International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in **Gastric Cancer Care** in Rwanda

EXECUTIVE SUMMARY

Rwanda is at an early stage of developing gastric cancer (GC) care. While the country has made significant progress in health system strengthening and universal health coverage, gastric cancer care remains limited. Most patients are diagnosed late due to low awareness and scarce diagnostic infrastructure. Molecular testing and advanced therapies are virtually absent, and treatment access is constrained by concentrated services in Kigali and reliance on external referral for specialized care. Palliative and survivorship care are growing but uneven.

To progress, Rwanda requires investment in early detection, workforce capacity, and integration of palliative services into community health platforms.

INTRODUCTION

Building Awareness Amid Resource Constraints

Gastric cancer presents an increasing burden in Rwanda but is often overshadowed by infectious disease priorities. With limited pathology and endoscopy infrastructure, diagnosis occurs mostly at late stages. Access to curative surgery and chemotherapy is concentrated at referral hospitals, while rural patients face geographic and financial barriers.

With an overall maturity **level of 1 – Early** Stage, Rwanda must establish foundational diagnostic and treatment systems, guided by national policy frameworks and regional partnerships.

Rwanda Ranks at Level 1 – Gastric Cancer Care Maturity Framework

International Cancer Patient Coalition

GASTRIC CANCER IN RWANDA

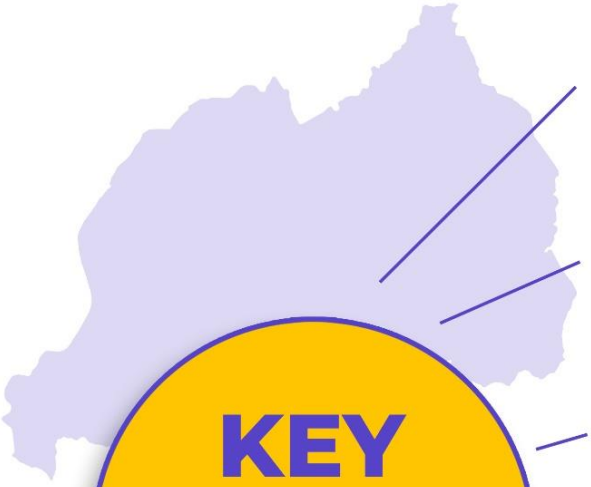
Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No structured screening; diagnosis typically occurs at late stages. Endoscopy and pathology capacity is severely limited outside Kigali.	Emerging training programs for medical officers and regional diagnostic expansion efforts.	Develop national referral criteria for alarm symptoms; invest in endoscopy services at regional hospitals; build capacity for pathology reporting.
Biomarker & Molecular Testing	No routine molecular or biomarker testing available. Samples requiring advanced diagnostics often sent abroad.	Regional and global partnerships (e.g., with academic centres) offer collaboration potential.	Establish pilot molecular diagnostic services in referral hospitals with external technical assistance; subsidize priority tests such as HER2.
Treatment Access	Limited surgical oncology capacity; chemotherapy available only at referral hospitals; no access to HER2-targeted therapy or immunotherapy.	Government commitment to universal health coverage and existing oncology services at Butaro Cancer Center.	Expand surgical oncology training; ensure chemotherapy availability in regional hubs; explore regional pooled procurement for cost-effective access to essential drugs.
Clinical Guidelines	No national GC-specific guidelines; treatment approaches vary by centre.	National Cancer Control Plan provides framework for integration.	Develop simplified national gastric cancer treatment guidelines adapted to Rwanda's context; train clinicians in standard protocols.
Palliative & Survivorship Care	Palliative care integrated into national health policy but access remains uneven; morphine available but not widely utilized; survivorship programs underdeveloped.	Strong community health worker network that can support basic palliative outreach.	Strengthen palliative training for primary care providers; expand community-based services; integrate nutrition and psychosocial support into survivorship care.

International Cancer Patient Coalition

CONCLUSION & Call to Action

Rwanda's gastric cancer care is still developing, with major gaps in diagnosis, treatment, and access, but strong political will and a robust community health system offer a foundation for progress. Immediate priorities include establishing a national care pathway with clear referral criteria, investing in regional diagnostic infrastructure, piloting biomarker testing in referral hospitals, expanding surgical and chemotherapy services outside Kigali, integrating palliative and survivorship care into community programs, and strengthening cancer registries with gastric cancer-specific data.



KEY POLICY PRIORITIES

1. **Launch a National Referral Pathway** for gastric cancer with alarm-symptom triggers and referral standards.
2. **Expand Regional Diagnostic Capacity** in endoscopy and pathology.
3. **Introduce Pilot Molecular Testing** in referral hospitals via partnerships.
4. **Improve Treatment Access** through expanded surgical training and chemotherapy distribution.
5. **Scale Palliative and Survivorship Programs** through community health workers.
6. **Strengthen Data Systems** to track GC-specific outcomes and guide investments.

CONCLUSION

Rwanda faces profound challenges in gastric cancer care, but with targeted foundational investments, the country can transition from fragmented, late-stage management toward a more equitable and structured system. Leveraging strong government commitment, regional partnerships, and its community health model, Rwanda has the opportunity to establish the building blocks of an effective gastric cancer program that will save lives and set the stage for maturity growth.