



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Nigeria

EXECUTIVE SUMMARY

Nigeria is at the earliest stage of developing a national colorectal cancer (CRC) response. While isolated centres of excellence exist, especially in major urban teaching hospitals, CRC care remains fragmented and inaccessible for most Nigerians. Public awareness is low, early detection is rare, and diagnostic and treatment services are concentrated in a few tertiary centres. High out-of-pocket costs, inadequate infrastructure, and lack of molecular diagnostics limit patient outcomes.

This policy brief assesses current gaps and outlines strategic reforms to initiate progress towards higher CRC maturity.

INTRODUCTION

Addressing Foundational Gaps for CRC Care

Nigeria's cancer burden is rising, yet CRC has received limited focused attention within national non-communicable disease (NCD) strategies. Existing tertiary centres in Lagos, Abuja, and other large cities provide surgical and some chemotherapy services, but the vast majority of patients present late and cannot access comprehensive treatment.

With a **Level 1 – Nascent** CRC maturity, Nigeria's immediate opportunity is to lay the foundations: raise awareness, establish basic screening pilots, decentralise essential diagnostic and treatment services, and develop national clinical pathways.





COLORECTAL CANCER IN NIGERIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organised CRC screening; diagnosis mostly at advanced stages; limited public awareness.	National primary health care network offers potential for awareness outreach.	Launch national awareness campaigns; pilot FIT/FOBT screening in high-burden states; establish referral pathways to diagnostic colonoscopy at regional hubs.
Biomarker & Molecular Testing	No routine molecular testing in public sector; basic histopathology available but turnaround times are long.	Teaching hospitals with existing pathology labs can serve as capacity-building hubs.	Prioritise reliable histopathology; plan phased introduction of MSI/MMR and RAS/BRAF testing in selected hubs; partner with private sector for infrastructure support.
Treatment Access	Surgery and basic chemotherapy limited to tertiary urban centres; radiotherapy scarce; advanced therapies virtually unavailable to public sector patients.	Skilled surgical oncology teams present in some teaching hospitals.	Expand essential surgery and chemotherapy capacity to regional hospitals; develop referral protocols; explore pooled procurement for essential chemo agents.
Clinical Guidelines & Quality Standards	No national CRC-specific clinical guidelines; inconsistent treatment approaches across facilities.	National Cancer Control Plan provides framework to incorporate CRC standards.	Develop resource-adapted national CRC clinical guidelines; disseminate and train healthcare providers nationwide.
Palliative & Survivorship Care	Palliative care services exist in limited form; survivorship and psychosocial services are minimal.	Existing palliative NGOs and hospices offer models for expansion.	Integrate palliative care into oncology and primary care services; ensure access to opioids for pain relief; initiate survivorship support in major cancer centres.



CONCLUSION & Call to Action

Nigeria's CRC care landscape is at a formative stage, requiring urgent investment in awareness, basic diagnostic capacity, and decentralised essential treatment services. Without rapid intervention, late-stage diagnosis and inequitable access will continue to dominate patient outcomes. A national CRC strategy must be developed, embedding early detection, essential treatment, palliative care, and data systems into existing health structures. This is a call to action for the **Federal Ministry of Health, state health authorities, tertiary hospitals, NGOs, and development partners** to collaborate on a foundational CRC roadmap that prioritises affordable, accessible, and equitable care.



CONCLUSION

With coordinated national leadership, Nigeria can progress from **Level 1** to a more structured CRC care system. Early wins—such as targeted awareness campaigns, pilot screening programs, and expanded essential treatment capacity—will set the stage for sustainable long-term improvements. The goal: ensure that every Nigerian has access to timely, affordable, and quality colorectal cancer care, regardless of geography or income.