



Egypt

Population: 110.9 million ⁽²⁰²²⁾
 GDP per capita: USD 4,295 ⁽²⁰²²⁾
 Life expectancy: 70 years ⁽²⁰²¹⁾
 Total health expenditure: 4.6% of GDP ⁽²⁰²¹⁾
 Source: World Bank





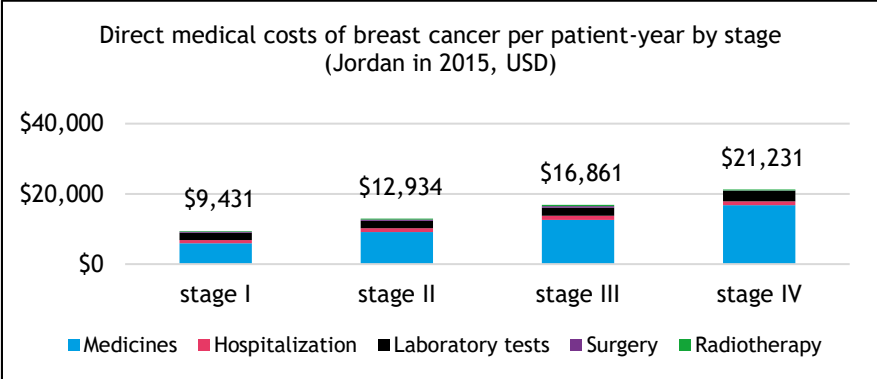
Breast cancer

- Breast cancer represents the most prevalent form of cancer among women in Egypt, accounting for **36%** of all new cancer diagnoses and **23%** 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, 82% of cases in Egypt were in women below the age of 65.




8 out of 10 women diagnosed with breast cancer in Egypt are under 65 years.






Health system and governance of breast care






Description	Main recommendations										
<ul style="list-style-type: none"> The country has set an ambitious target to achieve universal health coverage by 2030-2032. This nationwide initiative seeks to evolve the current fragmented system into a cohesive structure. Notable progress has been made, as of 2022, public insurance coverage expanded to encompass close to 70% of the population. Due to quality issues and long waiting times, patients who have the financial resources frequently choose private health care options. For individuals without insurance, MoHP facilities are accessible, with some services being complimentary while others require co-payments. 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 Egypt, such as Jordan, can be more than twice as costly as treating early-stage breast cancer, underscoring the critical value of early detection in reducing the economic burden. 	<ul style="list-style-type: none">  Prioritize an increase in public spending on health care more aligned with global standards.  Continue to evaluate the impact of the Women's Health Initiative on re-examination rates, stage distribution, treatment uptake, and health outcomes.  Continue prioritizing downstaging of breast cancer at diagnosis to reduce the economic burden of breast cancer.  Emphasize and strengthen the participation of patient organizations in the decision-making processes. 										
<p style="text-align: center;">Direct medical costs of breast cancer per patient-year by stage (Jordan in 2015, USD)</p>  <table border="1"> <caption>Direct medical costs of breast cancer per patient-year by stage (Jordan in 2015, USD)</caption> <thead> <tr> <th>Stage</th> <th>Total Cost (USD)</th> </tr> </thead> <tbody> <tr> <td>stage I</td> <td>\$9,431</td> </tr> <tr> <td>stage II</td> <td>\$12,934</td> </tr> <tr> <td>stage III</td> <td>\$16,861</td> </tr> <tr> <td>stage IV</td> <td>\$21,231</td> </tr> </tbody> </table>	Stage	Total Cost (USD)	stage I	\$9,431	stage II	\$12,934	stage III	\$16,861	stage IV	\$21,231	
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<h3>Egypt's Leap Forward in Breast Cancer Care</h3> <p>The Egyptian public authorities have been proactive in improving breast cancer care in Egypt. In July 2019, the country intensified its commitment to combating breast cancer by launching the "Women's Health Initiative". This initiative has successfully enabled over 20 million women to receive more than 35 million clinical breast examinations (CBE). As of the time of this report, more than 3,000 primary care facilities are actively participating in the campaign, ensuring that all eligible women can receive their CBE. The campaign also aims to improve access to treatment. Local experts have observed as an indirect effect of the campaign that patients who previously sought treatment in private or non-governmental centers are now gravitating towards the breast cancer campaign.</p>											

Early detection

Main challenges	Main recommendations
<ul style="list-style-type: none"> Numerous challenges persist for women in seeking medical attention upon experiencing symptoms. For instance, some studies have estimated an average delay of 4.4 months before seeking help. This delay is attributed to multiple factors, including: <ul style="list-style-type: none"> ❖ limited health literacy among women. It has been found that about 80% of women possess insufficient knowledge about breast cancer, including prevalent misconceptions regarding its incurability. ❖ a cultural lack of emphasis on prevention. ❖ a fear of receiving a cancer diagnosis, which hinders regular screenings and follow-ups. Factors within the health care system also impede early detection, although the Women's Health Initiative has helped mitigate them. Some of them are: <ul style="list-style-type: none"> ❖ Geographic obstacles can limit access to health care services, yet the Women's Health Initiative has improved accessibility in rural areas. ❖ The complexity of patient navigation and referral systems. ❖ The issue of primary care workers not being adequately trained to recognize warning signs of breast cancer has been partially mitigated through targeted training programs. <div data-bbox="92 745 1141 1019" style="background-color: #1a3d54; color: white; padding: 10px; margin: 10px 0;"> <p>By 2020, the Women's Health Initiative had screened 8.5 million women, a number that rose to 33 million by 2023. This period saw a substantial reduction in late-stage (III and IV) breast cancer diagnoses, dropping from 56% in the early 2000s to 2015, to 30% by 2023 among women diagnosed through the Initiative. The Initiative also achieved enhancements in radiology and pathology labs, and over 17,500 health care professionals were trained by February 2023.</p> </div> <ul style="list-style-type: none"> While the Women's Health Initiative has achieved considerable success, it encounters challenges, including the creation of benchmarks to monitor progress. This difficulty arises from the varied backgrounds of its participants, complicating the understanding of re-examination rates. Furthermore, the lack of a fully operational outreach system for consistent communication has made it challenging to sustain engagement with the population that had been screened. Ongoing efforts aim to improve access to comprehensive molecular testing, including next-generation sequencing and BRCA testing, across all areas of oncology. Collaborations with NGOs and the exploration of public-private partnerships are part of these efforts. 	<ul style="list-style-type: none">  Consider implementing a reminder system for upcoming screenings to improve preventive culture and increase retention rates.  Continue prioritizing the expansion of the Women's Health Initiative by including primary health care facilities in semi-urban and rural areas.  Enhance examination and re-examination rates for screening by hosting awareness sessions for entire families, including men.  Create unified and standardized data collection methods to capture data effectively, including segmenting data.  Explore potential subsidies for genetic testing costs for women with a family history of breast cancer through partnerships with international health organizations.

Diagnostic services

Main challenges	Main recommendations
<ul style="list-style-type: none"> The Egyptian government has provided financial support to facilitate the acquisition of mammography and ultrasound machines. Approximately 70 mammography machines are currently operational, with plans to purchase 100 more. The goal is to reach 350 mammography units by 2026-2027. The increasing number of women undergoing screening has led to a higher demand for diagnostic services, creating a shortage of skilled mammography technicians. Additionally, not all radiologists are proficient in interventional radiology procedures, which require both the interpretation of images and precise needle manipulation within the breast. Enhancing pathology laboratories has been a key focus within the Women's Health Initiative. A primary goal has been to enhance the reporting turnaround time for histopathology services. Efforts to achieve this include training programs for histopathologists and prioritizing external accreditation to ensure quality and consistency. One major challenge still is the lack of standardization in cancer reports. 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 cancer medicines, are currently only available in the private sector, often resulting in significant out-of-pocket expenses. 	<ul style="list-style-type: none">  Consider training radiographers in mammography interpretation or use telemammography to mitigate the shortage of radiologists trained in breast imaging.  Implement peer reviews and digital templates to improve the quality and standardization of histopathology reports.  Improve access to novel biomarker testing by subsidizing costs.

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.)	Limited public availability		
Newer biomarkers (PIK3CA, BRCA1/2, PD-L1, NTRK, dMMR/MSI-H, TMB-H)	Not publicly reimbursed		
Treatment			
Main challenges		Main recommendations	
<ul style="list-style-type: none"> Fragmentation in health care has made it difficult to develop consistent treatment guidelines, though initiatives aim to unify services akin to the NHS in the United Kingdom or the NCCN in the United States. Around half of patients have access to some form of neoadjuvant therapies when deemed necessary. However, some patient groups such as triple-negative breast cancer patients have limited systemic treatment options outside of chemotherapy. While becoming more common, multidisciplinary team meetings are not widely practiced across Egypt due to technical and economic barriers. International economic fluctuations and the devaluation of the Egyptian pound have impacted the cost of imported health goods, such as cancer medicines. The total count of radiation therapy machines does not meet international standards, leading to limited access and extended waiting periods in certain areas. Furthermore, the distribution of these machines is uneven, with nearly half situated in Cairo. This disparity forces patients from rural areas to undertake long journeys for treatment. A study from 2013 to 2015 showed that 80% of breast cancer patients, primarily from Cairo, struggled to afford their medicines. Although the Women's Health Initiative has likely improved the situation, there is still a need for better access to novel cancer medicines. 		<ul style="list-style-type: none">  Continue working towards common clinical practice guidelines.  Creating resource-adapted guidelines and utilizing telemedicine could improve the uneven adoption of multidisciplinary team meetings.  Invest in local manufacturing of medicines to reduce dependency on imports.  Explore hypofractionated radiation therapy as a solution to complete radiation therapy courses more quickly and save resources.  Continue prioritizing the availability of novel breast cancer medicines. 	