



BRIDGING THE GAP

Strengthening Prostate Cancer Care in Nigeria

EXECUTIVE SUMMARY

Nigeria is in the nascent stage of developing a structured prostate cancer care framework, with limited and fragmented efforts in awareness, diagnosis, and treatment access. High out-of-pocket costs, late-stage presentation, and a shortage of specialized oncology facilities remain major barriers. Geographic inequities further restrict access, with advanced care concentrated in urban centers.

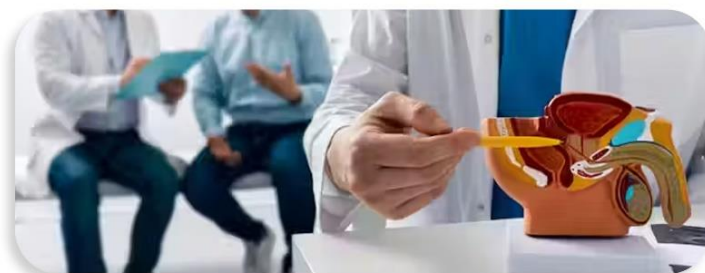
This policy brief examines the current landscape of prostate cancer care in Nigeria and outlines strategic reforms to advance the country's maturity from **Level 1** toward a more equitable, patient-centered system.

INTRODUCTION

Confronting a Growing Burden Amid Systemic Gaps

Prostate cancer is one of the most common cancers among Nigerian men, yet most cases are diagnosed at advanced stages due to the absence of organized screening and weak referral pathways. While some awareness exists through general health campaigns, there is no targeted, nationwide initiative for prostate cancer.

Structural challenges — including inadequate diagnostic infrastructure, limited availability of radiotherapy, and prohibitive costs for hormonal therapies — continue to impact patient outcomes. With a **Level 1 – Nascent** maturity level, Nigeria must prioritize foundational policy and infrastructure reforms to make meaningful progress.



Nigeria Ranks at Level 1 – Nascent Prostate Cancer Maturity Framework



PROSTATE CANCER IN NIGERIA

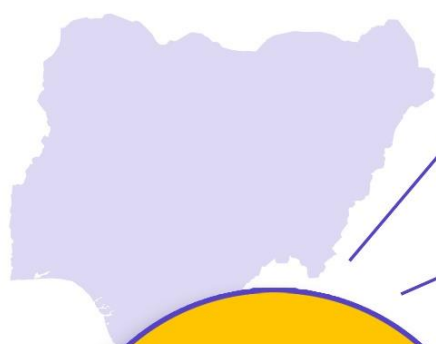
Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organized screening program; PSA testing and DRE are available mainly in urban tertiary hospitals. Most patients present at Stage III or IV.	Presence of urology and oncology units in major teaching hospitals.	Establish a national risk-based screening framework targeting men aged 50+ (or 45+ for high-risk groups) and improve diagnostic access in regional hospitals.
Biomarker & Molecular Testing	Limited to a few private and teaching hospitals; no routine public sector access.	Some private centers offer biomarker tests for those who can afford them.	Integrate biomarker testing into public hospital services through public-private partnerships and international collaborations.
Treatment Access	Surgery and radiotherapy services are limited, with equipment concentrated in a few cities; hormonal therapy often unaffordable.	Some tertiary centers provide surgical management.	Expand radiotherapy infrastructure, subsidize hormonal therapy, and include essential prostate cancer medicines in national procurement lists.
Clinical Guidelines	No standardized national guidelines; treatment protocols vary by institution.	Some oncologists follow international best practices.	Develop, adopt, and disseminate national prostate cancer treatment guidelines, and train clinicians nationwide.
Palliative & Survivorship Care	Palliative care is underdeveloped, with minimal access outside urban areas.	Emerging palliative care initiatives led by NGOs and teaching hospitals.	Scale up palliative care units in regional hospitals, ensure availability of pain relief medicines, and introduce survivorship support services.



CONCLUSION & Call to Action

Nigeria's prostate cancer care system faces significant barriers that require urgent intervention. The lack of early detection, limited diagnostic services, and inequitable treatment access create a high mortality-to-incidence ratio. By implementing targeted policy reforms, Nigeria can lay the foundation for improved survival outcomes and patient quality of life.



1 Launch a National Screening Program: Implement risk-based screening protocols with PSA testing and DRE availability across public hospitals.

2 Improve Diagnostic Infrastructure: Equip regional hospitals with PSA testing facilities, ultrasound, and biopsy capabilities.

3 Increase Access to Advanced Therapies: Subsidize hormonal therapy and expand radiotherapy services to underserved regions.

4 Standardize Clinical Practices: Formalize evidence-based treatment guidelines and ensure adherence through training and audits.

5 Strengthen Palliative & Survivorship Care: Expand community-based palliative care networks and introduce survivorship programs for long-term patient support.

CONCLUSION

With prostate cancer care at Level 1 – Nascent maturity, Nigeria is at a critical juncture. The disease burden is high, yet most patients lack access to early detection and affordable, high-quality treatment. By committing to a coordinated national strategy—anchored in screening, equitable service distribution, and capacity building—Nigeria can begin the transition from fragmented services toward a cohesive, patient-focused prostate cancer care system. This shift will require political will, sustainable financing, and strong partnerships between government, private sector, and civil society to ensure that every Nigerian man, regardless of location or income, can access timely and effective care.