



CLOSING THE CARE GAP

Advancing HER2-Positive Breast Cancer Policy in Algeria

EXECUTIVE SUMMARY

HER2-Positive Breast Cancer is one of the most aggressive subtypes—but also one of the most treatable when detected early and managed with targeted therapies. Algeria has made progress by introducing essential drugs, expanding insurance coverage, and developing specialized cancer centers. Yet these advances often fail to reach patients outside urban hubs. Delayed diagnoses, inconsistent treatment availability, and inadequate follow-up continue to undermine equitable outcomes for women with HER2-positive disease. This brief outlines Algeria's current landscape, identifies key policy gaps, and proposes evidence-based recommendations to ensure that all patients—regardless of geography or income—benefit from recent advances in breast cancer care.

INTRODUCTION

With HER2-positive breast cancer affecting nearly 1 in 3 women diagnosed with breast cancer in Algeria, the stakes are high. Median age of diagnosis is just 47—meaning many patients are in their prime working and parenting years. This is not just a healthcare issue; it's a socioeconomic one. Algeria is currently rated at the "Emerging - Underdeveloped" level on the Maturity Cancer Care Index, signaling the urgency to translate policy frameworks into real-world access.

CURRENT FRAMEWORK AND CHALLENGES

Algeria has laid important groundwork for HER2-positive breast cancer care. The deployment of 22 Anti-Cancer Centers (ACCs) ensures the availability of multidisciplinary services, while key HER2-targeted therapies such as trastuzumab and pertuzumab are publicly reimbursed. National awareness campaigns like Pink October have helped normalize breast health conversations.

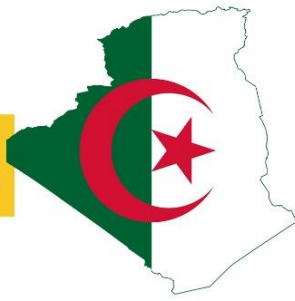
Yet, systemic gaps persist. Access to diagnostics and treatment is still heavily concentrated in urban centers, leaving rural patients with long travel times and delays. Hospital stockouts and inconsistent supply chains disrupt therapy continuity. Screening remains opportunistic and fragmented, reaching less than a third of the target population. Clinical guidelines exist but are not routinely updated or evenly enforced—particularly when it comes to emerging classifications like HER2-low. Meanwhile, biomarker testing is underutilized in peripheral settings, and advanced diagnostics like BRCA testing remain inaccessible to many. These challenges weaken the impact of otherwise promising policy reforms and highlight the need for structural equity in implementation.



HER2 BREAST CANCER

Core Pillars, Facts, Barriers & Policy Recommendations

Pillar	Key Fact	Barrier	Policy Recommendations
Infrastructure	22 ACCs offer multidisciplinary cancer care.	Yes, ACCs exist, but rural populations travel hundreds of kilometers for services.	Create regional outreach clinics and invest in tele-oncology to extend specialist reach.
Treatment Access	Trastuzumab and pertuzumab are available and reimbursed.	Yes, they're covered, but inconsistent supply and limited hospital stock cause treatment delays.	Guarantee uninterrupted supply through centralized procurement and real-time inventory tracking.
Early Detection	Opportunistic screening reaches less than 30% of women.	Yes, some initiatives exist, but many women delay testing due to stigma, cost, or lack of nearby services.	Launch a national, invitation-based screening program with mobile units & tailored community outreach.
Palliative Care	Only two specialized units are operational nationally.	Yes, palliative care is recognized, but most patients lack access to pain relief & end-of-life support.	Integrate palliative services into all ACCs and train general practitioners in basic palliative care.
Clinical Guidelines	National breast cancer protocols exist.	Yes, but they are not routinely updated or fully aligned with HER2-specific global standards.	Revise and enforce national clinical guidelines with regular updates including HER2-low classification.
Reimbursement	Cancer care is covered by public insurance.	Yes, but diagnostic tests like BRCA or imaging often require out-of-pocket costs pre-diagnosis.	Expand reimbursement to include full diagnostic pathway and newer HER2-targeted therapies.
Biomarker Testing	HER2 testing is performed in ~70% of breast cancer cases.	Yes, HER2 testing is standard in major centers, but rural patients lack access and BRCA testing is underused.	Fund decentralized pathology labs and reimburse BRCA testing for high-risk patients.
Research & Innovation	Algeria participates in global trials and local studies.	Yes, but funding is limited, and many research efforts rely on external partners.	Boost domestic oncology R&D funding and establish incentives for HER2-specific research.
Awareness Campaigns	Annual Pink October campaigns raise breast cancer awareness.	Yes, but outreach is inconsistent, and many women remain unaware of HER2-positive disease & treatment options.	Institutionalize year-round education campaigns and leverage survivor networks to reduce stigma.



CONCLUSION

What good is innovation if it doesn't reach the people who need it most? HER2-positive breast cancer is a test of Algeria's health equity—and right now, too many women are left waiting. From biomarker testing to survivorship, systemic gaps are eroding the promise of medical progress. It's time to stop letting geography or socioeconomic status determine survival. The window to act is narrow—but the potential for impact is immense.

KEY POLICY MESSAGES

- 1** Equity begins with geography: bring cancer care closer to rural communities.
- 2** Access is not coverage: ensure HER2 therapies are consistently available and monitored.
- 3** Early detection isn't optional: normalize breast cancer screening through organized outreach.
- 4** HER2-positive breast cancer is not rare: update clinical guidelines and train providers accordingly.
- 5** No patient should die in pain: palliative care must be integrated across all levels of care.

CALL TO ACTION

- 1.** Fund decentralized screening, diagnosis, and treatment hubs with clear referral pathways.
- 2.** Mandate timely and universal reimbursement for HER2 diagnostics and therapy.
- 3.** Modernize national clinical guidelines to reflect HER2-specific innovations and global best practices.
- 4.** Institutionalize structured, culturally sensitive education campaigns beyond October.
- 5.** Scale up investment in palliative care, survivorship programs, and HER2-focused research.

This is not just about cancer—it's about justice. It's time to match science with system change. The future of HER2-positive breast cancer care in Algeria depends on the choices we make today.