

## Leadership in Action

### Middle East and

### North Africa region



A MEMBERSHIP ORGANISATION  
FIGHTING CANCER TOGETHER

## An initiative of the UICC CEO Programme

**1-3 April 2019, Muscat, Oman**

Launched in 2017, the Leadership in Action series are the regional expressions of the CEO Programme, UICC's flagship leadership development initiative providing a suite of tailored platforms and activities to CEOs and equivalent senior executives of cancer organisations from the UICC membership.

The first Leadership in Action meeting for the Middle East and North Africa (MENA) region took place on 1-3 April 2019 in Muscat, hosted by the Oman Cancer Association. Over 50 senior executives representing civil society, government, academia, medical institutions, as well as the private sector, took part over the three days in discussions aimed at strengthening leadership capacities of the cancer community in the region, building peer support networks, and providing insights on key global health issues.



### Sessions and speakers

#### Individual leadership training course

– April 1<sup>st</sup>

- **Huwaishil Al Lamki**, Human Resources Management Specialist, Learning & Management Development Centre
- **Amer Al Rawas**, Partner – Middle East, The RBL Group
- **HRH Princess Dina Mired**, President, Union for International Cancer Control

#### Organisational strategic planning

– April 2<sup>nd</sup>

- **Kristen Cox Mehling**, Deputy Director, Global Health Visions

#### Public Private Dialogue: National Cancer Control Planning in the MENA region

– April 2<sup>nd</sup>

- **SungAh Lee**, Director, Members and Partners Development, Union for International Cancer Control (moderator)
- **Fatima Al Tahan**, Director of Cancer Control Program, Ministry of Health, Saudi Arabia
- **Hadi Abu Rasheed**, Head of Professional Development and Scientific Research, Qatar Cancer Society
- **Maya Helbaoui**, Public Affairs Lead - Middle East, Roche Lebanon
- **Nisreen Qatamish**, Director General, King Hussein Cancer Foundation
- **Rania Azmi**, President, Fadia Survive & Thrive Association

#### Universal Health Coverage (UHC): status in the MENA region and considerations around healthcare financing – April 3<sup>rd</sup>

- **Arno Heinrich**, Associate Partner, McKinsey Middle East

## Key learnings from

## presentations and discussions



### Individual leadership training course

Two human resources experts and renowned speakers from the region, Huwaishil Al Lamki and Amer Al Rawas, opened the workshop by taking delegates on to a journey of discovery around the attributes of a good leader.

Sensitivity to cultural diversity, deep self-awareness, emotional intelligence, humility, lifelong curiosity and desire to learn, a global strategic outlook, clear communication, and negotiating skills were some of the key leadership traits highlighted by the speakers.

They went on to explore concrete actions and tools leaders can take to engage and motivate their staff, including the establishment of performance management systems that incentivise both employee's satisfaction and organisational success.

**CB** *“Leaders need a humble awareness that what they know is not enough, and that there is always more to learn.”* Huwaishil Al Lamki, Human Resources Management Specialist, Learning & Management Development Centre

Complementing the day's discussions on leadership, HRH Princess Dina Mired of Jordan, President of UICC, delivered a talk on why non-governmental organisations (NGOs) should be run as a business, with a heart. In her presentation she reminisced about her time as Director General of the King Hussein Cancer Foundation and how she helped transform the non-profit into the most successful fundraiser for cancer control efforts in Jordan by taking inspiration from the business world: taking calculated risks, establishing customised donor management systems, and investing in social marketing and communications.

### Organisational strategic planning

Kristen Cox Mehling, Deputy Director of Global Health Visions, led a session focused on the importance of organisational strategic planning to strengthen cancer control in the region.

She explored the critical components of building a strong strategy and encouraged delegates to identify the main challenges they faced in the development or implementation of their strategies.

Traditional constraints such as funding and skills gaps, and a constantly changing external environment, were highlighted as prevalent also for cancer organisations in the region; additionally, the need to consider and manage the diverse priorities of different stakeholders was seen as a specific challenge for planning strategically in the cancer control space, due to the intrinsically multisectoral nature of the field.

A clear understanding of what role each organisation is positioned to fill, and what can be better achieved through collaboration, was recognised as a key mitigating factor for the unique challenges the cancer community face in adopting effective and impactful strategies in the region.

### Expertise marketplace

Following the introduction of a number of capacity building opportunities made available to cancer control organisations by UICC, delegates had the opportunity to identify common challenges they faced in the region and use their own expertise to explore solutions in small group discussions.

The groups grappled with issues such as fundraising approaches and practices, limited coordination among stakeholders, restrictive regulatory environment for civil society, and engagement with policy-makers.

Some of the solution-seeking steps identified by the groups included:

- The 'professionalisation' of NGOs' structures and practices
- The need to build mutual trust between public institutions and civil society
- The adoption of inclusive, multi-stakeholder, evidence-based decision-making processes



## Public Private Dialogue - National Cancer Control Planning in the MENA region: key barriers, opportunities and practical steps the cancer community can take

### Background

UICC's Public Private Dialogue (PPD) series provides unique opportunities for UICC members and partners and other key stakeholders to engage in dialogue on key issues in cancer control and care and explore solutions and concrete areas for collaboration. Building on previous consultations with UICC members and partners and increased interest at UICC convening events, the PPD in Muscat addressed the theme of **National Cancer Control Planning in the MENA region**. With the global call for universal access to essential quality cancer care, there is a new imperative to develop quality national cancer control plans and support their implementation.

### Panel discussion:

#### Multi-stakeholder perspectives

The Public-Private Dialogue brought together the perspectives of a patient advocate, Ministry of Health, cancer society, community-based organisation, and private sector to share their views on the key factors for a successful National Cancer Control Plan (NCCP).

The need for ensuring multi-stakeholder engagement in the planning from the outset was seen by all as crucial. Without clear mechanisms for input from those sectors of society that will ultimately play a role in the delivery of the services, the NCCP will risk remaining mere intentions on paper.

Hadi Mohamad Abu Rasheed, Head of Professional Development and Scientific Research at Qatar Cancer Society and member of the National Cancer Committee noted how agreeing on national strategy and key performance indicators (KPIs) for all the components of the cancer control continuum was essential to the implementation phase. However, while KPIs would enable policymakers to assess the degree to which a plan was on track, it was important for these to be accompanied by the necessary enablers, including parallel efforts around health workforce development, research, and cancer data capture. Also, he highlighted the importance of involving the people living with and beyond cancer in setting the NCCP. Nisreen Qatamish of King Hussein Cancer Foundation concurred, stressing that plans have to be SMART, specific, measurable, attainable, relevant, and time-based.

From the government's perspective, Fatima Al Tahan, Director of Cancer Control Program at the Ministry of Health in Saudi Arabia, highlighted how the involvement of different stakeholders in the NCCP requires effective regulation to be in place: while the role of civil society in supporting the delivery of the plan was clearly acknowledged, it was important this took place within a clear framework overseen by the State. This need for a unified and coherent approach in rolling out the NCCP was generally perceived as crucial to ensure cancer services were embedded within the broader public health system.

Rania Azmi, a patient advocate and President of Fadia Survive & Thrive Association, highlighted the key importance of bringing in the patient's perspective in the discourse. Patient advocacy, she noted, is still a nascent activity in the region, and often there was a misrepresentation in policy circles that the voice of patients was not as scientifically sound as that of professionals. She stressed that health systems could only improve by placing patients' needs at the centre of the decision-making process, and ensuring that issues around quality of life become part of the conversation.

**36** *"Improving access is a shared responsibility. It is only when all stakeholders across the healthcare spectrum join efforts that patients receive the quality of care they need and deserve." Maya Helbaoui, Public Affairs Lead, Middle East, Roche Lebanon*

The need for basing health planning decisions on health outcomes as experienced by patients was also acknowledged by Maya Helbaoui of Roche Lebanon. She added how this could be helped by the changing role of pharmaceutical organisations within the cancer control ecosystem: for example, from being tasked solely with developing and supplying medicines, the pharmaceutical industry is now contributing to drive solutions across the whole spectrum of cancer control, from creating awareness around specific health issues, to generating data for better health decisions, including assessment of patient value.



## Table discussions: Key findings

Following the panel discussion, participants continued the debate in small groups, focusing on three questions: who the key stakeholders are, what are the main challenges, and how can we move forward.

### Key stakeholders

There was overall consensus that the whole of government, not only the Ministry of Health or the Health Authority, but also Ministry of Finance and other relevant ministries, remain the main drivers of a National Cancer Control Planning exercise.

It was noted though that this had to be accompanied by multisectoral consultation and coordination, bringing in not only perspectives and input from civil society, private providers, and the pharmaceutical industry, but also the voice of patients and patient advocates.

Other sectors were also mentioned in relation to specific aspects of the NCCP: for example, the World Health Organisation, or other international institutions, could be involved in technical assistance, and insurance companies with regards to health financing.

### Main challenges

- Lack of sustainable funding and need for political engagement at the highest level
- Need for more data and evidence to provide clear recommendations on policy and strategic directions
- Difficulties in monitoring qualitative measures of success, such as avoidance of risk factors or changes in health seeking behaviours
- Competition among different stakeholders, both in terms of priority setting and funding
- Gaps in the availability and competencies of the health workforce in the region
- Need for more effective advocacy capacity in national cancer societies

## Actions moving forward

For government:

- Ensure engagement with the NCCP is not limited to the Ministry of Health, but cuts across government
- Involve civil society and the private sector from the outset, and build trust among all stakeholders, for example through the establishment of a multisectoral committee
- Set clear roles for each actor in the NCCP, whether in the public, private or civil society space, and establish transparent accountability mechanisms, for example through tasking third parties with managing conflicts of interests
- Set specific and realistic goals and outcomes the country wants to achieve on cancer control

For civil society:

- Build coalitions to advocate for quality NCCPs and ensure advocacy efforts are firmly based on evidence
- Strengthen the accountability and professionalism across the sector to challenge misconceptions around its capacity to act as trusted partner of government
- Specifically, for patient advocacy groups, raise the awareness about the role of patients and their value in informing a national cancer control strategy

For the private sector:

- Contribute to strengthening health systems through involvement in diagnostics and screening
- Support research and generation of data to inform policy decisions
- Foster and nurture innovation, whether in health financing or delivery





## Universal Health Coverage (UHC): status in the MENA region and considerations around healthcare financing

Arno Heinrich, Associate Partner and leader of the health systems financing service line for McKinsey & Company in Eastern Europe, the Middle East, and Africa, rounded off proceedings of the 3-day meeting by guiding participants through the key elements of UHC, the current status in the region, and how financing plays an important role for healthcare delivery.

Following an overview of the mixed outlook in terms of healthcare services coverage in the MENA region, and the observation of a link between cancer mortality and healthcare spending, he drew on a number of country case studies to underline the key function of financing in health systems.

Health financing is not only concerned with the task of attracting the resources necessary for a health system to function, he noted, but it can also contribute to create the right incentives for high-quality, timely, and efficient provision of services in the way it allocates the available resources to the healthcare providers.

To prove his point, he outlined the array of payment mechanisms employed by health systems across the world, and noted the real life consequences these had on overall access to healthcare, use of healthcare resources, and ultimately the quality of the patient's experience.

He ended his talk by suggesting that the next big leap towards UHC would come with the introduction of a value-based healthcare model, one in which all health providers are ultimately paid based on patient health outcomes.

“The road towards more efficient and patient-centred health systems, always start with visionary leaders and their appetite for change”  
Arno Heinrich, Associate Partner, McKinsey



## Summary and Next Steps



At the end of the three days, it was noticeable across the participants that the workshop had provided a valuable first step in addressing some of the gaps for the cancer community in the region: support local leadership capacities with regionally relevant tools and connections, inspire organisations in adopting more professional, measured and systematic operating approaches, and provide platforms to start bridging the trust-divide across the different stakeholders.

The issues and challenges highlighted, including those around national cancer control planning and health financing for cancer control, require long-term solutions and an all-of-society approach.

Through its CEO Programme and other capacity building activities, UICC supports the cancer community to acquire the skills, knowledge, and networks necessary to discover relevant solutions and advance cancer control in their region. Please have a look at [our website](#) for the latest opportunities.

For further information about the Leadership in Action meetings, please contact the UICC Capacity Building regional team at [regionalcba@uicc.org](mailto:regionalcba@uicc.org)

If you are a UICC member, and are interested in hosting a Leadership in Action meeting in your region, please contact the UICC Members and Partners team at [hentsch@uicc.org](mailto:hentsch@uicc.org)

BB

*"At Fadia Survive and Thrive, we truly believe that collective coordination of efforts to conquer cancer in our region is what's missing and this leadership workshop was a step closer in bridging that gap"*

**Rania Azmi, President, Fadia Survive & Thrive Association, Kuwait**



# List of participants



## Delegates

**Abir Al Jahwari**, Oman Cancer Association, Oman  
**Adhari Alzaabi**, Sultan Qaboos University, Oman  
**Ali Al Zahrani**, Saudi Society for Epidemiology, Saudi Arabia  
**Amal Megahed**, Oman Cancer Association, Oman  
**Ayid Al Sultani**, Oman Cancer Association, Oman  
**Bassim Al Bahrani**, National Oncology Centre, Royal Hospital, Oman  
**Belal Abufkhaida**, Alhayat Association for Cancer Control, Palestine  
**Diwani Msemo**, Ocean Road Cancer Institute, Tanzania  
**Faiqa Al Sinawi**, Ministry of Health, Oman  
**Fatemeh Varshoee Tabrizi**, Reza Radiotherapy and Oncology Center, Iran  
**Fatima Al Tahan**, Ministry of Health, Saudi Arabia  
**Fayek Elkhwsky**, Medical Research Institute, Egypt  
**Fouad Rahal**, Varian, United Arab Emirates  
**Gulbeyaz Can**, University of Istanbul, Turkey  
**Hadi Abu Rasheed**, Qatar Cancer Society, Qatar  
**Hala Al Husami**, Oman Cancer Association, Oman  
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**Ibtihal Fadhil**, Eastern Mediterranean NCD Alliance, United Arab Emirates  
**Imad El Hajje**, Children's Cancer Center of Lebanon, Lebanon  
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**Khadija Msami**, Ocean Road Cancer Institute, Tanzania  
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**Maihan Abdullah**, National Cancer Control Program, Afghanistan  
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**Manal Al Zadjali**, Higher Institute of Health Specialties, Oman  
**Maryam Rassouli**, Shahid Beheshti University of Medical Sciences, Iran

**Maya Helbaoui**, Roche, Lebanon  
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**Msafiri Marijani**, Zanzibar Cancer Association, Tanzania  
**Muhammad Adeeb Khan**, Green Hills Science College Muzaffarabad Azad Kashmir, Pakistan  
**Muhanned Adnan Hararah**, Qatar Cancer Society, Qatar  
**Mushtaq Najmuldeen Ali**, Baghdad University, Iraq  
**Nadir Al Azri**, Oman Cancer Association, Oman  
**Najeem**, Al Balushi, Directorate General of Nursing Affairs, Ministry of Health, Oman  
**Nasra Al Balushi**, Oman Cancer Association, Oman  
**Naufal Mohamed**, Zanzibar Outreach Program, Tanzania  
**Nisreen Qatamish**, King Hussein Cancer Foundation, Jordan  
**Omar Nimri**, Jordan Cancer Registry, Jordan  
**Rajyashree Narayanan Kutty**, Barakhat Al Noor Clinic, Oman  
**Rania Ahmed Azmi**, Fadia Survive & Thrive Association, Kuwait  
**Rihab Nasr**, American University of Beirut, Lebanon  
**Ryadh Al Obaidi**, Consultant, Iraq  
**Sara Rashid**, Kurdistan Save the Children, Iraq  
**Shada Al Dahash**, Zahra Breast Cancer Association, Saudi Arabia  
**Shahenda Rabie Mohamed**, Oman Cancer Association, Oman  
**Suad Bin Amer**, Zahra Breast Cancer Association, Saudi Arabia  
**Taha Al Lawati**, Oman Cancer Association, Oman  
**Wahid Al Kharusi**, Oman Cancer Association, Oman  
**Xavier Franz**, Varian, France  
**Yaser Alhagan**, MSD, Saudi Arabia  
**Yousri Rostom**, Alexandria Society for Cancer Patient Care, Egypt

## Union for International Cancer Control (UICC) team

**HRH Princess Dina Mired**, President  
**Alessandro Di Capua**, Senior Manager, Leadership Development  
**Aya Sharkas**, Executive Assistant to the President  
**Karine Hentsch**, Partnership Manager, Members and Partners Development  
**Laura Fernandez Diaz**, Members and Partners Development Manager  
**SungAh Lee**, Director, Members and Partners Development

## Thanks to the local organising team and volunteers

Allen Thomas, Badrya Al Rashdi, Fiona Pulickal, Gertrude Hyzinth Pereira, Heather B. Phelan, Hussain Ahmed, Muna Al Aufi, Ronel Van Wyk, Saada Al Esri, Suliman Al Bahri.

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