



# ADVANCING EQUITY IN HER2-Positive Breast Cancer Care in South Africa

## EXECUTIVE SUMMARY

**South Africa** faces a dual reality in HER2-positive breast cancer care. While academic hospitals and private centers offer advanced diagnostics and access to trastuzumab, public sector patients face serious barriers in diagnosis, biomarker testing, and timely treatment access.

Discrepancies in guideline implementation, drug reimbursement, and geographic availability continue to widen survival gaps.

## INTRODUCTION

Breast cancer is the most commonly diagnosed cancer among women in South Africa, with approximately 15,500 new cases annually. HER2-positive disease—an aggressive but treatable subtype—requires early detection and uninterrupted access to targeted therapies such as trastuzumab. South Africa's inclusion of trastuzumab on the Essential Medicines List (EML) was a critical policy milestone, but its implementation remains uneven. The public-private divide dominates the landscape: while private patients receive standard-of-care treatment, public-sector patients face delays, restrictive eligibility criteria, and inconsistent reimbursement. Bridging this equity gap requires coordinated reforms across reimbursement, diagnostics, awareness, and guideline adherence.

## CURRENT FRAMEWORK/SITUATION

South Africa operates a dual health system in which access to diagnostics and HER2-targeted therapies is stratified by socioeconomic status. In the private sector, treatment aligns with international guidelines—but in the public system, trastuzumab access is limited to early-stage cases meeting strict criteria, and often only for six months due to cost. Rural hospitals lack consistent biomarker testing, while mobile screening efforts remain under-resourced. Although policies like the Breast Cancer Prevention and Control Policy (2017) set ambitious goals, practical delivery remains slow. Without regulatory clarity, funding continuity, and infrastructure decentralization, the benefits of HER2-targeted medicine remain out of reach for many.

According to the Maturity Framework for Cancer Care, South Africa currently ranks as **“Evolving”**, reflecting meaningful progress in policy and diagnostics, but ongoing systemic limitations in equitable delivery. The country must now shift from fragmented access to structured, nationwide implementation of HER2 standards.





# HER2 BREAST CANCER IN SOUTH AFRICA

## Key Issues Table and Policy Recommendations

| Pillar                            | Fact  | Barrier  | Policy Recommendations   |
|-----------------------------------|---|--|--|
| Infrastructure                    | Yes, academic centers in Johannesburg and Cape Town offer specialized HER2 diagnostics...   | ...but rural and public-sector facilities lack HER2 testing and referral systems.                                | Expand access to HER2 testing in public-sector hospitals and roll out mobile diagnostic units in rural areas.                |
| Access to Treatment               | Yes, trastuzumab is included in the national Essential Medicines List since 2017...         | ...but access is limited to early-stage disease, & only six months of treatment is reimbursed in most provinces. | Align public reimbursement with clinical guidelines (12-month trastuzumab), and expand access to advanced-stage patients.    |
| Research & Innovation             | Yes, South Africa contributes to HER2 research and diagnostics validation...                | ...but funding for HER2-specific trials and molecular research remains minimal.                                  | Create HER2-focused research calls through SAMRC and incentivize public-private research partnerships.                       |
| Awareness & Education             | Yes, NGOs like PinkDrive and CANSA conduct awareness campaigns...                           | ...but outreach remains limited in rural areas and lacks HER2-specific education.                                | Develop national HER2-positive awareness modules and incorporate them into community outreach and school-based programs.     |
| Survival Rates                    | Yes, private-sector 5-year survival exceeds 80%...  | ...but public-sector survival drops to ~50%, and HER2-specific data are not routinely collected.                 | Mandate HER2-stratified reporting in national cancer registries and publish sector-specific survival indicators.             |
| Early Detection & Palliative Care | Yes, mobile units and clinical breast exams are promoted...                                 | ...but less than 30% of women receive screening and only 16% of eligible patients access palliative care.        | Scale up national screening and integrate palliative care into primary health services, especially in underserved provinces. |
| Biomarker                         | Yes, HER2, ER, PR, and BRCA testing is available in academic and private centers...         | ...but public-sector access is limited and HER2 testing accuracy is sometimes questionable.                      | Standardize HER2 testing protocols nationwide and introduce external quality assurance systems for public labs.              |
| Clinical Guidelines               | Yes, South Africa's 2017 Breast Cancer Policy recommends HER2-targeted care...              | ...but conflicting guidelines (e.g., 6 vs. 12 months trastuzumab) create confusion & inconsistency.              | Harmonize national guidelines and ensure budget alignment for full implementation in all provinces.                          |
| Reimbursement                     | Yes, treatment is reimbursed in private systems under Prescribed Minimum Benefits (PMBs)... | ...but coverage is incomplete and public patients face long delays and drug shortages.                           | Create a national HER2 treatment fund to support equitable drug access across public facilities.                             |
| Screening                         | Yes, biennial mammography is recommended for women aged 50–74...                            | ...but coverage is <30% and many patients present with late-stage disease.                                       | Launch a national screening campaign with community health workers and AI-assisted risk tools for early detection.           |





## CONCLUSION

South Africa has made important strides in HER2-positive breast cancer care, particularly through inclusion in national policy and public awareness campaigns. Yet patients continue to face unacceptable disparities in access to timely diagnosis, targeted treatment, and survivorship care. The gap between policy and implementation is no longer tolerable. If South Africa is to fulfill its constitutional commitment to health equity, HER2-positive breast cancer must become a national priority—matched by real investment, public accountability, and system-wide coordination. Innovation exists. The challenge now is delivery.



### KEY POLICY MESSAGES

- 1 HER2-positive breast cancer is treatable—but access remains stratified by income, geography, and sector.
- 2 National policy exists—but reimbursement inconsistencies and regional implementation gaps persist.
- 3 Public-sector patients face limited HER2 testing, treatment caps, and delayed diagnoses.
- 4 Rural, uninsured, and late-stage patients are disproportionately excluded from the benefits of innovation.

## CALL TO ACTION

- **Expand trastuzumab access** for advanced disease and ensure consistent 12-month coverage per guidelines.
- **Strengthen HER2 testing infrastructure** in public labs and ensure nationwide quality control systems.
- **Invest in HER2-positive research**, particularly in real-world outcomes, resistance mechanisms, and treatment equity.
- **Launch national HER2-specific education and awareness campaigns** in schools, clinics, and communities.
- **Mandate HER2+ data disaggregation** in cancer registries and link funding to performance metrics.