



National Coordination of Cancer Control Efforts and Partners for Implementation, Policy, and Advocacy



ICCP ECHO Session



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Date: March 18 2026



Who are the top five most influential actors in national cancer control in your country?

National Cancer Control Ecosystem

Ministry of Health

- Policy development
- Implementation of cancer control programs
- Coordinate screening, prevention, treatment

Civil society organization

- Cancer Association League
- Cancer Confrontation Care and Consolation (C3G)
- Network of AIDS Service Organization (NASO)

Health Care Institutions

- Edward Francis Small Teaching Hospital
- Bundung Maternal and Child Health Clinic
- Kanifing General Hospital
- SOS Childrens Clinic
- Basse District Hospital



Social media influencers

- Tiktok
- Youtube
- Facebook
- Instagram

International Partners

- WHO,
- IAEA,
- IARC
- Africa CDC
- iECHO
- UICC
- GAVI



International Partners Area of Support

❖ **Capacity Building**



❖ **Treatment Facilities**



❖ **Policy Support**

❖ **Financial Support**



❖ **Technical Support**



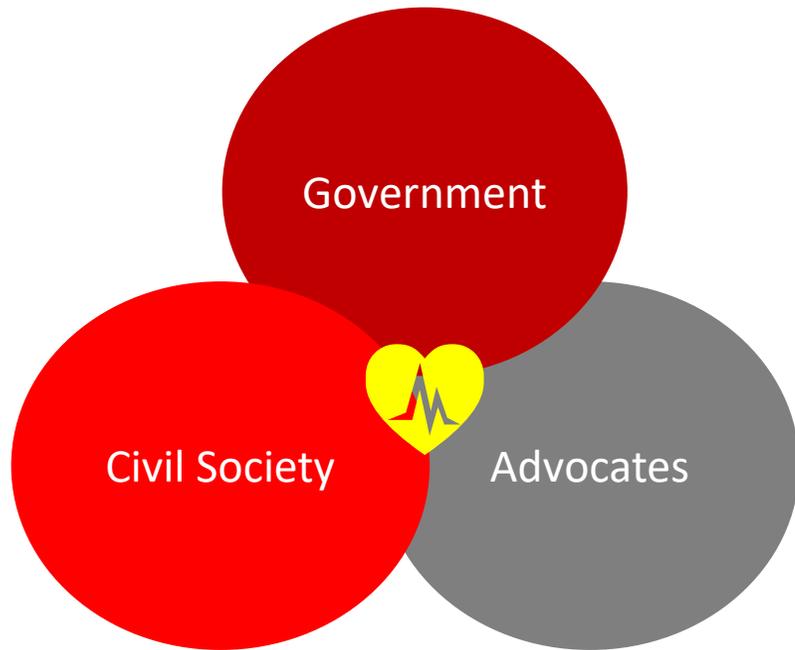


Which stakeholders are under-engaged but should be more involved?

Local partners	Level of Engagement	Key role	International partners	Level of Engagement	Key role
Community/ Religious Leaders	Low	Awareness, promotion	WHO	High	Policy guidance, technical support, capacity building
Traditional Healers	Low	Care seeking, referral	UICC	Low	Advocacy, global best practices, networking
Women groups	Moderate	Awareness, Early detection advocacy	IARC	Moderate	Cancer registry strengthening
CSO	Moderate	Advocacy, Patient support	IPVS	Moderate	HPV programs & Vaccination
Media outlet	Moderate	Education, campaign	UNICEF	Low	HPV vaccination in Children
Parastatals	Moderate	Resource support			
Political actors	Low	Policy direction, funding, leadership	Africa CDC	Moderate	Capacity building, policy guidance
Health Institutions	High	Service delivery	GAVI	Low	Vaccination programs



How well do government, civil society and advocates collaborate?



Government

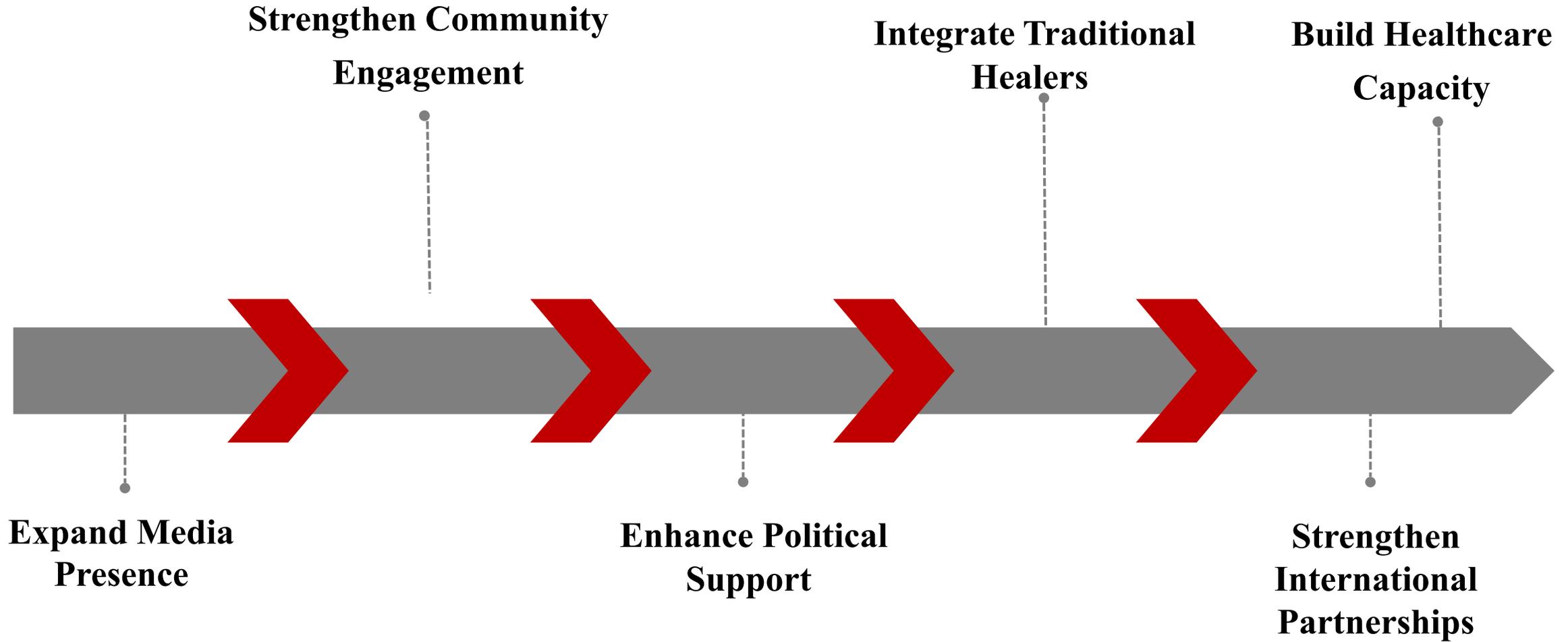
- Support in policy development,
- Resource allocation,
- Integration of cancer services into national health systems.
-

CSO and advocacy groups

- Raising awareness,
- Supporting community outreach
- Mobilizing resources
- Advocating for patient rights and improved services.



Conclusion





THANK YOU !