SOUTH AFRICA

International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in **Colorectal Cancer Care** in South Africa

EXECUTIVE SUMMARY

South Africa has established clinical capacity for colorectal cancer (CRC) in tertiary centres and pockets of advanced diagnostics, but the system is fragmented and inequitable. Screening is limited and largely opportunistic, molecular testing is inconsistent across the public sector, and access to newer targeted and immune therapies is concentrated in private settings.

With an overall CRC maturity of **Level 3 (established / transitioning to advanced)**, South Africa is well positioned to scale organised screening, expand molecular diagnostics in the public sector, and close treatment and outcome gaps through coordinated policy, financing and service delivery reforms.

INTRODUCTION

Building on Clinical Foundations Amid System Gaps

South Africa faces a rising CRC burden alongside persistent disparities in access to care across provinces and between public and private sectors. Academic hospitals and specialist centres provide a strong clinical base, yet this foundation has not translated into routine early detection, consistent molecular-guided treatment, or universal survivorship and palliative support.

With targeted policy action and investments, South Africa can move from institution-level excellence to system-wide coverage and measurable improvements in survival.

South Africa at Level 3 – Colorectal Cancer Maturity Framework

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COLORECTAL CANCER IN SOUTH AFRICA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	CRC detection is mostly symptomatic and opportunistic; no national organised screening; many diagnoses occur at late stage.	Primary-care contact points exist; some pilot FIT/FOBT programs and colonoscopy capacity in tertiary centres.	Implement phased, risk-based national FIT screening (50–74), establish clear referral pathways to regional colonoscopy hubs, and strengthen primary-care awareness/training.
Biomarker & Molecular Testing	MSI/MMR and RAS/BRAF testing available in private and academic labs; access patchy in public hospitals.	Established molecular labs in academic institutions can act as hubs.	Integrate essential molecular tests (MSI/MMR, RAS/BRAF) into public reimbursement/coverage; adopt hub-and-spoke lab networks with QA and rapid turnaround.
Treatment Access	High-quality surgery and radiotherapy at tertiary centres; basic chemotherapy mostly available; targeted agents and immunotherapies are limited in public sector due to cost.	Strong surgical oncology and radiotherapy expertise in urban centres.	Standardise essential chemo regimens in public sector; use pooled procurement/managed access agreements for high-cost agents; scale tele-mentoring and regional surgical networks.
Clinical Guidelines & Quality Standards	Variable guideline adoption; no uniformly implemented national CRC clinical pathway across public/private sectors.	Several centres follow international (ESMO/NCCN) protocols — a basis for national adaptation.	Adopt national CRC guidelines with tiered, resource-adapted recommendations; implement routine audits and clinical outcome monitoring.
Palliative & Survivorship Care	Palliative and survivorship services inconsistent; better coverage in metros, limited community-level services in rural provinces.	Existing palliative initiatives and NGOs provide models for scale.	Integrate palliative care into primary and oncology services, expand survivorship (stoma-care, nutrition, psychosocial support), and ensure opioid access/training in all provinces.

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CONCLUSION & Call to Action

South Africa's CRC care has expertise but needs equitable, systemic coverage. Key priorities include phased screening, affordable molecular testing, province-wide treatment access, standardised care, and expanded survivorship and palliative services. The National Department of Health, provinces, clinicians, civil society, and partners must unite on a roadmap that combines quick wins with long-term investments to advance the country's CRC maturity.

KEY POLICY PRIORITIES

1. **Launch a National CRC Screening Programme :** implement a phased, risk-based FIT screening (target ages 50–74), prioritise pilot scale-up in high-burden provinces, and define referral pathways to colonoscopy hubs.
2. **Integrate Molecular Diagnostics into Public Care :** ensure MSI/MMR and RAS/BRAF testing are routinely available for advanced CRC through hub-and-spoke labs and public reimbursement.
3. **Ensure Equitable Treatment Access —** standardise availability of essential chemotherapy regimens in all public hospitals and negotiate pooled procurement or managed access for targeted and immuno-therapies.
4. **Adopt National CRC Clinical Guidelines :** adapt ESMO/NCCN guidance into tiered national standards & mandate regular clinical audits & outcome reporting.
5. **Scale Palliative & Survivorship Services —** extend community palliative teams, guarantee opioid availability and training, and develop survivorship programs (stoma care, rehab, psychosocial support).

CONCLUSION

With coordinated leadership and targeted investments, South Africa can leverage its clinical strengths to deliver equitable, evidence-based colorectal cancer care nationwide. Implementing a phased screening program, widening access to key diagnostics and therapies in the public sector, and embedding quality measurement will be central to improving early detection and survival — ensuring every South African has timely access to high-quality CRC care regardless of province or income.