



BRIDGING THE GAP

Strengthening Prostate Cancer Care in Syria

EXECUTIVE SUMMARY

Syria's health system is severely constrained by ongoing conflict, economic hardship, and infrastructure challenges. Prostate cancer care remains fragmented, with very limited access to early detection, diagnostics, and treatment. Services are concentrated in urban centers, leaving rural and displaced populations underserved. High out-of-pocket costs, absence of national screening, and shortages of essential oncology medicines contribute to poor outcomes.

This policy brief analyzes the current state of prostate cancer care in Syria and outlines key reforms to begin building a more equitable and resilient system from a **Level 1 – Nascent** maturity baseline.

INTRODUCTION

Confronting Cancer Amid Crisis

Prostate cancer is an emerging challenge in Syria, but its management has been overshadowed by the broader public health crisis. The absence of structured screening programs and the destruction or underfunding of health facilities have left most patients undiagnosed until advanced stages. While some tertiary hospitals in major cities such as Damascus and Aleppo provide oncology services, these are inaccessible to large parts of the population.

Despite these constraints, Syria has an opportunity to lay the foundations for future improvement by prioritizing prostate cancer in its health agenda.



Syria at Level 1 – Nascent Prostate Cancer Maturity Framework



PROSTATE CANCER IN SYRIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organized screening program; PSA testing and DRE are rarely available, with limited capacity in urban centers.	Awareness of prostate cancer is increasing among clinicians in teaching hospitals.	Introduce opportunistic screening in urban hospitals, expand PSA test availability, and raise awareness through primary healthcare services.
Biomarker & Molecular Testing	Molecular testing is virtually unavailable; only select private labs in major cities offer basic services.	Small-scale private sector availability.	Establish low-cost biomarker testing pilot programs in university hospitals; seek international support for lab infrastructure.
Treatment Access	Surgery and chemotherapy are available in select hospitals, but radiotherapy units are extremely limited and often outdated. Hormonal therapy is unaffordable for most patients.	A few oncology departments remain functional in Damascus and Aleppo.	Rehabilitate radiotherapy equipment, ensure supply of hormonal and chemotherapy drugs through public procurement, and expand capacity in regional hospitals.
Clinical Guidelines	No national prostate cancer treatment guidelines; care varies widely by hospital and physician.	Some specialists apply international practices in tertiary hospitals.	Develop and disseminate standardized treatment guidelines tailored to Syria's resource limitations.
Palliative & Survivorship Care	Palliative care is underdeveloped, with minimal access outside of select urban centers. Pain management medications are often scarce.	Limited NGO-led palliative initiatives.	Expand community palliative care services, ensure consistent supply of morphine and essential medicines, and provide psychosocial support to patients and families.



CONCLUSION & Call to Action

Syria's prostate cancer response reflects its **Level 1 – Nascent** maturity: fragmented, underfunded, and limited in reach. Yet even in a resource-constrained environment, foundational steps can be taken to improve survival and quality of life. By embedding prostate cancer into broader health system recovery efforts, Syria can begin creating a more sustainable and equitable approach to cancer care.



KEY POLICY PRIORITIES

1

Introduce Opportunistic Screening: Expand PSA testing and DRE availability in tertiary and regional hospitals.

2

Strengthen Diagnostic Infrastructure: Invest in essential pathology and imaging tools; leverage international aid for biomarker testing.

3

Rehabilitate Treatment Capacity: Modernize radiotherapy infrastructure, subsidize hormonal therapy, and ensure consistent drug supply.

4

Standardize Clinical Care: Develop national guidelines and provide clinician training to harmonize treatment approaches.

5

Scale Up Palliative Services: Integrate palliative care into primary and secondary health facilities, ensuring access to pain relief and psychosocial support.

CONCLUSION

Syria's prostate cancer system is at an early, fragile stage of development, with survival outcomes significantly impacted by late diagnoses and restricted treatment availability. Moving beyond **Level 1 – Nascent** maturity will require political commitment, international assistance, and targeted investments in infrastructure, medicines, and human resources. A focus on equitable access—particularly for rural and displaced populations—will be critical. Despite the current constraints, laying a structured foundation for prostate cancer care now can help Syria transition toward a more resilient and patient-centered oncology system in the future.