



BRIDGING THE GAP

Strengthening Prostate Cancer Care in Rwanda

EXECUTIVE SUMMARY

Rwanda is in the early stages of developing prostate cancer care services, with minimal awareness programs, limited diagnostic capacity, and restricted treatment options. Care is concentrated in a small number of facilities, and most patients are diagnosed at late stages. Out-of-pocket costs and shortages of trained oncology professionals further limit patient outcomes.

This policy brief outlines the current landscape and provides strategic actions to advance Rwanda's **Level 1 – Nascent** prostate cancer maturity toward a coordinated, equitable, and sustainable care system.

INTRODUCTION

Addressing a Growing Cancer Burden with Limited System Readiness

Prostate cancer is emerging as a growing public health concern in Rwanda, especially as the population ages and life expectancy increases. However, the majority of cases are detected only when symptoms become severe, often at advanced stages. There is no national screening program, and PSA testing is largely unavailable outside of referral hospitals. Treatment capacity—particularly for radiotherapy—is extremely limited, forcing some patients to travel abroad for care.

With a **Level 1 maturity**, Rwanda's immediate challenge is to lay the foundation for an integrated national approach to prostate cancer detection, diagnosis, treatment, and survivorship.



Rwanda Ranks at Level 1 – Nascent Prostate Cancer Maturity Framework



PROSTATE CANCER IN RWANDA

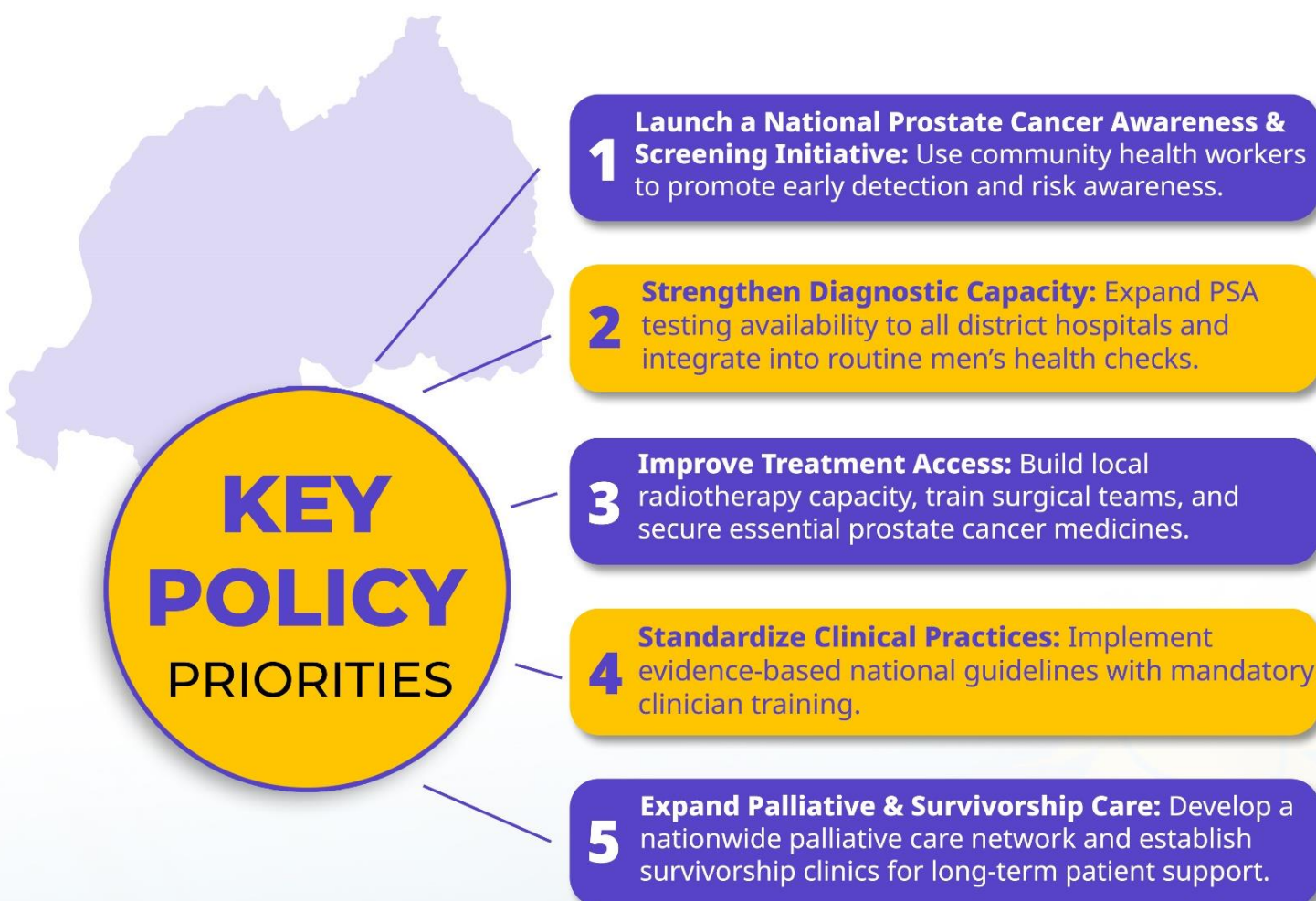
Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organized screening; PSA testing available only in limited referral centers; most patients present with advanced disease.	Presence of a national referral hospital with some urology services.	Develop and implement a national awareness and screening program targeting men aged 50+, integrating prostate health education into community health initiatives.
Biomarker & Molecular Testing	No routine biomarker or molecular testing; limited laboratory capacity.	Referral hospitals have potential to integrate testing with investment.	Establish public-private partnerships to introduce PSA and biomarker testing in regional facilities.
Treatment Access	Minimal availability of radiotherapy; surgical and hormonal therapy options limited; advanced cases often referred abroad.	Existing oncology services at Rwanda Military Hospital and Butaro Cancer Center.	Invest in local radiotherapy infrastructure, subsidize hormonal therapy, and expand surgical capacity for prostate cancer management.
Clinical Guidelines	No national treatment guidelines; care is based on clinician discretion or external protocols.	Growing oncology workforce trained in regional centers of excellence.	Develop and disseminate standardized national guidelines tailored to Rwanda's healthcare context.
Palliative & Survivorship Care	Limited palliative care capacity; services primarily urban-based; access to pain relief medicines restricted.	Rwanda's existing palliative care policy provides a policy framework.	Expand palliative care services to district hospitals, ensure morphine availability, and introduce survivorship support programs.



CONCLUSION & Call to Action

Rwanda's prostate cancer care is at **Level 1 – Nascent** maturity, with fragmented services and substantial unmet needs in detection, diagnosis, and treatment. Strategic, coordinated investment is urgently needed to establish foundational infrastructure and reduce the high mortality-to-incidence ratio.



CONCLUSION

Rwanda faces a rapidly increasing prostate cancer burden without the infrastructure to address it effectively. Most men are diagnosed too late for curative treatment, and many face financial or geographic barriers to care. Moving beyond **Level 1 – Nascent maturity** will require decisive policy action, sustained funding, and multi-sectoral collaboration. By focusing on early detection, strengthening diagnostic and treatment services, and expanding palliative care, Rwanda can transition toward a patient-centered system that improves survival rates and quality of life for men nationwide.