



# BRIDGING THE GAP

## Strengthening Prostate Cancer Care in Ethiopia

### EXECUTIVE SUMMARY

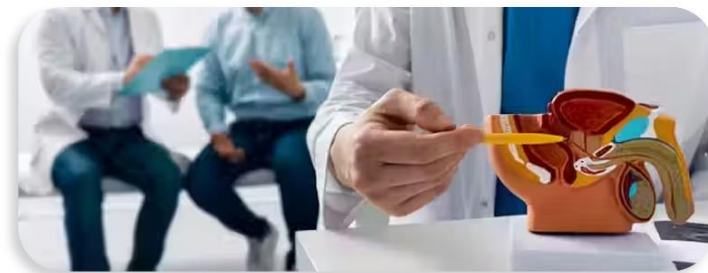
**Ethiopia** is in the nascent stages of building a structured approach to prostate cancer care. Most patients present at advanced stages due to minimal public awareness, limited screening services, and constrained diagnostic infrastructure. Geographic and financial barriers heavily impact equitable access, with oncology services concentrated in a few urban centers. This policy brief examines Ethiopia's current prostate cancer landscape and outlines targeted policy reforms needed to move from **Level 1 maturity** toward a more accessible and effective system.

### INTRODUCTION

#### Addressing a Rising Cancer Burden with Limited Readiness

Prostate cancer is a growing health concern in Ethiopia, but the national health system's response remains underdeveloped. There is no organized screening program, PSA testing is sporadically available, and diagnostic services are largely restricted to referral hospitals in Addis Ababa and a few regional capitals.

Treatment services are severely limited, with radiotherapy available in only a handful of locations, and palliative care remains underdeveloped. This low system maturity reflects both resource constraints and the absence of a coordinated national strategy.



**Ethiopia Ranks at Level 1 – Nascent Prostate Cancer Maturity Framework**



# PROSTATE CANCER IN ETHIOPIA

## Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No structured screening program; PSA testing and DRE rarely available outside major hospitals. Late-stage diagnosis is the norm.	Central referral hospitals in Addis Ababa have basic diagnostic capacity.	Develop and implement a targeted national awareness and screening strategy, starting with high-risk groups and integrating into primary healthcare.
Biomarker & Molecular Testing	Biomarker testing is virtually unavailable in the public sector.	Limited availability in private laboratories in Addis Ababa.	Introduce biomarker testing into public oncology labs via partnerships with academic institutions and donors.
Treatment Access	Surgical services for prostate cancer are available only in tertiary facilities; radiotherapy capacity is extremely limited; hormonal therapy is expensive & inconsistently available.	Skilled surgeons in referral hospitals.	Expand radiotherapy and surgical oncology services to regional hospitals and subsidize hormonal therapies through national procurement.
Clinical Guidelines	No national prostate cancer treatment guidelines; care varies across facilities.	Specialists in urban centers follow adapted international protocols.	Develop national evidence-based treatment guidelines and provide ongoing training for urologists and oncologists.
Palliative & Survivorship Care	Palliative care is minimal, with little integration into the public health system; pain management medicines are inconsistently available.	Some NGO-led community palliative projects.	Integrate palliative care into oncology services nationwide, ensure consistent opioid availability, and establish survivorship support systems.





## CONCLUSION & Call to Action

Ethiopia's prostate cancer system is at **Level 1 – Nascent** maturity, with significant barriers in awareness, diagnosis, and treatment access. Without urgent policy intervention, late-stage diagnosis and poor survival outcomes will continue to dominate the patient journey. Building capacity in screening, diagnostics, treatment, and palliative care is both urgent and achievable through targeted, cost-effective interventions.

### KEY POLICY PRIORITIES

- 1 Launch National Awareness & Screening Initiatives:** Target high-risk men over 50, focusing on rural outreach & community-based education.
- 2 Strengthen Diagnostic Infrastructure:** Expand PSA testing to district hospitals & introduce ultrasound & biopsy services to regional facilities.
- 3 Improve Treatment Availability:** Establish new radiotherapy units in regional centers, train surgical teams, and subsidize hormonal therapy.
- 4 Standardize Care:** Develop and enforce national treatment guidelines, ensuring nationwide clinical training and monitoring.
- 5 Expand Palliative & Survivorship Care:** Integrate palliative services into existing oncology units and provide community-based psychosocial support.

## CONCLUSION

Prostate cancer care in Ethiopia remains fragmented, underfunded, and inaccessible for the majority of the population. Moving from Level 1 toward a stronger, more responsive system will require a national strategy centered on prevention, early detection, equitable service distribution, and sustainable financing. Through strategic investments, workforce training, and public-private collaboration, Ethiopia can significantly improve prostate cancer outcomes, ensuring that all men—regardless of income or geography—have access to timely and effective care.