ALGERIA

International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in **Colorectal Cancer Care** in Algeria

EXECUTIVE SUMMARY

Algeria is making initial progress in colorectal cancer (CRC) care through concentrated clinical capacity in major urban hospitals and growing interest in early detection. Still, important gaps exist in organised screening, timely diagnosis outside large cities, routine access to molecular diagnostics, and equitable availability of newer therapies in the public sector. Concentration of services in urban centres, cost barriers for patients, and inconsistent data capture limit population-level impact.

This policy brief reviews the current landscape and outlines strategic reforms to advance Algeria's CRC maturity from nascent pilots toward broader system development.

INTRODUCTION

Building on Clinical Strengths Amid Structural Gaps

As Algeria responds to an increasing non-communicable disease burden, CRC has begun to receive more attention from health authorities and academic centres. Tertiary hospitals provide surgery, endoscopy and oncology expertise, but these strengths are not yet translated into a consistent, country-wide approach to early detection, guideline-based treatment and survivorship.

With a **Level 2 — Developing** CRC maturity, Algeria can capitalise on existing clinical assets to expand phased screening pilots, strengthen diagnostics in the public sector, and reduce inequities through coordinated policy and financing action.

Algeria at Level 2 – Developing Colorectal Cancer Maturity Framework

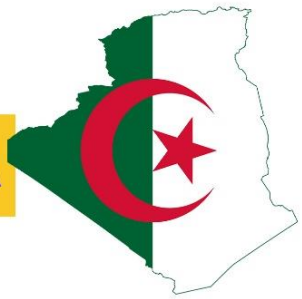
International Cancer Patient Coalition

COLORECTAL CANCER IN ALGERIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No routine national CRC screening; many cases diagnosed symptomatically at later stages; public awareness of CRC signs is limited.	Endoscopy and gastroenterology services exist in tertiary hospitals and university centres.	Launch phased FIT/FOBT screening pilots targeting ages 50–74 and high-risk groups; build clear primary-to-colonoscopy referral pathways; expand public awareness on symptoms and risk factors.
Biomarker & Molecular Testing	MSI/MMR and RAS/BRAF testing are available in a few private or academic labs but are not systematically accessible in the public system.	University pathology and molecular labs can act as regional hubs.	Establish a hub-and-spoke model for essential CRC molecular tests (MSI/MMR, RAS/BRAF); subsidise testing in the public sector and implement QA and turnaround targets.
Treatment Access	High-quality surgery and radiotherapy concentrated in major cities; basic chemotherapy available but access to targeted agents and immunotherapies in public hospitals is limited by cost and procurement barriers.	Experienced surgical oncology teams and cancer centres in Alger, Oran and other urban centres.	Standardise availability of core chemotherapy regimens across public tertiary hospitals; pursue pooled procurement or managed-access schemes for high-cost drugs; strengthen regional surgical referral networks and tele-mentoring.
Clinical Guidelines & Quality Standards	Fragmented guideline adoption; no single, uniformly implemented national CRC clinical pathway.	Several centres follow international protocols (ESMO/NCCN) which can be locally adapted.	Develop and adopt national CRC clinical guidelines with resource-tiered recommendations; deliver clinician training and institute routine audits and outcome monitoring.
Palliative & Survivorship Care	Palliative care and survivorship services vary by region and are stronger in urban areas; community palliative capacity is limited.	Existing oncology centres and civil-society actors provide models for expansion.	Integrate palliative care into oncology and primary care services; ensure opioid access and provider training; scale survivorship services (stoma care, nutrition, psychosocial support) regionally.

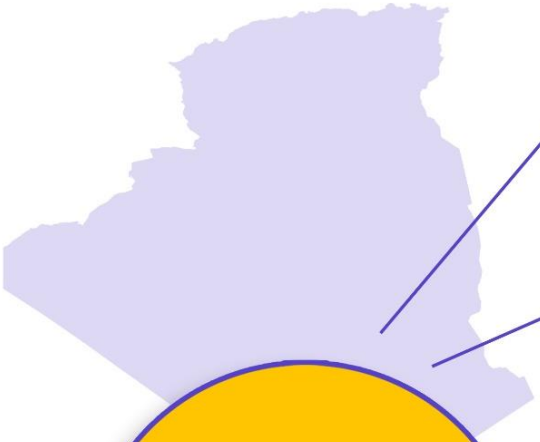
ALGERIA



International Cancer Patient Coalition

CONCLUSION & Call to Action

Algeria's CRC system is at a developing stage. Tertiary clinical strength offers a platform, but systemic reforms are required to expand access, standardise practice and integrate diagnostics and supportive care across the country. Priority actions include rolling out phased screening pilots, widening access to essential molecular diagnostics, ensuring equitable availability of core treatments, and embedding palliative and survivorship services into routine care. This is a call to action for the **Ministry of Health, regional health authorities, university hospitals, NGOs and private partners** to collaborate on a national CRC roadmap that balances quick, high-impact pilots (screening, lab hubs) with medium-term investments (workforce, procurement, registry improvements).



KEY POLICY PRIORITIES

1. **Launch Phased Screening Pilots —** start FIT/FOBT pilots in selected wilayas (governorates) with defined referral pathways to colonoscopy hubs.
2. **Expand Molecular Diagnostic Access —** implement hub-and-spoke MSI/MMR and RAS/BRAF testing with public subsidy and QA.
3. **Close the Treatment Gap —** ensure essential chemotherapy and surgical services are available across public tertiary centres; negotiate pooled procurement or managed-access for targeted agents.
4. **Adopt National Clinical Guidelines —** translate international guidance into resource-adapted national protocols and roll out clinician training and audits.
5. **Scale Palliative & Survivorship Services —** integrate community palliative care, ensure opioid availability & training, and establish survivorship clinics.

CONCLUSION

With coordinated leadership and targeted investment, Algeria can convert urban clinical strengths into structured, equitable CRC services nationwide. Prioritising phased screening, accessible diagnostics, standardised treatment pathways and strengthened palliative care will improve early detection and outcomes — helping ensure every Algerian has access to timely, quality colorectal cancer care regardless of location or means