



P3.402. : Strengthening Lung Cancer Programs Through Advocacy Partnerships in Zimbabwe 3515



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BACKGROUND AND APPROACH	HOW COLLABORATION GENERATED CHANGE	RESULTS AND TRANSFERABLE LESSONS
WHY THIS MATTERED - Lung cancer had limited visibility within Zimbabwe’s health agenda despite a rising need. - Fragmented awareness, referral and specialist access required a system not a project-only response. - The study examined how collaboration converted advocacy into national and subnational action. OBJECTIVE Identify the partnership mechanisms that advanced policy traction, implementation ownership and patient-centred lung cancer programming and assess their transferability to other resource-limited settings. METHODS Implementation-focused qualitative synthesis of Hope for Lungs activities, 2024–2025. - Consortium coordination reports - Stakeholder interviews - National-level assessments - Provincial and district engagement records - Policy and decentralization documentation PROCESS ENTRY Political engagements ALIGN National priorities DELIVER Governance and local ownership for sustainability ADAPT Learning and mitigation	The intervention gained traction because it was designed as a government-aligned implementation platform not a parallel advocacy campaign. PROCESS → OUTCOME → SIGNIFICANCE MoHCC leadership Political and technical stewardship JHWO Convening and patient advocacy Clinical specialists Technical credibility HOPE FOR LUNGS JOINT PLATFORM Palliative-care actors Continuity and patient focus Community, traditional & faith actors Context and first-contact reach IMPLEMENTATION PATHWAY ENGAGE ALIGN ORGANIZE DECENTRALIZE ADAPT Senior government entry National KRAs and policy priorities Defined roles and expert workstreams Provincial, district and community co-design Regional learning and transparent mitigation MECHANISM Early sponsorship created authority; policy alignment created relevance; inclusive governance created credibility; decentralization created ownership. CHALLENGES MANAGED THROUGH DESIGN Bureaucratic delays →Sustained senior engagements Stigma and trust →Community and first-contact actors Cross-sector expectations →Clear roles and expert-led workstreams	Collaboration shifted lung cancer from a low-visibility issue toward an owned national implementation priority. WHAT THE COLLABORATION UNLOCKED POLICY TRACTION Lung cancer incorporated as a priority cancer into the National Cancer Control Plan 2025-2030. LOCAL OWNERSHIP Provincial and district engagements translated national ambition into contextual priorities. BROADER RISK LENS Local engagement surfaced biomass, occupational and other non-traditional exposure patterns. COMMUNITY REACH Traditional and faith practitioners were recognized as potential referral partners not only sources of delay. IMPLEMENTATION COHERENCE Regional learning strengthened technical rigor while transparent coordination sustained delivery. A REPLICABLE PARTNERSHIP BLUEPRINT 1 EARLYEngage political and technical leadership before implementation. 2 ALIGNEDAnchor objectives in national plans, KRAs and government workflows. 3 INCLUSIVECombine government authority, technical expertise and patient advocacy. 4 DECENTRALISEDUse subnational co-design to reveal barriers and build ownership. 5 ADAPTIVEAssign clear workstreams, communicate transparently and learn regionally. ACTIONABLE TAKE-AWAY Civil society can accelerate neglected-cancer action when advocacy is embedded within government ownership, national policy priorities and decentralized implementation structures.  With support from the: Bristol Myers Squibb® Foundation AI USE DISCLOSURE Microsoft Copilot was used to support language refinement. All data, scientific statements and interpretations were checked against the accepted abstract and source manuscript and remain the responsibility of the authors.