



# BRIDGING THE GAP

## Enhancing Equitable Access & Innovation in Gastric Cancer Care in Algeria

### EXECUTIVE SUMMARY

**Algeria** has expanded its oncology infrastructure in recent years, yet gastric cancer (GC) outcomes remain poor due to late diagnosis, uneven access to diagnostic and treatment services, and limited integration of molecular testing. Specialist facilities are concentrated in larger urban centres, leaving rural populations underserved.

High out-of-pocket costs and restricted availability of advanced therapies create inequities in care. This brief reviews current gaps and outlines policy priorities to raise Algeria's gastric cancer maturity.

### INTRODUCTION

#### Progressing Beyond Awareness Toward Integrated Care

As Algeria faces an increasing burden of non-communicable diseases, gastric cancer represents an emerging challenge. Public awareness of cancer risk factors has improved, but this has not yet led to earlier diagnosis or comprehensive, equitable GC care.

With a **Level 3 – Emerging** gastric cancer maturity, Algeria has the institutional base to accelerate progress if supported by coordinated national strategies and targeted investments.



**Algeria Ranks at Level 3 – Gastric Cancer Care Maturity Framework**



# GASTRIC CANCER IN ALGERIA

## Current Landscape and Strategic Gaps

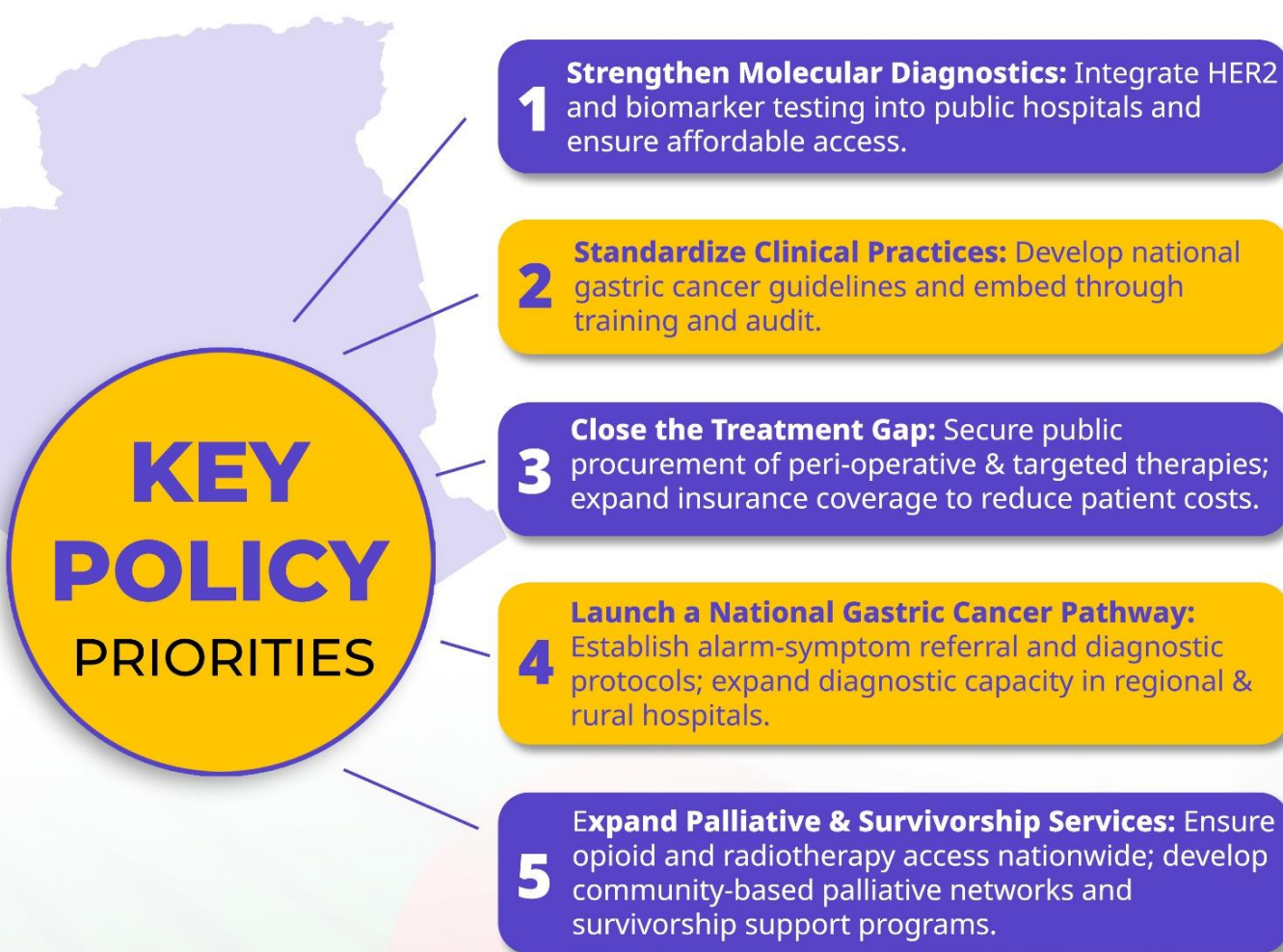
| Pillar                         | Current Status   | Strength   | Policy Action   |
|--------------------------------|--|--|---|
| Early Detection & Diagnosis    | GC is typically diagnosed at advanced stages; there is no organized screening program. Endoscopy services are concentrated in large urban hospitals.                         | Growing cancer awareness campaigns and existing endoscopy services in major centres. | Develop a structured referral and triage pathway for alarm symptoms; expand diagnostic endoscopy and pathology services to secondary hospitals and underserved regions.             |
| Biomarker & Molecular Testing  | HER2 and biomarker testing are rarely available in the public sector, limiting access to targeted therapies.   | Reference laboratories in urban centres with capacity for expansion.                 | Integrate HER2 and biomarker testing into public cancer hospitals; promote partnerships with industry and universities to expand diagnostic capacity.                               |
| Treatment Access               | Curative surgery and peri-operative chemotherapy are available in tertiary centres; access to advanced systemic therapies (such as HER2-targeted treatment) remains limited. | Established oncology institutes and surgical expertise.                              | Strengthen procurement systems and ensure public insurance schemes cover peri-operative chemotherapy and targeted therapies; decentralize treatment access across provinces.        |
| Clinical Guidelines            | No standardized national gastric cancer guidelines; clinical practices vary by hospital.   | Some specialist centres align with international practices.                          | Develop and disseminate national gastric cancer guidelines; train healthcare providers and introduce monitoring/audit systems to enforce implementation.                            |
| Palliative & Survivorship Care | Palliative services exist but remain uneven, with regional disparities in opioid availability and radiotherapy access.   | Expanding palliative networks and oncology units.                                    | Scale community-based palliative care teams; ensure access to pain relief, radiotherapy slots, and integrate survivorship programs including psychological and nutritional support. |





## CONCLUSION & Call to Action

Algeria's gastric cancer care system shows promise but is hampered by inequities in access and delayed diagnosis. By embedding a national GC strategy, expanding diagnostics, scaling molecular testing, and strengthening treatment and palliative services, Algeria can significantly improve patient outcomes within the next few years.



## CONCLUSION

With targeted reforms, Algeria can transition from fragmented gastric cancer services to a cohesive, equitable, and patient-centred system. By leveraging existing oncology infrastructure and aligning policy with international best practices, Algeria can raise survival rates and ensure all patients have timely, affordable access to GC care regardless of geography or income.