



Algeria

Population: 44.9 million ⁽²⁰²²⁾
 GDP per capita: USD 4,342 ⁽²⁰²²⁾
 Life expectancy: 76 years ⁽²⁰²¹⁾
 Total health expenditure: 5.5% of GDP ⁽²⁰²¹⁾
 Source: World Bank

Breast cancer

- Breast cancer represents the most prevalent form of cancer among women in Algeria, accounting for **43%** of all new cancer diagnoses and **30%** of all cancer-related deaths in women.
- Breast cancer tends to be diagnosed at an earlier age in the Middle East and Africa (MEA) region than in Western countries, approximately 10 years earlier. In 2022, 86% of cases in Algeria were in women below the age of 65.

9 out of 10 women diagnosed with breast cancer in Algeria are under 65 years.



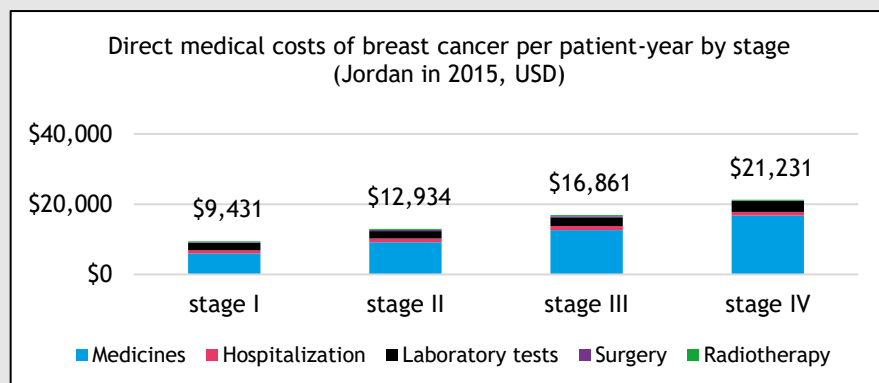
Health system and governance of breast care

Description

- Around **90-98%** of the population is covered by compulsory public insurance, but out-of-pocket expenses are still necessary for most medical services due to low reimbursement rates. Uninsured individuals face full medical costs. Long waiting times for appointments in the public sector often push patients to opt for private care, which requires full payment unless covered by private health insurance, which is rare.
- Breast cancer patients covered by Caisse Nationale des Assurances Sociales (CNAS) and Caisse Nationale de Sécurité Sociale des Non-Salariés (CASNOS) have access to free care within the public health care system, which includes surgery, radiation therapy, and medicines. **However, diagnostic evaluations like mammography and biopsies are paid for by the patient and only partially reimbursed.** Full coverage applies only after an official diagnosis of breast cancer is made.
- Recent developments have seen the Ministry of Health introduce a specialized unit, the "Cellule d'accueil" in many oncology centers, especially in newer ones. This unit is designed to expedite the scheduling process for radiology or biopsy procedures, ensuring patients receive prompt appointments and helping to reduce diagnostic delays.

The Algerian public authorities have been proactive in enhancing the country's cancer care infrastructure, including the establishment of a national cancer agency and increased funding for cancer management. In 2024, an extra 30 billion dinars were designated for the National Fund for Cancer Control, underscoring this dedication.

- Around half of the economic burden associated with breast cancer comes from indirect costs, which include productivity losses due to working-age patients' inability to work, either temporarily or permanently, or premature death. This burden is especially acute in the MEA region, where breast cancer presents about a decade earlier than in Western countries.
- The direct medical costs for breast cancer treatment escalate with the stage at diagnosis. For instance, treating late-stage breast cancer in countries similar to Algeria, such as Jordan, can be more than twice as costly as treating early-stage breast cancer, underscoring the critical value of early detection to reduce the economic burden.



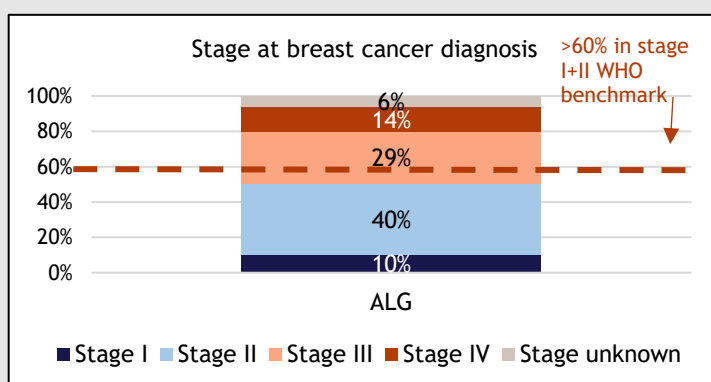
Main recommendations

- Address the lack of specialized breast cancer clinics, for instance, by upgrading existing clinics and continuing to prioritize the deployment of mobile clinics.
- Enhance breast cancer care by increasing investment, such as raising the reimbursement rates for diagnostic services by CNAS/CASNOS.
- Emphasize and strengthen the participation of patient organizations in the decision-making processes.
- Prioritize downstaging of breast cancer at diagnosis to reduce the economic burden of breast cancer.
- Integrate evaluation measures on the National Cancer Plan to assess progress over time.

Early detection

Main challenges

- Early detection faces significant challenges in rural and semi-rural communities, marked by:
 - ❖ a cultural reluctance to discuss the disease,
 - ❖ fear of diagnosis,
 - ❖ and the potential social repercussions of a cancer diagnosis on family dynamics.
- These issues are exacerbated by a lack of adequately trained primary care workers and low health literacy, leading to delays in seeking medical care. Studies in Algeria have confirmed these delays, with a notable range in the time from the onset of symptoms to the first medical consultation, underscoring the need for improved education and health care practices in these communities.
- As of 2023, a comprehensive nationwide screening program for breast cancer has yet to be fully established. Experts indicate that the current diagnosis rate through screening efforts is around **10-20%**. This contributes to **approximately 43% of breast cancer cases being diagnosed at advanced stages (stage III and IV)**. Only around half of cases are diagnosed in stage I and II, well below the WHO GBCI target of 60%.



- There is no established or widely agreed-upon set of guidelines or procedures in place for conducting breast cancer screening within the country.
- Access to clinical genetic services in Algeria faces significant challenges, including high costs and lack of public insurance coverage, despite plans to introduce these services at the Centre Pierre et Marie Curie. **Local experts report long waiting times for genetic testing, often extending from 6 months to 1 year**, due to the limited availability of such services, confined to a single facility in the northern region.

Main recommendations



Continue implementing community engagement and education. For instance, engage men in the conversation with awareness sessions for entire families.



Consider population-based screenings, involving mammography or clinical breast examinations for asymptomatic women.



Implement structured guidelines for the breast cancer screening process. This would help women navigate the health care system more easily.



Improve access to BRCA1/2 tests and genetic counseling to identify and follow-up women carrying mutations.

Diagnostic services

Main challenges

- Local experts have observed improvements in geographical accessibility to breast cancer centers and diagnostic equipment like mammography and ultrasound across the country, leading to shorter delays in receiving a diagnosis in recent years. However, significant challenges persist, including:
 - ❖ long waiting times for appointments, which can range from **1 to 2 months**,
 - ❖ disparities between the private and public sectors in terms of waiting periods for diagnostic tests. While the private sector offers quicker access to services like MRI and bone scans, resulting in a diagnosis within **1 week**, the public sector faces delay of up to **3 months** for a comprehensive diagnosis due to prolonged waiting times in radiology and pathology.
 - ❖ geographical barriers remain for accessing certain technologies, such as MRI, requiring some women to travel to other regions for these services.
- Key challenges in breast cancer diagnosis include a shortage of pathologists in smaller centers, significant out-of-pocket costs for tests in the private sector, and disparities in waiting times for diagnostic exams. **Public sector histological exams can take 15 to 20 days, whereas the private sector typically completes them within 7 days.**
- All histological samples are subject to ER/PR/HER2 testing in the public sector. However, access to newer biomarker tests and gene expression profiles remains limited or sometimes non-existent in the public sector. These advanced tests, crucial for accessing newer breast

Main recommendations



Invest in expanding health care facilities, including diagnostic centers, to accommodate more patients and reduce waiting times.



Explore the expansion of social security coverage to fully cover mammography expenses in the private sector.



Improve access to novel biomarker testing by subsidizing costs.

cancer medicines, are currently only available in the private sector, often resulting in significant out-of-pocket expenses.

Test	Access to biomarker testing in the public sector
Essential biomarkers (ER, PR, HER2, Ki-67)	Available for all
Gene expression profiles (Oncotype DX, Mamma Print, etc.)	Not publicly available
Newer biomarkers (PIK3CA, BRCA1/2, PD-L1, NTRK, dMMR/MSI-H, TMB-H)	BRCA1/2 and PD-L1 have limited public reimbursement while the rest are not publicly available



Develop and implement a standardized curriculum for breast pathology training to enhance the skills of pathologists and laboratory technicians.



Ensure quality control in pathology by accrediting laboratories and diagnostic centers.

Treatment

Main challenges

- There is a shortage of surgical oncologists due to the absence of specialized training programs in oncology surgery, leading to surgeries being performed by organ-specific surgeons rather than oncology specialists.
- Despite concerted efforts to establish and regularly update national clinical guidelines, including those for breast cancer, since the initiation of the National Cancer Plan in 2015-2019, some physicians still show reluctance to adopt new treatment according to local experts.
- The initiation of treatment usually proceeds smoothly. However, accessing radiation therapy in the public sector often experiences delays. Significant geographical disparities exist; for instance, **patients in the southern parts of the country may face waiting times of up to 6 months, while those in the eastern regions typically wait 3 months.** These delays are primarily due to the lack of available equipment and a preference among patients for treatment at larger, more congested centers.
- Recent financial efforts to fight cancer have led to significant investment in cancer medicines, with nearly half of the Central Hospital Pharmacy's budget dedicated to purchasing these medicines. However, challenges persist including:
 - ❖ **delayed regulatory approvals** that hinder the timely introduction of new and effective breast cancer medicines into the market, affecting their accessibility in both the private and public sectors,
 - ❖ and **limited reimbursement of newer breast cancer medicines** in the public sector for both early and metastatic stages.

Main recommendations



Organizing regular seminars for medical professionals to learn about new treatments advances.



Forge partnerships with international medical institutions to craft training programs in oncology surgery.



Improve availability of radiation therapy. Explore hypofractionated radiation therapy as a solution to complete radiation therapy courses more quickly and save resources.



Create awareness campaigns to highlight the advantages of seeking care in local facilities.



Enhance the availability of newer, effective cancer medicines by transitioning to a value-based and transparent health technology assessment process.