



# BRIDGING THE ACCESS GAP in HER2-Positive Breast Cancer Care in Ethiopia

## EXECUTIVE SUMMARY

HER2-positive breast cancer is a growing public health concern in Ethiopia, where the disease often strikes younger women and presents at advanced stages. While the government has initiated critical reforms—including the first national breast cancer guideline and expansion of treatment centers—access to HER2-targeted diagnostics and therapies remains minimal.

According to the global Maturity Framework for Cancer Care, Ethiopia ranks in the **“Foundational”** category, reflecting early-stage system development, severe infrastructure gaps, and profound inequities in access. Achieving the WHO’s 60% survival target by 2030 will require urgent investment in diagnostic capacity, affordable biologics, national awareness, and data systems.

## INTRODUCTION

Breast cancer is the most common cancer among women in Ethiopia, accounting for over 20% of all cancer cases and an estimated 9,000 deaths annually. HER2-positive disease, a biologically aggressive subtype, remains largely undetected due to limited biomarker testing. Access to trastuzumab and other targeted therapies is virtually nonexistent in public hospitals.

With more than 75% of patients diagnosed at Stage III or IV and survival below 50%, Ethiopia urgently needs to close the gap between policy ambition and clinical reality. The government’s 2024–2028 Breast Cancer Guideline and expansion of regional oncology centers are promising—but implementation must accelerate.

## CURRENT FRAMEWORK/SITUATION

Ethiopia’s public oncology system is in transition. Three hospitals currently offer radiotherapy, while chemotherapy and surgery have been decentralized to 24 public facilities. However, HER2 testing is only available in a handful of labs, with long delays, reagent shortages, and quality concerns. Trastuzumab is not routinely available; it must be purchased privately at prohibitively high costs (>USD 10,000/year). Screening efforts are opportunistic, and there is no national reimbursement scheme for cancer care.

NGOs and international donors support pilot programs, but without scaled national coverage. A coordinated strategy is essential to ensure HER2-positive patients are no longer left behind.



# HER2 BREAST CANCER IN ETHIOPIA

## Key Issues Table and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Yes, Ethiopia has launched regional oncology centers beyond Addis Ababa...	...but diagnostic and treatment services remain highly centralized and limited in scope.	Fast-track construction and staffing of new centers and enable mobile diagnostic units.
Access to Treatment	Yes, basic surgery and chemotherapy are expanding across public hospitals...	...but trastuzumab is unaffordable and not available in public facilities.	Negotiate biosimilar procurement and explore cost-sharing models with donors and pharma.
Research & Innovation	Yes, Ethiopia has joined international oncology training and data initiatives...	...but local HER2-specific research and outcome data are lacking.	Fund national HER2 registries and incentivize operational research through public-private partnerships.
Awareness & Education	Yes, NGO-led pilot campaigns have reached urban communities...	...but national breast cancer awareness remains limited, especially in rural areas.	Embed breast health education into primary care and expand community health worker outreach.
Survival Rates	Yes, early-stage patients receiving full treatment have >80% survival...	...but 75–80% present at late stages, and HER2+ patients lack targeted therapy.	Monitor HER2-stratified survival and invest in community-based early detection.
Early Detection & Palliative Care	Yes, opportunistic screening via clinical exams is increasing...	...but no national screening program exists, and palliative care is scarce outside Addis Ababa.	Scale community-based screening and integrate palliative services into district hospitals.
Biomarker	Yes, HER2 testing is available at select hospitals...	...but fewer than 20% of patients receive testing due to cost, access, and quality issues.	Mandate HER2 testing in national protocols and subsidize reagent supply and training.
Clinical Guidelines	Yes, Ethiopia launched its first national breast cancer guideline in 2024...	...but many facilities lack the tools to implement it, and awareness is still limited.	Disseminate simplified guideline tools and conduct cascade training across all regions.
Reimbursement	No, Ethiopia has no national insurance covering cancer diagnostics or drugs...	...leading to catastrophic out-of-pocket expenses or treatment abandonment.	Pilot public financing schemes for essential diagnostics and explore donor co-financing for HER2 therapies.
Screening	Yes, pilot projects have screened tens of thousands of women...	...but coverage is low and limited to a few districts.	Formalize a national screening plan using clinical breast exams and targeted ultrasound triage.





## CONCLUSION

HER2-positive breast cancer in Ethiopia is both underdiagnosed and undertreated—despite promising policy frameworks now in place. The challenge is no longer awareness among decision-makers, but implementation across all levels of the system. Unless HER2 testing and trastuzumab become accessible through public-sector channels, survival gaps will widen. Donor support, public-private partnerships, and targeted budget allocations are needed to operationalize Ethiopia's guideline commitments and ensure HER2-positive women are no longer excluded from lifesaving innovation.



**1** Ethiopia has a national breast cancer guideline—but HER2 care remains largely theoretical.

**2** Most HER2+ patients are not tested or treated—biologic access is nearly nonexistent.

**3** HER2-positive disease is biologically aggressive—yet current survival outcomes remain far below global targets.

**4** A strategic financing plan is essential—relying on out-of-pocket spending will continue to exclude the majority.

## CALL TO ACTION

- **Ensure HER2 testing is integrated and subsidized** at all regional cancer centers and referral hospitals.
- **Secure trastuzumab biosimilars through pooled procurement** and build a tiered subsidy program with external partners.
- **Expand training for pathology staff and standardize IHC protocols** with external QA support.
- **Develop a national HER2-positive cancer registry** to inform real-world policy and access planning.
- **Scale opportunistic screening and early detection outreach**, especially in rural and underserved areas.