



ADVANCING HER2-POSITIVE BREAST CANCER CARE IN RWANDA

Building Foundations for Equitable and Personalized Care

EXECUTIVE SUMMARY

Breast cancer care in Rwanda is at an early stage of development. While awareness is growing and national cancer control efforts are underway, HER2 testing is largely unavailable, and access to HER2-targeted therapies remains extremely limited. The health system faces foundational challenges in diagnostics, oncology infrastructure, workforce training, and data systems. As a country at **Maturity Level 1 – Critical**, Rwanda is in urgent need of investment to establish the basic building blocks for HER2-positive breast cancer care—from diagnostics and drug access to early detection and survivorship planning. With strong government commitment to health equity and primary care, Rwanda has the potential to rapidly scale its response through international partnerships and strategic capacity building.

CURRENT SITUATION

Rwanda provides **universal community-based health insurance (Mutuelles de Santé)** covering basic health services, but cancer diagnostics and treatments are often centralized in Kigali or referral hospitals. Most pathology labs do not have capacity for HER2 testing (IHC or FISH), and there are no established protocols for HER2 status classification or follow-up. Trastuzumab is generally unavailable in the public sector, and advanced cancer care is limited by high costs and low drug availability.

Breast cancer diagnosis often occurs at late stages due to lack of awareness, delayed referrals, and limited early detection infrastructure. Survival data are sparse, and national cancer registries are not HER2-disaggregated. Rwanda currently operates at **Maturity Level 1 – Critical**, highlighting the need for systemic investment across all pillars of HER2 breast cancer care.

INTRODUCTION

Breast cancer is among the top cancers affecting women in Rwanda, with rising incidence due to better awareness and improved diagnosis. However, **HER2 testing is not routinely available**, and HER2-positive cases are not identified or treated according to international standards. Trastuzumab and other HER2-targeted therapies are not included in the national essential medicines list, and advanced diagnostics such as IHC or FISH are limited to a few research or referral centers, often requiring out-of-pocket costs.

Rwanda's **National Cancer Control Plan (2020–2024)** aims to improve cancer prevention and treatment, but implementation has been constrained by funding and infrastructure gaps. There is no national breast cancer screening program, and palliative care coverage is uneven. Rwanda's oncology care system is still in its formative phase and requires significant external and internal support to make HER2-positive care a reality.



HER2 BREAST CANCER IN RWANDA

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Referral hospitals provide basic cancer care...	...but pathology labs lack HER2 testing capabilities (IHC/FISH).	Establish HER2 testing capacity at referral hospitals and develop partnerships for lab infrastructure development.
Access to Treatment	Trastuzumab is listed on WHO's EML...	...but is not available in the public system and unaffordable for most patients.	Include HER2 therapies on Rwanda's national essential medicines list and seek pooled procurement or tiered pricing strategies.
Research & Innovation	Rwanda is developing a national cancer registry...	...but lacks HER2-specific data and research on subtypes.	Initiate HER2-positive breast cancer data collection and partner with universities for clinical research pilots.
Awareness & Education	Breast cancer awareness is increasing through community health workers...	...but knowledge of HER2 or subtypes is nonexistent at both patient and primary care level.	Integrate HER2 awareness into provider training and community health education programs.
Survival Rates	Survival rates are unknown due to limited data and late-stage diagnosis...	...and HER2-specific outcomes are not tracked.	Invest in cancer registry capacity to track outcomes by stage and biomarker subtype.
Early Detection & Palliative Care	Basic breast exams and palliative care exist in referral hospitals...	...but there is no national screening program, and services are unavailable in rural areas.	Scale up community-based screening models and expand palliative care access via mobile and district clinics.
Biomarker	Basic pathology is available at referral centers...	...but IHC and FISH for HER2 are not routinely offered or funded.	Procure equipment and train personnel for HER2 testing under national pathology scale-up plans.
Clinical Guidelines	National Cancer Control Plan outlines general treatment goals...	...but no HER2-specific testing or treatment protocols are included.	Develop HER2-inclusive clinical breast cancer guidelines aligned with WHO and ESMO standards.
Reimbursement	Community insurance covers basic care...	...but advanced therapies like trastuzumab are not included or reimbursed.	Secure public and donor funding to support HER2 drug access in public hospitals.
Screening	Breast cancer is promoted during health campaigns...	...but there is no formal or structured screening program.	Pilot regional mammography and clinical breast exam programs within existing primary care platforms.



CONCLUSION

Rwanda's breast cancer care system is still in early stages of development, and HER2-positive care is not yet established. With a commitment to health system strengthening and growing international support, Rwanda can begin to lay the groundwork for future HER2 integration. A focus on laboratory infrastructure, national guideline updates, HER2 drug access, and community-based early detection will be critical. As a **Critical-level system**, Rwanda requires focused investment and global partnerships to deliver the promise of equitable and personalized breast cancer care to its women.



KEY POLICY MESSAGES

- 1 HER2 testing and treatment are not yet available in Rwanda's public system, creating a critical care gap.
- 2 Trastuzumab access must be prioritized through national listing, pricing strategies, and donor engagement.
- 3 Diagnostic and data capacity are underdeveloped, with no HER2-related survival or treatment tracking.
- 4 Community health systems offer a strong foundation for future screening and awareness initiatives.

CALL TO ACTION

- **Fund HER2 testing infrastructure** and workforce training in Kigali and regional hospitals.
- **List trastuzumab and HER2 therapies** in Rwanda's national formulary and seek international procurement support.
- **Create HER2+ breast cancer guidelines** and integrate HER2 awareness into national provider training.
- **Pilot breast cancer screening programs** using clinical breast exams and mobile outreach in high-risk districts.
- **Establish HER2 cancer data tracking** through registry upgrades and hospital-level electronic reporting.