



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Lung Cancer Care in Algeria

EXECUTIVE SUMMARY

Lung Cancer is one of Algeria's deadliest health threats, with increasing incidence linked to smoking and air pollution. While some urban hospitals provide surgical and chemotherapy options, early diagnosis and access to advanced treatments remain limited across much of the country. Algeria is currently at an "Intermediate – Developing" stage of lung cancer care, similar to Morocco and Egypt, but systemic implementation of nationwide solutions is still lacking.

Algeria doesn't need to start from scratch—it needs to turn strategy into action. The tools exist. The commitment must follow.

INTRODUCTION

Lung cancer's growing burden in Algeria reflects a broader healthcare imbalance: limited capacity for prevention, late-stage diagnoses, and treatment access restricted to urban zones.

Despite some positive steps in tertiary hospitals, the healthcare system remains centralized and overstretched, particularly when it comes to cancer diagnostics, research, and palliative care.

CURRENT FRAMEWORK: POCKETS OF STRENGTH, GAPS OF SILENCE

Urban hospitals in cities like Algiers and Oran offer chemotherapy and surgery, but comprehensive lung cancer care is largely inaccessible to those outside major metropolitan areas. Molecular testing is rarely available and typically not reimbursed. There is no national low-dose CT (LDCT) screening program, and public awareness efforts focus more on smoking cessation than early cancer symptoms. Clinical research infrastructure is minimal, and palliative care is sporadic and informally managed.





LUNG CANCER CARE IN ALGERIA

Key Pillars, Challenges, and Policy Actions

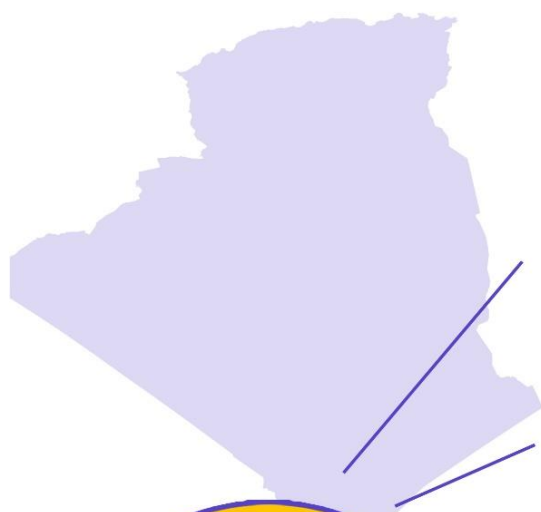
Key Area	Current Status	Challenges	Policy Recommendations
Screening & Early Detection	No structured screening programs; cases often found incidentally.	Early detection is rare, and patients frequently present with advanced-stage disease.	Initiate LDCT pilot programs in public hospitals and train primary care providers to recognize early signs.
Treatment Access	Chemotherapy and surgery available in tertiary centers.	Geographic and financial barriers restrict access for many patients outside urban centers.	Decentralize cancer treatment services by establishing regional oncology hubs.
Molecular Testing	Limited availability and high cost; rarely integrated into public care.	Most patients do not receive biomarker testing, reducing treatment precision.	Subsidize molecular testing in public facilities and integrate it into national treatment guidelines.
Public Awareness	Tobacco control is emphasized; symptom recognition is under-addressed.	Low awareness delays patient presentation and contributes to late-stage diagnosis.	Launch national symptom-awareness campaigns using local languages and trusted community networks.
Palliative Care	Inconsistent, mostly limited to major hospitals; lacks standardization.	Patients in rural areas often lack access to pain management and end-of-life care.	Expand community-based palliative care services and ensure access to essential medications nationwide.



CONCLUSION & Call to Action

Algeria's cancer specialists and hospitals have built a strong foundation—but those advances remain concentrated in a few places. Without early detection, most lung cancer cases will continue to be caught too late. Without equitable access, survival outcomes will remain poor for those outside major cities. And without public funding, molecular diagnostics and palliative support will continue to be out of reach for many.

To close these gaps, Algeria must act: launch LDCT screening, expand diagnostic capabilities, and improve rural access to care. The knowledge exists. The moment to scale it—fairly and nationally—is now.



1 Launch LDCT screening pilots in key public hospitals targeting high-risk populations.

2 Scale up molecular testing in public oncology centers and train medical staff in precision oncology.

3 Decentralize lung cancer care by investing in regional treatment facilities across underserved provinces.

4 Elevate public education efforts with campaigns focused on lung cancer symptoms and early diagnosis.

5 Develop national palliative care infrastructure, including home-based support and rural outreach.