International Cancer Patient Coalition

ADVANCING HER2-POSITIVE BREAST CANCER CARE IN NIGERIA

Strengthening Delivery in a Fragmented Landscape

EXECUTIVE SUMMARY

Nigeria bears one of the highest burdens of breast cancer in sub-Saharan Africa, with increasing incidence and mortality due to late-stage diagnosis, low screening coverage, and limited access to treatment. HER2-positive breast cancer, which accounts for approximately 15–20% of cases, remains significantly underdiagnosed & undertreated. While urban tertiary hospitals provide HER2 testing and trastuzumab access, the majority of the population—particularly in rural areas—faces barriers in both diagnosis and treatment affordability. Nigeria is currently at **Maturity Level 2 – Emerging**, meaning it has foundational infrastructure but suffers from fragmentation, inequity, and under-resourced care systems. Accelerating HER2-positive cancer care in Nigeria requires improving diagnostic availability, financing access to targeted therapies, and building sustainable nationwide systems for early detection, survivorship, and outcome monitoring.

INTRODUCTION

Breast cancer is the most commonly diagnosed cancer among women in Nigeria and a leading cause of cancer-related deaths. Around 15–20% of these cases are HER2-positive, a subtype with more aggressive clinical behavior but substantial therapeutic benefit when diagnosed and treated early with HER2-targeted drugs such as trastuzumab. However, HER2 testing is not routinely performed in many public hospitals, and access to HER2-targeted therapies is largely limited to private or donor-funded settings. Nigeria's National Cancer Control Plan (2018–2022) identified breast cancer as a priority, but implementation has been uneven, and HER2-specific policies remain absent. The evolving nature of HER2 classifications (e.g., HER2-low) and increasing survivorship needs further underscore the urgency for system-wide upgrades to ensure equitable care.

CURRENT FRAMEWORK/SITUATION

Nigeria's cancer care infrastructure is anchored in a limited number of federal teaching hospitals and specialized centers such as the National Hospital Abuja, University College Hospital Ibadan, and Lagos University Teaching Hospital. These centers offer HER2 testing and trastuzumab therapy, but services are mostly unavailable at secondary hospitals or rural clinics. Out-of-pocket costs dominate cancer care financing, with limited insurance coverage under the National Health Insurance Authority (NHIA). Trastuzumab costs can range from USD 1,500 to 2,000 per cycle, making it unaffordable for the vast majority of patients. HER2 testing via immunohistochemistry (IHC) is offered in select labs, often without confirmatory FISH testing. Quality control mechanisms and standard reporting guidelines are not consistently enforced. While general awareness of breast cancer is growing due to civil society campaigns, structured national screening programs are lacking. Only opportunistic screening or NGO-led mobile clinics offer basic clinical breast exams or mammography in some areas. Nigeria is classified at **Maturity Level 2 – Emerging**, reflecting the presence of some diagnostic and treatment services but with substantial deficits in coverage, affordability, rural access, and quality assurance. A focused HER2-positive strategy can help bridge systemic gaps and advance breast cancer care delivery for all Nigerian women.

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HER2 BREAST CANCER IN NIGERIA

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Tertiary hospitals in Abuja, Lagos, and Ibadan provide HER2 testing and treatment...	...but secondary and rural facilities lack access to pathology services and cancer specialists.	Expand HER2 testing capabilities through regional lab networks and train personnel across all six geopolitical zones.
Access to Treatment	Trastuzumab is available in private and some tertiary centers...	...but cost remains prohibitive and NHIA coverage is minimal or absent.	Include HER2-targeted therapies in NHIA benefits and subsidize cost through public-private pooled procurement models.
Research & Innovation	Some institutions engage in academic and NGO-led cancer research...	...but HER2-specific data and registry entries are lacking.	Fund HER2-positive breast cancer registries and integrate biomarker tracking into national cancer surveillance.
Awareness & Education	Breast cancer campaigns exist through NGOs and religious organizations...	...but knowledge about HER2 subtypes and testing remains low among both clinicians and patients.	Develop HER2-focused provider training and include HER2 content in national public health awareness materials.
Survival Rates	Survival rates remain low, with most breast cancer patients presenting at late stages...	...and no disaggregated survival data for HER2-positive patients.	Invest in early detection programs and require HER2-based reporting in hospital cancer registries.
Early Detection & Palliative Care	Mobile screening clinics and teaching hospitals offer breast exams...	...but there is no national screening program or integrated referral system.	Establish a national breast cancer screening program linked to regional cancer centers and mobile outreach units.
Biomarker	Some pathology labs offer IHC-based HER2 testing...	...but confirmatory FISH is rare, and quality control varies significantly.	Standardize HER2 testing protocols and subsidize IHC/FISH testing in public institutions.
Clinical Guidelines	Nigeria has national cancer treatment guidelines referencing international protocols...	...but HER2-specific guidance is inconsistently applied.	Update clinical guidelines to mandate HER2 testing at diagnosis and progression, and integrate HER2-low classifications.
Reimbursement	NHIA covers limited cancer services...	...but HER2 therapies are not included in the standard benefit package.	Ensure full reimbursement for HER2-targeted drugs in national insurance schemes and offer support for low-income patients.
Screening	NGOs and some public hospitals conduct ad hoc screening campaigns...	...but national coverage is low and not integrated with diagnostic follow-up.	Implement organized screening in all states with follow-up referral pathways and data capture.

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CONCLUSION

Nigeria has taken important steps toward improving breast cancer care, but significant challenges remain—especially in HER2-positive diagnosis and treatment. The country's current classification as **Emerging** in cancer care maturity reflects major gaps in system readiness, financing, and equitable access. To make meaningful progress, Nigeria must urgently improve public sector HER2 testing capacity, reduce financial barriers to treatment, and build the systems required for data-driven decision-making and quality assurance. A national HER2-positive action plan can serve as a catalyst for strengthening cancer services and reducing breast cancer mortality.

KEY POLICY MESSAGES

1. HER2-positive breast cancer remains severely underdiagnosed and undertreated in Nigeria.
2. Most patients cannot afford trastuzumab, and testing is limited to select tertiary hospitals.
3. Health system fragmentation and lack of national registries hinder equity and data-driven planning.
4. Nigeria must move from fragmented access to structured, affordable, and accountable HER2 care delivery.

CALL TO ACTION

- **Subsidize HER2 testing and trastuzumab** through public health insurance and centralized procurement.
- **Strengthen laboratory networks and train pathologists** on HER2 testing and biomarker reporting standards.
- **Launch a HER2-specific data registry** integrated into the national cancer registry system.
- **Update national guidelines** to reflect HER2 testing requirements and new classifications like HER2-low.
- **Roll out a national screening program** tied to community-based awareness and early referral pathways.