



City Cancer Challenge

# Checklist 2020

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Building city readiness to improve  
access to quality cancer care





# City Checklist

## How to use the City Cancer Challenge Checklist

This checklist is based on the experience garnered in our first cities, which include: Asuncion, Paraguay; Cali, Colombia; Kigali, Rwanda; Kumasi, Ghana; Porto Alegre, Brazil; Tbilisi, Georgia; Yangon, Myanmar. It helps cities ensure they are ready to attain the maximum benefit from participating in the City Cancer Challenge. It is organised under five key themes we have found to be the drivers of success and sustainability in efforts to improve cancer care in our cities:

1. Local leadership and political commitment
2. Partnerships
3. People-centred approach
4. Enabling policy environment
5. Cancer care pillars

## The checklist is designed to:

- Support ministers of health, city health leaders, civil society organisations, industry partners, and other interested groups or individuals to gauge a city's eligibility and readiness to take on the City Cancer Challenge. The checklist can be used to identify areas that may need to be strengthened before considering an application and provides links to resources that are available to help address these areas.
- Support cities that have previously been unsuccessful in the application process to identify areas that could be strengthened and what resources are available to help.
- Serve as a resource for any city committed to improving access to quality, equitable, sustainable cancer care for its citizens.

# 1.

## Local leadership and political commitment

Strong political commitment from the institutions and individuals responsible for the planning, delivery and financing of cancer solutions is essential for the development and implementation of sustainable cancer care solutions that benefit all.

Depending on the city context this may include the city or regional secretary for health, ministry of health and related government bodies, as well as healthcare institutions and insurers. Experience in the first C/Can cities, including Cali, Colombia, and Asunción, Paraguay, shows that where there is commitment at the highest levels, the impact of one city's activities can be amplified by applying the knowledge and experience accumulated to other cities, and/or or scaling to a national level. For example, in January 2019, Paraguay passed a national cancer law recognising the right to access to cancer prevention, treatment and care, and establishing a National Programme for Cancer Control at the National Cancer Institute and a multisectoral National Cancer Advisory Board. The process to develop the law and garner support was spearheaded in May 2017 by the multisectoral City Executive Committee established as part of the C/Can process in Asunción.

Similarly, local champions from across different sectors, including civil society, government, professional associations, academia and the private sector, have played a key role in the C/Can process, as well as in efforts to scale impact nationally. Local champions can be one or more individuals, or whole organisations. They can act as strong advocates for the C/Can vision and approach, providing visibility and momentum to our work, as well as engaging key influencers and partners to ensure sustainability.

01

**Is there support from the body/bodies responsible for the planning, delivery and financing of cancer care solutions in the city? Are they willing to invest time and resources to participate in the C/Can process?**

YES NO

02

**Is there potential to replicate the process in other cities, or to scale up activity to a national level?**

YES NO

03

**Are there city champions who support efforts to improve cancer control and are willing to lead engagement with C/Can?**

YES NO



## Partnerships

### A multisectoral approach

C/Can recognises that every sector has a role to play and value to bring to designing cancer care solutions that are tailored to the needs of patients. C/Can partnerships at the city level are already showing value by crowding in expertise from different disciplines and bringing the right stakeholders together. Equally, each partner, private or public, comes to the table with specific objectives and interests that need to be appropriately and transparently recognised and managed through a robust engagement framework.

01

**Is there evidence of multisectoral collaboration between government, civil society, the private sector and other key stakeholders (informal or formal) to improve cancer care and/or other NCDs?**

YES NO

02

**Are there guidelines in place to manage any real, perceived or potential conflict of interest associated with these collaborations?**

YES NO

03

**Is there a local pharmaceutical industry association that could support efforts to engage industry in an effective and appropriate manner? If yes, does the local industry association have, and follow, a code of conduct?**

YES NO



C/Can aims to embed a core set of sustainability principles from the start of our activities in a city. One of the key principles is creating the right local partnerships, leadership, and commitment to ensure that cancer care solutions developed as part of the C/Can process continue to be effectively implemented, monitored and evaluated. Local strategic partners may include civil society organisations, government bodies, professional associations, healthcare providers, academia, local business, and industry associations.

01

**Are local strategic partners ready to invest their own financial and human resources to ensure the sustainability of efforts to improve access to quality cancer care?**

YES NO

02

**Are there one or more local strategic partners (e.g. civil society organisation, government body) with the capacity to continue coordinating and scaling up projects developed through the C/Can process?**

YES NO



## 2. Partnerships

### Sustainability

Global partners (such as international NGOs, UN agencies, regional development banks, financial institutions) may be key to ensuring sustained financial and technical support for city activities in the long-term. Understanding the local financial landscape including opportunities for innovative financing, can support the development of sustainable city solutions.

01

**Is the public financing landscape for health, and specifically cancer services documented (e.g. government expenditure on health; the cancer treatments funded by the government; government budget for cancer care)?**

YES NO

02

**Is there evidence of previous engagement of the public sector with global financing partners in the provision of health services or infrastructure, including through public-private partnerships?**

YES NO

### Transparency

Open and transparent dialogue between key stakeholders and partners, such as the different cancer care providers, universities, professional associations etc. that firmly places the interests of the city above any individual or institutional interests is critical to the success of the C/Can process, and is particularly important during the city needs assessment phase.

01

**Is there evidence of collaboration (formal or informal) between the different cancer care providers?**

YES NO

## People-centred approach

### Robust and coordinated civil society

Embedding civil society into the C/Can process is vital to ensuring that the right local stakeholders are engaged, that a strong linkage to the local community is maintained, and that any solutions developed reflect the needs of people and their communities affected by cancer.

01	Is there a civil society organisation with the capacity to take a lead role in the C/Can process?	YES	NO
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02	Is there evidence of collaboration between civil society organisations for improvement of cancer care in the city?	YES	NO
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03	Is there evidence of collaboration between the government (city/regional/national) and civil society to improve cancer care in the city?	YES	NO
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04	Are civil society organisations well represented in cancer control planning processes?	YES	NO
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### Patient group representation

The participation of people affected by cancer is embedded in our process, ensuring we respond to the needs of those most affected.

01	Are there cancer patient groups/associations in the city?	YES	NO
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02	Are patient groups well represented in cancer control planning processes?	YES	NO
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## An enabling policy environment

### National cancer control plans

Aligning C/Can activities with a national cancer control plan and ensuring consistency with national cancer and NCD priorities is critical to ensuring wide support for, and sustainability of, all efforts at city level.

01

Does your country have a comprehensive national cancer control plan?

YES NO

02

Is it adequately funded and implemented?

YES NO

03

Does your country have a comprehensive national NCD plan?

YES NO

04

Is it adequately funded and implemented?

YES NO





## An enabling policy environment

### Data-driven decision-making

The design, planning, and monitoring of cancer treatment and care solutions, whether at national, regional, or city level must be based on accurate data, including incidence and mortality, ideally from a population-based cancer registry.

01

Is there population-based cancer registry data available in your city, region, or country?

YES NO

02

If not, is hospital-based cancer registry data available?

YES NO

03

If not, are efforts underway to develop a cancer registry?

YES NO

04

Is there collaboration with the Global Initiative for Cancer Registry Development (GICR)?

YES NO



## Cancer care pillars

A comprehensive city-wide needs assessment of gaps in core cancer care services and infrastructure is a critical first step in the C/Can process. However, in cities where there exists basic capacity and availability of core cancer care services (including diagnostics, surgery, radiotherapy, systemic therapy and palliative care), experience shows that the C/Can process can effectively catalyse and accelerate existing efforts.

01

**Are the following core cancer services generally available in the city?**

YES NO

Diagnostics

Oncology surgery

Radiotherapy

Systemic therapy

Palliative and supportive care

02

**If not, are efforts underway to establish these services?**

YES NO





If you have answered “no” to any of the questions above, please find below a selection of case studies and resources that may be of interest.

### LOCAL LEADERSHIP AND POLITICAL COMMITMENT

- The Union for International Cancer Control's (UICC) Cancer Advocates programme is supporting civil society in low- and middle-income countries to strengthen their ability to advocate for improved cancer control in their countries, translating global cancer commitments into effective national action.

### PARTNERSHIPS

- Learn more about the impact of C/Can's multisectoral approach in Latin America [here](#).
- To search a database of access programmes for NCDs featuring private sector collaboration with civil society visit **Boston University's Access Observatory**.

### PEOPLE-CENTRED APPROACH

- Read about **C/Can efforts in Tbilisi to integrate the patient voice**
- **Our Views, Our Voices** is an initiative led by the NCD Alliance that seeks to meaningfully involve people living with NCDs in the NCD response, supporting and enabling individuals to share their views to drive change.

### ENABLING POLICY ENVIRONMENT

- **Visit the International Cancer Control Partnership (ICCP) Portal** for access to cancer planning and capacity building resources, including a searchable map of National Cancer Control Plans.
- **The McCabe Centre for Law and Cancer** promotes effective use of law for the prevention and control of cancer and other non-communicable diseases.
- Led by the International Agency for Research on Cancer (IARC), the **Global Initiative for Cancer Registry Development (GICR)** supports the development of cancer registration in low- and middle- income countries.
- **IAEA's Programme for Action for Cancer Therapy** supports the development of comprehensive National Cancer Control Plans.

### CANCER CARE PILLARS

- **UICC Technical Fellowships** provide the opportunity for individual training for rapid skills development and knowledge transfer across the cancer control continuum to reinforce the cancer control workforce.
- **WHO Guide to Early Cancer Diagnosis** provides guidance on the operationalisation of early diagnosis programmes.
- **WHO List of Priority Medical Devices for Cancer Management**
- **WHO Model List of Essential Medicines (Section 8. Immunomodulators and Antineoplastics)**
- **WHO Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents**

# About City Cancer Challenge Foundation

City Cancer Challenge Foundation (C/Can) supports cities around the world as they work to improve access to equitable, quality cancer care. It leads a city-based partnership initiative that aims to improve access to quality cancer care in cities around the world by transforming the way stakeholders from the public and private sectors collectively design, plan, and implement cancer solutions.

The approach is built on the core principle that cities can drive impact at national level by crafting data-driven solutions with the support of a network of global, regional, and local partners that reflect an understanding of the unique local context.

C/Can was launched by the Union for International Cancer Control (UICC) at the 2017 World Economic Forum Annual Meeting in Davos. It was established as a standalone Swiss foundation in January 2019.





