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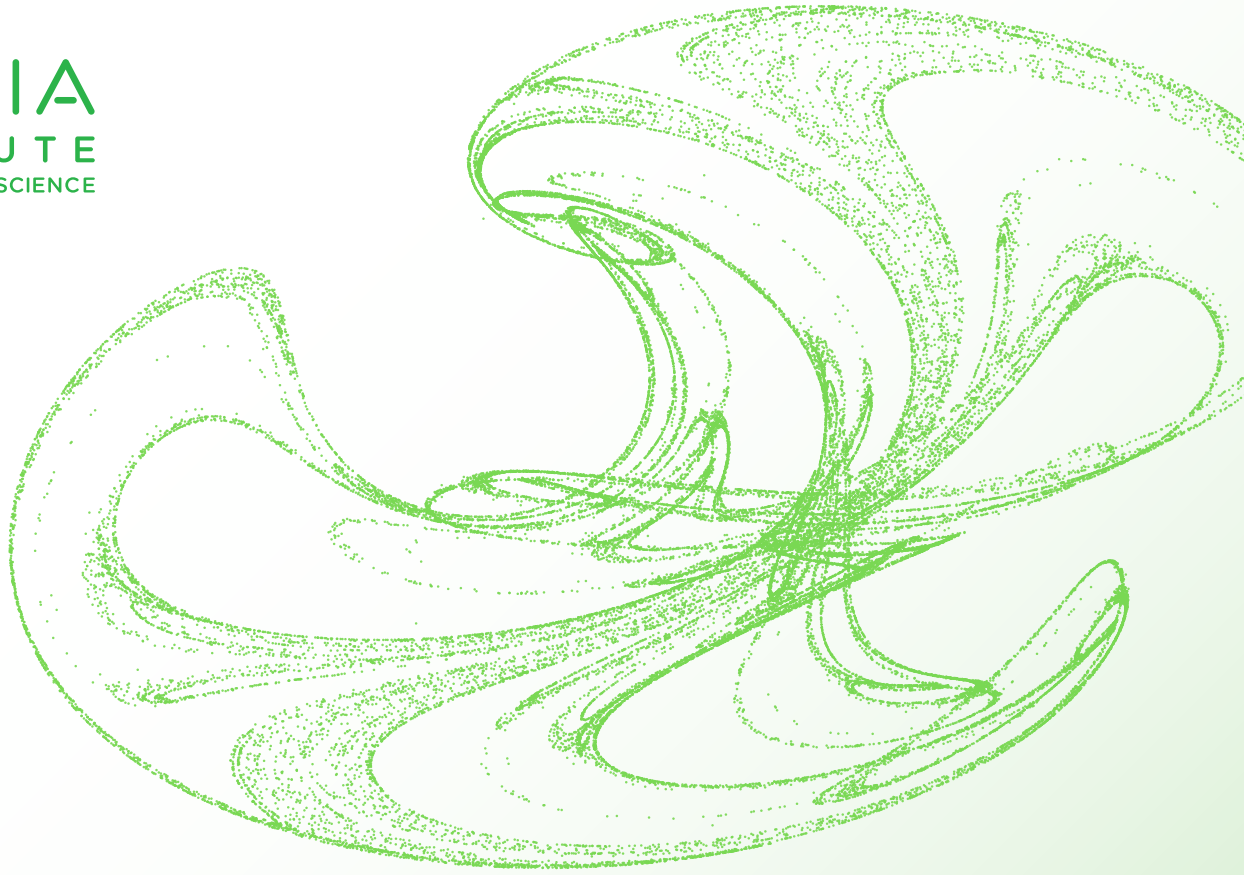

Advancing Equitable and Timely Access to Personalized Oncology Therapies: Middle East and Africa

Summary Highlights from a Multi-Stakeholder Panel Discussion at the 13th Annual Emirates Oncology Conference in November 2025

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SUMMARY

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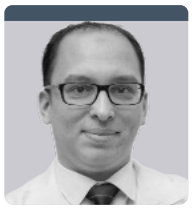

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The views of speakers do not necessarily represent those of their organizations.

Introduction

The IQVIA Institute for Human Data Science convened an in-person and virtual multi-stakeholder symposium at the 13th Annual Emirates Oncology Conference in Abu Dhabi, UAE, on November 14, 2025. The panel discussion, Advancing Equitable and Timely Access to Personalized Oncology Therapies: Middle East and Africa, covered the challenges and opportunities in accessing precision oncology therapies across various regions. Participants represented Egypt, Saudi Arabia, South Africa, and the UAE. Building on the IQVIA Institute's published report, Oncology Therapy Access in the Era of Personalized Medicine: Trends in regulatory and reimbursement for select countries in the Middle East and Africa, the aim of this session was to further the ongoing discussion about timely access to precision oncology therapies.

The panel was comprised of a broad range of stakeholders, including oncology clinicians, policy leaders, and ex-payers.

This summary provides highlights from the discussion.

The symposium was organized by the IQVIA Institute for Human Data Science as a public service with funding from AbbVie, and was intended to continue the timely conversation and propose a call to action for equitable patient access to precision oncology therapies.

Background

Precision oncology - an approach that tailors therapeutic interventions to an individual's unique molecular profile - has transformed oncology care, ushering in a new wave of therapies. Despite these advancements, unequal affordability and access continue to drive geographic disparities. Research from the IQVIA Institute and others has found that the availability and use of oncology therapies differ drastically across various geographies, leading to disparities in patient outcomes.[1–4] The symposium opened with an overview of the research findings from the report published by IQVIA Institute in August 2025 as an introduction to the themes of the panel discussion.

The findings highlighted that landscape of oncology therapy access across select countries in the Middle East and Africa is marked by rapid scientific advancement and persistent disparities. Precision oncology, driven by molecular profiling and targeted therapies such as antibody-drug conjugates (ADCs), bispecific antibodies (bsAbs), immuno-oncology checkpoint inhibitors, and cell and gene therapies (CAGT), has transformed cancer care paradigms, improving clinical outcomes and quality of life.[4] However, despite notable progress in regulatory approvals and reimbursement, significant gaps remain in the registration and public reimbursement of novel active substances (NAS) in these regions.

Systemic factors including variations in molecule registration process and timelines, variations in health technology assessment (HTA) frameworks, country-level disease prioritization, healthcare budget and infrastructure, and manufacturer market entry strategies continue to shape oncology therapy access outcomes. The presence and capacity for use of companion diagnostics, essential for precision medicine, remain limited in many regions, constraining the uptake of innovative therapies. However, while gaps remain, countries assessed in the report — Algeria, Egypt, Saudi Arabia, South Africa, and the UAE — are striving to close the gap through ongoing government led initiatives, including the Saudi VISION 2030, Emirati Genome Program, local manufacturing initiatives in Algeria, healthcare reform in Egypt, and HTA harmonization transformation in South Africa.

Highlights from the panel discussion

The panel discussion centered on the following themes:

- Barriers to oncology therapy access across regions
- Ongoing initiatives and solutions to improve access

BARRIERS TO ONCOLOGY THERAPY ACCESS ACROSS REGIONS

Discussion areas included the following points:

- There is stakeholder consensus that registration and reimbursement timelines for oncology therapies are prolonged in the discussed regions — Egypt, Saudi Arabia, South Africa, and the UAE, likely leading to suboptimal patient outcomes.
- Identified barriers to oncology therapy access across regions centered around three main themes:
  - Regulatory and reimbursement fragmentation
  - Financial barriers and insurance design
  - Healthcare system constraints including capacity considerations
- Fragmented regulatory bodies in the UAE consisting of Abu Dhabi Department of Health (DoH), Dubai DoH, and the Ministry of Health and Prevention (MoHAP) produce variable registration timelines and guideline pathways. This may be further exacerbated by variable reimbursement dependent on multiple insurance policies and differing coverage across regions. For example, while Abu Dhabi residents must have insurance, coverage in the Northern Emirates is inconsistent, and basic plans may quickly run out of coverage for costly oncology therapies, forcing patients to pay out of pocket or seek treatment abroad.
- Additional complexities are also present in Saudi Arabia, as national registration of oncology therapies may be delayed due to lengthy drug negotiations between manufacturers and the Saudi Food and Drug Authority (SFDA) and even after registration, institution-level P&T committee decision and budget constraints delay reimbursement.
- Egypt's healthcare system includes legacy insurance, the new Universal Health Insurance, a public reimbursement system for the non-insured, and a private market, resulting in significant variability in oncology therapy access. Heavy sensitivity to cost-effectiveness and currency devaluation has also been mentioned as a factor for limited oncology therapy access. Manufacturer decisions on market entry also play a pivotal role in shaping patient access.
- In South Africa, while regulatory approval is centralized, two distinct reimbursement systems exist: the public sector (covering ~85% of the population), which partially aligns drug availability with the WHO Essential Medicines List, and the private market. Only about 15% of the population has private insurance and therefore can afford high-quality private healthcare and reimbursement. This results in uneven access, leaving many new medicines unreimbursed for most people, even in the privately reimbursed sector.
- The Single Exit Price regulatory framework was introduced in 2004 South Africa which prohibits manufacturers from providing undisclosed discounts.[5] This may further restrict access to oncology therapies by hindering flexible reimbursement models.
- While discussing precision oncology enablers such as companion diagnostics, panelists noted that testing is often limited to certain centers, and workforce capacity constraints hinder timely testing and treatment, especially outside major cities.

> *"... Prolonged pricing negotiations between pharmaceutical companies and regulatory agencies can delay access to innovative medications."*
>
> ***— Dr. Mohammad Al Nahedh,** King Faisal Specialist Hospital and Research Center*

"Egypt has a national health insurance system, universal new health insurance system and then something similar to Medicaid in for those who don't have funds. [All have] different reimbursement processes and different drugs being reimbursed. But I think that one of the major factors [for access challenges] is because the policies in the country are constant, the variable is the pharmaceutical company. Pharmaceutical companies, I do believe have very large influence specifically when you come to countries that are similar to Egypt and those companies who have a long history in the country and that do understand the market know how to introduce their drugs and make it accessible."

*— **Dr. Khaled Kamal**, Ain Shams University*

ONGOING INITIATIVES AND SOLUTIONS TO IMPROVE ACCESS

Highlighted discussion topics include:

- As oncology innovation continues to evolve and reshape therapeutic paradigms, national health systems face dual imperatives: ensuring timely access to currently available cancer treatments and preparing infrastructure for the introduction of emerging therapeutics.[4]

Regulatory acceleration and HTA strengthening

- SFDA expedited tracks aim to shorten registration timelines. The regulatory body has introduced new pharmacoeconomic study submission requirements that aim to clarify value and reduce reimbursement uncertainty.[6,7,8]
- UAE's newly established Emirati Drug Establishment is working to develop an advanced and harmonized regulatory framework aimed at strengthening medication safety.

"I think the [UAE] government has noticed that we have more than one regulatory pathway for medicines and especially for oncology. So, the Emirati Drug Establishment (EDE) is now newly established. We hope that the EDE will take over and [lead to a harmonized] regulatory and reimbursement framework with unified guidelines."

*— **Dr. Mouza Al Ameri,** Tewam Hospital/SEHA*

Centralized testing and RWE data collection

- Egypt is advancing personalized medicine by centralizing genetic testing through the Egyptian CDC, which lowers costs and improves efficiency. By pooling resources for companion diagnostics, stakeholders can better understand local genetic factors and plan more effective reimbursement strategies for innovative therapies.
- Egypt is also implementing targeted programs, such as focusing reimbursement on patient subgroups who benefit most from new treatments and expanding early cancer detection initiatives. These efforts help shift resources away from costly late-stage care and improve overall treatment efficiency.
- South Africa is developing a Risk Equalization Fund (REF) within the private and public insurance sector to improve access to therapies for orphan and rare diseases, including targeted oncology treatments. This approach emphasizes cost-effectiveness for patient groups with the highest impact.[9]
- South Africa is also experimenting with alternative reimbursement models (e.g., managed entry agreements, value-based care models) to enable wider access to oncology therapies (and other TAs). Centralized laboratory testing are being advanced to extend equitable access beyond privately insured populations. Additionally, academic institutions are leading in biobank development and real-world data collection, enabling outcome-based analyses.
- Collaboration between public and private funding models, along with the recently established central health technology assessment agency, is expected to streamline decision-making and define clear funding thresholds, making progress toward more equitable access easier.

"Cost efficacy analysis needs to be focused on where the benefit would be the highest. Having said that, that would lead to alternative reimbursement models allowing not only for your privately insured, but for the entire population to start getting equitable access to these [oncology] medicines. Also centralized testing and many of the laboratories are now moving in that direction.

The academic institutions are well ahead with biobanks and data collection within what you would call the government sector funded environment whereas the private sector insurance models already have that data available and one can do RWE analysis in terms of outcomes based on the exposure of patients to specific molecules."

*— **Dr. Jacques Snyman**, Forte Research Co. (Pty) Ltd*

A call-to-action

The call to action coming out of the panel discussion and the published report is centered around seven key themes:

1. Strengthen approval pathways that could accelerate NAS registration process

- Implement and expand fast-track regulatory programs and reliance models to reduce median registration timelines
- Expand pre-registration patient access programs and ensure consistent use by manufacturers to build clinical experience and shorten reimbursement delay

2. Establish and implement a robust HTA framework for consistent and transparent evaluation at the country level

- Develop standardized HTA processes to ensure consistent and transparent evaluation of oncology therapies.
- Integrate clinical, economic, and real-world evidence into HTA to support equitable and sustainable access decisions.

3. Implement unified procurement mechanisms within the GCC and explore opportunities for regional integration across Africa to leverage collective bargaining power on drug pricing

- Establish and/or strengthen centralized procurement mechanisms to leverage economies of scale and negotiate better pricing for novel oncology therapies

4. Strengthen local manufacturing to reduce reliance on imported drugs

- Invest in regional production capabilities for oncology drugs and companion diagnostics to mitigate supply chain risks
- Foster public-private partnerships for technology transfer and scalable manufacturing infrastructure

5. Harmonize oncology treatment landscape to deliver consistent and scalable care

- Create unified clinical guidelines across countries to standardize biomarker testing and therapy protocols.
- Promote regional collaboration for joint procurement and shared diagnostic networks to optimize cost and access.

6. Ensure patient representation in key decision-making process

- Include patient advocacy groups in regulatory and reimbursement committees to align policies with real-world needs
- Establish structured feedback mechanisms for patients to influence oncology access strategies

7. Standardize data collection to understand and utilize real world evidence (RWE) data

- Set clear benchmarks for oncology drug registration and reimbursement timelines and regularly monitor progress to shorten patient access delays.
- Standardize data collection protocols across regions for consistent reporting on disease prevalence, treatment types, and outcomes.
- Develop interoperable data platforms across institutions to capture treatment outcomes and biomarker testing rates regionally. This can be later used to inform HTA assessment procedures

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About the Institute

The IQVIA Institute for Human Data Science contributes to the advancement of human health globally through timely research, insightful analysis and scientific expertise applied to granular non-identified patient-level data.

Fulfilling an essential need within healthcare, the Institute delivers objective, relevant insights and research that accelerate understanding and innovation critical to sound decision making and improved human outcomes. With access to IQVIA's institutional knowledge, advanced analytics, technology and unparalleled data the Institute works in tandem with a broad set of healthcare stakeholders to drive a research agenda focused on Human Data Science including government agencies, academic institutions, the life sciences industry, and payers.

Research agenda

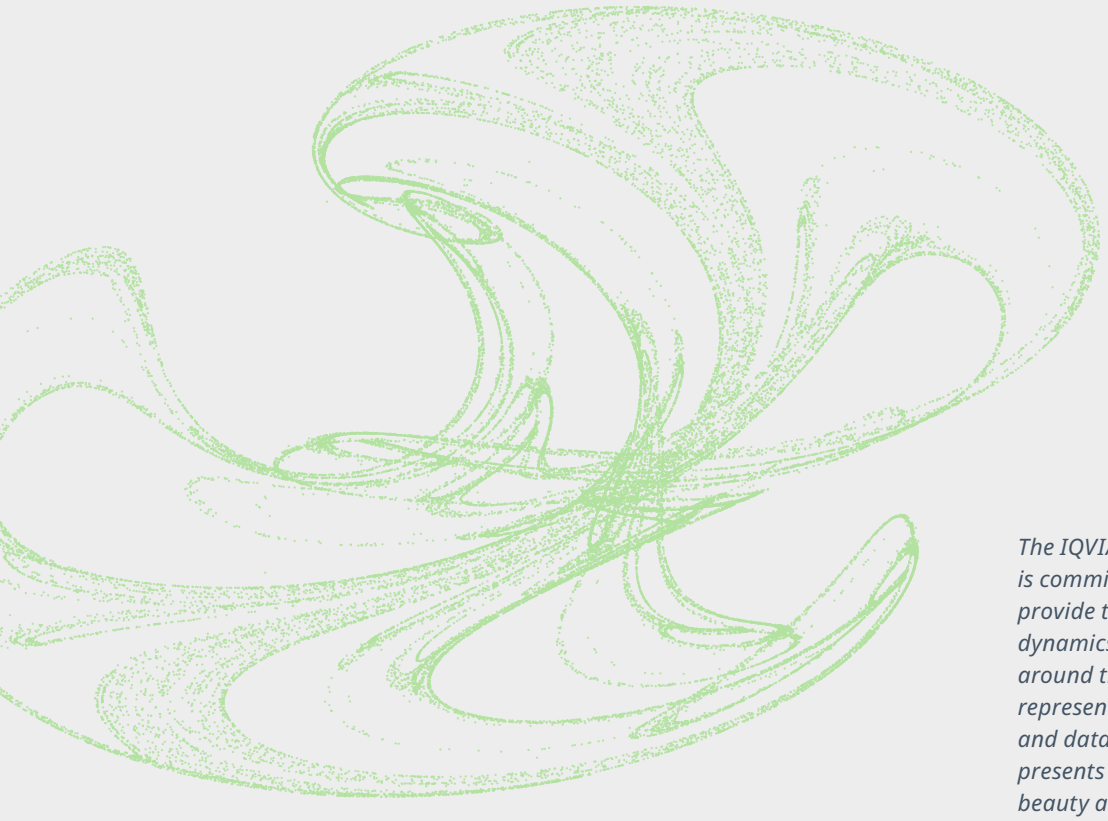
The research agenda for the Institute centers on five areas considered vital to contributing to the advancement of human health globally:

- Improving decision-making across health systems through the effective use of advanced analytics and methodologies applied to timely, relevant data.
- Addressing opportunities to improve clinical development productivity focused on innovative treatments that advance healthcare globally.
- Optimizing the performance of health systems by focusing on patient centricity, precision medicine and better understanding disease causes, treatment consequences and measures to improve quality and cost of healthcare delivered to patients.
- Understanding the future role for biopharmaceuticals in human health, market dynamics, and implications for manufacturers, public and private payers, providers, patients, pharmacists and distributors.
- Researching the role of technology in health system products, processes and delivery systems and the business and policy systems that drive innovation.

Guiding principles

The Institute operates from a set of guiding principles:

- Healthcare solutions of the future require fact based scientific evidence, expert analysis of information, technology, ingenuity and a focus on individuals.
- Rigorous analysis must be applied to vast amounts of timely, high quality and relevant data to provide value and move healthcare forward.
- Collaboration across all stakeholders in the public and private sectors is critical to advancing healthcare solutions.
- Insights gained from information and analysis should be made widely available to healthcare stakeholders.
- Protecting individual privacy is essential, so research will be based on the use of non-identified patient information and provider information will be aggregated.
- Information will be used responsibly to advance research, inform discourse, achieve better healthcare and improve the health of all people.



The IQVIA Institute for Human Data Science is committed to using human data science to provide timely, fact-based perspectives on the dynamics of health systems and human health around the world. The cover artwork is a visual representation of this mission. Using algorithms and data from the report itself, the final image presents a new perspective on the complexity, beauty and mathematics of human data science and the insights within the pages.

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