

Cali, Colombia

key cancer care gaps and priorities



FACTS & FIGURES

51,170,821

Colombia population¹

2,280,000

Cali population²

CANCER BURDEN IN CALI IN 2020³

New cancer cases, males and females, all ages:

112,221

Cancer deaths, males and females, all ages:

54,987

Cancer incidence rate, males and females:

182.3

(PER 100,000)

Cancer mortality rate, males and females:

84.7

(PER 100,000)

Five most common cancers, males: **prostate, stomach, colorectum, lung, Non-Hodgkin lymphoma**

Five most common cancers, females: **breast, colorectum, cervix uteri, thyroid, stomach**

- ¹ Population Stat, World Bank, United Nations Census (<https://populationstat.com/colombia/cali>) Accessed 1 April 2021
- ² Population Stat, World Bank, United Nations Census (<https://populationstat.com/colombia/cali>) Accessed 1 April 2021
- ³ Global Cancer Observatory International Agency for Research on Cancer (<https://gco.iarc.fr/today/data/factsheets/populations/170-colombia-fact-sheets.pdf>) Accessed 1 April 2021

Highlights of the main needs and challenges identified for the city of Cali:

This high level summary is based on the results of the full situational analysis report and the priorities set by the city.

Contributions to the Needs Assessment:

186

healthcare professionals from 24 institutions

80+

patients

Cali, the third largest city in Colombia and the capital of the Valle del Cauca region joined the City Cancer Challenge (C/Can) in May 2017. Supported by C/Can’s network of local, regional and global partners and experts, Cali embarked on a process to identify, design and develop sustainable cancer care solutions that respond to local needs.

As a first step, C/Can convened a City Executive Committee (CEC) bringing together representatives from the main public and private institutions providing cancer care in Cali, local and national government, academia, the cancer registry, insurance companies and civil society, to guide and oversee the C/Can process.

One of the foundational steps in the C/Can process is a data-driven needs assessment to identify key gaps and opportunities for improving access to quality cancer care. The needs assessment is guided by a questionnaire designed to systematically collect data on the quality and capacity of cancer care services in the city. It addresses the extent to which patients are placed at the centre of care by also assessing community access and integration of care within the city.

The City Executive Committee’s first task was to convene a multi-disciplinary Technical Committee of 20 local experts, with expertise in the quality, management and delivery of cancer care, to coordinate a city-wide needs assessment. Together, they identified institutions that, based on their contribution to cancer care, should participate in data collection. The Technical Committee also convened a wider network of local experts that would collaborate as part of 20 inter-institutional, topic-specific working groups (incl. nuclear medicine, pathology, radiotherapy, medical oncology, surgery among others) to collect data, and analyse and interpret the findings.



Availability of cancer care services

Diagnostic laboratories (clinical and pathology labs) and blood bank

- Limited availability of immunohistochemistry for diagnosis in the public sector
- Limited availability of molecular diagnostics
- Absence of quality standards for sample processing and diagnosis reports
- Lack of systems for patient traceability
- Limited availability of public clinical laboratory services
- Dependence on sporadic blood donations

Medical imaging (radiology and nuclear medicine)

- Limited availability of positron-emission tomography (PET) and supply of PET tracers
- Lack of quality control in nuclear medicine service
- Prolonged waiting times for ultrasound exams
- Lack of quality standards in imaging studies
- Lack of standardisation in diagnostic image archiving systems

Surgical Care

- No guidelines or protocols to enhance treatment adherence and continuity of care
- Lack of quality control mechanisms
- Limited access to multidisciplinary teams for the surgical care of cancer patients
- Lack of implementation of an information system at surgical care centers for evaluation of clinical results

Palliative and supportive care

- Not all healthcare service financing companies have contracts with institutions providing palliative and supportive care
- Lack of necessary regulatory framework to facilitate the provision of palliative care services
- Ambiguous interpretation of the law for the issuance of a death certificate for cancer patients

Medical oncology (adult and paediatric)

- Shortages of hospital beds allocated for cancer patients, especially pediatrics
- Some essential cancer medicines are not included in the Mandatory Health Plan

Radiotherapy

- Lack of uniformity of treatments at centres
- Limited availability of radiotherapy services,
- Lack of radiotherapy quality assurance programmes at institutional and city levels



Management of cancer care services

(including education and professional training)

- Inequity in the contracting models and delayed payments to healthcare service providers, causing financial instability
- Disparities in training and certification of human resources

Quality of cancer care services

- Lack of standardisation in integrated cancer patient management
- Treatment decisions not always made by a multidisciplinary team
- Lack of quality assurance programmes
- Lack of implementation of an IT system at cancer care centers for the routine evaluation of clinical results

Community access to cancer care services

- Low cancer treatment adherence in adult and paediatric patients
- Administrative barriers that affect access to cancer care

Translating needs into action



Following the needs assessment, C/Can supports an action planning exercise that results in a City Roadmap for Cancer Care. This city-led plan guides the prioritisation and development of 8-12 city projects, as well as identification of resource mobilisation, capacity development and technical cooperation needs.

In Cali, 15 projects were identified to address gaps including in the areas of multidisciplinary cancer care management, strengthening of cancer registration, and development of a city-wide nuclear medicine quality assurance plan. In parallel, C/Can collaborated closely with local stakeholders to strengthen local capacity, leadership and an enabling policy environment to ensure the sustainability and long-lasting impact of city projects on access to quality cancer care, and ultimately patient outcomes. Nine projects have since been transitioned to a local non-profit organisation, ProPacífico, that is coordinating the implementation, scale up, monitoring and evaluation of these efforts. Learn more about progress in Cali in the latest [C/Can Activity Report](#).

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*Institutions that have contributed data to the needs assessment process