



Personalised Cancer Care Alliance Position Paper 2.0

October 2025

Prepared by



**Personalised
Cancer Care
Alliance**

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PREFACE 2025

The launch of the Personalised Cancer Care Alliance (PCCA) Position Paper in 2023 marked a pivotal moment for cancer advocacy in the Eastern Mediterranean Region (EMR). Developed under the leadership of the International Alliance of Patients' Organizations (IAPO), the paper introduced the Five Ps of Personalised Cancer Care: Predictive, Preventative, Participatory, Personalised, and Pre-emptive, as a framework for transforming cancer care and healthcare systems, and placing patients at the heart of policy and practice.

Recognising that advocacy must move from theory to practice, PCCA committed to testing its recommendations in real-world contexts. Two pilots were launched in 2024: Morocco was chosen as a Group B (country-level, middle-income) case study, and the Gulf Cooperation Council (GCC), as a Group A (regional, high-income) pilot. These initiatives were designed not only to showcase the adaptability of the Five Ps across diverse health systems, but also to strengthen the leadership role of patient organisations (POs) in shaping cancer control strategies.

Each pilot was preceded by a structured pre-assessment of patient organisations, followed by tailored capacity-building workshops. In Marrakech (January 2024), 12 Moroccan POs came together to strengthen advocacy, stakeholder engagement, and strategic planning, producing a national roadmap for personalised cancer care. In Dubai (November 2024), with the support of the Gulf Federation for Cancer Control (GFFCC), POs from the GCC co-created a regional activation roadmap focusing on health literacy, stigma reduction, early detection, access to advanced diagnostics, AI-driven advocacy, and unified regional standards.

This work, particularly the GCC pilot, complements and aligns with the WHO Framework for the Meaningful Engagement of People with Lived Experience (2023). By embedding lived experience and patient voices into the design of roadmaps and advocacy strategies, the pilots translated the framework's global principles into regional practice. This alignment demonstrates how civil society leadership in the EMR can accelerate the institutionalisation of lived experience as a driver of cancer policy and system change.

PREFACE 2025

The objective of writing the Morocco and GCC chapters is twofold:

- To showcase progress by documenting how the roadmap of the original Position Paper has been translated into action at national (Morocco) and regional (GCC) levels.
- To highlight impact by capturing success stories and lived experiences from patient organisations that demonstrate how the Five Ps can reshape cancer care, empower communities, and influence policy.

Together, these chapters testify that empowered patient organisations can move beyond service provision to deliver, measurable change. They not only provide evidence of progress in Morocco and the GCC, but create scalable models for other regions to embed patient voices and lived experience into cancer care reform.





Role of Moroccan Patient Organisations in Positioning Morocco as a Model for Regional Cancer Care Reform

Position Paper 2.0
October 2025

Prepared by



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EXECUTIVE SUMMARY

This chapter details Morocco's journey as a pilot country in the Personalised Cancer Care Alliance (PCCA), demonstrating the significant impact patient-led civil society can have on personalising cancer care. Selected to represent middle-income nations, Morocco implemented the Five Ps framework: Predictive, Preventative, Participatory, Personalised, and Pre-emptive, first introduced in the 2023 PCCA Position Paper.

Through a structured pre-assessment, a national capacity-building workshop in Marrakech (January 2024), and subsequent follow-ups, 12 Moroccan patient organisations demonstrated their potential to shape national cancer strategies. Led by Ms. Bahija Gouimi, founder of AMAL (Association des Malades Atteints de Leucémies), these organisations transitioned from traditional service providers to strategic partners in health governance.

The workshop equipped participants with skills in governance, communication, and policy advocacy, leading to the co-creation of a national advocacy priority list. This list emphasised building relationships with policymakers, enhancing communication strategies, leveraging patient narratives, and ensuring sustained engagement, marking a significant step in uniting the Moroccan patient movement around a shared agenda for change.

Moroccan organisations are actively applying the Five Ps through mobile outreach, peer-led navigation, psychosocial support, digital case management, home-based care, and participatory advocacy. Their future goals focus on expanding early detection, improving digital infrastructure, ensuring equitable access for rural populations, and integrating patient voices in policymaking.

Morocco now serves as a benchmark for other Group B countries, complementing the GCC regional pilot (Group A). These initiatives collectively illustrate how patient organisations can facilitate the integration of personalised cancer care into health systems across the EMR. Morocco's experience confirms that investing in patient leadership is essential for enhancing equity, quality, and dignity in cancer care.

INTRODUCTION

Following the 2023 PCCA Position Paper launch, two pilot projects were initiated to turn advocacy priorities into tangible action, each representing a different regional context. One was selected to represent Group A (high-income countries). Morocco was strategically chosen as the Group B (middle-income countries) pilot country under the Personalised Cancer Care Alliance (PCCA) initiative. This decision was grounded in Morocco's demonstrated commitment to cancer control through its established National Cancer Control Plan (NCCP), functional cancer registry, and vibrant network of patient organisations actively engaged in advocacy and service delivery. These foundational elements offered fertile ground to localise the Five Ps framework and explore its practical implementation in a middle-income setting.

The pilot's core strategy identified the specific areas where patient organisations (POs) would require capacity-building support to become more effective drivers of change within the healthcare system. To achieve this, a comprehensive pre-workshop assessment was conducted in late 2023 involving 12 cancer-focused POs across Morocco. The assessment evaluated organisational readiness, strategic planning capacity, advocacy experience, and alignment with the Five Ps framework. Findings highlighted both strengths and key growth areas, providing the evidence base to tailor the next phase.

These insights directly informed the design of a one-day national capacity-building workshop held in January 2024. The workshop equipped organisations with the practical tools and knowledge to strengthen their policy engagement, conduct stakeholder analysis, articulate advocacy messaging, and embed personalised cancer care principles into their work.

Post-workshop activities included framing key priorities and implementation. Patient organisations began applying learnings through structured follow-ups with the Ministry of Health, developing communication strategies, and deploying community-based interventions. These efforts transformed Moroccan patient organisations into key contributors to national cancer policy dialogues and localised care innovation. This chapter captures their journey and presents emerging success stories – showcasing how civil society leadership can drive real-world progress in personalised cancer care.

GLOBAL CANCER CONTEXT AND MOROCCO'S SITUATION

Cancer remains one of the most pressing global health challenges, with millions of new cases and deaths reported each year, according to the Global Cancer Observatory (GLOBOCAN). Morocco's cancer burden reflects these global trends. Among women, breast and cervical cancers are the most commonly diagnosed, while prostate and lung cancers are most prevalent among men. When considering both, the top three cancers by incidence are lung, prostate, and colorectal.

In 2022, Morocco recorded 63,609 new cancer cases, with breast cancer leading at 12,756 cases – representing approximately 20% of all reported cancers. Lung and colorectal cancers followed with 8,825 and 5,306 cases, respectively. Cancer-related mortality was similarly high, with an estimated 36,947 deaths that year, predominantly from breast, lung, and colorectal cancers.

These figures underscore an urgent need to strengthen Morocco's cancer response across the care continuum. Targeted prevention strategies, expanded screening programmes, and the integration of personalised treatment approaches are essential to address the rising burden and improve patient outcomes.



OVERVIEW OF THE MOROCCO LANDSCAPE AS OUTLINED BY THE PRE-WORKSHOP ASSESSMENT

The pre-workshop assessment conducted in late 2023 provided a snapshot of Morocco's healthcare landscape regarding personalised cancer care. Key strengths included a robust National Cancer Control Plan (NCCP), which offers a strategic foundation for tackling the cancer burden. Morocco also benefits from a functional national cancer registry, enabling collection and analysis of epidemiological data crucial for planning and policymaking. Furthermore, national screening programmes for breast and cervical cancers have improved early detection and timely intervention, particularly among women.

However, the assessment revealed significant gaps that limit the country's ability to fully implement the Five Ps framework. Patient involvement in cancer care planning and decision-making remains limited, which hinders efforts to tailor services around patient needs. Personalised treatment options are still in their infancy, with little integration of genomic data into routine care. The use of electronic medical records (EMRs) is minimal and fragmented, creating barriers to care coordination and data-driven clinical decision-making. While screening efforts for breast and cervical cancers are well-established, other high-burden cancer, such as colorectal and lung, remain under-addressed the national screening agenda.

These findings align closely with GLOBOCAN statistics and reinforce the urgency of targeted, systemic reforms. The assessment underscored the critical need to align Morocco's healthcare approach with the Five Ps – Predictive, Preventative, Participatory, Personalised, and Pre-emptive – as a pathway to advancing personalised cancer care. This alignment could close existing gaps and support a more responsive, equitable, and future-ready cancer care system.

CAPACITY-BUILDING WORKSHOP AND POST-WORKSHOP ACTION PLAN

A pivotal milestone in Morocco's personalised cancer care journey was the IAPO–PCCA national capacity-building workshop, held on 28 January 2024. This one-day event responded directly to the needs identified in the pre-workshop assessment and brought together twelve patient organisations from across the country.

The workshop was organised by the International Alliance of Patients' Organizations (IAPO) the Personalised Cancer Care Alliance (PCCA) in collaboration with local host Ms. Bahija Gouimi (President and founder of AMAL Association, CML Patient and Parent Group in Morocco), with the aim of strengthening civil society's role in shaping cancer policy and care.

Ms. Gouimi's leadership, vision, and longstanding commitment to patient advocacy in Morocco were central to its success. Her role went far beyond hosting; she was a driving force behind the workshop's planning, mobilisation, and strategic direction.

A teacher, writer, and President of the AMAL Association, Ms. Gouimi represents the Association of Patients with Leukaemia and has emerged as a key leader in Morocco's personalised cancer care ecosystem. Often described as a "hidden champion," she mobilised 12 patient organisations across the country and ensured meaningful collaboration with the Ministry of Health, WHO, and other key stakeholders.

Ms. Gouimi has spent years mentoring patient advocates, building partnerships, and amplifying patient voices through advocacy, education, and grassroots action. In Casablanca, she led wellness programmes, yoga sessions, and community sports events to support women living with cancer, while founding a training platform to empower patient partners. Her contributions extend beyond national borders through active involvement in regional workshops and international partnerships across the Arab world and Europe.

PROGRESS IN ACTION

Through her advocacy, she emphasises the importance of early diagnosis, national cancer registries, and data-driven decision-making. Her efforts contributed to the first edition of Morocco's cancer registry in 2023 and longstanding awareness campaigns addressing risk factors like smoking and inactivity. Bahija's message remains one of unity, perseverance, and hope: never stop the fight, raise awareness, and remain a voice for the voiceless.

The workshop offered practical training on goal setting, stakeholder mapping, strategic advocacy planning, resource management, and communication strategy design – each tailored to help organisations operationalise the Five Ps framework. A key outcome was individualised roadmaps developed by each organisation, outlining specific actions to advance personalised cancer care in their communities and regions.

A structured post-workshop activity was launched to support implementation and monitor progress. POs co-developed a priority list for advocacy with four core strategic areas:

- Building sustained relationships with policymakers, including the Ministry of Health, regional health delegates, and elected officials.
- Improving advocacy messaging and communication strategies using email, media, and social media.
- Leveraging patient stories to raise awareness and humanise the cancer experience.
- Developing follow-up and evaluation plans within patient organisations to track milestones, measure impact, and ensure accountability.

By October 2024, over 90% of the organisations had initiated policy outreach and established follow-up mechanisms. Many also began sharing success stories across media and through direct advocacy.



HOW MOROCCAN PATIENT ORGANISATIONS ARE BRINGING THE FIVE PS TO LIFE

The post-workshop phase marked a turning point in how patient organisations engaged with the healthcare system. Equipped with tailored roadmaps, strategic messaging, and strengthened advocacy tools, these organisations began translating the Five Ps framework into concrete, community-driven interventions.

Each patient organisation pursued a unique path aligned with local needs, whilst all shared a common vision: to make personalised cancer care more accessible, equitable, and centred on patients' lived experiences. From strengthening early detection through mobile outreach, to embedding genomic literacy in awareness campaigns, these efforts brought the Five Ps out of the policy paper and into practice.

The following success stories illustrate how civil society leadership is shaping a new era of cancer care in Morocco. These examples demonstrate innovation and adaptability, but also the power of community-rooted action to influence systems, policies, and outcomes.





CANCER AND US ASSOCIATION

Location: Mohammedia (between Rabat and Casablanca)

Established: November 2005

Founder: Mohamed Charrouk

Focus: General oncology, emphasising breast and cervical cancer

Initiative: Cancer Is Just a Chronic Disease, Nothing More.

Facebook page

Approach

Founded by cancer survivors, the association reframes cancer as a manageable condition rather than a life-ending disease. Drawing inspiration from Charrouk's memoir *Me and Cancer* (2015), it employs a peer-led model, with survivors and families offering psychosocial support, advocacy, and education. The association also promotes the importance of healthy lifestyles and screening.



FIVE Ps IMPLEMENTATION

Participatory

Cancer and Us empowers patients and families to take active roles in their cancer journeys. By sharing lived experiences in seminars, hospital visits, and community events, it tackles stigma and provides hope. Volunteers—often survivors themselves – offer mentoring and emotional support. Patients' voices are placed at the centre of public dialogue to help ensure that support is grounded in authentic perspectives and community realities.

Personalised

Recognising that no two cancer journeys are alike, the association offers support in hospitals or at home adapted to each patient's emotional readiness, cultural background, and social situation. Remote contact through phone calls and social media ensures continued access for those in rural areas. By blending psychosocial support with personalised advocacy, Cancer and Us bridges the gap between standardised medical treatment and lived experience.

Preventative

The association promotes early detection and healthy living. Women over 45 are encouraged to undergo screening for breast and cervical cancer, and to recognise physical changes through self-examination. Awareness campaigns promote balanced diets and healthy lifestyles, whilst tackling stigma and misinformation.



FIVE Ps IMPLEMENTATION

Results

Patients report reduced stigma and greater confidence in sharing experiences. Many say they overcome fears previously linked to cancer, finding reassurance in survivor-led support.

Lessons Learned

Early detection through screening is crucial. Survivor-led engagement helps patients feel less isolated and empowered to speak openly. Peer support bridges gaps in the healthcare system by addressing stigma and psychosocial needs.

Future Plans

Priorities include expanding membership, securing public funding, and strengthening collaboration with healthcare professionals in private clinics, laboratories, and medical practices.



NABD-BC2 ASSOCIATION

Location: Kenitra

Established: January 2022

President: Dr. Ikram Esegbir

Focus: Support for all cancer patients, especially breast and women's cancers

Initiative: Promoting Meaningful Engagement of People Living with Cancer

Website

Approach

Founded by cancer survivors, the association reframes cancer as a manageable condition rather than a life-ending disease. Drawing inspiration from Charrouk's memoir *Me and Cancer* (2015), it employs a peer-led model, with survivors and families offering psychosocial support, advocacy, and education. The association also promotes the importance of healthy lifestyles and screening.



FIVE Ps IMPLEMENTATION

Participatory

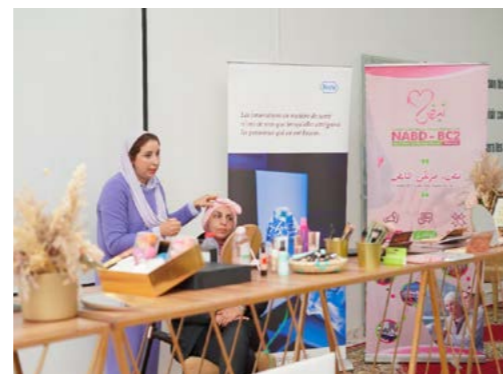
The association ensures that patients and survivors are active leaders in shaping cancer advocacy. Four members enrolled in the University Diploma in Patient Partnership in Oncology (DUPPC), generating evidence-based research presented at the World Cancer Congress 2024 in Geneva and published in the WCC e-Library. Survivors co-lead programmes, mentor peers, and amplify grassroots voices at national and international health policy dialogues, including WHO forums. NABD-BC2 bridges local lived realities and policy spaces traditionally closed to patients. Its founder was selected by WHO EMRO to represent patient advocates at the 78th World Health Assembly Side Event on Women's Cancers in May 2025.

Personalised

The association works to integrate patient realities into cancer strategies, ensuring that policies respond to the complex medical, social, and emotional challenges of the disease. Programmes focus on survivor testimonies, patient navigation, and academic collaboration. The DUPPC participation generated evidence of how tailored knowledge-sharing enhances advocacy, with findings recognised as a replicable model for advancing meaningful engagement in low-resource settings.

Preventative

NABD-BC2 actively promotes prevention as a core pillar of its work, integrating awareness and early detection into broader advocacy. Campaigns target breast and cervical cancer, raising awareness of the importance of screening and early intervention. The association integrates preventive strategies into national dialogues and aligns them with patient engagement frameworks.



FIVE Ps IMPLEMENTATION

Results

NABD-BC2 has influenced cancer policy nationally, regionally, and globally by embedding meaningful engagement into strategies and frameworks. Strategic Ministry engagement includes initial contact, workshop participation and the Tétouan 2025 event coordination, which received high-level endorsement from Dr. Loubna Abousselham (Ministry of Health) and Dr. Awatef Belakhel (WHO Morocco). This recognition has strengthened the organisation's legitimacy and visibility whilst positioning the country as a leading voice in regional cancer advocacy.

Lessons Learned

Sustainable engagement requires enabling environments at national, regional, and global levels. Survivor-led advocacy demonstrates that lived experience is a transformative force in reshaping cancer care and policy dialogue. Embedding patient voices into health systems, however, depends on strong, multi-sectoral partnerships, institutionalised mechanisms, and reliable resources to ensure continuity. Lasting impact requires, collaborative efforts to build resilient structures that protect meaningful engagement from being tokenistic.

Future Plans

NABD-BC2 aims to consolidate existing partnerships and deepen collaboration with key stakeholders while expanding coalition-building to strengthen patient voices across Morocco and the Eastern Mediterranean. The association will scale its advocacy efforts, promoting person-centred cancer care as a policy priority and embedding lived experience into all levels of planning. Capacity-building for patient advocates will remain central, supported by documentation and dissemination of best practices to support knowledge transfer and replication. Securing sustainable funding will ensure the expansion and longevity of its initiatives while investing in programmes that empower civil society leaders.



BADR ASSOCIATION

Location: Sidi Kacem (a small, underserved city in north-central Morocco)

Established: February 2018

Founder and President: Aziza Bensalem

Focus: General oncology, emphasising breast cancer and leukaemia

Initiative: Together, We Build the Path to Success

Facebook Page

Approach

Badr Association delivers holistic, patient-centred cancer care based on early detection, psychosocial support, patient participation, and structural advocacy, especially for underserved communities. A women-focused initiative, survivors play an active mentoring role, reducing fear and stigma, while activities promote psychosocial well-being. Badr also tackles systemic barriers through advocacy, securing free transport for chemotherapy and radiotherapy patients to Rabat, organising blood donation campaigns, and pushing for health insurance inclusion. Operating without a formal office, it relies on community networks, creativity and solidarity to ensure continuity of care.

FIVE PS IMPLEMENTATION

Participatory

Badr creates a culture where patients, survivors, and caregivers are central to awareness and advocacy. Survivors lead peer support and public campaigns. Women-focused workshops, craft sessions, and recreational activities enable patients to support one another while rebuilding confidence and social ties. Partnerships with local authorities, schools, and civil society actors make cancer awareness and support a community-wide effort designed to challenge stigma and foster solidarity in underserved communities.

Personalised

The association provides tailored counselling, rapid referral to treatment centres, and tailored support. More than 1,000 women have benefitted from personalised guidance, practical navigation, psychological reassurance, and connection to specialised care. By blending medical, social, and emotional support, Badr ensures that patients in Sidi Kacem, many of whom face poverty and access barriers, receive dignified, compassionate care.

Preventative

Badr Association pursues a proactive strategy to reduce late diagnoses and improve access in Sidi Kacem, a city far from major oncology centres. Through collaboration with the Ministry of Health, it has secured free transportation for patients to Rabat's treatment facilities, ensuring continuity of care. Preventative action also includes school-based campaigns on healthy lifestyles. In response to systemic barriers, the association organises blood donation campaigns to address shortages, particularly for leukaemia patients.

FIVE Ps IMPLEMENTATION

Results

Over 2,000 women aged 30-69 have accessed breast cancer screening, whilst 500 students received nutrition education through Ministry partnerships. Blood donation campaigns have sustained local supply for leukaemia patients, and advocacy secured free transportation to Rabat and health insurance inclusion for vulnerable patients. Media engagement and policy dialogue with national stakeholders advanced personalised cancer care integration. Despite operating without physical offices, this community-led model ensures continuity of support.

Lessons Learned

Badr's experience demonstrates that awareness campaigns are fundamental: increased cancer literacy directly drives demand for personalised care services. Sustained funding is essential to maintain free screenings and treatments for those most in need, without which these vital services remain at risk.

Testimonial

“

Success isn't given; it's earned by hard work, persistence, and creating your own opportunities.

R.K.



CANCER WARRIORS ASSOCIATION

Location: Ouarzazate

Established: July 2020

Founder: Asmaa Amchmar, cancer survivor and creator of the "Warriors" WhatsApp group.

Focus: General oncology

Initiative: Contributing to Alleviating the Suffering of Cancer Patients

Facebook page

Approach

Cancer Warriors Association provides tailored support addressing patients' social, emotional, and medical needs. Dedicated nurses guide patients through the healthcare system while families receive economic and psychological support. Survivors lead peer support networks, sharing experiences to inspire resilience. Safe spaces specifically for children of cancer patients help them to process trauma, reduce school dropout and bullying, and receive medical and psychosocial support. Through its advocacy platforms, patients directly engage with local authorities on treatment access, early detection, and health coverage.



FIVE Ps IMPLEMENTATION

Participatory

The association empowers patients, survivors, and families to take active roles in advocacy. Survivors mentor newly diagnosed patients through peer-led support systems, while consultative sessions encourage patients to advocate for better treatment access, social protection, and early detection programmes. Through direct engagement with local authorities and formal proposals, the association has elevated childhood cancer as a public health priority. By positioning patients as active partners, this approach strengthens solidarity, reduces stigma, and builds collective resilience.

Personalised

Each cancer case receives individual evaluation, specific advice and tailored support. Committed nurses guide patients throughout their treatment journey, whilst emotional counselling, peer mentorship, and practical assistance address individual needs. Survivors provide empathic, guidance based on lived experience. The association ensures access to essential medicines through targeted efforts and addresses economic and psychological challenges affecting both patients and their children. This holistic approach treats medical, social, and emotional needs simultaneously, restoring dignity, building confidence, and addressing cancer's full impact on underserved communities.

Results

The association's interventions delivered measurable improvements in patient outcomes and health system responsiveness. Cancer-related mortality dropped from 40% in 2020 (2 out of 5 patients) to 2.97% in 2024 (3 out of 101 patients), reflecting early detection and follow-up care impact. Patient engagement increased with greater treatment acceptance, whilst screening campaign participation rose substantially. The association secured material support from local councils, enhancing service sustainability and facilitated direct patient advocacy with authorities on health coverage, and access to essential medicines.



FIVE Ps IMPLEMENTATION

Lessons Learned

Alleviating the suffering of cancer patients remains extremely difficult due to numerous systemic and practical challenges. Survivor-led peer support networks can reduce stigma and build collective resilience. Direct advocacy with local authorities can secure material support and improve health coverage access. Children of cancer patients require dedicated safe spaces and support to prevent trauma and educational disruption.

Future Plans

The association will unite efforts of all national cancer associations to create coordinated advocacy strategies. Direct collaboration with elected officials, policymakers, decision-makers, and health sector stakeholders will advance systemic reforms. Harmonising intervention levels and objectives across associations will amplify collective impact whilst reducing duplication. Expansion of child-focused support services will address broader family needs. Strengthening partnerships with healthcare providers will improve patient navigation and treatment continuity across underserved regions.



Patient and Family Testimonials

“

Before joining the association, I thought I was the only one with cancer and that I had to face all the suffering alone. But thanks to it, I met other patients and received psychological and social support that helped me confront the disease.

“

When my son got sick, I hid the news from everyone because I thought cancer was contagious. In the society I live in, cancer is seen as a punishment for those who deserve it. But thanks to the association, I was able to face my family and the outside world.

“

If it weren't for the association, I would have lost all hope.



SOUSS-MASSA CANCER FRIENDS ASSOCIATION

Location: Agadir

Established: December 2022

Founder and President: Hind

Focus: Primarily breast cancer, with outreach expanding to cervical cancer and broader women's health.

Initiative: From Pain to Hope

Instagram page

Approach

Souss-Massa Cancer Friends was founded by Hind following her personal journey with advanced-stage breast cancer. It is driven by the goals that no woman should fight cancer alone, and that suffering can be transformed into purpose. The association takes a comprehensive, community-based approach, integrating prevention and pre-emptive action. Focuses on early detection, health education, and reducing stigma, particularly in underserved rural areas. Survivorship is celebrated publicly, reinforcing the message that cancer is treatable and survivable, empowering women to take proactive steps for their own health.

FIVE Ps IMPLEMENTATION

Preventative

Hundreds of women in Agadir have received accurate, culturally sensitive information through awareness campaigns, particularly during Pink October and other key international dates. Mobile clinics provided clinical breast exams and cervical cancer tests, with many women accessing screenings for the first time. Financial barriers were removed for 35 women in urgent need, who were referred for free mammograms. Regular survivor celebration ceremonies reinforce health-seeking behaviour and demonstrate that early detection makes cancer manageable and survivable.

Pre-emptive

The association targets vulnerable populations in rural areas. Following field-based needs assessment, it secured a 400,000 MAD (~\$44,000 USD) grant from the National Initiative for Human Development (INDH) to implement a maternal and child health programme. Between May 2025 and April 2026, over 800 beneficiaries will receive integrated services combining cancer screening, antenatal care, and early childhood education. By providing support before women reach clinics, the programme addresses systemic healthcare barriers.

Results

Over 600 women received breast and cervical cancer screenings in 2024, with many accessing medical examinations for the first time. Financial partnerships enabled 35 women to access complimentary mammograms. Survivor celebration events reduced stigma whilst building community awareness. A 400,000 MAD (~\$44,000 USD) INDH grant was secured for a maternal and child health programme spanning 2025-2026, demonstrating capacity to attract sustainable funding for integrated services.

FIVE Ps IMPLEMENTATION

Lessons Learned

Culturally adapted awareness campaigns prove most effective when directly linked with accessible screening. Survivor visibility normalises early detection whilst fostering hope among patients and families. Field-based assessments are essential for identifying rural gaps and securing funding from governmental sources. Integrated services combining screening with maternal and child care improve participation whilst building trust among underserved populations.

Future Plans

Plans include expanding rural outreach through mobile clinics and community partnerships. The integrated screening programme will scale to reach over 800 beneficiaries across the region. Survivorship networks will be developed to promote peer support and resilience. Advocacy efforts will focus on securing sustained funding and policy support for long-term access to early detection and preventive care throughout Souss-Massa.

FIVE Ps IMPLEMENTATION



CANCER... WE'RE ALL CONCERNED

Location: Tétouan

Established: 2014

Contact: Mohamed Belkadi

Focus: General oncology, with an emphasis on improving access to services for cancer patients through innovation, communication, and local partnerships

Initiatives:

1. The Tétouan Communicative Days
2. A Comprehensive Digital Programme

Website

Approach

"Cancer... We're All Concerned" transforms cancer care through two flagship initiatives. Their comprehensive digital programme facilitates patient services and improves financial and administrative management. The Tétouan Communicative Days serve as a national-level coordination and capacity-building initiative.



Participatory

The Tétouan Communicative Days brought together 14 cancer-focused associations, fostering collaboration and dialogue with the Ministry of Health, WHO, and local oncologists. Patients, survivors, and civil society actors co-create recommendations, shaping policy and advocacy agendas. The digital system allows patients and families to submit requests, monitor progress, and contribute feedback. By linking grassroots engagement with high-level coordination, the association ensures that survivors are central to decision-making.

Personalised

The digital platform tracks patients' medical, social, and financial needs in real time. Urgent cases are escalated within minutes to volunteers and healthcare providers, ensuring rapid, tailored responses. Patients receive support ranging from medication and diagnostics to transport and accommodation. The integration of digital tools enables equitable access, prioritising those most in need.

Pre-emptive

The association uses epidemiological and registry data to anticipate community needs and optimise screening campaigns. Awareness programmes, informed by survivor experience, encourage early cancer detection and healthy lifestyle choices, particularly for women and rural populations. By combining digital tracking with community mobilisation, the association anticipates treatment demand and prevents bottlenecks, drastically reducing delays. Proactive engagement connects patients with early diagnostic services while embedding lessons from previous cases to strengthen preparedness.



FIVE Ps IMPLEMENTATION

Results

The organisation streamlined patient services through its digital platform, registering over 370 patients and reducing request processing from five days to under 48 hours. The Tétouan Communicative Days produced ten actionable recommendations and established foundations for a National Cancer Support Network. Administrative efficiency and financial transparency improved, with instant connectivity to four partner healthcare institutions. Capacity-building reached 30 stakeholders.

Lessons Learned

Coordinated action amplifies impact and influence. Digital tools strengthen human-centred care but cannot replace personal engagement; real-time monitoring and personalised interventions remain crucial. Collaborative platforms embed survivor voices in national decision-making, whilst data-driven approaches enable proactive resource allocation. Integration of patients into planning ensures cultural relevance and responsiveness. Coordination between associations, health authorities, and global stakeholders enhances credibility. Continuous training and advocacy are essential to maintain momentum and reduce disparities across cancer care.

Future Plans

The association aims to scale its digital platform nationally, enabling real-time patient tracking and integration with service providers. Plans include formalising the national Cancer Support Network with representative governance and survivor participation in leadership committees. Priorities encompass expanding psychosocial support, strengthening public-private partnerships, and systematic monitoring of early detection programmes. AI-assisted analytics will optimise resource allocation. The goal is establishing a sustainable, participatory system that strengthens patient voice, reduces delays, and improves equity.

Association Quote



The Power of Lived Experience in Shaping Care

No voice is more genuine than that of someone who has lived the experience. An effective health decision starts with the patient, it doesn't end with them.



BASMA ASSOCIATION FOR CANCER PATIENTS (SEFROU)

Location: Sefrou Province, Fès-Meknès region

Established: 2021

Founder: Najia Lahmadi

Focus: General oncology

Facebook page

Approach

Basma Association operates in Sefrou, a region lacking specialised oncology centres and facing significant social and geographic inequalities. The association advocates for local oncology centre creation, organising awareness campaigns for early detection of breast, cervical, prostate, and lung cancers, and building partnerships to reduce treatment delays. It provides psychosocial support, financial aid, and tailored health programmes to mitigate late diagnosis impacts. By anticipating barriers, Basma ensures care reaches patients before crisis strikes, bringing treatment closer, faster, and more compassionately to underserved communities.



FIVE Ps IMPLEMENTATION

Pre-emptive

Basma's pre-emptive strategy addresses systemic healthcare gaps through proactive intervention. Bridging the gap where oncology services are absent, the association advocates for local treatment centre establishment whilst organising targeted awareness campaigns for breast, cervical, prostate, and lung cancer detection. Strategic partnerships reduce treatment delays, whilst psychosocial support and financial aid prevent crisis situations. By identifying and addressing barriers like geographic isolation, limited awareness, and financial constraints, Basma ensures timely intervention so that preventive, accessible care reaches vulnerable populations before emergency situations develop.

Results

Basma has achieved significant impact with over 250 active beneficiaries and more than 2,450 women reached through breast and cervical cancer awareness campaigns. The association initiated dialogue with public authorities regarding personalised care integration into health policies. Their awareness-focused approach proves that health education is the cornerstone for cancer prevention.

Lessons Learned

Awareness serves as the foundation of cancer prevention, with health education essential for early detection uptake. However, sustainable funding remains critical to ensure continuity of free screenings and accessible treatment.

Future Plans

Basma recognises that planned expansion, including permanent facilities and transportation, is vital for effectively supporting the province's underserved cancer patients. It aims to strengthen advocacy for the integration of personalised cancer care into national policy, and increase early detection and awareness campaigns.

Beneficiary Testimonial

“

It's not easy to wake up one day and learn you have cancer... but this association made the journey less lonely. It is the first of its kind in our province and offers more than services. It offers dignity.

R.Z., Breast cancer patient

ANA ROSE CANCER ASSOCIATION

Location: Agadir

Established: July 2023

Founder: Zahra Idrissi El Bouzidi

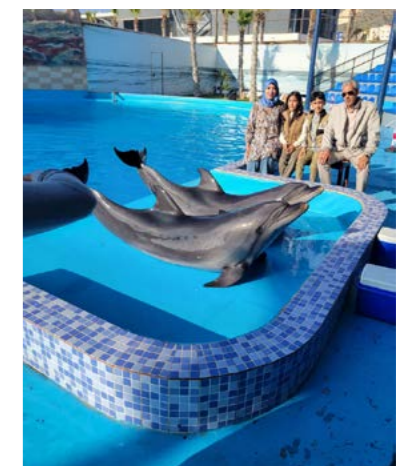
Focus: Primarily breast cancer. Smaller proportion of cases in uterine and ovarian cancers.

Initiative: Resilience is Life

Facebook page

Approach

Ana Rose Cancer Association is led by Zahra Idrissi El Bouzidi, a breast cancer survivor. The association transforms personal experience into collective action, establishing a survivor-led movement where patients become leaders and caregivers. Through peer-to-peer support, emotional guidance, group outings, and awareness campaigns like Pink October, the organisation reduces stigma whilst building solidarity. Active participation in national and international platforms, including IAPO events, ensures survivor voices shape strategy and impact, through a "patients supporting patients" model grounded in lived experience.



FIVE Ps IMPLEMENTATION

Participatory

Zahra's journey from fear and isolation to resilience catalysed this peer-driven movement. Alongside fellow survivors, she ensures patients are leaders, not merely beneficiaries. Through shared experiences, awareness campaigns including Pink October, and participation in national and international platforms such as IAPO events, the organisation reduces stigma whilst building solidarity and shaping organisational strategy.

Personalised

Ana Rose's approach addresses the emotional, psychological, and social needs faced by women with cancer. Therapeutic seaside retreats, safe dialogue spaces, and supportive group activities offer healing that acknowledges the fears and cultural realities of Moroccan women. Individualised peer mentorship ensures each woman's journey receives compassionate, tailored guidance.

Results

The association established survivor-led psychological support ensuring every newly diagnosed woman receives encouragement and hope during treatment. Active engagement in awareness campaigns occurs annually, whilst international networking through conferences has expanded advocacy reach and built supportive networks for women facing cancer diagnoses.

Lessons Learned

Patients can and should be empowered through survivor guidance and maintaining life activities. International networking strengthens local advocacy whilst shared experiences reduce isolation. Cultural sensitivity remains crucial when addressing Moroccan women's specific needs and barriers to seeking support.

Future Plans

The association's main priority centres on advocating for free and dignified cancer treatment, recognising that Moroccan patients cannot always afford treatment. Many unable to cover daily living costs face despair due to systemic neglect in under-resourced public hospitals and unaffordable private clinics. Championing accessible, free treatment for all patients will remain central. Expanding peer support networks and strengthening international partnerships to amplify advocacy efforts and share best practices across similar contexts.



MOROCCAN ASSOCIATION FOR CANCER

Location: Safi

Established: 2021

Founder: Mariam Elhatimi

Focus: General oncology, recently focused on breast and cervical cancers.

Initiative: Cancer does not kill... it can be the beginning of a new life filled with hope and transformation.

Facebook Page

Approach

Founded by cancer survivor Mariam Elhatimi, the Moroccan Association for Cancer transforms personal experience into collective empowerment. Operating in a city without an oncology centre, the association supports patients who travel over 250 km for treatment, helping them to navigate logistical, emotional, and systemic barriers. Mariam's professional development in cancer patient partnership, psychological coaching, emergency care, and social support ensures that each patient's unique needs are met. The organisation offers solidarity whilst empowering patients and survivors to become active agents of change.



FIVE Ps IMPLEMENTATION

Participatory

The association empowers survivors and patients to take active roles in advocacy, awareness campaigns, and community events through festivals, dialogues, and outreach activities breaking cancer stigma. Capacity-building training equips members with skills to lead initiatives, transforming patients from isolated individuals into recognised advocates shaping community cancer discourse. Empowerment programmes provide vocational training in cooking, pastry-making, sewing, and hairdressing with continued mentoring to help establish small businesses to challenge stereotypes whilst fostering independence.

Personalised

Tailored guidance meets each patient's emotional and social needs, helping navigate treatment pathways and cope with isolation. Patients travelling long distances receive logistical support whilst survivors provide peer mentorship. Training programmes adapt to individual interests and capacities, ensuring each woman receives skills suited to her strengths. Follow-up support sustains patients' independence and self-confidence after reintegration, focusing on dignity and empathy throughout the cancer journey.

Results

The association assisted patients travelling over 250 km for treatment with logistical, emotional, and peer support whilst empowering survivors to lead advocacy, awareness, and community events reducing stigma. Vocational training in cooking, sewing, pastry-making, and hairdressing with mentoring facilitated small business creation. Personalised guidance through psychological coaching, social support, and peer mentorship restored confidence and dignity, transforming patients into resilience role models. Professional development programmes equipped members with advocacy skills whilst community engagement challenged misconceptions about cancer patients' capabilities and potential.

Lessons Learned

Cancer care must extend beyond medical treatment to include social and economic reintegration. Patients can remain active and productive community members. Professional development and community-based approaches address isolation, especially in underserved regions. Skills training and small business development restore confidence and independence. Survivor leadership creates authentic peer networks that clinical care cannot replicate and positions them as role models spreading resilience and hope.

Future Plans

The association will expand empowerment programmes to reach more patients whilst strengthening small business creation support to ensure long-term independence. Advocacy and awareness campaigns will continue promoting early detection and reducing stigma through community engagement. Partnerships with regional healthcare providers will improve treatment access whilst maintaining focus on holistic support addressing medical, social, and economic needs.



Future Outlook: A Unified Civil Society Vision for Personalised Cancer Care in Morocco

As momentum from the PCCA initiative continues, Moroccan patient organisations are no longer calling for change, they are building it. Across cities, towns, and remote villages, associations led by survivors, caregivers, and community champions have articulated a bold, clear direction for the future of personalised cancer care. This future is not fragmented. It is unified in purpose, grounded in lived experience, and driven by the core belief that every patient deserves care that is timely, dignified, and tailored to their needs.

1. Scaling Personalised and Participatory Support Systems

Patient organisations envision a future where every cancer journey is guided by personalised support, whether through peer mentorship, tailored care navigation, or psychosocial interventions. Many organisations are investing in home-based care models, digital case management, and community-centred navigation services that respond to a patient's full medical, emotional, and social needs. Patients and survivors are not only recipients of care; they are becoming leaders, trainers, and decision-makers in shaping it.

2. Bridging Gaps Through Digital Innovation

Integrating digital platforms to improve operational transparency, reduce delays, and accelerate services is a key shared priority. With the introduction of AI-powered data dashboards for decision-making and real-time telesupport systems, associations are transitioning strongly to a tech-enabled environment. These technologies improve human connection rather than replacing it, facilitating faster, better decision-making for organisations and enabling patients in disadvantaged areas to receive support without physical barriers.

Conclusion

3. Expanding Preventive Education and Early Detection

Prevention and early detection remain the fundamental pillars of future work for all organisations. To raise cancer literacy and support proactive health behaviours, particularly among women and rural populations, organisations aim to step up their awareness caravans, media campaigns, and community activities. Building on survivor experiences and cultural sensitivity, these efforts will create an environment in which early screening is accepted and accessible.

4. Institutionalising Patient-Led Advocacy and Policy Inclusion

There is a growing demand to formalise the role of patients in governance from participation in health steering committees to co-creating local cancer strategies. Organisations are working together to establish a national patient-led network, develop a shared charter, and present united policy recommendations to the Ministry of Health and other institutions. The 2025 Tétouan Communicative Days marked a turning point, with 14 organisations aligning behind ten actionable policy proposals, including equitable access, early detection expansion, and patient voice integration in decision-making.

5. Reaching the Margins: Rural, Marginalised, and Underserved Communities

Future work will prioritise the most vulnerable. Mobile screening clinics, maternal and child health integration, culturally adapted materials, and transportation support are part of a coordinated effort to ensure no patient is left behind due to geography, income, or status. Organisations are empowering rural communities to lead their own cancer response.

6. Securing Sustainability and Long-Term Impact

To achieve all this, organisations agree that sustainable financing is essential. Many are seeking public-private partnerships, new donor relationships, and legal frameworks that recognise and support civil society's role in cancer care delivery. The future is not about one-off projects, it's about building permanent systems that support patients with dignity, year after year.

Morocco's experience with the PCCA pilot demonstrates how patient organisations can succeed as catalysts for systemic health reform. Moroccan cancer organisations are now co-creators of policy, service delivery, and societal change, far from being passive stakeholders.

These organisations are advancing a shared, inclusive vision for personalised cancer care that prioritises dignity, equity, from Asfi to Tétouan. Through their efforts, global frameworks have become local action, shedding light on what the Five Ps look like when driven by the communities they are intended to serve.

This chapter is more than a record of activities. It is a declaration that civil society, when properly equipped and empowered, can transform the future of cancer care. It calls on regional and international stakeholders to recognise and invest in the leadership of patient organisations not just as voices at the table, but as strategic partners in building resilient, people-centred health systems.





How GCC Patient Organisations are Positioning the Region as a Model for Patient-Centred Cancer Care

Position Paper 2.0
October 2025

Prepared by



**Personalised
Cancer Care
Alliance**

Executive summary

This chapter documents the collective experience of Gulf Cooperation Council (GCC) countries – Kuwait, Saudi Arabia, Qatar, and the United Arab Emirates, in advancing Personalised Cancer Care (PCC). It offers a regional perspective on how patient-led civil society can shape the future of cancer care. Building on the momentum of the 2024 PCCA–GFFCC Regional Workshop, the GCC represents high-income and rapidly developing health systems in applying the Five Ps framework for personalised care: Predictive, Preventative, Participatory, Personalised, and Pre-emptive, the pillars of the PCCA Position Paper launched in 2023.

Through structured capacity-building, collaborative dialogues, and cross-country engagement, GCC cancer patient organisations have demonstrated their ability to go beyond service provision and become strategic partners in healthcare reform. They are actively reducing stigma, improving psychosocial support, expanding awareness campaigns, strengthening partnerships with governments and universities, and integrating digital innovations to enhance patient outcomes.

The chapter highlights innovations such as psychosocial group therapy models in Saudi Arabia, digital booking and imaging systems in the UAE, survivor-led initiatives in Kuwait, and comprehensive cancer awareness and patient navigation programmes in Qatar. While readiness for PCC varies across the region, shared objectives include: embedding psychosocial care in national cancer strategies, broadening early detection programmes, integrating digital infrastructure, and expanding equitable access for underserved populations.

The GCC experience demonstrates how patient-led organisations are essential drivers of system-wide transformation. By localising the Five Ps framework within the Gulf’s health and cultural contexts, these organisations are complementing national cancer control programmes while shaping a unified vision for personalised cancer care that is innovative, sustainable, and patient-centred.

Introduction

A Brief History of Personalised Cancer Care in the GCC Before the 2024 Workshop

Before the 2024 Dubai workshop, efforts to advance Personalised Cancer Care (PCC) in the Gulf Cooperation Council (GCC) region remained largely fragmented and uneven across countries. Several patient organisations and cancer societies were active in providing awareness campaigns, psychosocial support, and advocacy for early detection. However, the concept of PCC guided by the Five Ps framework had not yet been systematically integrated into national cancer control strategies.

Some GCC countries had initiated important steps, such as incorporating cancer screening into public health programmes, organising events like Gulf Cancer Week, and establishing patient support clubs that fostered community engagement. However, access to advanced diagnostics such as genomic testing, biomarker integration, and personalised treatment pathways remained limited, often concentrated in specialised centres and not uniformly accessible to all patients.

The need for coordinated regional action led to Personalised Cancer Care Alliance (PCCA) Regional Workshop for Cancer Patient Organisations in the GCC. The workshop represented a pivotal moment to bring together stakeholders under the Gulf Federation for Cancer Control (GFFCC), establish a common roadmap, and accelerate the integration of PCC into national and regional health agendas.

PCCA Regional Workshop for Cancer Patient Organisations in the GCC

In November 2024, the Personalised Cancer Care Alliance (PCCA), in collaboration with the Gulf Federation for Cancer Control (GFFCC), convened a Regional Workshop for Cancer Patient Organisations in Dubai, United Arab Emirates. This gathering marked the first effort to unite patient organisations from across the GCC under a shared vision for advancing Personalised Cancer Care (PCC) in the region.

The primary purpose was to co-create a strategic roadmap that would empower patient organisations to drive PCC advocacy at both national and regional levels. Guided by the Five Ps framework, the workshop sought to align local priorities with broader regional health objectives, ensuring that patient voices were at the centre of policy and practice.

Participants included representatives from cancer patient organisations across all GCC countries, as well as key regional and international stakeholders such as the World Health Organization Eastern Mediterranean Regional Office (WHO EMR) and the Noncommunicable Disease Alliance Eastern Mediterranean Region (NCDA EMR). The event laid the foundation for a unified approach to tackling the unique challenges and opportunities surrounding PCC in the Gulf region.

Key Themes from the 2024 Workshop

Discussions revealed several overarching themes that would shape the region's approach to Personalised Cancer Care (PCC) in the years ahead. Participants collectively agreed on the importance of applying the Five Ps framework as the guiding foundation for all GCC initiatives.

One key theme was the urgent need to reduce stigma and improve health literacy. Stigma surrounding cancer was identified as a major barrier to early detection, open communication, and mental health support. Participants emphasised targeted public awareness campaigns, integration of health education into schools and workplaces, and active involvement of patient voices to challenge misconceptions.

Another central focus was enhancing access to personalised cancer care. This includes advocating for the inclusion of genomic testing and biomarker analysis in national cancer control programmes, ensuring equitable access to these services, and supporting healthcare professionals in integrating personalised approaches into treatment plans.

The workshop also highlighted strengthening local public-private partnerships. Patient organisations recognised the untapped potential of engaging businesses through Corporate Social Responsibility (CSR) initiatives, fostering collaborations with pharmaceutical and technology companies, and leveraging local media and public figures to amplify advocacy messages.

Outcomes from the 2024 Workshop

The workshop concluded with a clear set of tangible outcomes that laid the groundwork for a unified approach to advancing Personalised Cancer Care (PCC) across the Gulf Cooperation Council (GCC). Central to this was a collective commitment to implement the GCC Roadmap for 2025, structured around coordinated national and regional actions aligned with the Five Ps framework.

Participants agreed to conduct a GCC-wide situational analysis to assess levels of cancer awareness, identify gaps in health literacy, and evaluate the mental health needs of cancer patients and their caregivers. Results will inform both national strategies and the forthcoming GCC chapter of the PCCA Position Paper 2.0, ensuring that advocacy efforts are data-driven and context-specific.

Participants also committed to launching the Psychological Club, a regional initiative led by the GFFCC to provide mental health support and share best practices across member countries. This was complemented by plans for capacity-building programmes, including specialised training sessions on genomic data application in collaboration with the International Agency for Research on Cancer (IARC).

The workshop further cemented partnerships with key regional and international stakeholders. Collaborative efforts with the Noncommunicable Disease Alliance Eastern Mediterranean Region (NCDA EMR) will focus on issuing joint advocacy statements, while engagement with the World Health Organization Eastern Mediterranean Regional Office (WHO EMRO) will work toward institutionalising meaningful patient and caregiver participation in cancer policy development.

Priority Areas for the GCC

1. Reducing Stigma and Improving Health Literacy

- Address cancer-related stigma through targeted awareness campaigns.
- Integrate cancer and health literacy into school, university, and workplace programmes.
- Promote mental health awareness alongside cancer care education.

2. Enhancing Access to Personalised Cancer Care

- Advocate for inclusion of genomic testing and personalised care protocols in national health policies.
- Incorporate cancer biomarkers into national cancer registries.
- Support healthcare professionals in integrating personalised approaches into patient care plans.

3. Strengthening Local Public-Private Partnerships

- Engage businesses in Corporate Social Responsibility (CSR) initiatives supporting PCC and mental health services.

- Partner with the private sector (including pharmaceutical and tech companies) to fund research, awareness, and patient support.
- Collaborate with local influencers to amplify advocacy messages.

4. Mental Health Integration

- Establish the GCC Psychological Club as a shared regional platform for mental health support.
- Build capacity among patient organisations and healthcare providers to address psychological needs of cancer patients.

5. Regional Collaboration and Advocacy

- Conduct a GCC-wide situational analysis to identify gaps in awareness, literacy, and mental health services.
- Develop and finalise the GCC chapter in PCCA Position Paper 2.0.
- Partner with WHO EMR and NCDA EMR to institutionalise meaningful patient engagement and issue joint advocacy statements.

Purpose of the GCC Chapter

The GCC chapter of the PCCA Position Paper 2.0 captures, consolidates, and communicates the collective progress, priorities, and aspirations of cancer patient organisations across the Gulf Cooperation Council (GCC) in advancing Personalised Cancer Care (PCC). Building on the momentum generated during the 2024 PCCA-GFFCC Regional Workshop in Dubai, the chapter seeks to:

1. **Document the Current Landscape:** Provide an evidence-based overview of the status of PCC in GCC countries, including existing strengths, gaps, and opportunities, framed through the Five Ps model.
2. **Showcase Achievements:** Highlight successful national and regional initiatives led or supported by patient organisations, demonstrating the tangible impact of their advocacy and partnerships.
3. **Articulate Shared Priorities:** Present the agreed GCC-wide priorities and actions as outlined in the 2025 Roadmap, ensuring alignment with regional health strategies and international best practices.
4. **Promote Regional Collaboration:** Strengthen the role of GFFCC and patient organisations in fostering cross-border cooperation, knowledge sharing, and joint advocacy efforts within the GCC and beyond.

- 5. Inspire Future Action Serve as a strategic reference point for policymakers, healthcare providers, and civil society partners to commit to sustained and scalable PCC initiatives, with the ultimate goal of improving patient outcomes and quality of life.

The Five Ps Framework in the GCC Context

The Five Ps form the guiding principles for advancing Personalised Cancer Care (PCC) in the GCC, as adopted during the workshop.

Predictive

- Focus on utilising genomic testing, biomarker identification, and health data analysis to identify individuals at risk and enable early diagnosis.
- At the national level, Patient Organisations (POs) advocate for including genomic testing in health policies and integrating cancer biomarkers into national registries.

Preventative

- Promote awareness campaigns to reduce stigma and enhance health literacy, especially in schools, workplaces, and community settings.
- Encourage early screening and lifestyle modification programmes to lower cancer incidence.

Participatory

- Empower patients, caregivers, and communities to engage actively in their healthcare journey.
- Foster shared decision-making between patients and healthcare providers through targeted workshops and educational sessions.

Personalised

- Adapt prevention, diagnosis, and treatment plans based on individual characteristics, genetics, lifestyle, and social context.
- Advocate for national health systems to incorporate personalised care protocols.

Pre-emptive

- Anticipate future cancer care challenges, such as mental health needs or access barriers, and address them through proactive policy and service design.
- Examples include establishing a GCC-wide Psychological Club and building genomic data use capacity.

Collaborative Roadmap for GCC Patient Organisations: Advancing Personalised Cancer Care in 2025

The Collaborative Roadmap for 2025 provides a strategic framework for GCC patient organisations (POs) to collectively advance Personalised Cancer Care (PCC) through impactful advocacy, capacity building, and regional cooperation. Grounded in the Five Ps framework, the roadmap translates shared priorities into national and regional actions.

National Actions

The roadmap empowers POs across the GCC to adapt the agreed priorities to their specific country contexts. This ensures that advocacy efforts and initiatives directly respond to local challenges, healthcare structures, and cultural needs.

1. Reducing Stigma and Improving Health Literacy

Implement targeted awareness campaigns to challenge cancer-related stigma and promote accurate health information. Activities may include integrating cancer awareness into school and university programmes, workplace wellness initiatives, and community outreach. Efforts also address the importance of mental health in cancer care, ensuring patients and caregivers receive psychosocial support alongside medical treatment.

2. Enhancing Access to Personalised Cancer Care (PCC)

Advocate for the inclusion of genomic testing and cancer biomarker analysis within national health policies and insurance coverage. Support the integration of personalised care protocols into healthcare systems, enabling tailored prevention, diagnosis, and treatment plans based on patient-specific data.

3. Strengthening Local Public–Private Partnerships

Engage local businesses, corporate social responsibility (CSR) programmes, and influential community figures to support PCC initiatives. This may include funding patient support services, mental health resources, research activities, and awareness events, as well as amplifying advocacy messages through trusted public voices.

Regional Actions

The roadmap outlines initiatives to unify and strengthen PCC efforts across the GCC. These actions leverage shared resources, collective expertise, and strategic partnerships to address cross-border challenges and accelerate progress.

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Regional Actions

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GCC Initiatives

1. Situational Analysis on Cancer Awareness and Mental Health

Conduct a comprehensive GCC-wide assessment to evaluate current awareness levels, identify mental health needs, and address stigma and literacy gaps. Findings will inform future advocacy, policy, and programmatic priorities.

2. GCC Chapter of the Position Paper 2.0

Develop an updated regional chapter within the PCCA Position Paper to reflect GCC-specific priorities, integrating insights from the situational analysis and aligning with the Five Ps framework.

3. Psychological Club

Establish a regional platform, led by the GFFCC, to provide mental health support for cancer patients and caregivers, and to facilitate sharing of best practices among GCC countries.

4. Regional Capacity Building on Genomic Data

Organise targeted training for patient organisations and healthcare professionals to strengthen their ability to interpret and apply genomic data in personalised cancer care.

Regional Partnership Initiatives

1. NCD Alliance EMR Joint Statement

Collaborate with the NCD Alliance Eastern Mediterranean Region to develop and promote a joint statement advocating for the integration of PCC into noncommunicable disease strategies.

2. WHO EMRO – Meaningful Patient Engagement

Partner with the WHO Eastern Mediterranean Regional Office to institutionalise the meaningful engagement of patients and caregivers in cancer care policy development.

3. Public–Private Innovation Partnerships

Foster collaborations between patient organisations, pharmaceutical companies, and other industries such as technology to drive innovation, expand advocacy reach, and support sustainable cancer care solutions.

Progress in Action: How GCC Patient Organisations are Bringing the Five Ps to Life

Across the Gulf Cooperation Council, patient organisations are transforming the vision of Personalised Cancer Care (PCC) into tangible reality. Guided by the Five Ps framework, these organisations are tackling stigma, improving health literacy, advocating for advanced diagnostics, and strengthening psychosocial support for patients and caregivers.

The following success stories illustrate how grassroots leadership, cross-sector partnerships, and patient-led advocacy are driving measurable improvements in cancer care across the region. Each example reflects the unique cultural and healthcare context of its country, while contributing to a shared GCC-wide commitment to patient-centred, personalised approaches.



الجمعية الكويتية لمكافحة التدخين والسرطان
KUWAIT SOCIETY FOR SMOKING & CANCER PREVENTION

Kuwait Society for Smoking and Cancer Prevention

Location: Al-Qadisiya Area, Block 1, Kuwait

Established: 1980

Founder/President: Abd Alrahaman Alawady

Focus: General cancer prevention with emphasis on breast cancer

Initiatives:

- 1: “Stories of Hope” – Documenting Survivors’ Journeys
- 2: National Breast Cancer Awareness Strategy – “Pink October”
- 3: “Makeen Club” for Cancer Survivors

[Website](#)

Approach

The Kuwait Society is a public benefit organisation dedicated to reducing smoking, preventing cancer, and promoting healthier lifestyles. Through its Anti-Smoking Committee and Oncology Committee, the society raises community awareness, corrects misconceptions about harmful habits, and advocates for preventative measures. Its flagship National Cancer Awareness Campaign (KAN), launched in 2006, promotes early detection through phased strategic approaches. The society provides psychosocial support, builds strategic partnerships with health institutions, and advocates for sustainable national strategies in tobacco control and cancer care through comprehensive prevention, education, patient empowerment, and community well-being initiatives.



Five Ps Implementation

Predictive

“Stories of Hope” survivor testimonies highlight the crucial role of early screening, demonstrating how timely detection enables women to identify cancer at earliest stages. The Breast Cancer Strategy expands mammography access through free and discounted vouchers in collaboration with private hospitals and the National Programme for Early Detection of Breast Diseases. Community awareness campaigns educate women about early signs and guide enrolment in national screening services, ensuring broader participation in preventative care whilst building community-level risk assessment through lived experience.

Preventative

Stories of Hope contributes to Hayatona magazine, spreading prevention messages and raising awareness about healthy lifestyles. The Breast Cancer Strategy implements comprehensive media campaigns through television, radio, magazines, and social media, delivering educational messages reinforced by awareness exhibitions and seminars led by medical specialists. Informative brochures and advertisements ensure prevention and early detection messages reach diverse society segments, targeting younger populations in schools and universities.

Participatory

Patients and survivors remain central to decision-making, with lived experiences shaping programmes and outreach. Through Stories of Hope, survivors share journeys to influence awareness messages for communities and newly diagnosed patients. Within the Breast Cancer Strategy, survivors engage in awareness segments and media interviews, so their stories resonate widely. Makeen Club transforms personal experiences into community empowerment, with survivors leading psychological support sessions, ensuring interventions reflect patient priorities.

Personalised

Each patient receives support tailored to unique medical, psychological, and social needs. Stories of Hope testimonies highlight individualised treatment journeys combining medical care with psychosocial support that helps navigate recovery with resilience. The Breast Cancer Strategy delivers specialised training workshops

Five Ps Implementation

on breast self-examination across women’s associations, workplaces, universities, and schools, whilst organising tailored sports and wellness activities for survivors.

Pre-emptive

The society works proactively to break barriers preventing timely diagnosis and treatment. Stories of Hope challenges fear and social stigma surrounding cancer, encouraging women to seek early screening without delay. The Breast Cancer Strategy improves mammography access through partnerships whilst targeting prevention education. Makeen Club tackles inequities by offering survivors emotional rehabilitation and tools to prevent delayed care, bridging gaps where mental health services linked to cancer remain limited.

Lessons Learned

Survivor-led storytelling proves a powerful tool to break psychological barriers, foster hope, and add authenticity to awareness efforts. Combining media campaigns, training, and psychosocial support maximises impact and broadens community engagement. Psychosocial support represents a central pillar in patient journeys, and empowering survivors strengthens peer-support networks whilst integrating psychological, spiritual, and community care multiplies overall impact.

Future Plans

Stories of Hope will expand to include diverse survivor stories across different age groups and cancer types, launching a regional interactive digital platform for sharing experiences across the Gulf.

The Breast Cancer Strategy aims to build new partnerships with health and educational institutions, develop digital survivor support platforms, and sustain access to screening and psychosocial services.

Makeen Club will expand field visit teams to reach more hospitals, strengthen cooperation with government institutions for sustainability, and foster collaboration with Gulf-based cancer associations to share expertise and replicate successful models regionally.

Real-Life Stories

Beneficiaries' Testimonials & Survivor Stories (Hayatona Magazine Interview)

“

I was diagnosed with melanoma, a serious form of skin cancer, in 2009. The journey was long and challenging, involving multiple surgeries and treatments across Kuwait, UK, France and the U.S. Despite fear, stigma, and physical pain, I stayed resilient and motivated by positivity and support from loved ones. Today, I continue my treatment and recovery, and my message to all patients is: You are stronger than hopeful, stay empowered, and never give up.

W.A.

“

I discovered my breast cancer early after a friend noticed changes in my breast. I felt shocked and sad, but I decided to be strong. The support of my family and friends was a huge motivation. I joined a volunteer team to support other patients. I believe cancer can be the start of a new life full of hope.

D.A.

“

In 2012, I noticed changes in my left breast. The treatment journey was difficult, including chemotherapy, surgery, and radiation, but I faced the disease with faith in God and support from my family and friends. Psychological support was essential to overcome the difficult stages. Now, I am a social activist, helping bring smiles to the faces of survivors and patients.

H.A.

Real-Life Stories

Beneficiaries' Testimonials & Survivor Stories (Hayatona Magazine Interview)

“

I felt a persistent burning in my breast, and after consulting doctors, I was diagnosed with breast cancer. Despite the fear, I decided to confront the disease with strength and determination. I underwent full treatment surgery, chemotherapy, radiation, and hormone therapy. The psychological and moral support from the hospital team and my family played a major role in my recovery. I advise every woman to get early screening and trust in God.

I.A.

“

Three years I discovered a painful lump in my breast, and the shock was overwhelming. I chose to treat the disease as if it were a simple flu to calm myself and respond to treatment calmly. I received chemotherapy, partial mastectomy, radiation, and hormone therapy. The psychological support I received helped me cope with hair loss and physical changes, and it was crucial for my recovery. I encourage new patients to stay positive and seek support.

A.Q.



Taufaul - Al-Ahsa Cancer Foundation

Location: Al-Hofuf, Al-Ahsa, Saudi Arabia

Established: 2013

Founder/President: Founded by 40 members, led by Mohammed bin Abdulaziz Al-Afaileg

Focus: General oncology

Initiative: Improving Quality of Life for Cancer Patients and Enhancing Prevention

[Website](#)

Approach

Cancer patients in Al-Ahsa faced major challenges related to scarce specialised centres, limited awareness, and restricted access to personalised care. Taufaul Association addresses the urgent need for effective care beginning with early diagnosis, prevention, participation, personalisation, and proactive intervention. The foundation tackles high treatment costs, lack of insurance coverage for specialised therapies particularly for non-Saudi residents, and limited availability of cancer centres through community-wide programmes and strategic partnerships.



Five Ps Implementation

Predictive

The foundation utilises mobile and fixed screening units, including support for King Faisal University's mobile mammography unit and the Sheikh Abdulaziz Al-Faqqal Centre. These predictive measures enable early identification of cancer cases through accessible community-based screening programmes, whilst partnerships with educational institutions enhance risk assessment capabilities across Al-Ahsa region.

Preventative

Community campaigns, social media outreach, educational lectures, and comprehensive screening programmes raise awareness and promote early detection. The foundation implements wide-reaching awareness initiatives targeting diverse population segments whilst ensuring early intervention remains accessible to all community members regardless of background or nationality.

Participatory

Patient engagement forms the cornerstone through platforms like the Recovered Patients Forum, where patients share experiences and feedback guides workshops addressing psychological, social, educational, and entrepreneurial needs. Initiatives such as "Taufaul Sport" were created directly based on patient input, ensuring programmes reflect authentic patient priorities and lived experiences.

Personalised

Each patient receives tailored support through personalised health cards expediting services and providing discounts. Partnerships with private hospitals such as Al-Mousa Specialist Hospital and fundraising platforms expand treatment access for non-Saudi residents. This inclusive approach ensures every patient, regardless of age, gender, cancer type, or nationality, receives appropriate and timely care.

Pre-emptive

The foundation addresses systemic gaps through collaboration with government bodies, successfully securing cancer treatment for undocumented residents previously excluded from health systems. Agreements with the Ministry of Civil Service established special facilitations for cancer patients whilst proactive interventions ensure vulnerable populations receive necessary care.

Real-Life Stories

Results

832 beneficiaries from compensation and alternative support programmes, 6,500+ individuals benefited from awareness and health education programmes, 500+ beneficiaries received physiotherapy support, 4,000+ trips conducted to treatment centres through transportation programmes, and 260+ non-Saudi beneficiaries received treatment through dedicated programmes. These results demonstrate comprehensive impact across prevention, treatment and support services.

Lessons Learned

Awareness campaigns prove essential to increase demand for personalised care whilst sustainable funding remains critical for maintaining free screenings and support services. Patient engagement and feedback help tailor programmes to real needs whilst multi-sector partnerships enhance reach and effectiveness. Inclusive approaches addressing nationality and documentation status significantly improve access to life-saving care.

Future Plans

Taufal aims to expand awareness and education initiatives nationwide whilst establishing a unique technological awareness exhibition serving cancer patients globally. Continued advocacy for improved access and treatment equity will accompany development of dedicated infrastructure including healthy meals kitchen, women's salon, physiotherapy centre, administrative offices, sports club, children's area, exhibition and training halls, and event theatre. Digital consultation platforms and integrated support services will be strengthened.

Beneficiary Testimonials

“

Taufal truly lives up to its name. It gave us hope after God. May Allah elevate you and aid you in serving the Muslim community.

K.A.

“

Thank you for supporting me during my chemotherapy treatment. You provided me with a domestic helper at that time. Thank you with all my heart. May Allah grant you happiness just as you made me happy.

A.Y.

“

I thank you and may Allah reward you with goodness. I also thank the Beneficiaries Department, Sister Huriya Al-Thuwaini, and Brother Salman for their good treatment, prompt service, and swift response in their work.

B.T.



Balsam Private Association to Help Cancer Patients In Qassim

Location: Qassim, Saudi Arabia

Established: 2010

Founder: Princess Noura bint Mohammed Al Saud

Focus: General oncology (breast, brain, lung, colon cancers, leukaemia, lymphoma)

Initiative: “Amal Balsam” Hope & Healing – Psychosocial and Community Support

[X pages](#)

Approach

Amal Balsam, the first organisation in Al-Qassim dedicated to serving cancer patients and families, provides holistic support through 11 programmes and initiatives. The association addresses unmet psychosocial needs through survivor-led approaches, engaging survivors as active facilitators sharing experiences to inspire hope and resilience whilst reducing fear, stigma, and anxiety. Services are delivered through phone calls, WhatsApp groups, survivor visits to homes or hospitals, and in-person sessions combining knowledge-sharing, testimonies, and evidence-based psychology.



Five Ps Implementation

Preventative

The association implements comprehensive prevention strategies targeting cancer stigma and promoting early screening uptake. Community-based approaches address barriers preventing timely support-seeking whilst educational initiatives promote awareness of early detection importance. Preventative efforts integrate psychosocial well-being with medical prevention, ensuring comprehensive approaches to cancer prevention.

Participatory

Amal Balsam creates safe spaces where patients, caregivers, and survivors collaborate in group therapy sessions. Survivors co-facilitate gatherings, allowing newly diagnosed patients to learn directly from those who navigated similar journeys. This participatory approach fosters community ownership whilst strengthening solidarity bonds and ensuring patient voices guide programme development.

Personalised

The association addresses unique individual needs through one-on-one psychological counselling alongside practical and aesthetic support including wig provision and reconstructive assistance to restore confidence and dignity. Families from remote areas receive housing and transportation support whilst children benefit from tailored care through Qur'an classes, recreational activities, and school integration support.

Results

Over 14 years, Balsam achieved significant impact as the first cancer support association in Al-Qassim, implementing 11 structured programmes benefiting over 2,000 patients and families. Notable achievements include supporting a lymphoma student to graduate with distinction, empowering a breast cancer patient to launch sustainable business, assisting a lung cancer patient in Qur'an memorisation, organising wish-fulfilment activities for children, and shifting community perceptions toward managing cancer whilst reducing psychological distress and strengthening family resilience.

Lessons Learned

Survivor-led approaches prove powerful in breaking psychological barriers whilst psychosocial support represents a central pillar in patient journeys. Community-based group therapy provides cost-effective alternatives to individual counselling whilst building sustainable partnerships with hospitals, universities, charities, and businesses expands reach and resources. The association learned that placing patients at the centre of programme design maximises impact and authenticity.

Future Plans

Balsam will expand coverage by replicating psychosocial support models across Saudi Arabia whilst strengthening partnerships with local and national charities. Sustainability efforts will attract institutional and community support whilst capacity-building will train psychologists and mental health professionals in cancer centres. Integration advocacy will embed psychosocial care into national cancer strategies as standard patient services, aligning with Saudi Vision 2030 goals. Platforms and integrated support services will be strengthened.

In addition to measurable outcomes, human-centred impact is illustrated through powerful real-life stories echoing the association's influence.

Beneficiary Testimonials

“

A woman in her forties, diagnosed with metastatic cancer, faced overwhelming challenges as the sole caregiver for her children while her husband was trapped abroad in a conflict-affected country. On top of this, one of her children suffered from a congenital condition requiring regular treatment in Riyadh. With no income beyond minimal social security support, accessing consistent cancer treatment seemed nearly impossible.

Amal Balsam stepped in to provide housing, cover transportation costs for her medical appointments, and register her as a long-term beneficiary of its programmes. Alongside continuous psychological support and follow-up, the association's comprehensive intervention stabilised her medical condition significantly and improved her emotional well-being, offering both hope and strength to her family.

A Mother's Journey with Metastatic Cancer

“

A seven-year-old boy from Sakaka, diagnosed with acute leukemia, required intensive treatment at the Prince Faisal Oncology Center. His family, already burdened by financial hardship and lacking suitable housing, struggled to meet his urgent needs.

Amal Balsam provided a fully furnished home, ensured all his medical and daily living requirements were met, and supported the family with transportation and essential supplies. This holistic intervention allowed the boy's condition to stabilise and greatly eased the emotional and financial burden on his family.

Supporting a Child with Acute Leukemia



Saudi Cancer Foundation – Eastern Province

Location: Khobar, Eastern Province, Saudi Arabia

Established: 2003

Founder: University student initiative supported by businessmen, doctors, academics with Emir sponsorship

Focus: General oncology with breast cancer emphasis

Initiative: The Model Wing Initiative for Early Breast Cancer Detection at Mai Al Jabr Centre

[Website](#)

Approach

The Saudi Cancer Foundation pioneers comprehensive cancer control, guided by its vision to become a leading role model. The foundation raises diagnostic and therapeutic service quality whilst providing psychological and medical support to patients and families. The Model Wing Initiative introduced state-of-the-art facilities including mammogram equipment worth over 1.5 million SAR, designed with modern infrastructure and patient-centred spaces representing a milestone in expanding access to high-quality early detection services.



Five Ps Implementation

Predictive

The foundation deployed mobile mammography units across Eastern Province towns and villages, bringing services closer to women with limited access. Between 2019-2023, these efforts screened 17,288 women, confirming 132 cancer cases. This proactive predictive approach demonstrates the power of early detection in reducing late diagnoses whilst building comprehensive risk assessment capabilities.

Preventative

Prevention was reinforced through large-scale community campaigns addressing early detection, lifestyle risk factors, and healthy living importance. The foundation donated a CT scanner valued at nearly 4 million SAR whilst covering full operational costs of mobile screening units, ensuring continued community access. These investments strengthened preventative infrastructure across the region.

Personalised

Beyond medical care, the initiative provided ongoing psychosocial support and tailored educational guidance, addressing each patient's unique medical, emotional, and social needs. Personalised approaches ensured comprehensive care addressing individual circumstances whilst maintaining dignity and respect for patient preferences.

Pre-emptive

The foundation worked to overcome inequities by offering free screening services to underserved Eastern Province communities. Infrastructure investments included developing new cancer detection centres to broaden long-term service access whilst donating four housing units to Bena Association for orphans, helping reduce social gaps and addressing broader community needs.

Results

The foundation achieved remarkable growth with women screened increasing from 968 (2019) to 10,386 (2024), whilst estimating 6.2 million SAR treatment cost savings through early detection. Infrastructure strengthening included the new wing and CT scanner serving approximately 10 patients daily. The foundation diagnosed 132 confirmed cancer cases from 17,288 women screened whilst supporting broader community needs through housing donations and infrastructure development.

Lessons Learned

Early detection saves lives and reduces costs whilst awareness must remain continuous rather than one-off efforts. Individual and community initiatives generate significant impact whilst strong collaboration between government and civil society enhances efficiency, aligning with Saudi Vision 2030 objectives. Sustained investment in infrastructure and community partnerships proves essential for long-term success.

Future Plans

The foundation will expand national awareness campaigns whilst adding mobile screening units and upgrading medical equipment. Broader screening coverage will reach more villages whilst psychosocial support programmes will be introduced. New partnerships with universities and research centres will strengthen scientific research whilst data digitisation will enable better predictive analysis capabilities.

FRIENDS
OF CANCER
PATIENTS
We are always with you



أصدقاء
مرضى
السرطان
نحن معكم دوماً

Friends of Cancer Patients (FOCP) Association

Location: Al Gulayaa, Sharjah, United Arab Emirates

Established: 1999

Founder: Her Highness Sheikha Jawaher Bint Mohammed Al Qasimi

Focus: General oncology with breast cancer emphasis

Initiative: Pink Caravan – breast cancer initiative under Kashf early detection programme

Website

Approach

Pink Caravan operates as a UAE-wide breast cancer initiative under FOCP's Kashf programme, focused on early detection and awareness of breast cancer screening methods. Launched in 2011 under royal patronage, the initiative promotes early diagnosis whilst improving access to life-saving screenings nationwide. FOCP delivers person-centred support tailored to each patient's unique journey through financial aid, specialised care access, and targeted psychological services.



Five Ps Implementation

Predictive

Pink Caravan employs comprehensive tools including medical questionnaires capturing family history, lifestyle, and health factors, clinical breast examinations by professional teams, and mammography screenings identifying abnormal changes even without symptoms. Family history and genetic information identify higher-risk individuals whilst referrals to specialised partners ensure thorough investigation, emphasising regular screening awareness and early diagnosis.

Preventative

The initiative emphasises prevention through nationwide awareness campaigns, community lectures, and workshops highlighting risk factors, healthy lifestyles, and prevention practices. Free screenings through mobile and fixed clinics offer clinical exams and mammograms, particularly targeting underserved and remote communities. Self-examination encouragement, routine check-ups, and timely referrals foster proactive health management culture.

Participatory

Pink Caravan empowers patients through clear, accessible information about screening procedures, results, and next steps supporting informed decision-making. Patients engage directly with medical staff during visits, asking questions and voicing concerns whilst ensuring preferences shape action courses. Referrals coordinate with specialised partners whilst privacy respect and patient choice enable confident health decisions.

Personalised

FOCP delivers person-centred support through the Patient Support Programme providing financial aid, specialised care access, and psychological services. Complementary initiatives including “Locks of Hope” volunteer networks and patient engagement programmes reinforce individualised care, ensuring patients receive emotional, social, and financial support throughout their experience.

Pre-emptive

FOCP works proactively to minimise diagnosis and treatment delays through mobile clinics travelling across all seven emirates delivering free early detection services, particularly in communities with limited healthcare access. Nationwide campaigns and outreach strengthen cancer literacy whilst challenging stigma. Policy advocacy reinforces efforts whilst suspected cases receive quick referrals to specialised partners, ensuring equitable access to timely diagnosis and treatment.

Results

FOCP has provided over 116,256 free breast cancer screenings since launch, including men and women from diverse nationalities with emphasis on underserved communities. Hundreds of suspected cases were identified and referred to treatment partners, enabling early treatment and improved survival chances. More than 10,000 individuals benefited from awareness workshops whilst partnerships with national health authorities contributed to policy development, with some outcomes integrated into national awareness and screening programmes.

Lessons Learned

Early detection saves lives whilst strong community partnerships expand impact, and awareness helps break social and cultural barriers. Clinic accessibility is crucial for underserved communities whilst volunteers remain vital for outreach and service delivery. Continuous adaptation improves sustainability and effectiveness whilst comprehensive approaches addressing medical, social, and emotional needs maximise patient outcomes.

Future Plans

FOCP will expand awareness campaigns and screenings to new areas whilst strengthening government and private sector partnerships. Service digitalisation will launch platforms for advance bookings, education, and satisfaction surveys whilst implementing Picture Archiving and Communication System (PACS) to enhance screening quality and efficiency. Continued training for medical staff and volunteers will ensure quality care delivery whilst policy advocacy will strengthen national cancer control strategies.

Qatar Cancer Society

Location: Doha, Qatar

Established: 1997

Founder/President: H.E. Sheikh Dr. Khalid Bin Jabor Al-Thani

Focus: Cancer in general

Initiative: Community Platform for Equitable, People-Centred Cancer Awareness and Support

[Website](#)

Approach

The Qatar Cancer Society provides comprehensive, free interventions available to all segments of society and nationalities in the State of Qatar, combining awareness and education, financial support for treatment, psychosocial care, and community counseling services for people with cancer. The Society's active membership in the National Cancer Committee, and its participation in planning and implementing the National Cancer Plan, enhance the impact and effectiveness of its initiatives



Five Ps Implementation

Predictive

The Society leverages data from the National Cancer Registry, knowledge–attitudes–practices (KAP) surveys, programme analytics, and community feedback to identify the most prevalent cancer types and the populations at highest risk. This evidence-based approach enables the design of targeted interventions, coordinated through the Unified Cancer Awareness Calendar issued by the National Cancer Committee, to ensure that screening initiatives and awareness campaigns focus on cancers with the greatest need, while building comprehensive capacity for risk assessment across different segments of the population.

Preventative

The Society implements nationwide campaigns on healthy lifestyles, cancer risk factors, methods of prevention, and early recognition of symptoms, delivered by multilingual educators who reach schools, universities, workplaces, and local communities. School-based initiatives include a Healthy Lifestyle Program and video competitions that highlight the harms of tobacco. Specialised programmes such as worker-focused cancer awareness, women's cancers awareness in collaboration with major hospitals, and anti-stigma campaigns are changing public discourse and supporting patients and their families. The Society also provides accredited Continuing Medical Education (CME) programs that connect community education with the professional development of healthcare personnel.

Participatory

Survivors, caregivers, and communities actively shape service design and delivery through mentorship programmes, campaign co-creation, and digital tool development including the Wayyakum application. Initiatives such as Together WE Can provide social and psychological support platforms where patient voices directly influence both care provision and policy development, ensuring authentic community ownership of cancer control efforts.

Personalised

Support is provided through agreements and partnerships with Hamad Medical Corporation, Sidra Medicine, and the government Sanadi platform, tailored to the needs of every person living with cancer via the Wayyakum app and personalised case management. In addition to facilitating access to treatment, QCS offers

Five Ps Implementation

counseling services, programmes for survivors and their families, and multilingual health education, which helps reduce barriers and improve outcomes.

Pre-emptive

QCS proactively addresses healthcare inequities by reaching low-income expatriate populations, delivering multilingual education for migrant workers, and subsidising diagnostic procedures and therapeutic interventions. At policy level, the organisation strengthens tobacco control measures, advocates for organised screening programmes, and promotes inclusion of all population groups within national cancer care pathways, addressing systemic gaps before they compromise patient outcomes.

Results

The Qatar Cancer Society has achieved broad reach among the population, with 45,300 people benefiting from awareness initiatives over three years, including nationwide campaigns, the Healthy Lifestyle Initiative, and the ‘Your Success Is in Your Health’ programmes. The Society also trained 50,031 healthcare workers through Continuing Medical Education (CME) programmes and supported more than 9,000 patients with financial assistance totaling USD 28 million between 2013 and 2023. In 2024, the ‘Wayyakum’ platform was launched to facilitate rapid access to assistance. In addition, 4,950 adults and 1,516 children benefited from community-based psychosocial support programmes for people living with cancer, and USD 600,000 was allocated to support conferences and research. Community partnerships, survivor advocacy, and digital platforms have helped reduce social stigma and improve early-detection rates

Lessons Learned

Multi-sector partnerships and collaborative approaches significantly amplify reach and impact across diverse populations. Culturally tailored, multilingual education proves essential for building community trust and engagement. Survivor involvement and co-design with people living with cancer enhances programmes relevance and sustainability whilst digital tools reduce financial toxicity and improve healthcare navigation. Consistent investment in early intervention strategies yields measurable improvements in survival outcomes and quality of life indicators.

Future Plans

Leveraging artificial intelligence, between 2025 and 2028 the Qatar Cancer Society will enhance the Wayyakum platform to include a multilingual helpline, a peer-navigator programmes, and an in-hospital support system. It will also establish formal advisory committees that include people living with cancer to co-design campaigns, applied research initiatives, and health policy recommendations.

The Society plans to expand survivor programmes and community-ambassador initiatives to strengthen advocacy capacity; track progress through key performance indicators, patient-reported outcomes, and equity metrics; and reduce barriers to accessing services. In addition, it will diversify funding sources and build staff capacities to ensure organisational growth and service expansion.

Regional Challenges and Gaps in GCC Cancer Care

While GCC cancer patient organisations have achieved significant progress in advancing personalised cancer care, several systemic challenges remain. These challenges highlight the structural, social, and policy-level barriers that continue to limit equitable access, early detection, and comprehensive support across the region. Addressing them is critical to ensure that the promise of the Five Ps framework can be fully realised for all patients in the Gulf.

Category	Key Gap	Example/Highlight
Policy Gaps	PCC not systematically embedded in cancer control strategies.	Some GCC states have national cancer plans, but few explicitly integrate precision medicine or patient-centred psychosocial models.
Access Disparities	Services concentrated in major urban centres.	Rural/remote communities face difficulties accessing screening and treatment.
Stigma	Cancer is viewed as a “death sentence”.	Fear of diagnosis delays screening leading to higher late-stage detection rates.
Resource Limitations	Shortage of trained psycho-oncology professionals and sustainable funding.	Patient Organisations often fill the gap in patient psychosocial support.

Shaping the Future: A Unified GCC Civil Society Roadmap for Personalised Cancer Care

Building on the momentum of the 2024 PCCA–GFFCC Regional Workshop, the 2025 Roadmap provides a clear pathway for cancer patient organisations to accelerate the adoption of Personalised Cancer Care (PCC) across the Gulf Cooperation Council. Looking ahead, GCC organisations share a unified vision of advancing PCC through innovation, collaboration, and patient-centred strategies. Their collective roadmap highlights several key priorities that will shape the future of cancer care in the region.

1. Expanding Awareness and Education

Nationwide and regional awareness campaigns will be launched to reduce stigma, promote prevention, and encourage early screening. These efforts will include school and university programmes, survivor-led outreach, and large-scale community exhibitions.

2. Strengthening Early Detection and Screening

Plans include increasing the coverage of mobile mammography and screening units, upgrading diagnostic equipment, and broadening access to underserved communities, particularly in rural and remote areas.

3. Integrating Psychosocial Support

Survivor-led psychosocial programmes will be embedded as a standard component of cancer care. These programmes will address depression, anxiety, PTSD, and stigma while supporting family resilience and post-recovery reintegration.

4. Digital Transformation and Innovation

Digital platforms will be established to streamline patient bookings, education, and feedback. Advanced technologies such as Picture Archiving and Communication Systems (PACS) will improve screening quality and efficiency. The digitisation of cancer data will enhance predictive analytics and expand research capacity.

5. Building Sustainable Infrastructure

Modern cancer support facilities will be developed to include psychosocial service hubs, physiotherapy centres, healthy meal kitchens, children’s activity areas, sports clubs, and training halls, offering a holistic model of care.

6. Partnerships and Research Collaboration

Cooperation with governments, universities, research centres, private sector actors, and Gulf-based cancer associations will be strengthened to promote sustainability, knowledge exchange, and regional solidarity.

7. Ensuring Equity and Accessibility

Efforts will expand digital consultations, housing and transportation support, and tailored programmes for children, women, and vulnerable groups to reduce disparities in access to care and treatment.

Conclusion

The GCC experience demonstrates that patient organisations are key catalysts for systemic health transformation. Across Saudi Arabia, the UAE, Kuwait, and Qatar, cancer organisations are advancing from grassroots initiatives to becoming strategic partners in health governance, shaping both national priorities and regional collaborations.

By localising the Five Ps framework: Predictive, Preventative, Participatory, Personalised, and Pre-emptive, within the Gulf's diverse health systems, these organisations have transformed global concepts into context-specific solutions. From psychosocial care models in Al-Qassim to digital innovations in the Emirates, community-driven awareness and survivor-led advocacy in Kuwait, and comprehensive cancer awareness and navigation programmes in Qatar to large-scale mobile screening and infrastructure development in Alkhobar, Saudi Arabia, civil society is redefining how personalised cancer care can be delivered in high-income and rapidly developing contexts.

This chapter is not simply an account of initiatives but a declaration of potential: when properly equipped and empowered, patient organisations in the GCC can drive dignity, equity, and innovation in cancer care. It calls on regional and international stakeholders to recognise and invest in the leadership of these organisations, not as symbolic voices, but as strategic partners in building resilient, people-centred health systems for the future of the Gulf region and beyond.



Transforming Cancer Care Through Gender Equity: From Lived Experience to Policy Reform - Insights from the Gender Working Group in the Middle East and Africa

Position Paper 2.0

October 2025

Prepared by



**Personalised
Cancer Care
Alliance**

1. Executive summary

This chapter addresses the urgent need for gender-responsive, patient-centred cancer care for women, with a focus on the Middle East and Africa (MEA). Despite progress in prevention and treatment, inequities persist due to late diagnosis, socio-cultural stigma, lack of registries, limited access to screening, financial barriers, and fragmented health systems. The Gender Working Group (GWG) of the International Alliance of Patients' Organizations (IAPO) applies the Five Ps framework (Predictive, Preventative, Participatory, Personalised, and Pre-emptive) to identify gaps and propose actionable solutions.

Patient narratives highlight systemic shortcomings in oncofertility, psychosocial support, palliative care, genetic testing, and survivorship services. Regional best practices such as the Arab Alliance for Breast Cancer Control, Makeen Psychosocial Support in Kuwait, and the MENA Coalition for HPV Elimination demonstrate the power of collective action, policy advocacy, and community engagement. Sustained multi-stakeholder collaboration is vital to ensure that women's voices, experiences, and rights are at the heart of cancer care strategies and reforms.

2. Introduction

2.1 Background

The Gender Working Group (GWG) was established in 2025 under the leadership of the International Alliance of Patients' Organizations (IAPO) to address persistent gender inequities in cancer care. The GWG is a multi-stakeholder initiative that aims to centre women's voices in cancer policy, research, and service delivery, through patient empowerment, and inclusion.

This work builds on the findings of the 2024 IAPO-IHE Breast Cancer Report, analysing care across nine MEA countries. The report highlighted urgent challenges such as late diagnosis, limited access to care, fragmented health systems, and the widespread influence of stigma, fear, and socio-cultural barriers. It emphasised the need for a more personalised, patient-centred approach and called for stronger integration of real-world evidence (RWE) and patient narratives into national cancer strategies.

The GWG draws on tools such as the Cancer Women in Power monitoring framework, introduced during the GWG's inaugural meeting. This framework enables tracking and evaluating gender-specific progress in cancer care by connecting patient priorities with systemic reforms and international policy commitments.

The GWG also aligns with the vision and strategic direction of the Personalised Cancer Care Alliance (PCCA), which promotes the Five Ps framework:

- Predictive: identifying individual risk through data and genetic testing
- Preventative: encouraging early detection and health literacy
- Participatory: ensuring patient involvement in policymaking
- Personalised: tailoring treatments to biological and personal needs
- Pre-emptive: acting early to prevent disease progression in high-risk individuals.

These tools guide the GWG's work in developing a focused chapter for the PCCA Position Paper 2.0 that reflects the real challenges faced by women and proposes tangible, equity-driven solutions.

2.2 Situational Analysis: The Global and Regional Burden of Women's Cancers

Women's cancers including breast, cervical, ovarian, endometrial, vaginal, and vulvar cancers represent nearly 40% of all new cases and account for 31% of cancer-related deaths among women globally (Ginsburg et al., 2017).

While innovations in diagnosis, prevention, and treatment (e.g., HPV vaccination, BRCA genetic testing, molecular diagnostics) have improved survival in some high-income settings, access to quality care remains highly unequal across regions and cancer types (Ginsburg et al., 2023).

In the MEA region, the situation is particularly urgent:

- Breast cancer represents 34% of all new cancer cases among women and 22% of cancer deaths in the region (IHE-IAPO Report, 2024).
- The number of new breast cancer cases has doubled over the past two decades, exceeding the region's capacity to deliver equitable care.
- Many women are diagnosed at late stages, missing the WHO Global Breast Cancer Initiative (GBCI) target of detecting $\geq 60\%$ of cases at stages I or II (WHO GBCI, 2021).

These challenges are driven by:

- Lack of organised screening programmes, BRCA/genetic testing, and cancer registries.
- Cultural stigma, fear, and shame that prevent women from seeking care early.
- Out-of-pocket costs, absence of psychosocial support, and limited access to advanced treatments.
- Urban-rural disparities in healthcare access, especially in diagnostics and radiation therapy.

Additionally, cervical cancer remains a top cause of death among women in Sub-Saharan Africa, due to limited HPV vaccination and screening initiatives (WHO Cervical Cancer Elimination Initiative, 2020). Other cancers such as ovarian and endometrial receive less attention and funding, despite their growing burden.

2.3 Purpose and Scope of the Chapter

The Gender Working Group (GWG), under the International Alliance of Patients' Organizations (IAPO), is committed to advancing equitable healthcare for women by amplifying patient voices, addressing societal barriers, and advocating for inclusive, patient-centric policies.

Its core initiative is the development of a dedicated chapter on women's cancers as part of the Personalised Cancer Care Alliance (PCCA) Position Paper 2.0. This chapter aims to:

1. Highlight the gender-specific challenges women face across cancer care.
2. Address underrepresented cancers such as cervical, ovarian, and endometrial, which are often neglected in research, funding, and policy discussions.
3. Incorporate real-world evidence (RWE) and patient narratives to ensure that the chapter reflects lived experiences and the realities faced by diverse populations of women.
4. Promote actionable policy recommendations that align with international frameworks such as the WHO Global Breast Cancer Initiative (GBCI) and the WHO Cervical Cancer Elimination Initiative.
5. Centre the regional context of the Middle East and Africa (MEA) while maintaining global relevance to ensure broad applicability and advocacy impact.
6. Leverage a collaborative, multi-stakeholder governance model, where GWG advisors contribute through strategic guidance, content development, and stakeholder engagement.

This chapter was developed collaboratively by a multidisciplinary team of advisors from across the region, selected for their expertise in women's health, patient advocacy, healthcare policy, and oncology.

2.4 Need for Gender Equity in Cancer Care

Gender equity in cancer care remains an unmet global and regional priority. While biological factors play a role in how women experience cancer, socio-cultural, economic, and systemic barriers deepen inequities and hinder access to timely, quality care.

Women across many regions, especially in the Middle East and Africa, often encounter:

- Socio-cultural barriers: stigma, fear, and shame associated with cancer, particularly breast and gynaecologic cancers, which discourage early screening and disclosure.
- Financial constraints: high out-of-pocket costs for diagnosis, treatment, and transportation, compounded by limited or no health insurance coverage.
- Systemic obstacles: fragmented healthcare systems, a shortage of female health professionals, poor referral systems, and a lack of national screening programmes or cancer registries.

To guide its advocacy and policy recommendations, the Gender Working Group (GWG) adopted the Five Ps framework, originally introduced by the Personalised Cancer Care Alliance (PCCA). This model offers a comprehensive, patient-centred approach to addressing the multifaceted challenges women face throughout the cancer care continuum.

During the GWG kick-off meeting, advisors identified priority issues and actionable focus areas under each pillar, reflecting both evidence and lived experiences. The table below summarises these priorities and the corresponding actions proposed.

GWG Priority Matrix: Five Ps Framework for Women's Cancer Advocacy

Pillar (P)	Key Issues	Suggested GWG Focus/Actions
Predictive	<p>Lack of cancer registries and data systems.</p> <p>Limited access to genetic testing (e.g., BRCA).</p> <p>No regional strategy for risk profiling (predictive).</p>	<p>Call for integration of predictive tools (e.g., registries, risk profiling) into national cancer plans.</p> <p>Recommend regional collaboration to close data and testing gaps.</p> <p>Highlight the need for sex-disaggregated data collection to inform equitable policy decisions</p>
Preventative	<p>Weak screening programmes and early detection for breast, cervical, and other cancers.</p> <p>Cultural taboos, shame, and fear around cancer screening.</p> <p>Low health literacy among women.</p>	<p>Promote early education on health-seeking behaviours targeting adolescents and young women.</p> <p>Develop culturally sensitive awareness campaigns that directly address fear, stigma, and taboos around cancer.</p> <p>Use multi-modal approaches (radio, TV, social media, community theatre, posters, etc.) to reach different groups.</p> <p>Deliver messages in multi-lingual and dialectal formats to ensure inclusivity and accessibility for diverse communities.</p> <p>Showcase best practices like Pink Caravan and community-based interventions.</p>
Participatory	<p>Women's voices missing in policy and programme design.</p>	<p>Ensure patient narratives and lived experiences are central to the chapter and advocacy tools.</p>

Participatory	<p>Lack of structured patient engagement mechanisms.</p> <p>Absence of psychological support structures.</p>	<p>Recommend the inclusion of women with lived experience in advisory councils and national cancer planning committees.</p> <p>Promote holistic approaches to mental health and psychosocial support, recognising the risks of job loss and economic burden when navigating treatment alongside professional and family duties.</p>
Personalised	<p>One-size-fits-all approach to treatment.</p> <p>Limited access to genomics-based therapies.</p> <p>Unaddressed issues like oncofertility and sexual health.</p>	<p>Advocate for personalised treatment pathways, including genomic screening, biomarker testing (e.g., PD-L1 for immunotherapy in TNBC), and choice-based therapy plans.</p> <p>Include neglected (unmet) but vital needs such as fertility preservation, body image, and relationship impacts.</p> <p>Encourage regional adaptation of global precision medicine guidelines.</p>
Pre-emptive	<p>Delayed diagnosis and absence of high-risk screening pathways.</p> <p>Poor communication about preventive interventions (e.g., risk-reducing surgery).</p> <p>Marginalised women lack access to early interventions.</p>	<p>Call for national pathways for high-risk groups (e.g., BRCA-positive women).</p> <p>Educate women on early warning signs, self-advocacy, and treatment options.</p> <p>Normalise conversations around preventive surgeries and reproductive planning (fertility preservation).</p>

3. Pathways to Equity

Regional Perspectives on Women's Cancer Care

3.1 Regional Collaboration in Breast Cancer: The Pan Arab Experience

The Arab Alliance for Breast Cancer Control Initiative exemplifies a regionally rooted effort to close the gender gap in cancer care and advance equity in women's health across the MENA region. Beginning in 2016 as a unified awareness campaign, led by the Jordan Breast Cancer Program (JBCP) in collaboration with organisations and advocates from across the region, it evolved in 2021 into an Alliance driven by shared leadership and a collective mission. Today, it serves as a collaborative platform spanning 13 Arab countries (Jordan, Palestine, Lebanon, Qatar, UAE, Saudi Arabia, Oman, Iraq, Egypt, Tunisia, Libya, Sudan, Algeria, Morocco, and Yemen) committed to advancing women's health equity through early detection, education, and access to care.

The Alliance addresses one of the region's most pressing women's health challenges: breast cancer, which remains the most diagnosed cancer among Arab women, often detected at late stages due to systemic barriers and social stigma. Through cross-border coordination, the Alliance brings together ministries of health, cancer institutions, civil society, and advocacy groups to amplify impact.

Under "Early Detection Saves Lives," partners coordinate annual campaigns, produce culturally adapted educational materials, train frontline health educators, and implement synchronised outreach during October, collectively reaching millions.

This initiative stands out for its grassroots, community-driven model. Local adaptation, through survivor-led sessions, mobile screenings in rural areas, and targeted radio messaging, has enabled effective engagement across diverse cultural and health system contexts, ensuring interventions are both relevant and scalable.

Over time, the initiative has evolved into a strategic hub for regional knowledge exchange, joint training, and harmonised programme development. Shared tools and evaluation frameworks help identify policy gaps in screening, survivorship, and early diagnosis, driving evidence-informed advocacy for stronger integration of breast cancer control into national health strategies.

The Alliance continues to demonstrate how collective regional leadership and on-the-ground work can accelerate progress toward gender-responsive cancer control.

3.2 Preserving Fertility: A Critical Gap in Women's Cancer Care

One of the most pressing yet often overlooked dimensions of gender equity in cancer care is fertility preservation. For many women, the ability to have children is deeply tied to personal identity, family roles, and social stability, particularly in the EMR context. Despite advances in oncology, fertility considerations remain inadequately integrated into treatment pathways, leaving younger women especially vulnerable to irreversible impacts of cancer therapies.

Critical requirements include: counselling on fertility options prior to the initiation of treatments, especially chemotherapy, as delays may result in the permanent loss of reproductive potential. This gap highlights the urgent need to prioritise oncofertility in both policy and practice. Another major barrier is access and affordability: most fertility preservation procedures and techniques are prohibitively costly, leaving many young women unable to benefit from them.

Regional Context and Challenges

The oncofertility challenge in the MEA region is compounded by several factors:

- Cultural significance: Fertility holds particular importance for social relationship stability in most EMR cultures
- Younger population impact: Breast cancer manifests approximately a decade earlier than in Western countries, affecting more women during their reproductive years (Manzano et al., IHE Report 2024)
- Healthcare gaps: Many countries lack the reproductive technologies and trained personnel to provide oncofertility services

Barriers to Oncofertility Care

The Lancet Commission on Women, Power and Cancer (2023) highlights that for women under 40, fertility impacts are particularly pronounced when treatments affect reproductive organs. Key barriers include limited access to specialists bridging oncology and reproductive endocrinology, religious and cultural constraints, high out-of-pocket costs with inadequate insurance coverage, and poor awareness amongst both providers and patients regarding available options.

Recommendations

Comprehensive oncofertility care requires pre-treatment fertility counselling as a standard protocol, improved access to oocyte and embryo cryopreservation, insurance coverage or reimbursement schemes for fertility preservation procedures, and training programmes for healthcare providers on available oncofertility options.

3.3 Kuwait's Holistic Approach to Cancer Prevention and Survivorship: From Makeen Psychosocial Support to Haido-CAN Olympics

Psychosocial Support as a Core Pillar of Treatment Protocols

In modern cancer care, psychosocial support is no longer a luxury – it is a necessity. The “Makeen Club for Cancer Survivors – Psychosocial Support” initiative, established by the Kuwait Society for Smoking and Cancer Prevention (KSSCP), redefines survivorship by positioning emotional and mental well-being as a core treatment pillar. More than just a support group, Makeen is a movement advocating for the integration of emotional, psychological, and mental health care into every stage of the cancer treatment protocol.

Created to address the often-overlooked emotional aftermath of cancer: anxiety, depression, fear of recurrence, and social isolation, Makeen fills critical gaps in traditional treatment pathways through continuous, holistic support.

Makeen provides a safe space for survivors to connect through regular group sessions, peer visits, and outreach activities, creating a healing environment where survivors share experiences, draw strength from one another, and rebuild their sense of purpose. Its dual mission combines direct psychosocial services with advocacy for institutional recognition of mental health as fundamental to cancer care. Through workshops, training sessions, and collaboration with healthcare providers, Makeen promotes psychological support as a standard component of patient management, which is particularly critical in a region where mental health remains stigmatised and underprioritised.

Participatory Model and Survivor Empowerment

Makeen embraces a participatory approach where survivors transition from passive recipients to active contributors. Many become mentors and support team members, using their lived experiences to guide others through the emotional challenges of cancer. This involvement not only strengthens Makeen's mission but also provides survivors with healing and agency.

Broader Impact and Future Vision

The initiative extends beyond direct support to awareness and prevention activities. Survivors lead campaigns, public discussions, and media engagements, adding authenticity to messaging around screening and early detection. Their stories serve an informal predictive function, raising awareness about warning signs and encouraging earlier medical engagement.

KSSCP plans to expand Makeen's reach through new teams, enhanced hospital presence, and deeper partnerships with government and regional networks. The initiative demonstrates that healing encompasses both physical and emotional recovery, creating an integrated model of care that dignifies every aspect of the cancer journey.

Uniting Communities for Health: Haido-CAN Olympics 2025

In a vibrant celebration of health and community, the National Campaign for Combatting Cancer (CAN), in collaboration with the Haido-CAN Academy and the Public Authority for Sport, launched the 2025 Summer Haido-CAN Olympics under the inspiring slogan, “Sports is Prevention.” This six-week initiative brought together 16 teams and over 120 athletes, offering a diverse array of tournaments, competitions, and physical activities designed for participants of all ages.

The Haido-CAN Olympics reflects CAN's vision of physical activity as a foundation for cancer prevention, showing that healthy living and regular exercise can cut risk factors linked to nearly 30 percent of cases. With events ranging from football and volleyball to athletics, bowling, and creative challenges such as Cine Gym and American penalty kicks, it offered both fun and purpose. The programme also included workshops and community health activities to promote preventive care and daily exercise. By blending sport with public health advocacy, the initiative fosters a culture where fitness, wellness, and cancer prevention come together, inspiring communities to lead healthier, more active lives.

3.4 Cancer in Conflict: Addressing the Impact of War and Displacement on Women

In EMR conflict zones, women with cancer face severe barriers, from prevention and early diagnosis through treatment and survivorship. Conflict erodes infrastructure, medical supply chains, and the workforce. This places screenings, pathology services and radiotherapy intermittently available or entirely out of reach. Diagnostic delays are common, causing many women to present at late stages when treatment is less effective. Cost and displacement further add to the burden: women may have to travel through insecure areas, pay out of pocket for drugs that are often scarce, or miss chemotherapy cycles. One clear example is Gaza: studies show that breast cancer patients there suffer dramatically reduced quality of life during conflict, with delays in treatment, interruptions in drug supply, emotional distress, pain and fatigue. The destruction and damaging of health facilities, the shortage of essential medicines, power outages and fuel shortages all worsen outcomes.¹

Despite these challenges, some care is still being delivered through adaptive models. In Syria, for instance, a mobile clinic programme called “Al-Amal” operates in remote areas, offering mammography, ultrasound, and basic pathology services, and diagnoses roughly 100 new cases per month in northwest Syria. Also in Syria, telemedicine has been used to reach rural patients from centres in Damascus, helping maintain continuity of cancer care when travel is unsafe or impossible.²

To improve women’s cancer care in these settings, priorities include safeguarding medical supply chains, supporting local health workers, expanding mobile and telehealth services, and ensuring psychosocial support. Only through resilient and flexible systems can care be maintained during conflict.

¹ <https://www.emro.who.int/emhj-volume-31-2025/volume-31-issue-2/cancer-treatment-challenges-during-gazas-humanitarian-crisis.html>

² [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(24\)00485-1/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(24)00485-1/fulltext)

3.5 Centring Lived Experience: From Narrative to Systemic Change

Patient and citizen engagement have reshaped health care globally, with growing emphasis on patient-centred approaches in cancer care. The WHO Framework for the Meaningful Engagement of People with Lived Experience with NCDs, mental health and neurological conditions (2023) urges member states to develop and scale initiatives at national and international levels, empowering people with lived experience to become active partners in health systems. Patient voices are now central to advocacy, from sharing stories and presenting at conferences to contributing feedback in advisory boards and policy consultations.

WHO has created multiple opportunities for such engagement, including three global symposiums on meaningful engagement (May and December 2024, April 2025), web consultations to inform the UN High-Level Meeting on NCDs in September 2025, and an in-person event during World Cancer Congress in September 2024 that brought together 120 people affected by cancer to co-create advocacy messages and action plans. To sustain impact, the Knowledge Action Portal (KAP) on NCDs was launched in November 2024 as a global community platform.

The Eastern Mediterranean Region (EMR) has been a pioneer in applying this framework, with initiatives predating its launch. A leading example is the DUPPC Diploma (Diplôme Universitaire Patient Partenaire en Cancérologie) in Morocco, launched in 2021 at Mohammed VI University of Health Sciences. This capacity-building programme trains and certifies patients to collaborate with health professionals as partners, with 34 graduates as of 2025, half recruited through patient associations. Similar programmes have started in Tunisia.

These efforts, reflect the growing ambition to formally recognise lived experience as expertise in cancer care. WHO EMRO has supported this trend by encouraging both governments and civil society through funding and workshops, such as those in Syria (July 2024) and Morocco (November 2024).

Notable projects include BASMA Association’s mental health and psychosocial support programme for paediatric cancer patients in Damascus, NABD-BC2 Association’s digital platform for Moroccan cancer groups, and patient navigation initiatives in Jordan, Qatar and Egypt. Together, these examples show a shift towards structured collaboration between ministries of health and patient organisations. Placing lived experience at the centre of decision-making is key to moving from tokenistic participation to inclusive partnerships that drive systemic change.

3.6 The MENA Coalition for HPV Elimination

Established in 2018, the MENA Coalition for HPV Elimination is dedicated to preventing and ultimately eliminating HPV-related cancers across the Middle East and North Africa. Serving as a regional advocacy platform, it advances evidence-based strategies, mobilises stakeholders, and fosters political commitment to align national agendas with the WHO Global Cervical Cancer Elimination Strategy and its “90-70-90” targets for 2030. Its work centres on three pillars: vaccination, screening, and treatment. The Coalition promotes equitable access to HPV vaccines for girls and boys (Gender Neutral Vaccine GNV), strengthens national commitments, and supports early detection and treatment of HPV-related cancers. Its advocacy has shaped policy and secured investments, most notably through contributions to the Sharjah Declaration on Cervical Cancer in partnership with UNFPA.

The Coalition has driven measurable progress. In 2018, only one country in the region had introduced the HPV vaccine; by 2025, nine had adopted it: Bahrain, UAE, Saudi Arabia, Kuwait, Qatar, Libya, Tunisia, Morocco, and Pakistan. This expansion reflects sustained advocacy and strong partnerships with global organisations such as the International Papillomavirus Society (IPVS), USA Against HPV, the World Federation of Public Health Associations (WFPHA), and UK Men’s Health. Beyond policy, the Coalition contributes to research and global health dialogue, organising sessions at major conferences including UICC 2024 and the International Papillomavirus Conference in 2024 and 2025. With over 500 active members engaged through regular newsletters, it sustains broad regional collaboration.

Through collective action, the Coalition is accelerating HPV prevention in MENA and advancing towards the global goal of eliminating cervical cancer and other HPV-related cancers.

3.7 Generating Evidence to Inform Policy and Drive Collaborative Learning

The Swedish Institute for Health Economics (IHE), founded in 1979 by professors at Lund University, is the oldest health economics research institute in the Nordic region. Initially government-owned and now an independent institute, IHE’s mission is to enable informed decision-making in healthcare by bridging the gap between research and policy. It is widely recognised for its research in oncology, including

scientific publications on the economic burden of cancer, policy reports on women’s cancers, breast cancer, and endometrial cancer, with regional analyses that include the Middle East and Africa, as well as country-specific cancer dashboards, such as in Algeria, to comprehensively monitor performance of cancer care systems.

Across the Middle East and Africa, IHE collaborates with Ministries of Health, healthcare professionals, patient organisations, academic institutions, and international agencies. It is important to co-create research and policy frameworks with local stakeholders to make sure they are tailored to local priorities. By applying a comparative perspective across countries rather than a national perspective, mutual learning from best practices from other countries within and outside the region can be fostered, avoiding reinventing the wheel. Data-driven analysis and evidence-based policy recommendations are needed to guide decision makers in adopting effective and cost-effective patient-centred healthcare policies.

3.8 Closing the Data Gap: The Case for Sex-Disaggregated Evidence

One of the most persistent barriers to advancing equity in women’s cancer care is the lack of sex-disaggregated data. All too often, cancer statistics are reported in aggregate, masking critical differences in incidence, access, treatment outcomes, and survival between men and women.

Without clear evidence that reflects these gender-specific realities, policymakers and health systems risk designing “neutral” strategies that inadvertently perpetuate inequities. Collecting and analysing sex-disaggregated data is therefore not just a technical improvement, it is a matter of justice. It ensures that women’s unique challenges, from late-stage diagnosis to fertility preservation, psychosocial support, and palliative care, are visible and addressed.

Closing this data gap is a foundational step toward developing evidence-based, gender-sensitive policies that deliver equitable cancer care for all.

4. Voices from the Frontline

Women's Lived Experiences in Cancer Care Across the Middle East and Africa

Women's experiences with cancer care are shaped by unique social, cultural, and systemic factors. In the Middle East and Africa, these experiences reflect both the challenges women face and the innovative solutions developed to overcome them. The Gender Working Group (GWG) aims to amplify these voices, capturing and highlighting stories that reveal how gender impacts access, quality, and personalisation of care.

By sharing authentic patient perspectives – whether highlighting successes or ongoing struggles – these narratives are intended to drive meaningful change. Each account is linked to one or more of the Five Ps: Predictive, Preventative, Participatory, Personalised, and Pre-emptive, helping to identify gaps in care and opportunities for advocacy, and ensuring that women's perspectives inform regional and global cancer policy.



Jordan Breast Cancer Program / King Hussein Cancer Foundation and Center

Based in Amman, the Jordan Breast Cancer Program (JBPC) of the King Hussein Cancer Foundation and Center works to enhance breast cancer awareness, screening, and treatment access. Its initiatives focus on empowering women, reducing barriers, and providing holistic, patient-centred care across the country.

Resilience and Support: Women's Lived Experiences of Breast Cancer Care

Suzy's story

At 44, Suzy, a working mother of three and her family's main financial provider, was diagnosed with Stage 3 breast cancer during the COVID-19 pandemic. Despite delays in testing, she demonstrated remarkable resilience, choosing strength and action over fear. Balancing treatment, remote work, and parenting, she navigated limited family support, financial pressures, and critical decisions around fertility with clarity and autonomy. While her care was not always holistic or gender-sensitive, Suzy remained at the centre of every decision, serving as a model of courage for her daughters and reaffirming that empowerment lies in how patients respond to life's challenges. Her journey highlights the importance of systems that recognise women as whole individuals, patients, mothers, professionals, and decision-makers.

Patient Quote



As a mum, I am writing history, and building memories for my kids, this is why I choose to take the decision I made.

Suzy

Asma's story

Asma, a wife and mother, was diagnosed with Stage 3 breast cancer after neglecting breast self-exams for several years while prioritising her family's needs. The diagnosis, first signalled by pain in her armpit, was life changing. Though initially met with fear and sorrow, she chose strength, drawing on the support of her husband, children, and extended family.

Her care journey's barriers included financial strain and difficulties accessing an overstretched system. Yet once admitted to the King Hussein Cancer Center (KHCC), she received not only treatment but also holistic support: counselling, nutritional guidance, social services, housing during radiotherapy, and even the simple dignity of a wig. KHCC became a lifeline that eased the burden of cancer care.

Crucially, Asma's voice was central throughout. She was actively involved in every decision. Balancing treatment with caregiving and household duties, however, underscored the unique challenges women face in cancer care.

Looking back, Asma describes her journey as a turning point. Despite delays, financial pressures, and emotional strain, she emerged resilient, strengthened by both her family and her healthcare team. The King Hussein Cancer Center became more than a hospital, it was a partner in survival.

Patient Quote

“

I used to feel invisible. Now, I feel like my voice matters.

Asma

These lived experiences illustrate the complex realities women face when navigating cancer and balancing urgent treatment with family, financial, and social responsibilities, while often lacking systemic support. They highlight the resilience and the gaps in care that persist across health systems. To better understand these challenges and guide solutions, the following analysis uses the Five Ps to link patient realities with opportunities for policy and practice transformation.

Holistic Care Pillars: Enabling Resilience in Breast Cancer Patients

Through the services of the Jordan Breast Cancer Program (JBCP) and the King Hussein Cancer Center (KHCC), both Asma and Suzy's cancer journeys were supported at every stage. Their experiences reflect the diversity of women's realities in navigating treatment and survival.

Early detection efforts and awareness campaigns (Predictive and Preventative) encouraged timely screening and provided access to free mammography and outreach services, even in underserved areas. For Suzy, a working mother diagnosed during the COVID-19 pandemic, these efforts underscored the importance of maintaining screening and continuity of care even in times of crisis. Despite delays in testing, she demonstrated remarkable resilience, balancing treatment, remote work, and motherhood with strength and autonomy.

Once diagnosed, both women were actively engaged in their care decisions (Participatory), ensuring their voices and preferences were respected. Their treatment plans were tailored to their medical needs and personal circumstances (Personalised), combining medical interventions with psychological, nutritional, and practical support to ease emotional and logistical burdens.

At the same time, systemic measures such as subsidised costs, accommodation, stigma-reduction efforts, and streamlined referral pathways (Pre-emptive) removed barriers to care, as Asma accessed counselling, housing, and social services, and empowering Suzy to make informed choices about fertility and family responsibilities.

Together, these pillars illustrate how comprehensive, patient-centred care grounded in prevention, participation, personalisation, and pre-emptive action enables women like Asma and Suzy not only to overcome cancer but to rebuild their lives with dignity, strength, and renewed purpose.

Impact, Lessons, and Future Pathways from Patient Experiences: Suzy and Asma

Section / Theme	Suzy	Asma
Results & Impact	Became aware of the national health support system; accessed online info; made timely, informed treatment decisions.	Benefitted from comprehensive awareness campaigns and patient-centred decision-making; reinforced value of survivor advocacy.
Empowerment	Highly empowered, took immediate action, made independent fertility and work decisions, resisted societal pressure.	Felt her voice was heard; gained confidence to advocate for early detection and support.
Access to Treatment	Sought care within two weeks; biopsy done right immediately; only minor COVID-related delay.	Access supported through national screening and awareness campaigns.
Policy / Community Influence	No direct policy impact: highlights gender-sensitive care gaps and resilience.	Survivor advocacy contributed indirectly to strengthening awareness and support at community level.
Lessons Learned	Importance of robust awareness and screening, patient-centric and holistic care, financial and systemic support.	Effectiveness of comprehensive awareness campaigns and survivor empowerment in shaping community trust and advocacy.
Future Steps	Deepen patient involvement; strengthen personalised, gender-sensitive care; reduce access barriers.	Expand awareness and free screening campaigns; broaden psychosocial, financial, and spiritual support; empower survivors as advocates.



NABD-BC2 Association

Founded on the principles of solidarity and patient empowerment, NABD-BC2 is a volunteer-driven national organisation that supports individuals and families affected by breast cancer across Morocco. To achieve holistic care, the association creates safe spaces for dialogue, healing, and community, while championing awareness, education, and advocacy. NABD-BC2 stands as both a companion for patients in their journey and a strong advocate for equitable, patient-centred cancer care.

D.I.'s Lived Experience: Fertility and the Overlooked Dimensions of Breast Cancer Care

At 34, D.I. was diagnosed with breast cancer at the height of her career and hopes of motherhood. The early phase of her journey was marked by shock and insensitivity; her first oncologist bluntly told her to “forget about having children,” forcing her to seek a more compassionate provider. While she eventually received lifesaving treatment, fertility preservation was dismissed, leaving her to navigate chemotherapy, radiotherapy, and surgery with unanswered questions.

Now in remission, D.I. reflects on the gap in oncofertility care for young women. Her story highlights the urgent need for health systems to treat women as whole individuals, addressing not only survival but also life beyond cancer fertility, identity, and the right to rebuild and dream again.

Patient Quote

“

Healing isn't just about surviving cancer... It's about reclaiming the right to dream, to choose, and to hope.

D.I.

F.Z.M.'s Story: What I Wish I Had Received During My Cancer Journey

When F.Z.M. saw the words “malignant tumour” on her test results alone in her car, her world shifted instantly. Even with loved ones nearby, she felt overwhelming loneliness. She followed every medical recommendation: mastectomy, chemotherapy, radiotherapy, hormone therapy, and years of follow-up... but as treatment progressed, deeper questions emerged: Who would care for her soul, self-image, family, and my silent doubts?

Looking back, she realised her journey could have been gentler with more holistic support. She longed for structured psychological care from the start, compassionate nutritional guidance, and even simple gestures such as self-makeup workshops to reconnect with her femininity. She also wished her loved ones had guidance to navigate their own fears and upheaval, and safe spaces to share experiences with other patients beyond fleeting encounters in waiting rooms.

One of her strongest appeals is for immediate breast reconstruction to be treated as an essential right, not optional. For women who undergo mastectomy, reconstruction restores dignity, identity, and psychological healing.

Today, F.Z.M. carries a conviction: healing the body alone is not enough. Through her book *Mon sein n'était pas aussi sain*,. She works to break taboos about breast cancer in her culture and advocates for solutions that place humanity, dignity, and comprehensive support at the heart of care.

Patient Quote

“

Cancer isn't only about treating the body, it dismantles an identity, and healing must embrace the whole person and their family.

—
F.Z.M.

K.N.'s Story: BRCA Gene Mutation – My Mission, a Call for Awareness

K.N.'s breast cancer journey began in 2020, when she discovered a lump. Tests revealed two hormone-dependent cancers: ductal and lobular carcinoma. Despite a family history of cancer, no genetic testing was initially offered, and she began a standard treatment path with a lumpectomy. Only after her family raised concerns was genetic testing conducted, revealing a BRCA2 mutation present through at least three generations.

This discovery was life-altering. Alongside chemotherapy and radiation, she was advised to undergo radical surgeries: an oophorectomy and bilateral mastectomy. The process was devastating. Following her mastectomy, K.N. contracted septicaemia, underwent three major operations in under two weeks, and had to relearn basic tasks during a long rehabilitation. The physical and emotional toll was immense, and even with family support, recovery was a struggle.

Through an NGO she found new strength accessing support groups, yoga, and therapies that helped her heal. She trained as a patient partner in oncology, completing a university diploma with a final project on the importance of BRCA testing in prevention and treatment. For K.N., this was not only a personal turning point but also a mission to transform patient care.

Her story highlights a critical gap: the lack of early genetic testing led to unnecessary surgeries, delays, and avoidable suffering. She now advocates for early BRCA testing, family-centred care, and patient involvement, striving to ensure that prevention and holistic support become central to oncology, and that no patient endures what could have been prevented.

Patient Quote

“

If genetic testing had been done from the start, I could have avoided so much suffering ,this is why raising awareness about BRCA mutations is now my mission.

—
K.N.

S.J.'s Story: Resilience Amid Treatment and Reconstruction

For S.J., a breast cancer diagnosis came as a profound shock, bringing fear, confusion, and loneliness despite being surrounded by family. She was in France preparing to return permanently to Morocco. Many urged her to stay in France for treatment, but she chose to undergo care at home, close to her loved ones, especially her mother. "If I die," she told herself, "at least I'll be in my own country."

The start of treatment was overwhelming. Chemotherapy caused fatigue, nausea, and hair loss, while the emotional burden weighed even heavier. She felt pressure to remain strong for her children, who were adapting to a new country, schools, and environment. Being a naturopath helped her cope with side effects and emotions, yet the journey was filled with frustration, anger, and sorrow alongside moments of unexpected strength and family support.

The most difficult stage came with surgery. Offered immediate reconstruction after her mastectomy, she initially believed it would "limit the damage." Instead, recovery was far more painful than expected. The reconstructed breast felt stiff and foreign, compounding her physical pain and psychological burden. "I was asked to heal much faster than my heart could follow," she recalls.

For S.J., the loss of a breast and the challenge of accepting reconstruction raised profound questions about femininity, identity, and resilience. She believes structured psychological support, post-operative physiotherapy, and specialised nursing care could have eased her journey. Despite hardships, cancer became transformative, teaching her patience, resilience, and the importance of slowing down and asking for help. Though the fear of recurrence lingers, she now feels stronger, more optimistic, and more confident in facing the future.

Patient Quote

“

I was asked to heal faster than my heart could follow, but through this painful journey I discovered resilience, patience, and a new strength within myself.

S.J.

Holistic and Empowered Care: NABD-BC2's Support for People Living with Cancer

In Morocco, NABD-BC2 addresses the long-standing marginalisation of cancer patients by promoting meaningful engagement and people-centred care. The association provides coordinated support nationwide, creating safe spaces where patients' voices are heard, experiences shared, and emotional, psychological, and social needs met. Its tailored services include psycho-oncology coaching, skincare and aesthetics workshops, recreational and community therapy, and educational programmes that equip patients and families with knowledge and confidence in their care decisions.

Beyond individual support, the association strengthens systemic impact by advocating for patient rights, fostering dialogue with the Ministry of Health and WHO, and building unified networks among patient organisations. By combining direct support with policy engagement and awareness-raising, NABD-BC2 ensures that people living with cancer are empowered, resilient, and central to shaping Morocco's healthcare landscape.

Impact, Lessons, and Future Pathways from Patient Experiences:

Section / Theme	D.I.	F.Z.M.
Results & Impact	Achieved remission; struggled with fertility concerns.	Completed treatment; reflected on psychological and emotional needs.
Empowerment	Sought compassionate care; self-advocacy for fertility preservation.	Advocates for patient-centred care; self-expression through her book.
Access to Treatment	Treatment focused on survival; fertility largely overlooked.	Received standard treatments; lacked holistic guidance.
Policy / Community Influence	Highlights gaps in oncofertility care; advocates for holistic care for young women.	Promotes breast reconstruction as essential; calls for family-inclusive psychosocial care.
Lessons Learned	Cancer care must address life beyond survival, including fertility and identity.	Healing the body alone is insufficient; importance of holistic care for patient and family.
Future Steps	Raising awareness on whole-person care; push for integrated fertility counselling in oncology.	Advocacy via writing and public awareness; promote comprehensive support systems.

K.N.	S.J.
Survived complex treatment; learned of BRCA mutation status late.	Survived treatment; underwent immediate reconstruction.
Became trained patient partner; empowered to educate others.	Built resilience; relied on naturopathy and family support.
Faced delayed genetic testing; underwent radical surgeries.	Chose care in Morocco; access to reconstruction provided, but recovery was challenging.
Promotes early BRCA testing; emphasises family-centred preventive care.	Limited policy influence noted; focuses on patient experience.
Early genetic testing is crucial; whole-family approach needed.	Psychological support, physiotherapy, and post-op care are critical.
Awareness campaigns on BRCA; push for integration of genetic testing in oncology pathways.	Advocacy for structured post-operative support; focus on resilience and coping strategies.

5. Recommendations and Calls to Action

1. Governments

- Establish national cancer registries with sex-disaggregated data to guide equitable policies.
- Integrate predictive and preventative tools (BRCA/genetic testing, HPV-GN vaccination) into the country universal health coverage.
- Expand access to organised screening and early detection programmes for breast, cervical, and ovarian cancers.
- Ensure fertility preservation, breast reconstruction, and psychosocial support as core health services.
- Strengthen healthcare infrastructure in underserved areas, including radiation therapy and pathology labs.
- Institutionalise palliative and hospice care as part of universal cancer care pathways, with trained personnel and sustainable financing.

2. Non-Governmental Organisations (NGOs)

- Deliver culturally sensitive awareness and stigma-reduction campaigns across multiple platforms.
- Provide psychosocial and peer-support programs, including counselling for survivors and families.
- Advocate for inclusion of fertility preservation and genetic testing in standard care.
- Support training of patient navigators and community health workers.
- Mobilise funding to expand palliative/hospice care programmes in low-resource settings.

3. International Organisations & Donors

- Support MEA countries in aligning with global frameworks such as the WHO Global Breast Cancer Initiative and Cervical Cancer Elimination Strategy.
- Fund cross-border collaborations for registries, genetic testing, and capacity-building.
- Promote research on underrepresented cancers (ovarian, endometrial, vulvar).
- Facilitate technical assistance for integrating palliative/hospice care into health systems.
- Prioritise equity-driven investments to reduce urban-rural and socioeconomic disparities.

4. Civil Society & Patient Organisations

- Amplify women's lived experiences in advocacy, policy dialogues, and national planning.
- Train and empower people with lived experience (PWLE) as patient partners in oncology.
- Create safe spaces for psychosocial, spiritual, and family-centred support.
- Organise survivor-led awareness, peer mentoring, and advocacy campaigns.
- Advocate for community-based hospice services to ensure dignity and comfort for women at the end of life.

5. Importance of Palliative and Hospice Care

Access to palliative and hospice care remains limited in many MEA countries, even though a significant proportion of women are diagnosed at late stages. Integrating palliative care into cancer pathways is essential to:

- Relieve pain and symptom burden.
- Support psychological, social, and spiritual needs of patients and families.
- Reduce unnecessary hospitalisations and financial strain.
- Ensure dignity, quality of life, and compassionate end-of-life care.

Governments and partners must recognise palliative and hospice care as fundamental human rights, not optional services, and ensure access regardless of socioeconomic status or geography.

6. Invited Perspective: Lessons in Equity from Latin America (Brazil)

By Fernanda de Carvalho, Public & International Affairs

Instituto Lado a Lado pela Vida - Brazil



As part of the GWG's commitment to cross-regional collaboration and shared learning, we invited a leading voice from Latin America to reflect on gender equity in cancer care and offer lessons relevant to the MENA region.

South-South Solidarity for Women's Cancer: Lessons Brazil Can Share with MENA

“No woman's health should depend on her postcode - South-South collaboration is the path to make that promise real.”

Across the Global South, women's cancers reveal deep inequalities in health systems - yet they also show how solidarity and policy innovation can rewrite that story. Latin America and Brazil, as an example, offers lessons that MENA advocates can adapt to secure women's right to prevention, early diagnosis, and compassionate care.

Brazil's National Policy for Cancer Prevention and Control (Lei 14.758/2023 - PNPCC) transformed cancer care from fragmented initiatives into a legal public right. It defines responsibilities across all government levels and mandates stable funding. However, implementation remains complex. Brazil's tripartite governance, shared among federal, state, and municipal levels, makes coordination challenging. Disparities in oncology infrastructure, early-detection coverage, and workforce capacity persist, especially in underserved regions. To bridge these gaps, implementation must prioritise transparent monitoring, stable municipal financing, and sustained civil-society participation, ensuring equity remains at delivery.

Equity begins with predictable resources. Brazil earmarks a minimum share of national revenue for health and integrates cancer programmes within universal health coverage. Other Latin American systems diversify funding by linking ministries of health, education, and women's affairs to co-finance outreach and prevention.

In MENA, creating ring-fenced budgets for women's cancers, or blending domestic and philanthropic funds, could protect vital programmes from fiscal volatility and keep lifesaving vaccines and diagnostics accessible.

Brazil's civil-society organisations - such as Instituto Lado a Lado pela Vida and many other patient organisations - have shifted the narrative from silence to action. These groups engage directly with policymakers, promote awareness campaigns focusing on early diagnosis, and bridge communities and the health systems. Their intense participation in healthcare ecosystem proves that when patients and patient's advocacy groups speak, policy listens.

MENA advocates could consider replicate this by nurturing survivor councils and community ambassadors who bring culturally resonant messages into clinics, schools, and mosques - reducing stigma and building trust in screening and vaccination.

Latin America's success also stems from agility. Strategic partnerships among ministries, laboratories, and philanthropic organisations have expanded HPV testing and mobile mammography to underserved areas. These coalitions act faster than bureaucracy, without losing public oversight. Similar multi-sector alliances in MENA could link technology partners, NGOs, and public hospitals to strengthen diagnostics, training, and outreach.

A simple yet transformative opportunity for 2026 could be a South-South HPV Confidence Partnership, connecting public-health leaders and patient advocates from Brazil and MENA members. Despite strong vaccination programmes, both regions face hesitancy rooted in misinformation, stigma, and inconsistent communication.

This initiative would co-create women-led storytelling campaigns, culturally adapted training materials, and faith-informed dialogues to promote trust in HPV vaccination and cervical cancer prevention. Drawing from Brazil's experience in school-based outreach and MENA's community mobilisation strengths, it could amplify accurate, empathetic messaging where it matters most: in classrooms, community centres, and religious settings.

Brazil's experience shows that progress requires both strong policy and persistent practice. The PNPCC offers a roadmap, but transformation depends on turning written rights into real access. For MENA and Latin America alike, advancing women's cancer care means coupling ambition with accountability, learning continuously from one another: one clinic, one community, one voice at a time.

Conclusion

Women's cancer care cannot be improved by clinical interventions alone. True equity requires addressing cultural, systemic, and financial barriers, while centring women's voices and lived experiences in decision-making. By adopting the Five Ps framework, scaling regional best practices, and strengthening collaboration across governments, NGOs, international bodies, and civil society, the MEA region can move toward patient-centred, inclusive, and sustainable cancer care. Crucially, ensuring universal access to palliative and hospice care will complete the continuum of care, so that women not only live longer but also live and die with dignity.

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About



PCCA is an alliance of cancer patients, carers, and representatives of patient organizations from the Middle East & North and Sub-Saharan Africa set up to advance health literacy in cancer, advocacy skills and education on personalised cancer care. It was set up because we now know that not all patients are the same, and not all cancers are the same, nor are all treatments the same.

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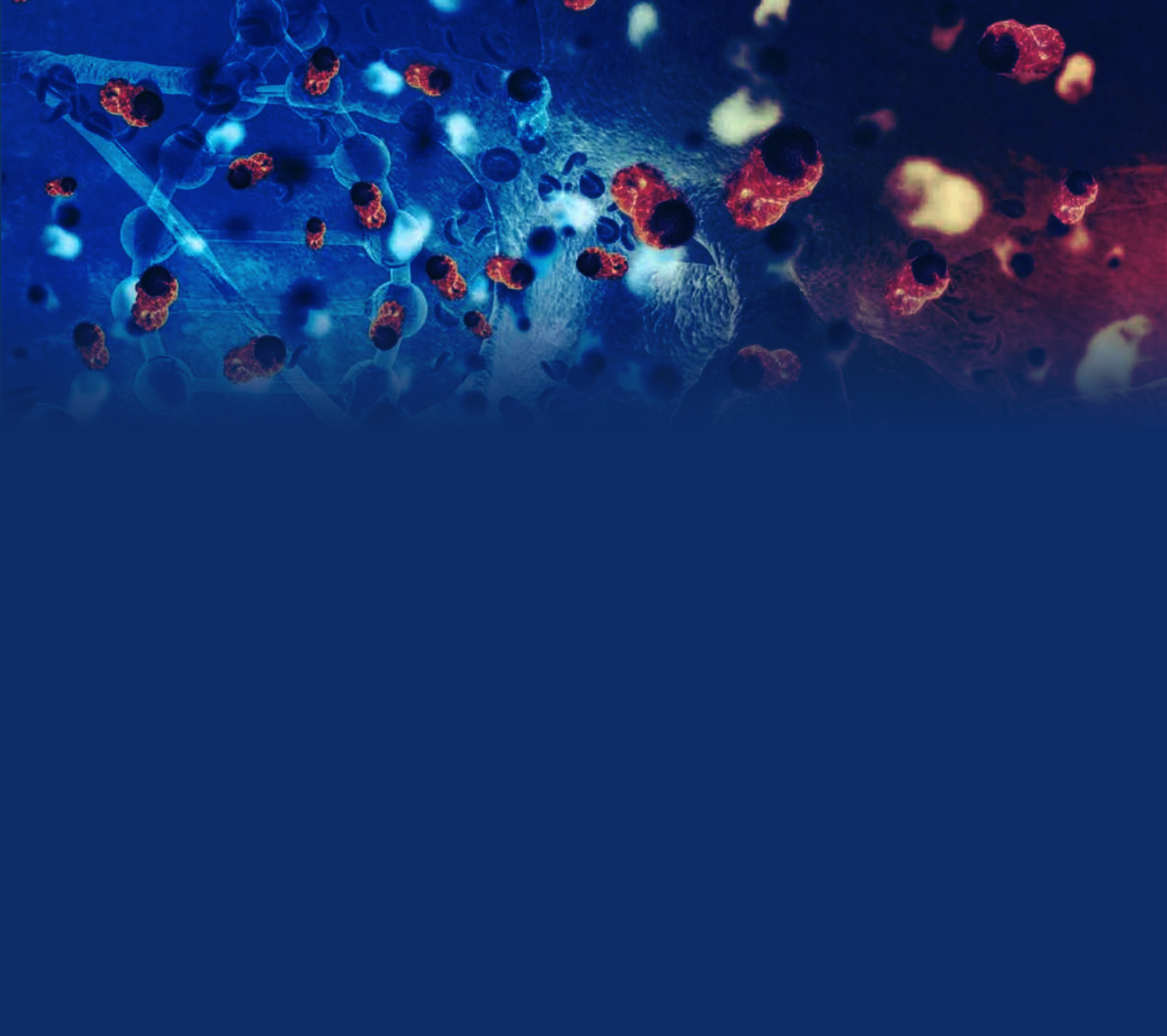


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