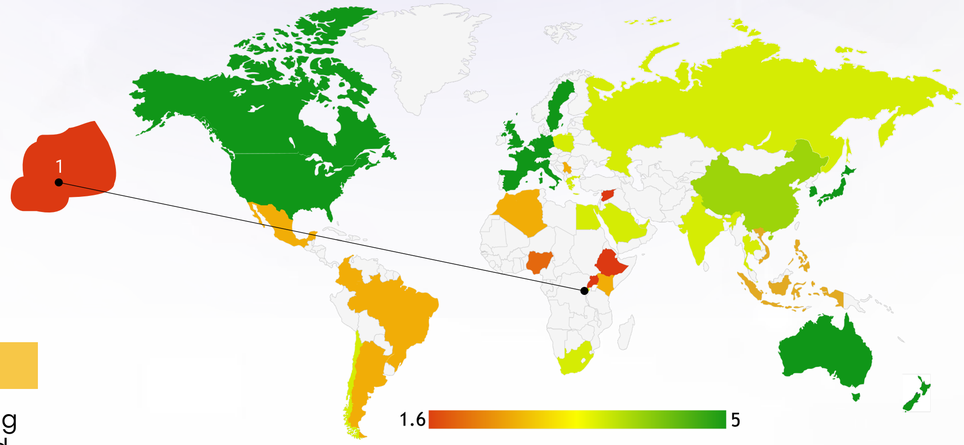
Utilization of Biomarkers



Strengths

- HER2, ER, and PR testing available in major urban hospitals.
- Policy recognition of molecular diagnostics in national cancer strategy.

Weakness

- Biomarker testing underutilized and costly; BRCA tests rarely accessible.
- No nationwide reimbursement for genomic testing.

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Opportunity

- Invest in regional lab networks and standardize biomarker testing.
- Support from global health donors could expand precision oncology.

Threats

- Limited test availability delays appropriate treatment decisions.
- Patients in rural areas are excluded from targeted therapy options.

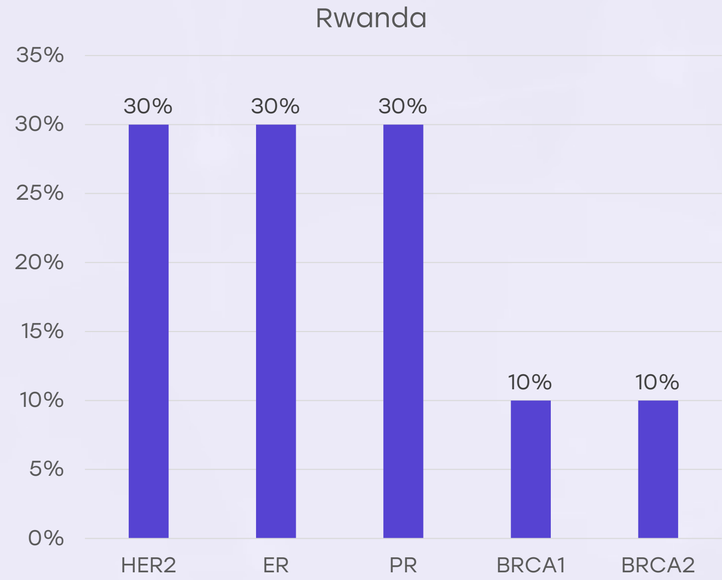
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

4. 61-80%. Biomarker testing is commonly used, but access may be limited in certain regions or patient groups. Some disparities exist in coverage or affordability, but it is still a crucial part of cancer diagnostics

3. 41-60% Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.

2. 20-40% Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.

1. <20% Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



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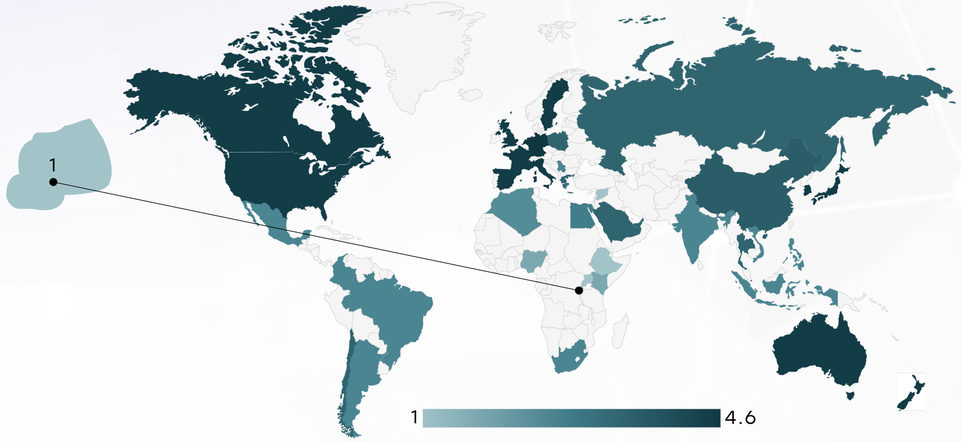
Clinical Guidelines



Strengths

- National hospitals like Kenyatta integrate updated protocols and global guidelines.
- Free chemotherapy available in some public institutions.

Weakness

- Most regional hospitals lack multidisciplinary teams or standardized care pathways.
- Limited oncologist training and weak engagement with global updates.

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Opportunity

- Expand oncology training and promote tumor boards in county hospitals.
- Disseminate simplified guideline summaries for frontline providers.

Threats

- Non-uniform implementation of guidelines leads to variable care quality.
- Delays in adopting new standards undermine clinical consistency

	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✖	✖	✖	✖	O
Feasibility of Integration	✖	✖	✖	✖	O
Adoption of International Guidelines	✖	✖	✖	✖	O
Engagement with Updates	✖	✖	✖	✖	O
ESMO Guidelines Implementation	✖	✖	✖	✖	O

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Reimbursement

Strengths

- NHIF offers partial subsidies for chemotherapy and radiotherapy.
- Public hospitals provide some subsidized oncology care.

Weakness

- No comprehensive reimbursement for advanced treatments or diagnostics.
- Up to 80% of patients face financial hardship during treatment.

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Opportunity

- Introduce national policies for full coverage of essential cancer treatments.
- Expand NHIF benefits to cover molecular testing and supportive care.

Threats

- High costs force delays in diagnosis and therapy, worsening outcomes.
- Private sector care remains unaffordable for most patients.

O Yes - A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.

O Partial - A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.

✖ No - No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement	No-cost Access
South Africa	O	✖
Kenya	✖	✖
Nigeria	✖	✖
Egypt	O	O
Morocco	O	✖
Algeria	O	✖
Ethiopia	✖	✖
India	O	✖
Japan	O	O
South Korea	O	O
China	O	O
Thailand	O	O
Singapore	O	O
United Kingdom	O	O
Germany	O	O
France	O	O
Netherlands	O	O
Sweden	O	O
Italy	O	O
Spain	O	O
Poland	O	O
Mexico	O	✖
Brazil	O	✖
Argentina	O	✖
Chile	O	O
Colombia	O	✖
United States	O	O
Canada	O	O
Australia	O	O
New Zealand	O	O
Greece	O	O
Rwanda	✖	✖
Uganda	✖	✖
Serbia	O	O
Saudi Arabia	O	O
UAE	O	O
Syria	O	O
Indonesia	O	O
Vietnam	✖	✖
Philippines	✖	✖
Russia	O	O

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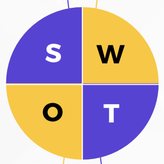
Breast Cancer Screening

Strengths

- Screening services available in major cities and select NGOs run outreach programs.
- Local campaigns like those by Faraja Cancer Support raise awareness.

Weakness

- No national screening program; uptake remains around 12%.
- Services are inaccessible for rural populations due to distance and cost.



Opportunity

- Scale mobile screening units and community awareness campaigns.
- Integrate breast cancer screening into primary healthcare and maternal health services.

Threats

- Low screening rates perpetuate late diagnoses and poor survival.
- Lack of political prioritization risks further neglect of early detection.

Country	Breast Cancer Screening
United States	Biennial mammograms (50-74 years)
United Kingdom	Triennial mammograms (50-71 years)
Canada	Mammograms every 2-3 years (50-74 years)
Australia	Biennial mammograms (50-74 years)
Germany	Mammograms every 2 years (50-69 years)
France	Biennial mammograms (50-74 years)
Netherlands	Mammograms every 2 years (50-75 years)
Sweden	Mammograms every 18-24 months (40-74 years)
Italy	Mammograms every 2 years (50-69 years)
Spain	Mammograms every 2 years (50-69 years)
Poland	Mammograms every 2 years (50-69 years)
Japan	Mammograms every 2 years (40+ years)
South Korea	Biennial mammograms (40+ years)
China	Regional mammogram programs (40-69 years)
India	Opportunistic screening
Singapore	Biennial mammograms (50-69 years)
Saudi Arabia	Opportunistic screening; regional programs for women aged 40+
UAE	Opportunistic screening; encouraged every 2 years for 40-69 years
Syria	No national program; limited local initiatives due to conflict

Country	Breast Cancer Screening
Thailand	Biennial mammograms (50-69 years)
South Africa	Opportunistic screening
Kenya	No national program
Nigeria	No national program
Egypt	National awareness campaigns
Morocco	National program for 45-69 years
Algeria	Planned national program (50-69 years)
Ethiopia	No national program
Mexico	Biennial mammograms (40-69 years)
Brazil	Biennial mammograms (50-69 years)
Argentina	Biennial mammograms (50-69 years)
Chile	Mammograms every 3 years (50-69 years)
Colombia	Biennial mammograms (50-69 years)
New Zealand	Biennial mammograms (45-69 years)
Greece	Biennial mammograms (50-69 years)
Rwanda	No national program
Uganda	No national program
Serbia	Biennial mammograms (50-69 years)
Indonesia	Opportunistic screening; no national mammography program
Vietnam	Regional mammography programs; pilot programs in urban areas (age 45–69)
Philippines	Opportunistic screening; mammography recommended every 2 years for women 50+
Russia	National program for biennial mammograms (50–69 years)