



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Rwanda

EXECUTIVE SUMMARY

Rwanda's colorectal cancer (CRC) response is at an early, nascent stage. Clinical and diagnostic services for CRC are highly centralised in a few tertiary centres; routine screening programs are absent; public awareness of CRC symptoms and risk is low; and access to pathology, endoscopy and systemic oncology services is very limited outside Kigali.

Immediate, foundational steps are required to establish basic detection, diagnostic and treatment capacity, build referral pathways, and integrate palliative care into existing primary and secondary care platforms.

INTRODUCTION

Laying the foundations amid constrained capacity

Rwanda has made strong gains in primary-care coverage and health system organisation, but CRC has not yet been a national priority. Existing hospital and community health systems provide a platform for rapid, low-cost initial interventions: awareness raising, basic diagnostic strengthening (histopathology), simple referral protocols and introduction of pilot FIT/FOBT screening in selected districts.

With focused investment and partnerships, Rwanda can create the essential building blocks needed to move from **Level 1** toward a structured CRC programme.





COLORECTAL CANCER IN RWANDA

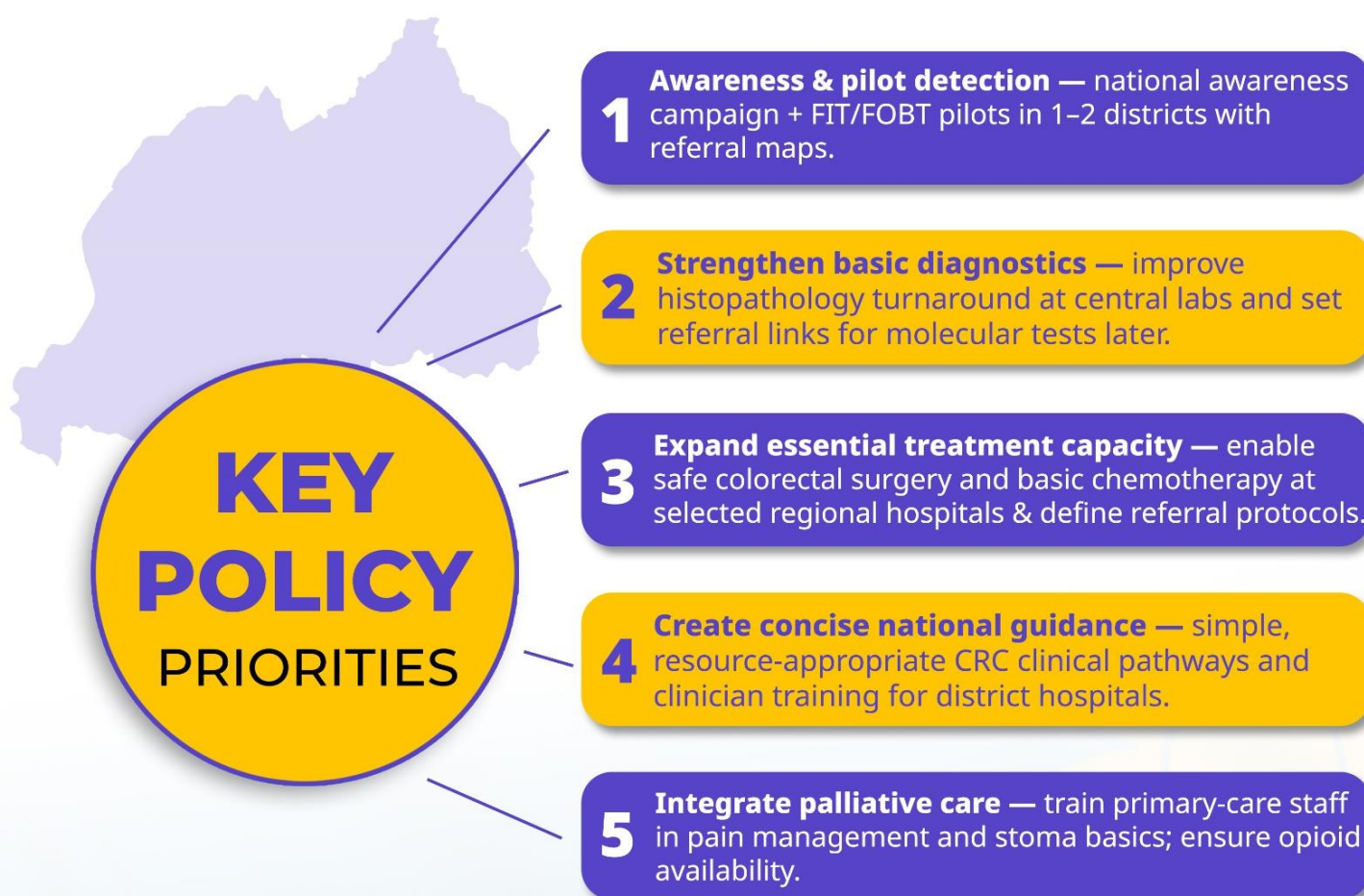
Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organised population screening; most CRCs detected symptomatically at advanced stages; public awareness low.	Strong community health worker network and high primary-care contact rates.	Launch targeted awareness campaigns; pilot FIT/FOBT screening in 1–2 districts linked to clear referral pathways; train primary-care workers to recognise red-flag symptoms.
Biomarker & Molecular Testing	No routine molecular testing (MSI/MMR, RAS/BRAF); histopathology capacity limited with long turnaround times.	Central pathology laboratory resources at national referral hospitals that can be strengthened.	Prioritise reliable histopathology turnaround as first step; plan phased referral model for molecular testing with external partnerships; secure training and basic equipment upgrades.
Treatment Access	Surgery and basic chemotherapy available only in tertiary centres; radiotherapy not widely accessible; advanced systemic therapies unavailable in public sector.	Centralised surgical expertise in national referral hospitals.	Expand basic surgical and chemotherapy services to regional referral hospitals where feasible; standardise simple, safe chemotherapy regimens; set referral pathways for complex cases.
Clinical Guidelines & Quality Standards	No national CRC clinical pathway; practice varies by facility.	Existing national clinical governance mechanisms and NCD frameworks can incorporate CRC.	Develop concise, resource-appropriate CRC guidelines (triage → diagnosis → basic treatment → palliative care); disseminate and train clinicians at district-level hospitals.
Palliative & Survivorship Care	Palliative care services limited to a few centres and NGOs; survivorship support minimal.	Active community health worker programmes and some palliative initiatives that can be scaled.	Integrate basic palliative care into primary and district hospitals; train clinicians in pain management and basic stoma care; ensure essential opioid policy and supply.



CONCLUSION & Call to Action

Rwanda's CRC care is in its early stages, with the priority on building core capacity—awareness, pathology, basic screening, decentralised surgery and chemotherapy, and integrated palliative care. The Ministry of Health, Rwanda Biomedical Centre, hospitals, district teams, NGOs, and partners should work together on a time-bound starter package that delivers fast, equitable improvements.



CONCLUSION

At Maturity **Level 1**, Rwanda should focus on low-cost, high-impact foundational steps: awareness, basic diagnostics, pilot screening with guaranteed referral, decentralised essential treatment, and palliative integration. These measures will create the “plumbing” needed for later-stage investments in expanded screening, molecular diagnostics and advanced treatments — setting Rwanda on a realistic path to higher CRC maturity.