



Colorectal Cancer Factsheet: Insights & Key Developments

Key Insights on Colorectal 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. Colorectal Cancer Screening

Colorectal 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 colorectal cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Colorectal cancer is not in the top 5, but incidence is rising.
- Incidence rate: Around 5 per 100,000 men per year.
- Total new cases (2022): Approximately 1,100 men.
- Daily diagnoses (2022): About 3 men per day.
- Deaths (2022): Around 900 men.
- 5-year survival rate: Likely under 30%, due to late diagnosis and limited care access.
- Most affected age group: Predominantly 60 years and above.
- Screening participation: No national program; diagnosis is often symptom-driven.

Kenya



Infrastructure

Strengths

- Centers such as Kenyatta National Hospital and Aga Khan University Hospital offer cancer diagnostics, surgery, and limited biomarker testing.
- Recent public-private investments have improved imaging and pathology services in select urban hospitals.

Weakness

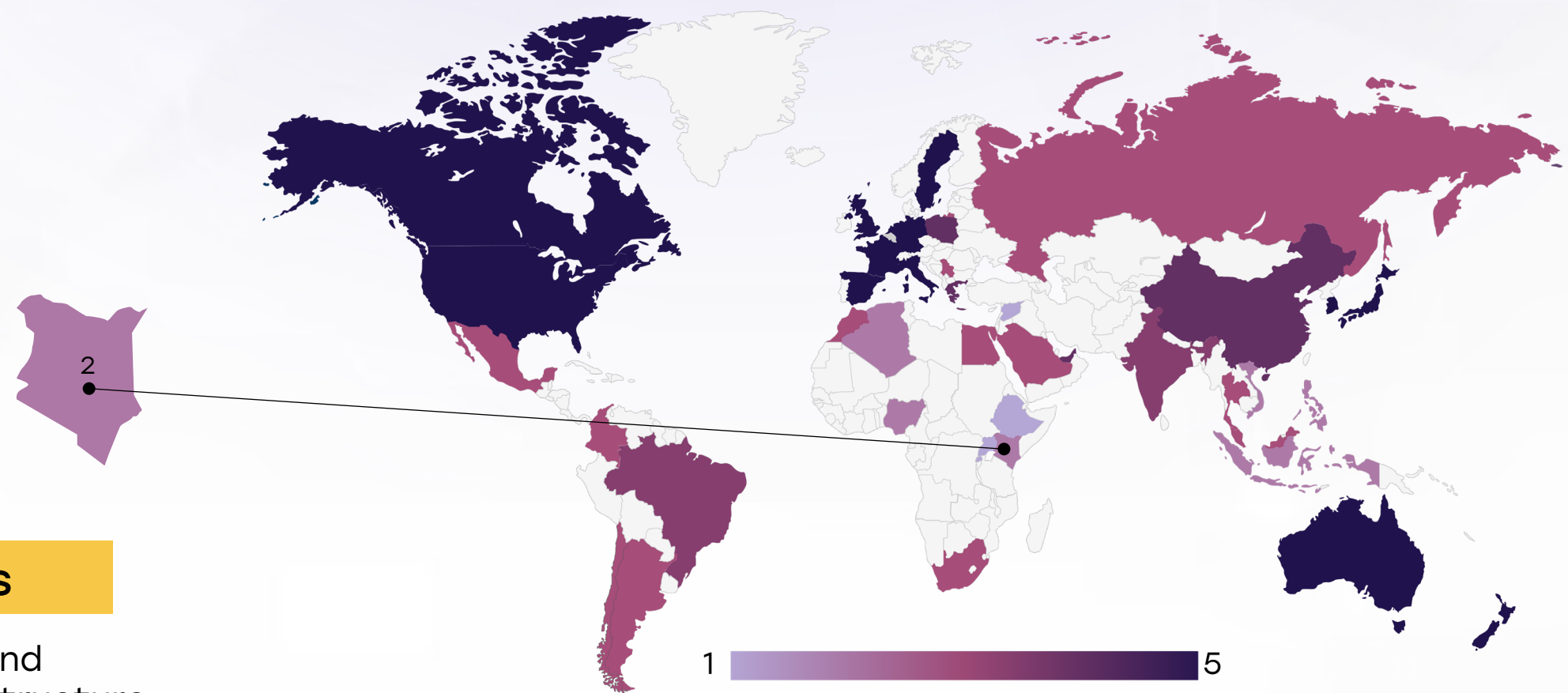
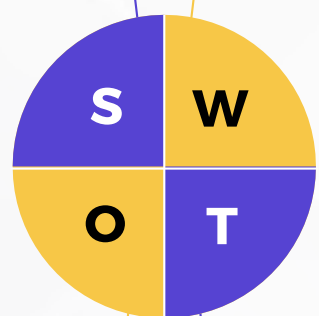
- Radiotherapy and oncology infrastructure is heavily concentrated in Nairobi, leading to long wait times and travel burdens for rural patients.
- Lack of reliable pathology labs in peripheral counties hampers timely diagnosis and staging.

Opportunity

- Expansion of county-level cancer centers as part of the Universal Health Coverage roadmap.
- Training and deployment of oncology nurses and surgical oncologists in regional hospitals.

Threats

- Inadequate electricity, IT infrastructure, and lab equipment maintenance in rural facilities.
- Staff shortages and migration of skilled health workers to high-income countries.



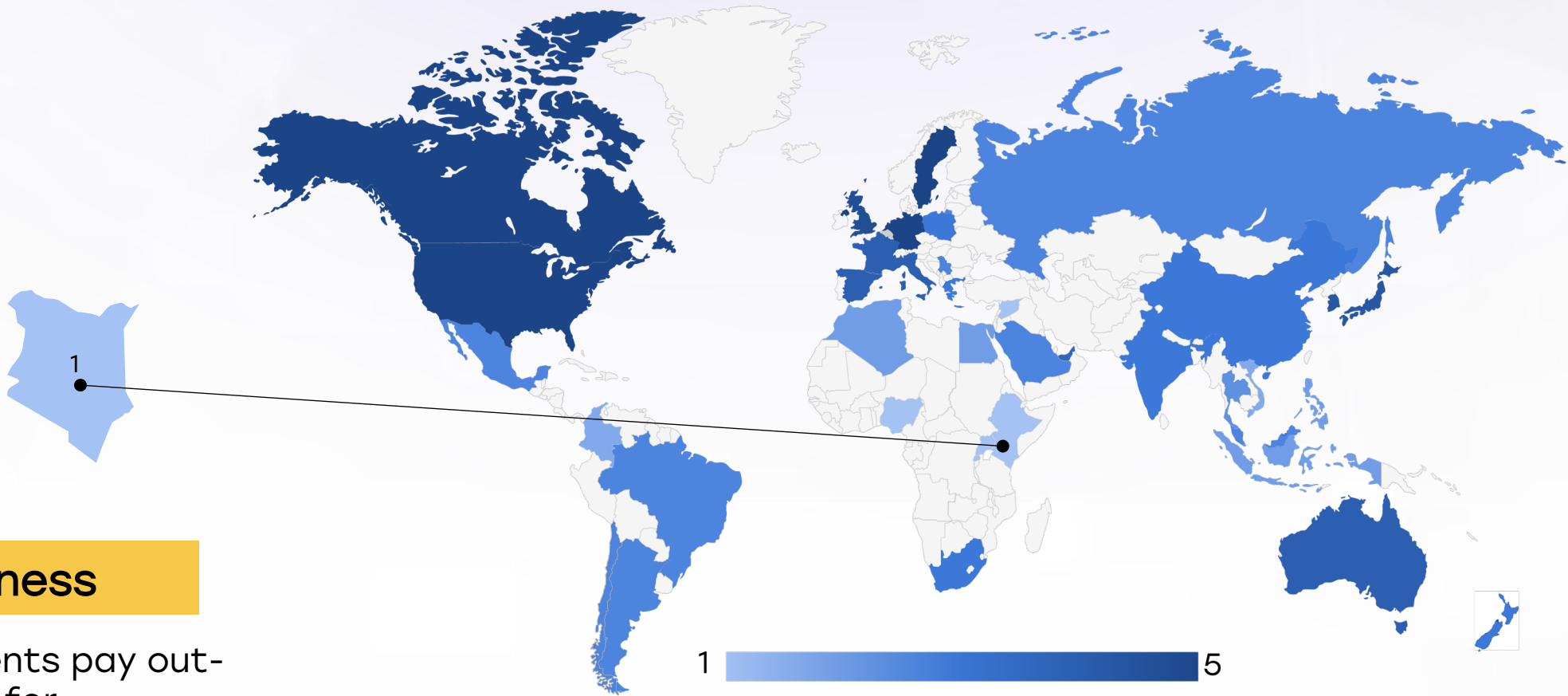
- 5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.
- 4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.
- 3. Moderate infrastructure, primarily in private settings or research institutions.
- 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		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
United States		
Canada		
Australia		
New Zealand		
Greece		
Rwanda		
Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

Kenya



Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Government prioritization of non-communicable diseases has increased attention to cancer care.
- Some NGOs and private entities run awareness programs focused on colorectal and other GI cancers

Weakness

- Most patients pay out-of-pocket for chemotherapy, biomarker testing, and specialized surgeries.
- Minimal domestic research funding and very few local clinical trials for colorectal cancer.

Opportunity

- International collaborations could boost trials and access to new therapies.
- Awareness campaigns tailored to high-risk and underserved groups could drive earlier presentation.

Threats

- Cultural stigmas and limited health literacy hinder public engagement with cancer services.
- Competing priorities (e.g., infectious diseases) may dilute cancer-related funding.

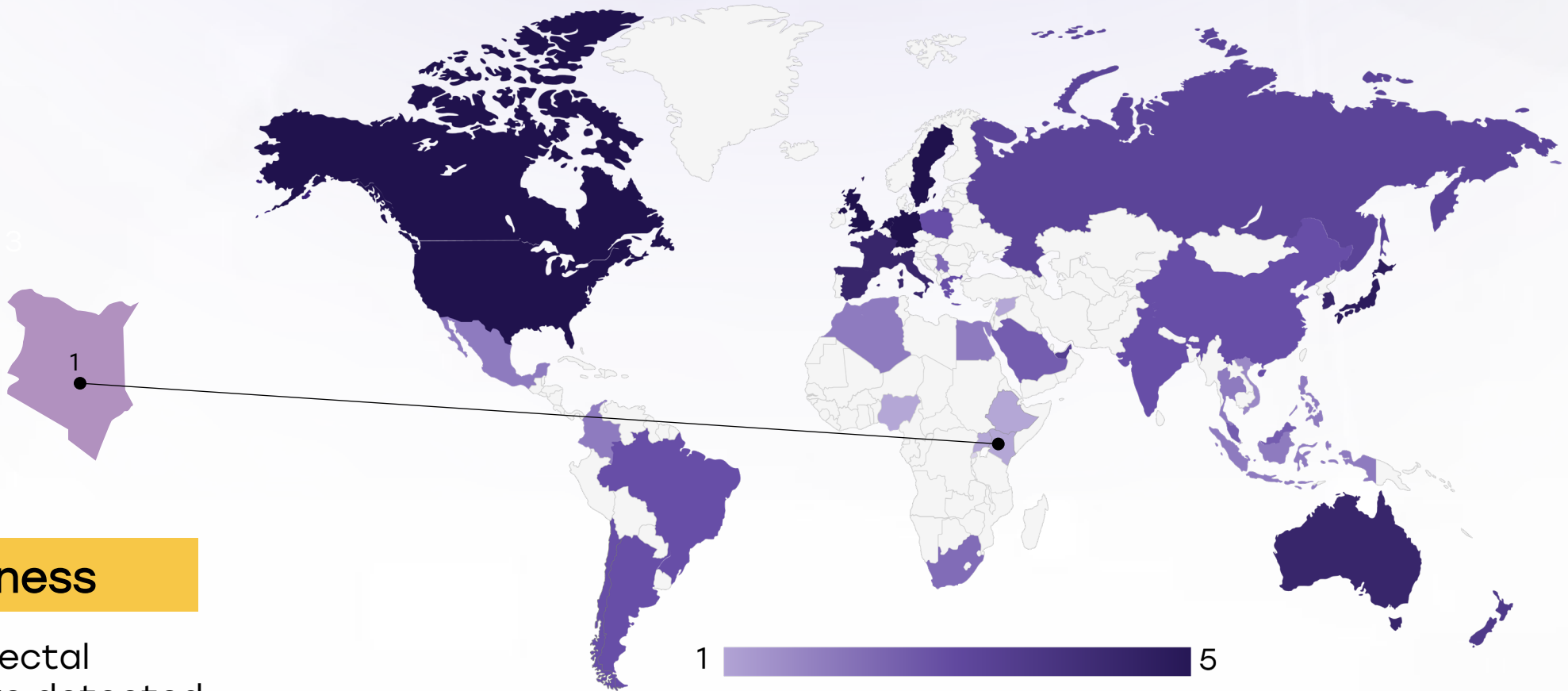
- 5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
- 4. Well-developed system with good treatment availability, strong 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	●	●	●
Kenya	●	●	●
Nigeria	●	●	●
Egypt	●	●	●
Morocco	●	●	●
Algeria	●	●	●
Ethiopia	●	●	●
India	●	●	●
Japan	●	●	●
South Korea	●	●	●
China	●	●	●
Thailand	●	●	●
Singapore	●	●	●
United Kingdom	●	●	●
Germany	●	●	●
France	●	●	●
Netherlands	●	●	●
Sweden	●	●	●
Italy	●	●	●
Spain	●	●	●
Poland	●	●	●
Mexico	●	●	●
Brazil	●	●	●
Argentina	●	●	●
Chile	●	●	●
Colombia	●	●	●
United States	●	●	●
Canada	●	●	●
Australia	●	●	●
New Zealand	●	●	●
Greece	●	●	●
Rwanda	●	●	●
Uganda	●	●	●
Serbia	●	●	●
Saudi Arabia	●	●	●
UAE	●	●	●
Syria	●	●	●
Indonesia	●	●	●
Vietnam	●	●	●
Philippines	●	●	●
Russia	●	●	●
Malaysia	●	●	●

Kenya



Survival Rates, Early Detection and Palliative Care



Strengths

- Growing number of palliative care initiatives (e.g., Nairobi Hospice) provides end-of-life support.
- Public and faith-based hospitals offer morphine and basic pain management services.

Weakness

- Most colorectal cancers are detected at advanced stages due to lack of screening and poor symptom awareness.
- No centralized survival data tracking; estimated 5-year survival rate remains below 20%.

Opportunity

- Community health workers can be trained to identify symptoms and refer patients for screening.
- Integration of palliative care into primary care settings for better continuity of care.


Threats

- Late diagnosis often leaves little room for curative treatment.
- Social taboos around discussing cancer and terminal illness limit palliative uptake.

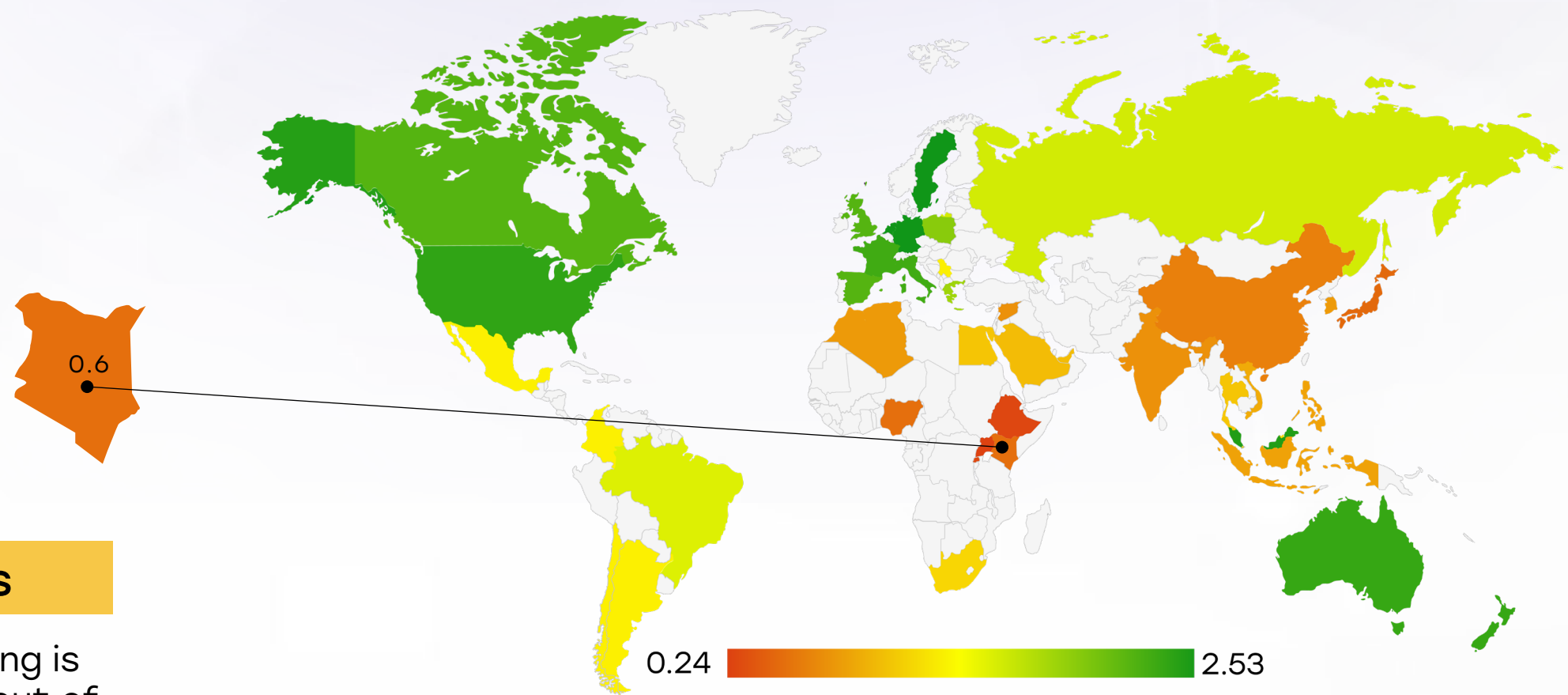
5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative 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	●	●	●
Kenya	●	●	●
Nigeria	●	●	●
Egypt	●	●	●
Morocco	●	●	●
Algeria	●	●	●
Ethiopia	●	●	●
India	●	●	●
Japan	●	●	●
South Korea	●	●	●
China	●	●	●
Thailand	●	●	●
Singapore	●	●	●
United Kingdom	●	●	●
Germany	●	●	●
France	●	●	●
Netherlands	●	●	●
Sweden	●	●	●
Italy	●	●	●
Spain	●	●	●
Poland	●	●	●
Mexico	●	●	●
Brazil	●	●	●
Argentina	●	●	●
Chile	●	●	●
Colombia	●	●	●
United States	●	●	●
Canada	●	●	●
Australia	●	●	●
New Zealand	●	●	●
Greece	●	●	●
Rwanda	●	●	●
Uganda	●	●	●
Serbia	●	●	●
Saudi Arabia	●	●	●
UAE	●	●	●
Syria	●	●	●
Indonesia	●	●	●
Vietnam	●	●	●
Philippines	●	●	●
Russia	●	●	●
Malaysia	●	●	●

Kenya



Utilization of Biomarkers



Strengths

- Some private labs in Nairobi and Mombasa offer KRAS and NRAS testing through international partnerships.
- Awareness is growing among oncologists regarding the role of MSI/dMMR in treatment decisions.

Weakness

- Biomarker testing is expensive and out of reach for most public-sector patients.
- Testing for BRAF, PIK3CA, and NGS-based panels is not locally available; samples must be sent abroad.

Opportunity

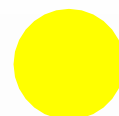
- Donor funding or public-private diagnostics hubs could subsidize biomarker testing.
- Regional genomic research initiatives could support data generation and policy change.

Threats

- Inconsistent test quality due to lack of national standards and quality assurance.
- Delays in obtaining test results limit their clinical utility in real-time treatment decisions.



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.

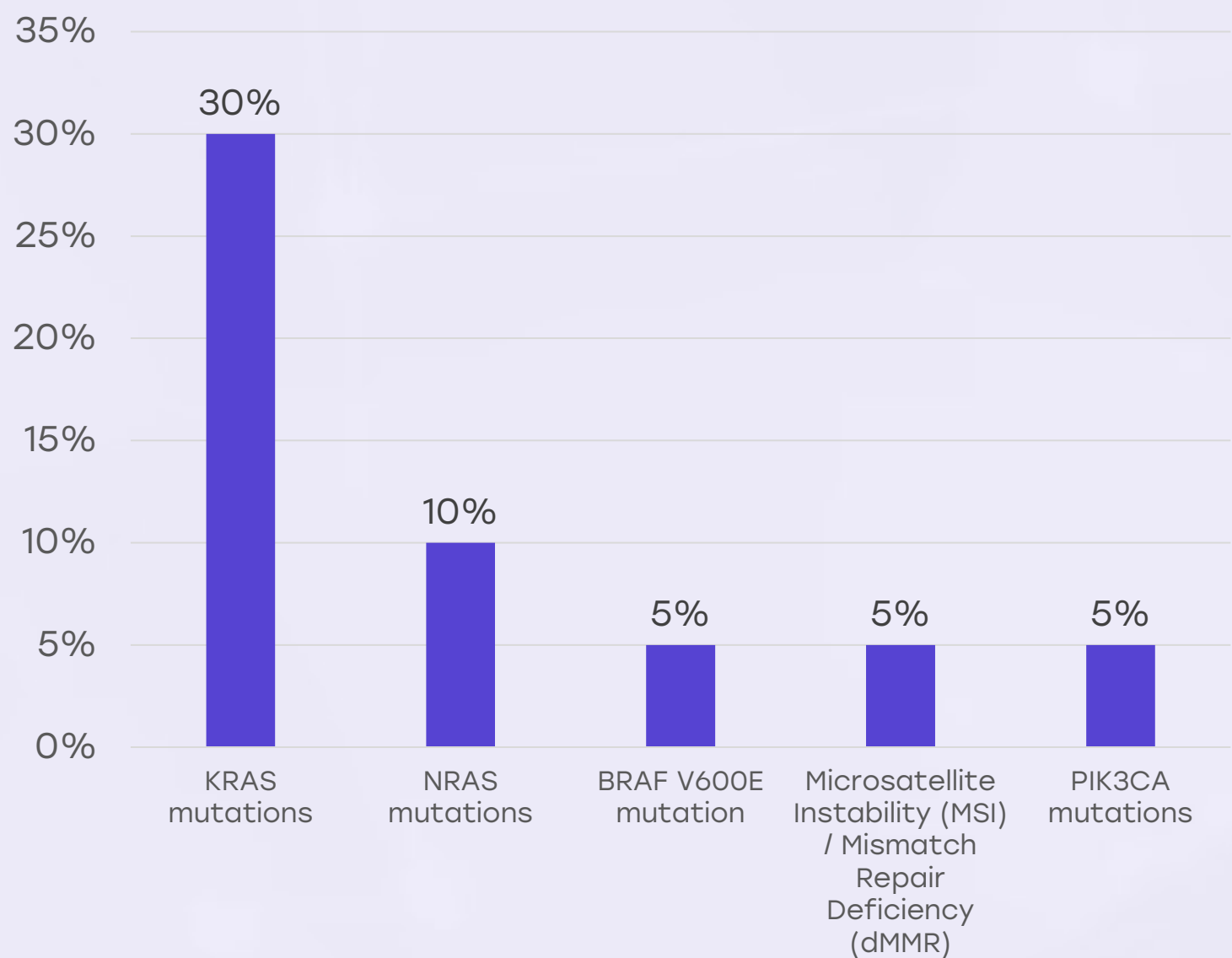


Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.

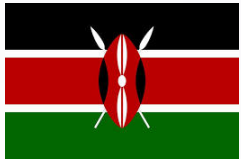


Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.

Kenya



Kenya



Clinical Guidelines

Strengths

- Kenya's National Cancer Control Strategy recognizes colorectal cancer and recommends treatment protocols.
- Some public hospitals follow international guidelines (NCCN, ESMO) for management.

Weakness

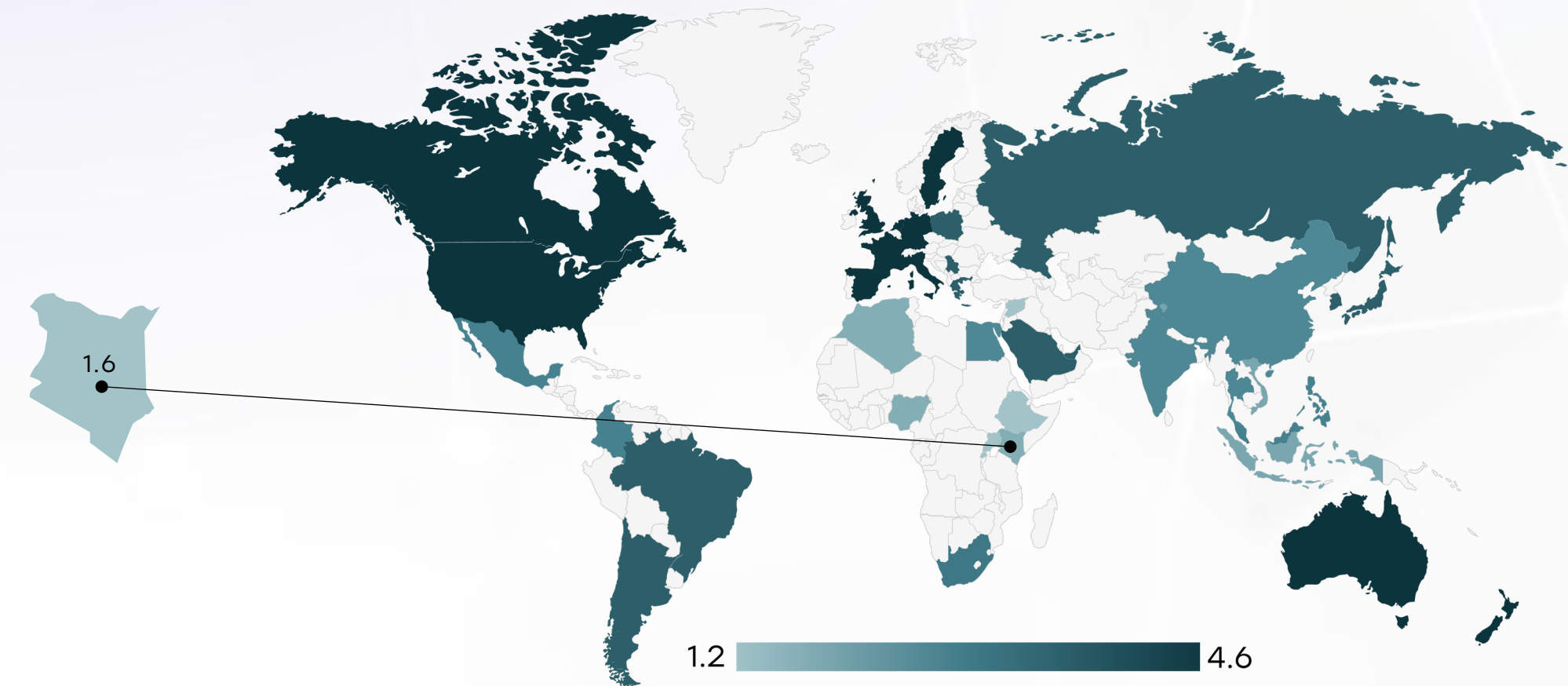
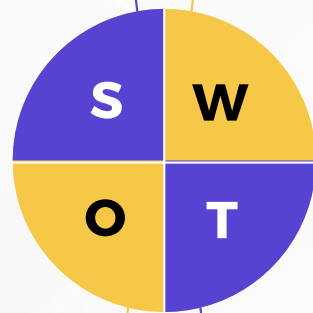
- No Kenya-specific colorectal cancer clinical guidelines that integrate local data or resources.
- Variability in adherence to international guidelines due to resource constraints.

Opportunity

- Development of tiered national guidelines that adapt best practices to local realities.
- Training programs for general practitioners and nurses on guideline-based care.

Threats

- Without enforcement, guidelines may remain underutilized.
- Rapid guideline changes at the global level may not be matched by local system updates.



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

Kenya



Reimbursement



Strengths

- NHIF (National Hospital Insurance Fund) covers some inpatient cancer services including surgery and chemotherapy in public hospitals.
- Coverage for radiology, imaging, and pathology improving slowly.

Weakness




- NHIF does not cover biomarker testing or newer biologics.
- Reimbursement timelines and caps limit provider capacity to offer advanced care.



















































































Opportunity

- NHIF expansion and private insurer collaboration to include molecular diagnostics.
- Policy reforms to standardize reimbursement across public-private facilities.


Threats

- Economic constraints and policy delays may limit timely implementation of reforms.
- Low insurance penetration in informal sectors keeps many patients outside the safety net.

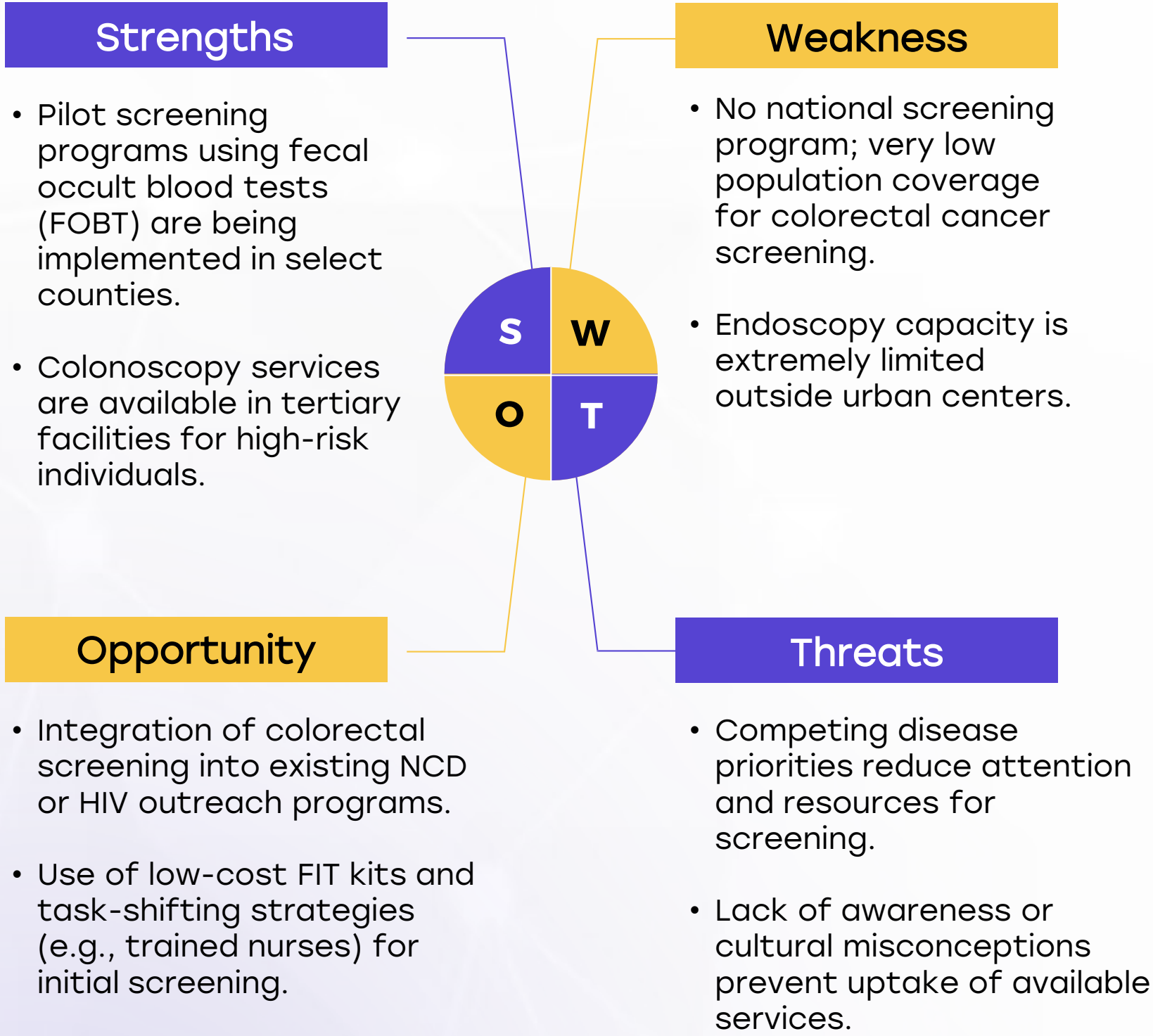
-  A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
-  A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.
-  No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

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

Kenya



Colorectal Cancer Screening



Country	Colorectal Cancer Screening
United States	Annual LDCT (50-80 years, high-risk smokers)
United Kingdom	LDCT for high-risk individuals (55-74 years)
Canada	LDCT for high-risk individuals (55-74 years)
Australia	No national program, high-risk groups advised LDCT
Germany	No national program, under evaluation
France	No national LDCT screening
Netherlands	Participating in European screening studies
Sweden	No national LDCT screening
Italy	Regional pilot LDCT screening
Spain	No national LDCT program
Poland	No national program
Japan	No national LDCT program
South Korea	LDCT for high-risk individuals (50-74 years)
China	No national LDCT program
India	No national LDCT program
Singapore	No national LDCT program
Saudi Arabia	No national LDCT program; some hospital-based opportunistic screening
UAE	No national LDCT program; early-stage pilot studies ongoing in select hospitals
Syria	No national LDCT program; screening not prioritized due to conflict
Malaysia	No program; high-risk CT pilots

Country	Colorectal Cancer Screening
Thailand	No national LDCT program
South Africa	No national LDCT program
Kenya	No national LDCT program
Nigeria	No national LDCT program
Egypt	No national LDCT program
Morocco	No national LDCT program
Algeria	No national LDCT program
Ethiopia	No national LDCT program
Mexico	No national LDCT program
Brazil	No national LDCT program
Argentina	No national LDCT program
Chile	No national LDCT program
Colombia	No national LDCT program
New Zealand	No national LDCT program
Greece	No national LDCT program
Rwanda	No national LDCT program
Uganda	No national LDCT program
Serbia	No national LDCT program
Indonesia	No national LDCT program; opportunistic screening in private sector
Vietnam	No national LDCT program; early pilot screening studies in Hanoi and Ho Chi Minh
Philippines	No national LDCT program; feasibility and awareness programs under discussion
Russia	No formal national LDCT program; regional pilot screening programs in large cities