



2021 | ANNUAL REPORT

Building a connected future.

Building a connected health system.

The power of partnerships has been a guiding principle of C/Can from its inception. Beyond strengthening the individual health system building blocks - the workforce, infrastructure, technologies, health information, governance and financing - we have sought to distinguish, understand and strengthen the interrelationships across all levels of a health system to drive lasting change.

In short, engaging, connecting, and bringing the right people together at the right time to create the foundations for sustainable solutions.

Increasingly, we understand that this often means bringing many different partners together with complementary expertise and resources, with no single sector able to solve challenges alone. In the last year for example, we have witnessed how connecting digital health companies, city pathology laboratories, local health authorities and global NGOs has allowed roll-out of standardised pathology reporting in Kumasi.

As the C/Can community continues to grow, with Arequipa and Nairobi beginning operations this year, and with new alliances flourishing, the power of partnerships is more important than ever. I am confident that in the months to come, our community of partners and stakeholders will continue to apply the principles that have helped us achieve so much so far: by joining forces, sharing perspectives and pooling resources and expertise to successfully plan and execute cancer care solutions.



A handwritten signature in black ink, appearing to read 'S. Aranda'.

Professor Sanchia Aranda AM
Chair, City Cancer Challenge

Acting on Cities' Needs.

At C/Can, we believe in building community-led cancer care solutions from the ground up. With cities again on the frontline of the global health response in 2021, we have doubled our efforts to connect with our communities, listen to their needs, and act on their priorities to realise this ambition.

Cities have told us that building a cancer workforce is a top priority. Our pivot to virtual programming has opened up new initiatives for our community of over 1500 health professionals, and created more opportunities for peer-to-peer knowledge exchange within and across cities and regions. And as the pace of digital transformation accelerates, cities have voiced that successful, sustainable digital health deployment needs people, as well as infrastructure. In response, we have expanded our efforts to build the capacity of the local workforce as well as knowledge and innovation exchange between our stakeholders - public and private - applying innovative, context-driven digital health solutions to bring about quality improvements in cancer diagnostics and treatment that would not be possible by any one person or organisation alone.

Thinking, learning, innovating and collaborating together with our community of stakeholders is not just a core belief of C/Can but the best way to combine our collective assets - people, data, resources - to catalyse lasting change for people living with cancer. And it starts with listening to the people who know best.



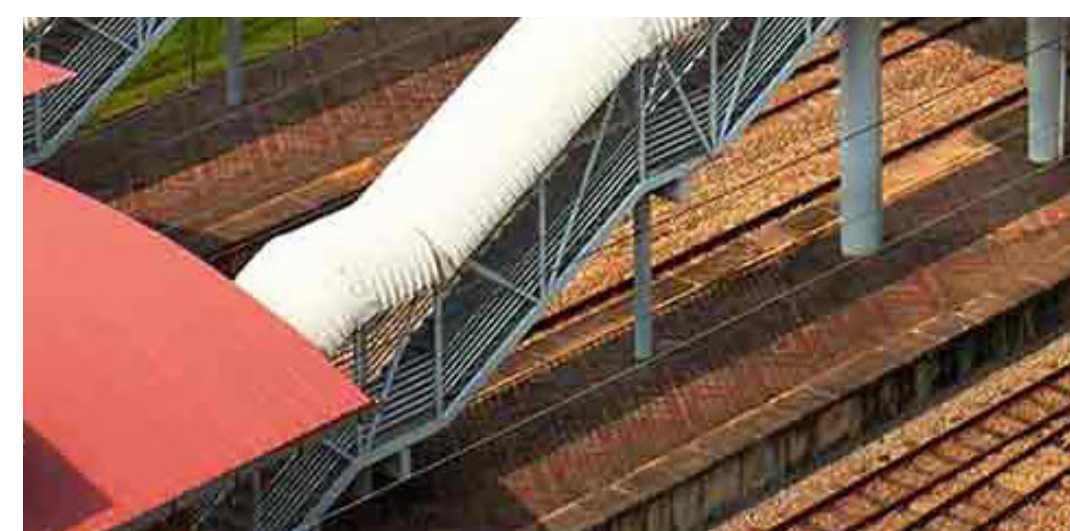
A stylized, handwritten signature in black ink, likely belonging to Dr Susan Henshall.

Dr Susan Henshall

CEO, City Cancer Challenge

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.



**Building
community-led
cancer care
solutions from
the ground up.**





C/Can's purpose

■ To support cities around the world as they work to improve access to equitable, quality cancer care.

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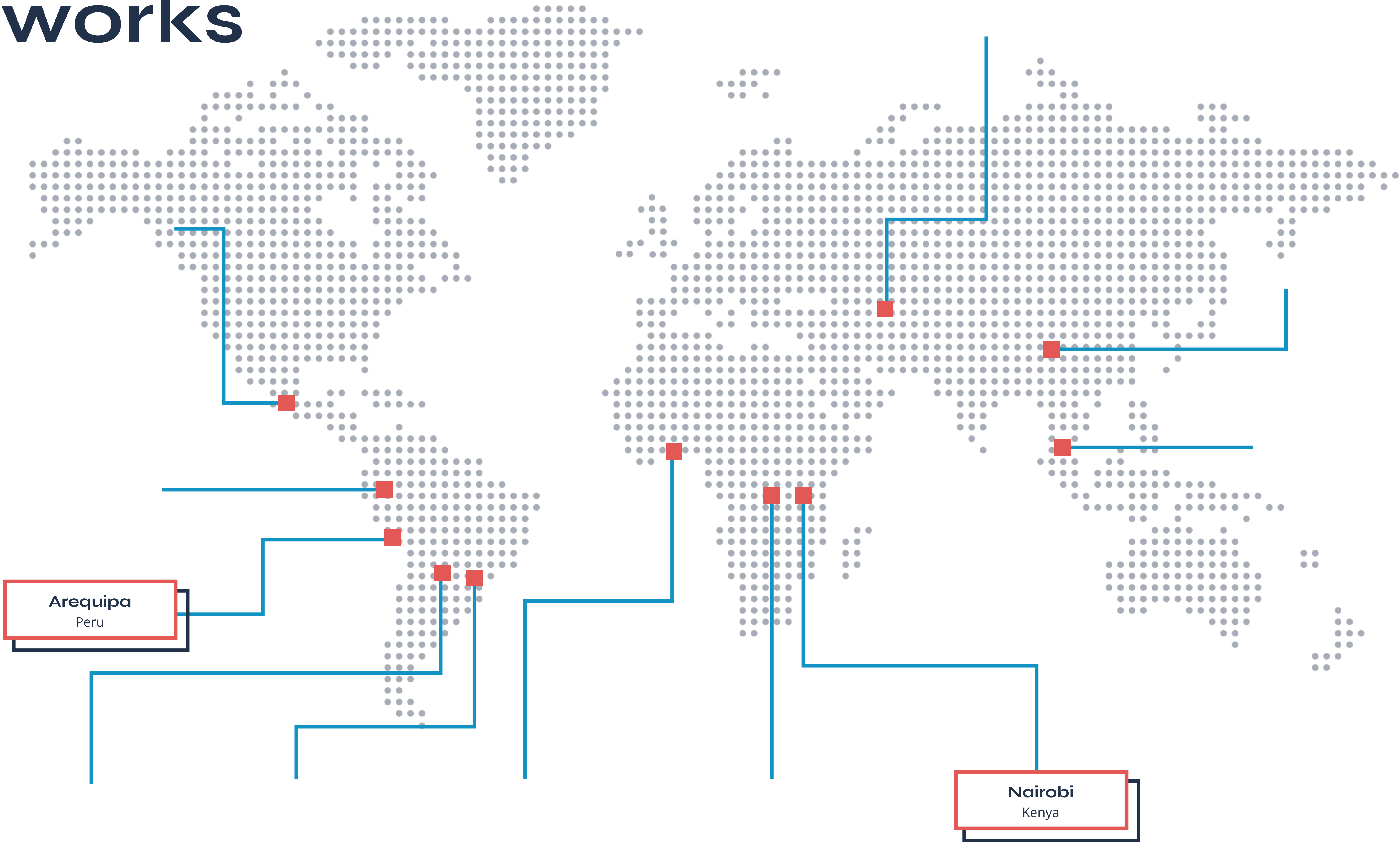
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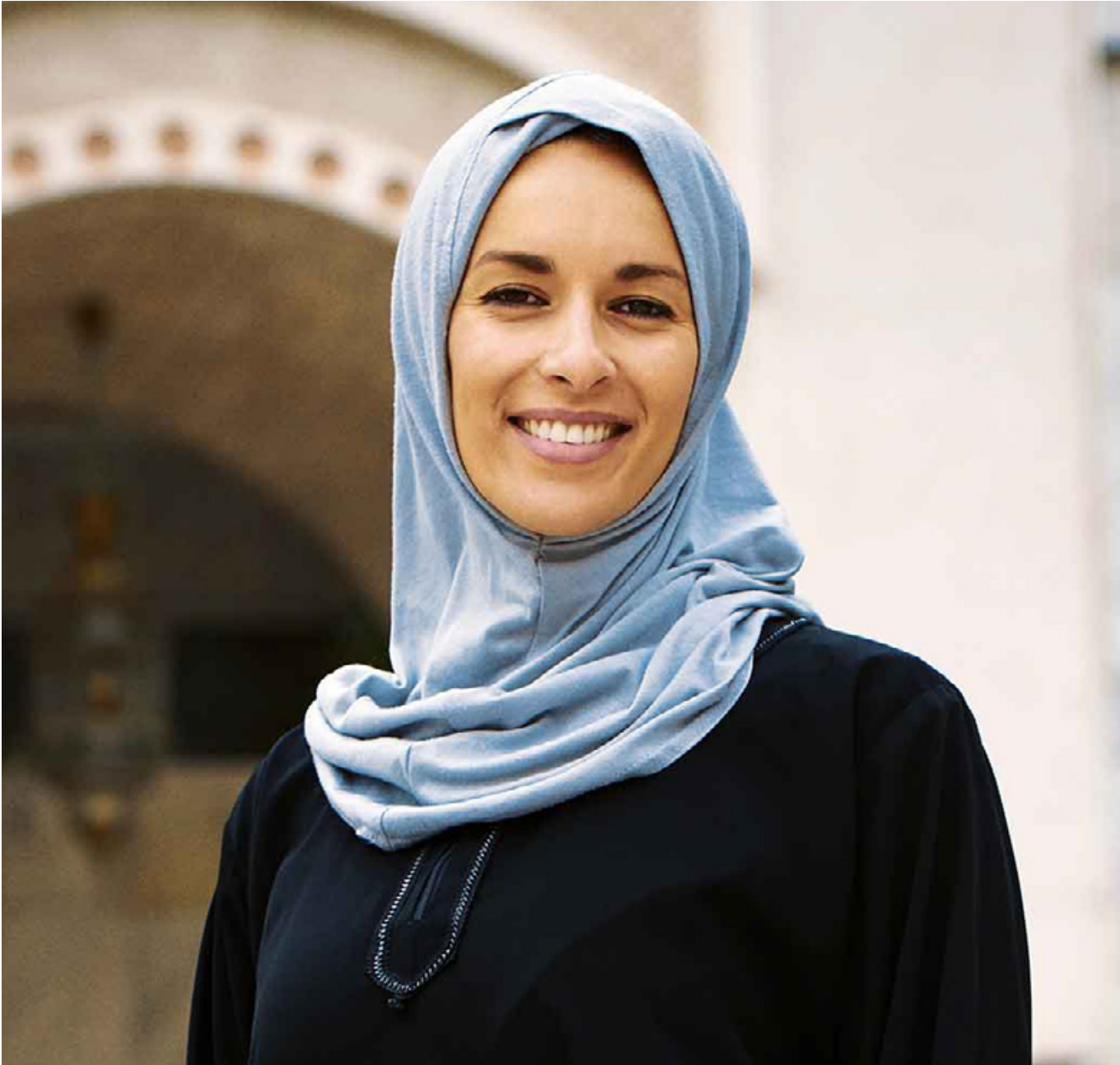
where
C/Can
works



c/can's reach

2,395

Health professionals supported



54.2 M

People reached across nine cities



248

Institutions represented in C/Can's network of city stakeholders



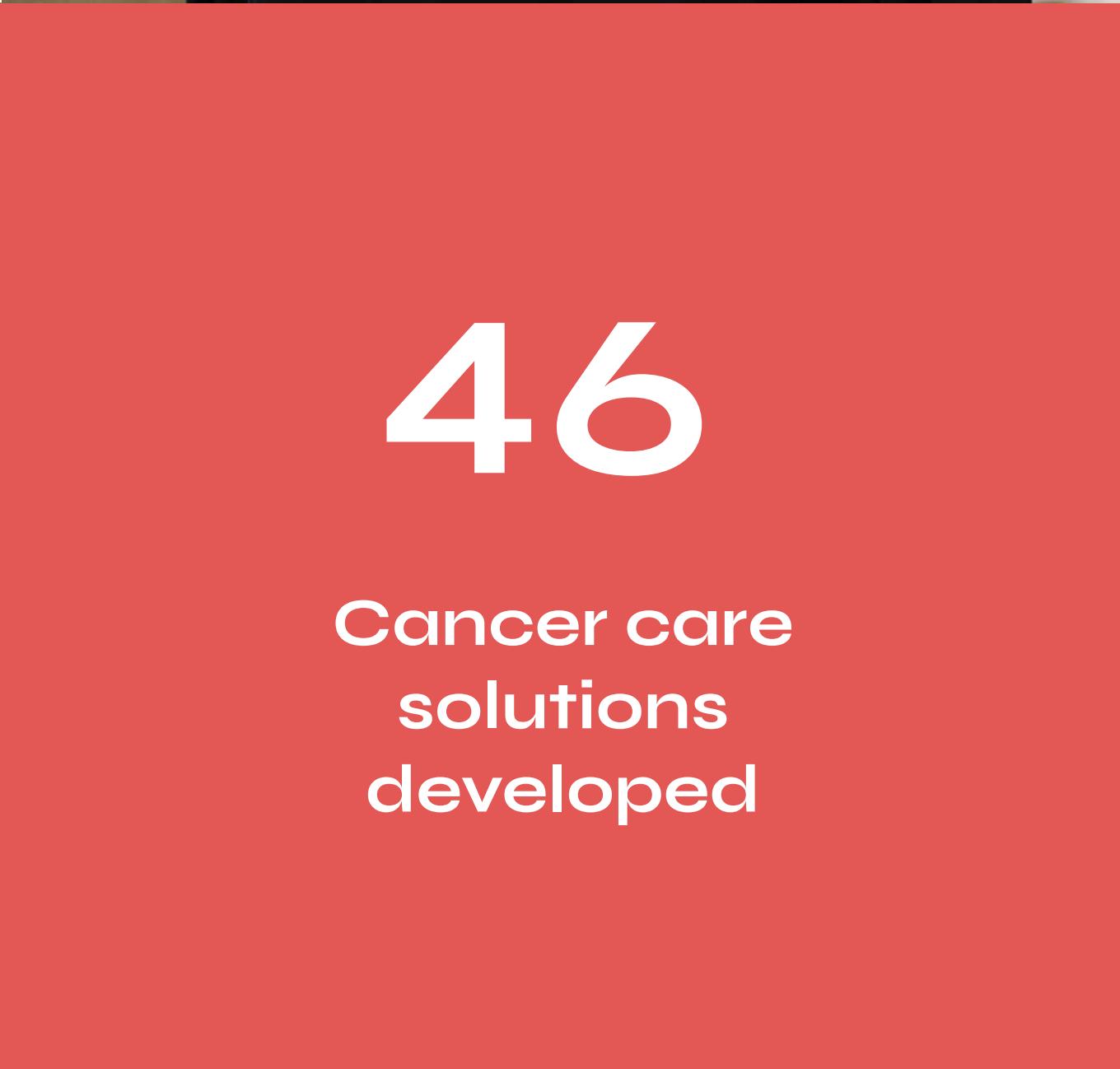
46

Cancer care solutions developed



77

Global partners



Contribution to UN Sustainable Development Goals

Through our locally-led approach and global community of cities and partners, we contribute to the **UN Sustainable Development Goals 3 (Health & Well-being), 11 (Sustainable Cities) and 17 (Partnerships)** and the global agenda for Universal Health Coverage.



GOAL 3
(Health & Well-being)

GOAL 11
(Sustainable Cities)

**11 SUSTAINABLE CITIES
AND COMMUNITIES**



**17 PARTNERSHIPS
FOR THE GOALS**



GOALS 17
(Partnerships)

Improving
the quality
of cancer
care services



01

Enhancing
the capacity
of health
professionals



02

Developing
sustainable
financing
mechanisms



03

Connecting
and activating
stakeholders



04

Informing
data-driven
solutions



05

01

Improving the quality of cancer care services

By the end of 2021, Leon and Greater Petaling had progressed significantly with their respective City Engagement Processes (CEP), bringing together local multi-sectoral stakeholders to identify and address the challenges in providing quality cancer care. Meanwhile, Cali, Asuncion, Yangon, Kumasi, Porto Alegre, Kigali and Tbilisi were implementing projects to improve the quality of cancer diagnostic and treatment services, with the support of more than 70 partners.

Palliative care strategies in Kumasi and Kigali



Cancer registries in Tbilisi and Porto Alegre



Addressing nuclear medicine needs in Tbilisi



Working with City Cancer Challenge in Kumasi and Kigali gave us an opportunity to partner with the teams towards realising palliative care ideals. The visit by the team from Kumasi was another highlight that inspired the team to create better cancer care plans and achievements. It is a truly beautiful palliative care journey.

Dr Emmanuel B. K. Luyirika
EXECUTIVE DIRECTOR
African Palliative Care Association

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Palliative care strategies in Kumasi and Kigali

Two C/Can cities in Africa, Kumasi (Ghana) and Kigali (Rwanda) developed a service expansion strategy to increase access to quality palliative care throughout their health systems, including community and hospice levels.

The city project teams designed the strategy based on the resources available in the cities and with extensive collaboration between local experts, alongside consultation with professionals from the African Palliative Care Association (APCA).

In Kigali, specialists from the Kenya Hospices and Palliative Care Association (KEHPCA), Centre for Palliative Care (Nigeria), Komfo Anokye Teaching Hospital (Kumasi) and Partners In Health (Malawi) joined the consultation panel with experts from APCA. The city project team will collaborate with the authorities to endorse implementation of the plans.

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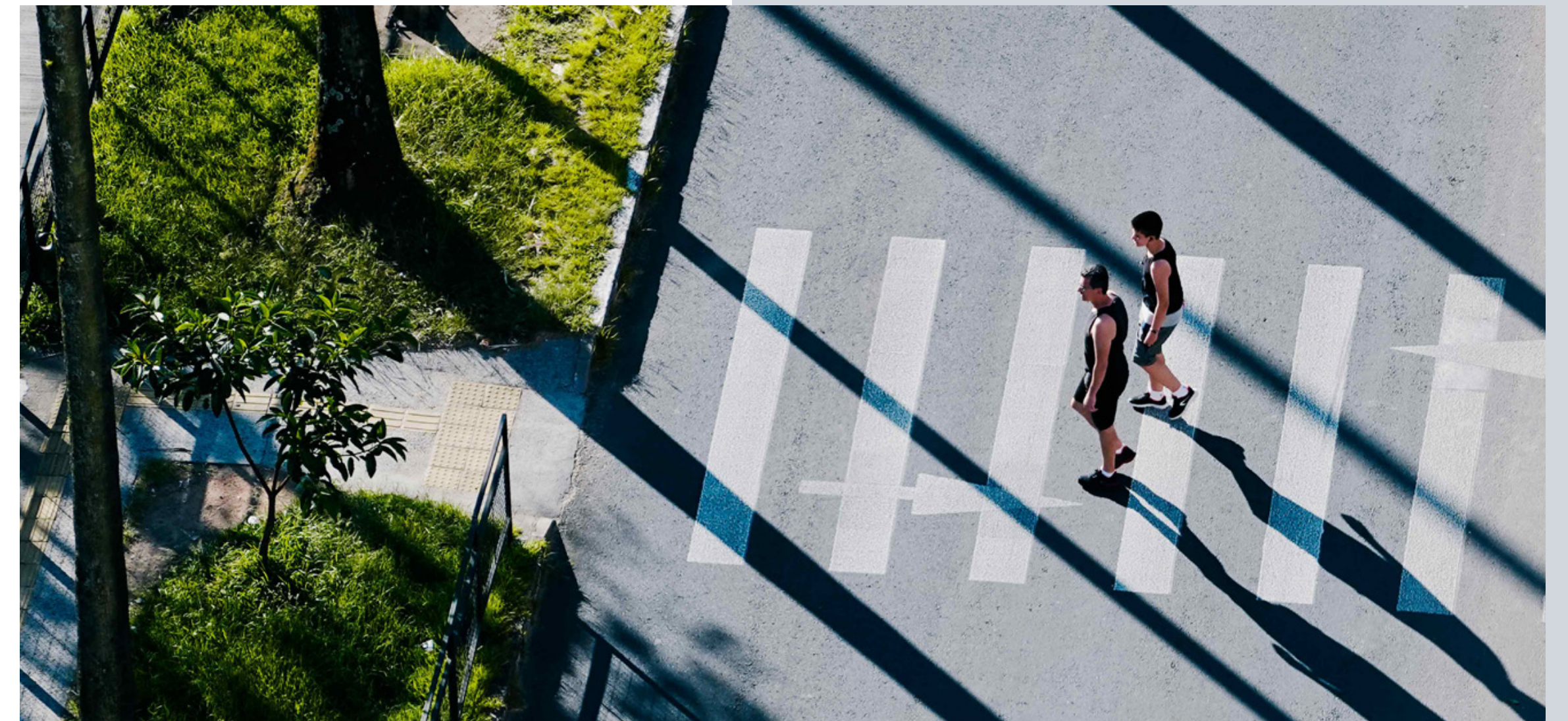
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Cancer registries in Tbilisi and Porto Alegre

The Georgian capital of Tbilisi and Porto Alegre, in Brazil identified the challenges in acquiring quality data for their cancer registries during the Needs Assessment Process. In response, Tbilisi developed a cancer registry manual, and Porto Alegre carried out a capacity building programme for the cancer city's registry team. The Tbilisi initiative involved extensive collaboration between the city project team and experts nominated by IARC (National Cancer Registry of Ukraine, the University of Tampere, Finland and the Kyrgyzstan Cancer Registry).

In Porto Alegre, C/Can mobilised experts from INCA to provide capacity building to its staff in the cancer registry unit. These projects aimed to improve cancer management decision-making based on quality cancer registry data.

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Addressing nuclear medicine needs in Tbilisi

The main challenge to providing quality nuclear medicine services in Tbilisi is high out-of-pocket payment, due to the lack of locally produced radioisotopes, which have to be imported. In response, the project team in Tbilisi developed a PET/CT and Cyclotron development plan by analysing the potential patient, facility and workforce demand of nuclear medicine services in the city. C/Can's partner, the IAEA, nominated experts to support the local project team in analysing potential demand in Tbilisi and Georgia.

The local project team plans to advocate this development plan with policy makers for the inclusion of PET/CT into public and/or private reimbursement schemes and to lay the foundations for a financial study/investment case to raise awareness of the importance of PET/CT scanning.



After returning home, the Kumasi technical groups are now applying their guidelines and promoting the implementation of MDTs in all centres treating cervical and breast cancer patients in the city.

Dr Ishmael Kye
GENERAL SURGEON AND BREAST SURGEON
Komfo Anokye Teaching Hospital (KATH), Kumasi
Ghana

02

Enhancing the capacity of health professionals

Education, training and continuing professional development is a common need identified by cities during the C/Can Needs Assessment Process. Each city has its own unique capacity development needs, but at the same time, cities across the network often share common challenges, experiences and opportunities. In response, C/Can ran two programmes in 2021.

TeleECHO™
programme: a unique platform for peer-to-peer learning and knowledge exchange



Technical Cooperation Programmes: reinforcing best practices





TeleECHOTM programme: a unique platform for peer-to-peer learning and knowledge exchange

Over the course of 2021 and through a total of 24 sessions, guided by 20 international and local experts, the TeleECHO™ programme brought together 132 healthcare professionals from across the nine C/Can cities, focused on strengthening healthcare systems in the areas of nursing leadership, quality pathology reporting and lab management, and effectively procuring and maintaining radiotherapy technology

C/Can's TeleECHO™ is a city-to-city exchange platform that brings healthcare professionals from our different cities to discuss best practices, practical solutions, problem-solve collaboratively and cross fertilise ideas, fostering a real sense of community.



Working as a team to solve problems
gives everyone an opportunity to be
part of the solution.

TeleECHO™ Nursing 2021 Participant
Greater Petaling, Malaysia.

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Technical
Cooperation
Programmes:
reinforcing best
practices





Technical Cooperation Programmes: reinforcing best practices

During 2021, 31 health specialists in pathology, medical imaging, surgery, medical oncology, radiation oncology, as well as nursing and supporting/palliative care providers from Kumasi, Porto Alegre, Tbilisi and Kigali visited international reference centres around the world. These scientific visits provided professionals with an opportunity to gain practical international work experience in their areas of expertise.

The visits focused on a multidisciplinary approach to cancer care and developing clinical management guidelines adapted to the available resources.

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03

Developing sustainable financing mechanisms

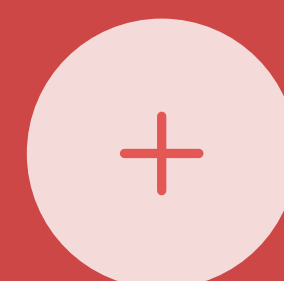
The twin challenge of ensuring the sustainability of C/Can's work and implementing ambitious projects to strengthen healthcare systems means that the cities where it operates must redouble their efforts to mobilise new financing, while at the same time optimising available resources.

C/Can has unbundled the complexities of health financing, and with the support of its partners is identifying and developing solutions using evidence-based investment strategies so as to allocate resources for sustainable cancer care.

**Leon, Mexico:
how C/Can
uses the City
Engagement
Process
to identify
investment
strategies**



**Helping cities
generate
evidence
to back
investment
strategies**



**Developing
systems to
measure the
efficiency of
their projects**



“C/Can is strengthening its tools and partnerships so as to offer a comprehensive action-oriented ecosystem for cities to build and back their investment strategies.”

Mathieu Morand

SENIOR MANAGER, HEALTH FINANCING & DIGITAL
C/Can

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Developing sustainable financing mechanisms

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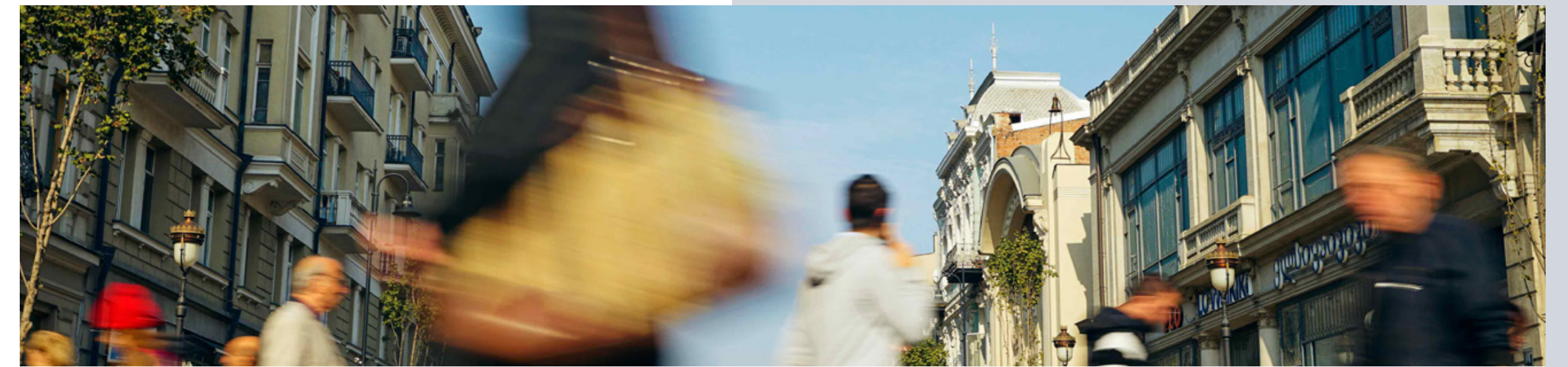
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Leon, Mexico: how C/Can uses the City Engagement Process to identify investment strategies

By incentivising local stakeholders to put investment strategies at the heart of the City Engagement Process (CEP), C/Can cities are playing an active role in identifying financing mechanisms which could be leveraged to attract funding, whether public or private.

For example, in 2021, in the city of Leon, C/Can held three events ahead of the solution planning phase to raise awareness among key local health financing stakeholders about public-private financing mechanisms that incorporated investment case-building into projects.

After two initial events that presented success stories to 93 leading Latin American healthcare decision-makers, another workshop brought together 38 Mexican health financing decision-makers to start planning for action.

The success of this catalytic initiative built the case to innovate further to help cities identify actionable and attractive investment opportunities.

This catalytic initiative, supported by partners like the Health Finance Institute, Roche, IFC and Instiglio led city stakeholders to envision at the closure of the needs assessment new types of solutions including cross-institutional financing for paediatric patients or mixed financing for diagnostics affordability, to be integrated into the city roadmap for cancer care.

03

Developing sustainable financing mechanisms

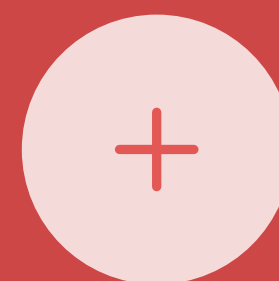
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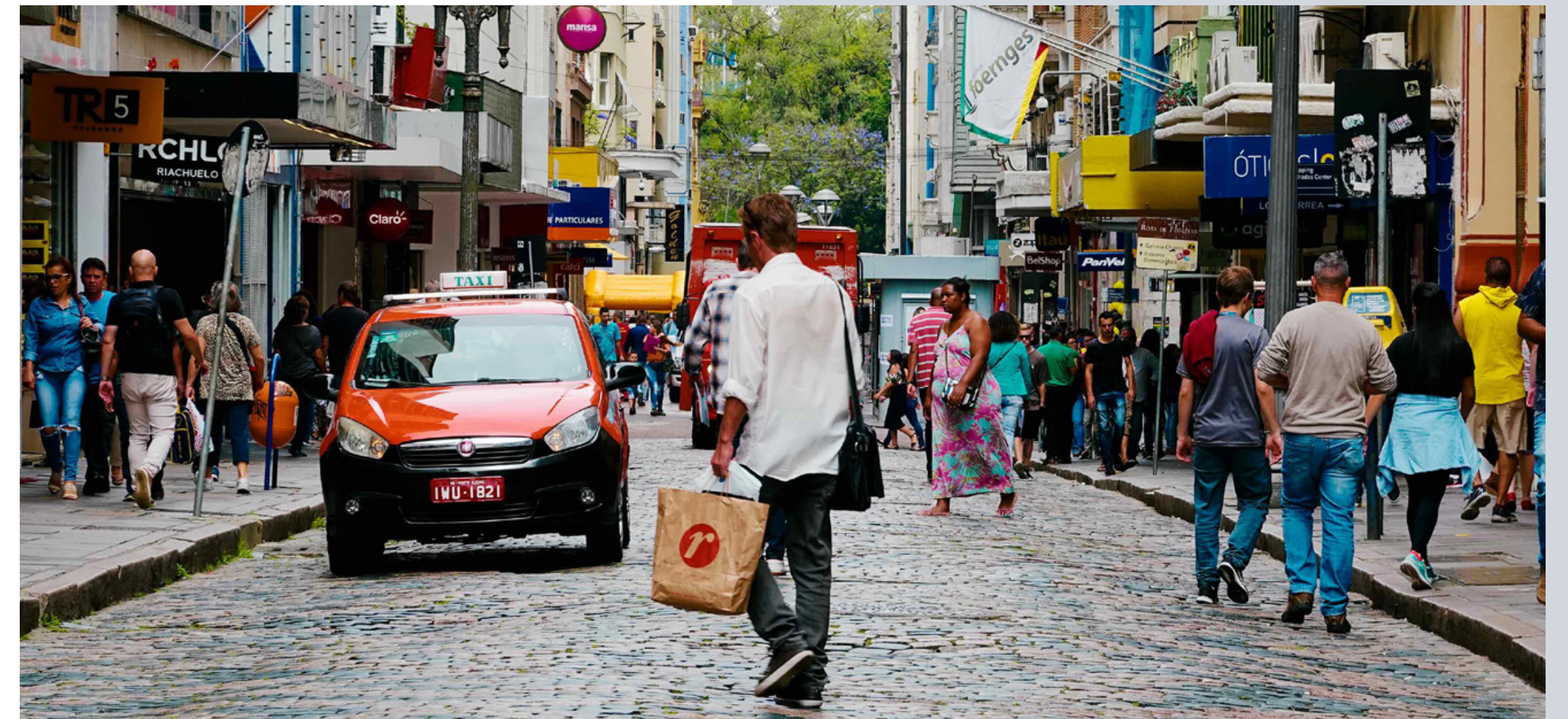
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Helping cities generate evidence to back investment strategies

An investment opportunity becomes an investment case once it is backed by reliable evidence. When supported with the right tools and guidelines, no one is better equipped than local stakeholders to gather quality data to feed the development of evidence-based investment cases.

Leveraging its years of work in catalysing the development of health infrastructure investment cases, C/Can has already developed an online tool to ease the development of supply and demand analysis for radiotherapy equipment. This is the first of a series of resources to support cities to build robust investment strategies that are grounded in local data.

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Developing sustainable financing mechanisms

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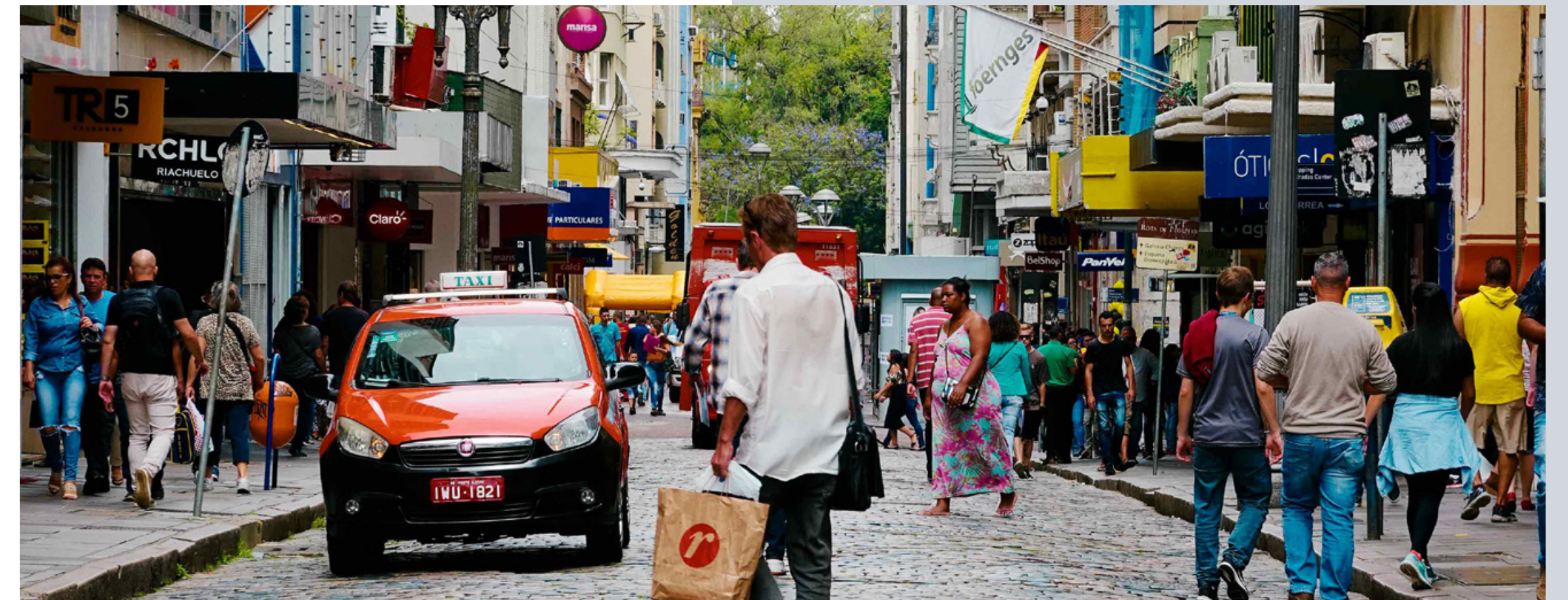
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**Developing
systems to
measure the
efficiency of
their projects**



Developing systems to measure the efficiency of their projects

Given the scarcity of capital available for cancer care in most regions, it is fundamental to ensure that funding goes to cost-efficient projects.

C/Can is helping cities understand the long-term economic impact of investment. This includes supporting cities to measure the efficiency of digitisation of cancer care. Connected health pilots often fail to generate sustained change, being seen as a long-term financial burden rather than value generating. In 2021, C/Can launched a global research initiative with its partners to design practical guidelines that embed value assessment methodologies into their digital transformation projects.

The scope of work with new key C/Can partners, including the IAEA and CHAI, includes value assessment and forecasting tools to generate evidence for resource optimisation.



“This discussion series brought an important regional lens to the cancer care context in Asia. Having international experts from C/Can’s network and local voices from the field share and exchange practices and experiences with this regional community of practitioners means that these discussions and exchanges are able to take on greater relevance by taking into account local needs and realities.

Dr Emi Noguchi
HEAD OF PHYSICIANS, DEPARTMENT
OF MEDICAL ONCOLOGY
National Cancer Center Hospital
Japan

04

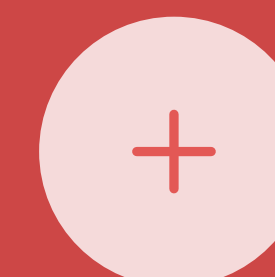
Connecting and activating stakeholders

The growing burden of cancer requires a united, multisectoral and multidisciplinary response at local, regional and global levels, with all parties leveraging their skills, know-how and resources. Through 2021, C/Can focused its efforts on connecting this network of partners to align their complementary skills and competencies to deliver integrated cancer solutions.

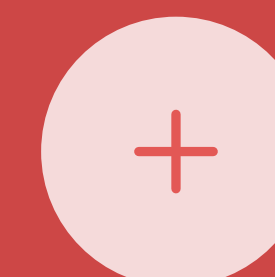
Asian
partnerships
focus on
multidisci-
plinary
approach



Partnership
with Global
Focus on
Cancer
focuses on
embedding
patient-
centricity



Partnership
with IAEA
will improve
access to
radiation
medicine





Asian partnerships focus on multidisciplinary approach

A new partnership with the **Asia Cancer Centers Network Alliance (ANCCA)**, **National Cancer Center Japan** and the **Tata Memorial Hospital**, along with international and local cancer care experts, coordinated a discussion series, providing healthcare professionals across Asia with the knowledge and support needed to strengthen a multidisciplinary approach, as well as developing resource-appropriate guidelines for priority cancers

Over the course of three months, the Driving Quality Cancer Care in Asia discussion series brought together over 300 healthcare professionals, local leaders, and representatives from civil society and the private sector from 17 countries, including Bangladesh, Brunei Darussalam, Cambodia, Indonesia. This broad spectrum of participation opened up a dynamic conversation around improving patient-centred cancer care in Asia and helped to deepen understanding of the key enablers and barriers faced by healthcare professionals in the region.

04

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Asian partnerships focus on multidisciplinary approach



Partnership with Global Focus on Cancer focuses on embedding patient-centricity



Partnership with IAEA will improve access to radiation medicine





Partnership with Global Focus on Cancer focuses on embedding patient-centricity

The partnership seeks to identify capacity building needs in an effort to shift local and global mindsets towards patient-centric approaches. This will generate an evidence base for methods to integrate the patient's perspective on access to quality cancer care at the city level, and how this can be leveraged to drive cancer care policy development at the national level.



“Through the new partnership between C/Can and Global Focus on Cancer, the perspectives of patients and caregivers will be further strengthened using evidence-based methods that will help us to understand where we can do more to put the patient first.

Michael Oberreiter
Head of Global Access
Roche

04

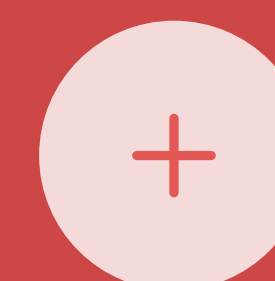
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Partnership with IAEA will improve access to radiation medicine





Partnership with IAEA will improve access to radiation medicine

The IAEA and C/Can formalized a partnership to increase the sharing of expertise, skills and resources to drive greater impact in the application of radiation medicine as part of cancer care.



This partnership illustrates the IAEA's engagement with global partners to accelerate the adoption of nuclear technologies to tackle cancer effectively and sustainably.

Liu Hua
Deputy Director General and Head of the
Technical Cooperation Department
IAEA

04

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05

Informing data-driven solutions

As a data-driven organisation, C/Can recognises that accurate, reliable and accessible data is key for planning and delivering quality cancer treatment and care that responds to local needs.

Experience in a first set of cities has demonstrated that C/Can's existing role as a hub for system-level data generated through the C/Can city engagement process, and facilitator for multi-stakeholder collaboration, can be leveraged to collect, combine, analyse and generate insights from reliable data to inform evidence-based decision making in C/Can cities.

To help address some of these barriers, and as part of ongoing efforts to strengthen C/Can's data capacity, through 2021 C/Can tested a number of new data processes, practices and platforms, including at a city level in Leon, Mexico and Greater Petaling, Malaysia.

Building capacity for data collection, analysis and visualisation



Strengthening the integration of patient experience data



From learnings to a strategy for scale



The key barriers to using actionable health data in LMIC settings are varied but do share common themes. These include lack of common data standards and definitions to promote interoperability at national and subnational levels.

Dr Samira Asma

ASSISTANT DIRECTOR-GENERAL FOR DATA,
ANALYTICS AND DELIVERY FOR IMPACT
WHO

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Strengthening the integration of patient experience data



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Building capacity for data collection, analysis and visualisation

In Leon, a new purpose-built data collection portal was launched during the needs assessment process, allowing for improved data security and management, as well as real-time tracking of the completeness and integrity of cancer care systems data collected from 11 cancer care institutions across the city.

Working in partnership with a leading global data analytics agency, over 100 new templates for the analysis and visualisation of city needs assessment data in Leon were tested and refined with feedback from local stakeholders. Further streamlining of visualisations to highlight and compare only the most salient data points is a priority to better support data-driven decision making throughout the C/Can city process.

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Building capacity for data collection, analysis and visualisation



Strengthening the integration of patient experience data



From learnings to a strategy for scale



Strengthening the integration of patient experience data

In Greater Petaling, Malaysia, a new partnership with Global Focus on Cancer (GFC) was launched to review and strengthen the collection and use of patient experience data as part of the needs assessment process. Development of a comprehensive plan to map, identify and engage local CSOs and patient associations in Greater Petaling has been completed as well as a review of the patient experience questions currently prioritised in the needs assessment questionnaire. Learnings generated in Greater Petaling, including around the processes to collect, manage and interpret patient experience data will be captured as work advances in 2022, and considered for future cities.

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Building capacity for data collection, analysis and visualisation



Strengthening the integration of patient experience data



From learnings to a strategy for scale



From learnings to a strategy for scale

Based on the learnings captured in the local pilot projects throughout 2021, the development of an updated data strategy for 2023-25 will be a focus in Q2-3 of 2022. This will include applying the lessons learned more globally, setting standards across the organisation and developing and adapting tools and guidance for broader dissemination and use.

Getting to know the C/Can model



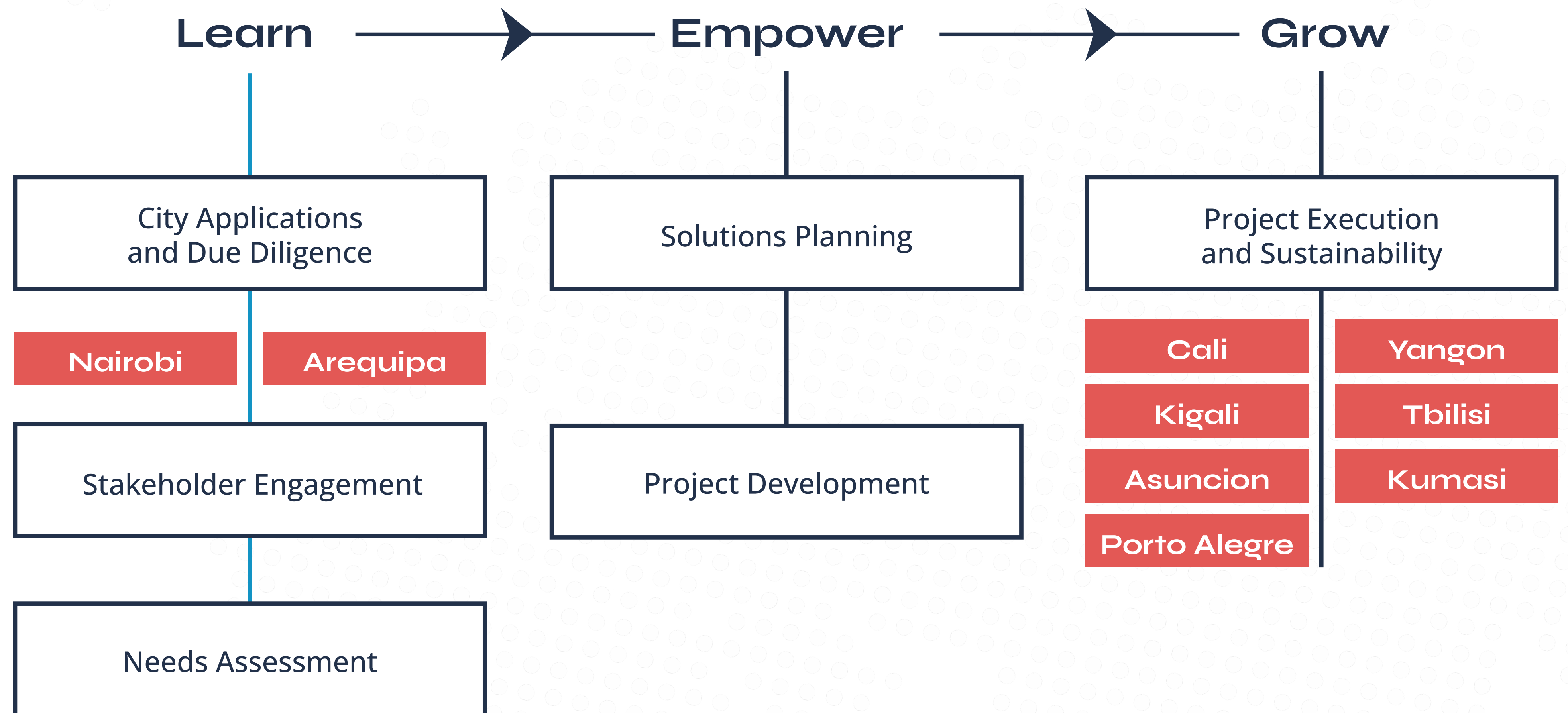
Cross-city programs



Our cities



The C/Can model



C/Can's City Engagement Process (CEP) is an implementation framework whereby local stakeholders lead a staged city-wide process over a 2- to 3-year period to assess, plan, and execute locally adapted cancer care solution.

Cross-city programs

Palliative care fellowships

Improve capacity in organising palliative care, recent advances and challenges in palliative care and community participation

100%

Training course on palliative care

TeleEcho for oncology nursing, radiotherapy and pathology

Strengthening leadership roles of nurses working in cancer care, and mentoring in good practices in radiotherapy and pathology

100%

E-Learning course on oncology nursing

E-Learning course on radiotherapy

E-Learning course on pathology

Driving quality cancer care in Asia

Strengthening a multidisciplinary approach to cancer care and the development of patient management guidelines

100%

Webinar series on a multidisciplinary approach and development of resource appropriate guidelines for breast and cervical cancers

Cross-city projects are global or regionally led projects that are executed in more than one city.

Percentage of agreed milestones completed as of 31 Dec 2021.

Primary health care

Strengthen skills of professionals working at the primary health care level and to develop a scalable resource

70%

E-Learning course on oncology in primary health care

Global coalition for cancer diagnostics

Establish and run multisectoral network of partners and an evidence base to improve access to quality and timely cancer diagnostics in cities.

50%

Form a coalition of local and global partners to advance social innovation

Raise awareness about the importance of multisectoral approach to advance innovative solutions for timely and accurate diagnostics in cancer care

Data sharing and insights model

Develop and trial model to effectively collect, store and visualise cancer care data generated through the C/Can city engagement process

80%

Data preparation and analysis to generate insights from pilot model

Report on insights generated and lessons learned shared

Global dialogue to discuss findings of the data model pilot

Strategic plan developed to scale findings and inform C/Can's long term data strategy

Shaping local and innovative cancer care financing

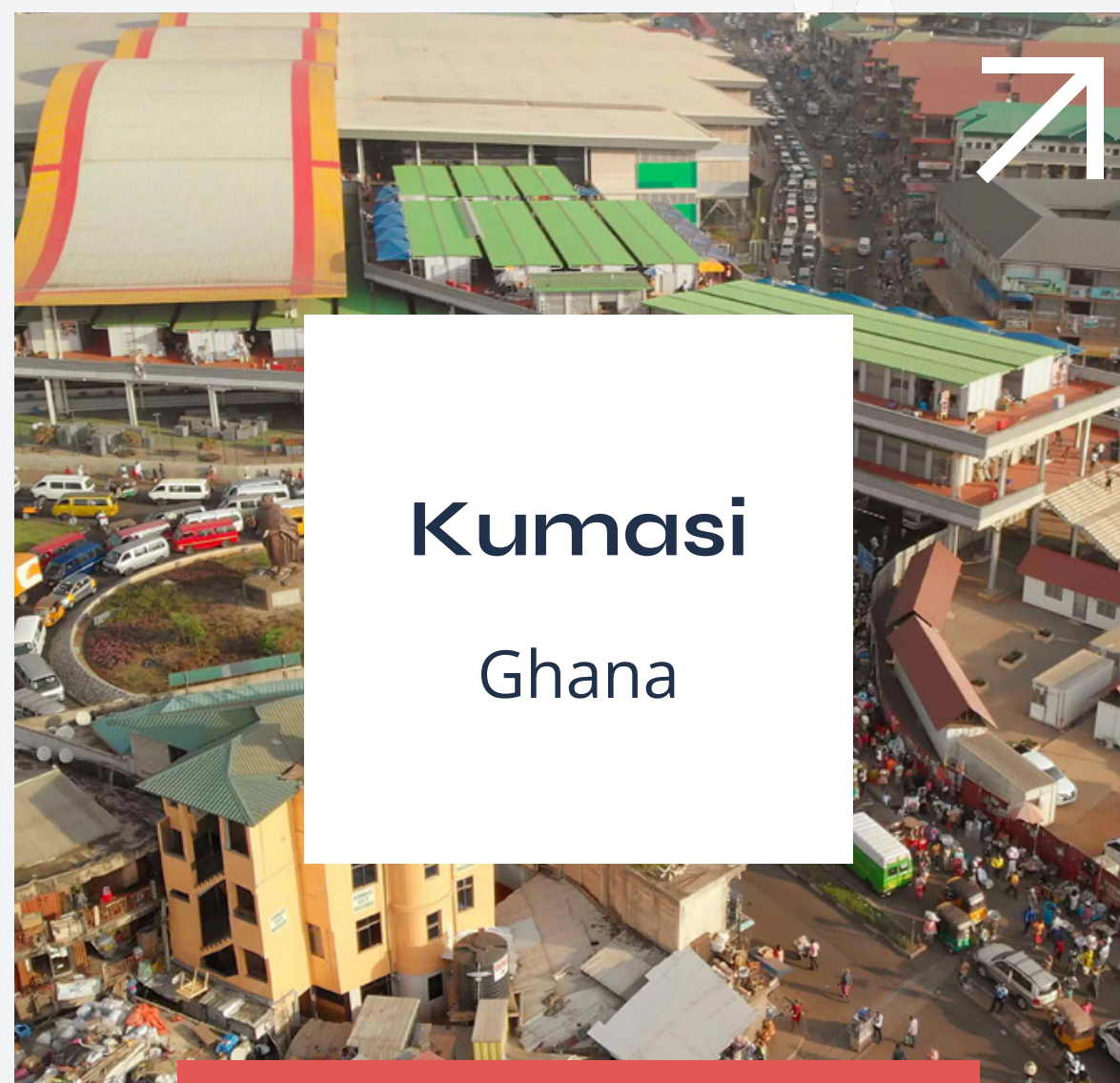
Improve capacity to develop new funding sources for health and identify possible innovative funding mechanisms

50%

Cancer care financing dialogue

Innovative financing workshop

Our cities



Cali

Colombia

2.28 M

City population.

4.5 M

Population
reached.

182.3

Cancer incidence
rate (per 100,000).

84.7

Cancer mortality
rate (per 100,000).

**Breast, prostate, colorectum,
stomach, lung²**

Five most common cancer types
(men and women)

Source: Globocan 2020

Memorandum of Understanding signatories

trabajo de
corazón



trabajo de
corazón



GOBERNACIÓN
VALLE DEL CAUCA
Secretaría de Salud



ALCALDÍA DE
SANTIAGO DE CALI
SECRETARÍA DE SALUD

Local Sustainability Partner



C/Can City Executive Committee members

 MoU signatories

Ministerio de Salud y Protección Social

Gobernación del Valle del Cauca 

Alcaldía de Santiago de Cali 

Secretaría Departamental de Salud - Valle del Cauca 

Secretaría de Salud Pública Municipal - Cali 

Fundación Valle del Lili

Centro Medico Imbanaco

Hospital Universitario del Valle

Hemato Oncólogos S.A. Clínica de Occidente

Universidad del Valle - Registro Poblacional de Cáncer - Cali

Universidad del Valle - Decano Facultad de Salud

Unicáncer

Local institutions involved in the C/Can process

Ministerio de Salud y Protección Social

Gobernación del Valle del Cauca

Alcaldía de Santiago de Cali

Secretaría Departamental de Salud - Valle del Cauca

Secretaría de Salud Pública Municipal - Cali

Instituto Nacional de Cancerología

Cuenta de Alto Costo

Fundación Valle del Lili

Centro Medico Imbanaco

Hospital Universitario del Valle

HematoOncologos

Clínica de Occidente

Clínica Versalles



“This commitment from the health institutions represents a major step forward for improving quality cancer care in the city. Having the same set of guidelines provides a common language which will help the different institutions and the different areas within an institution to better communicate and collaborate, which will ultimately support the continuity of patient care in our city.

Miyerlandi Torres
SECRETARY OF HEALTH, CALI
Colombia

C/Can City Executive Committee members

 MoU signatories

Funcáncer

ACEMI (Asociación EPS Régimen Contributivo)

EMSSANAR

Fundación POHEMA

SOS

AFIDRO (Asociación de Laboratorios Farmacéuticos de Investigación y Desarrollo)

Local institutions involved in the C/Can process

Registro Poblacional de Cáncer

Universidad del Valle - Facultad de Medicina

Universidad Icesi - Facultad de Medicina

Universidad Javeriana - Facultad de Medicina

Universidad Santiago de Cali - Facultad de Medicina

Universidad Libre - Facultad de Medicina

Universidad del Cauca

Unicáncer

Funcancer

ACEMI (Asociación EPS R. Contributivo)

EMSSANAR

Fundación POHEMA



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 MoU signatories

Funcáncer

ACEMI (Asociación EPS Régimen Contributivo)

EMSSANAR

Fundación POHEMA

SOS

AFIDRO (Asociación de Laboratorios Farmacéuticos de Investigación y Desarrollo)

Local institutions involved in the C/Can process

Servicio Occidental de Salud (SOS)

AFIDRO

Instituto departamental de salud de Nariño

Caja de Compensación Familiar Comfandi

Secretaría de Salud del Cauca

Secretaría de Salud de Pasto

Secretaría de salud de Popayán

Centro de Estudios en Protección Social y Economía de la Salud (Proesa)

Coomeva

Asocajas

Eps Comfenalco

Eps Asmet Salud



“This commitment from the health institutions represents a major step forward for improving quality cancer care in the city. Having the same set of guidelines provides a common language which will help the different institutions and the different areas within an institution to better communicate and collaborate, which will ultimately support the continuity of patient care in our city.

Miyerlandi Torres

SECRETARY OF HEALTH, CALI
Colombia

City projects overview

Percentage of agreed milestones completed as of 31 Dec 2021.

Multidisciplinary treatment of breast and cervical cancers

Cities improve quality and standardisation of cancer care

100%

Guidelines for management of breast cancer

Guidelines for management of cervical cancer

Multidisciplinary treatment of prostate, colorectal and paediatric leukaemia cancers

Cities improve quality and standardisation of cancer care

90%

Guidelines for management of prostate cancer

Guidelines for management of colorectal cancer

Guidelines for management of paediatric leukaemia

Radiotherapy

Cities improve quality and safe radiation therapy within the network of city hospitals

100%

Strategic plan for the development of radiotherapy services

Radiotherapy quality assurance program

Pathology

Cities improve quality and standardisation of pathology diagnosis

100%

Training in quality management and immunohistochemistry

Justification for selected molecular pathology tests

Pathology quality control manual



Palliative care

Cities increase access to quality palliative care at all levels of the health system



Palliative care training course developed and implemented

Blood banks



Blood Bank working group

Blood donation campaigns designed and implemented

Imaging/ Nuclear medicine

Cities harmonize and increase access to quality of imaging for cancer care



Quality audit in nuclear medicine checklist (QUANUM)

Nuclear Medicine quality assurance program

Human resources

Cities strengthen education and professional training programs in cancer care



Human resources development plan

Online training course in management of oncology services

Online training course on oncology nursing

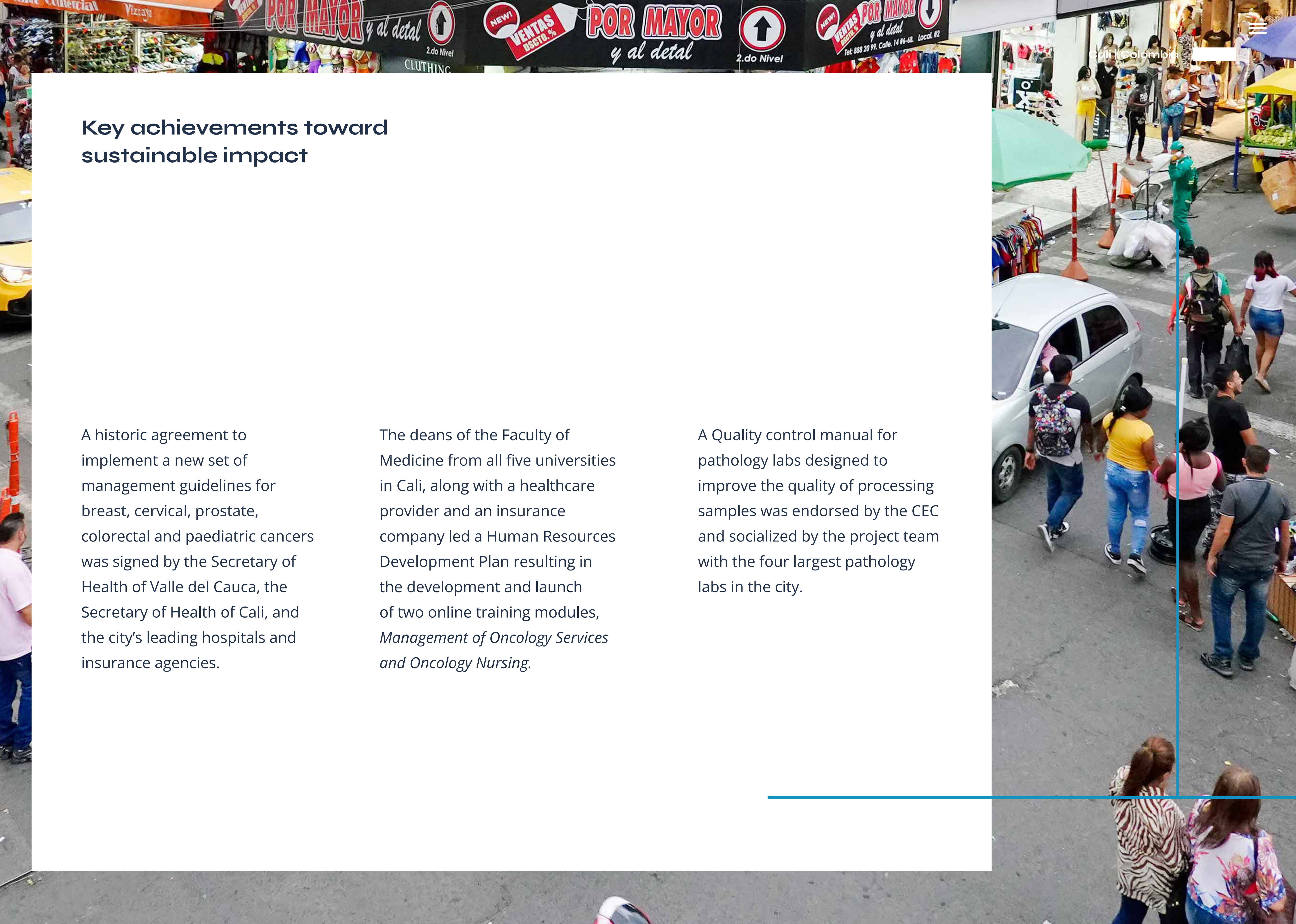
Online training course on cancer care for Primary Care Teams

Key achievements toward sustainable impact

A historic agreement to implement a new set of management guidelines for breast, cervical, prostate, colorectal and paediatric cancers was signed by the Secretary of Health of Valle del Cauca, the Secretary of Health of Cali, and the city's leading hospitals and insurance agencies.

The deans of the Faculty of Medicine from all five universities in Cali, along with a healthcare provider and an insurance company led a Human Resources Development Plan resulting in the development and launch of two online training modules, *Management of Oncology Services and Oncology Nursing*.

A Quality control manual for pathology labs designed to improve the quality of processing samples was endorsed by the CEC and socialized by the project team with the four largest pathology labs in the city.



Asuncion

Paraguay

2.13 M

City population.

7.05 M

Population
reached.

191.0

Cancer incidence
rate (per 100,000).

95.5

Cancer mortality
rate (per 100,000).

**Breast, prostate, colorectum,
cervix-uteri, lung**

Five most common cancer types
(men and women)

Source: Globocan 2020

Memorandum of Understanding signatories



**TESÃI HATEKO
PORÃVE**
MOTENONDEHA
MINISTERIO DE
**SALUD PÚBLICA
Y BIENESTAR SOCIAL**



**Gobierno Municipal
de Asunción.**

Local Sustainability Partner



C/Can City Executive Committee members

■ MoU signatories

Ministerio de Salud Pública y Bienestar Social ■

Municipalidad de Asunción ■

Programa Nacional de Control del Cáncer, MSPBS

Instituto Nacional del Cáncer, MSPBS ■

Instituto de Previsión Social

Universidad Nacional de Asunción, Facultad de Medicina

Universidad Nacional de Asunción. Hospital de Clínicas

Grupo San Roque

Sociedad Paraguaya de Oncología

Autoridad Regulatoria Radiológica y Nuclear

Instituto Cudas Thompson

Fundacion Unidos Contra El Cáncer (FUNCA)

Fundación ReNACI

Local institutions involved in the C/Can process

Ministerio de Salud Pública y Bienestar Social

Instituto Nacional del Cáncer, MSPBS

Programa Nacional de Control del Cáncer, MSPBS

Dirección de Registro y Vigilancia de Tumores

Laboratorio Central de Anatomía Patológica

Municipalidad de Asunción

Universidad Nacional de Asunción

Universidad Nacional de Asunción - Facultad de Medicina

Hospital de Clínicas

Instituto de Investigaciones en Ciencias de la Salud



“Given the growing complexity of cancer diseases and the progress in scientific and technological knowledge, a multidisciplinary approach for management of cancer patients is the key. To provide the best care, there must be continuous communication between patients and different medical specialties.

Dr Julio Rolón
DIRECTOR GENERAL OF THE NATIONAL CANCER INSTITUTE (INCAN)
Paraguay

C/Can City Executive Committee members

 MoU signatories

Ministerio de Salud Pública y Bienestar Social 

Municipalidad de Asunción 

Programa Nacional de Control del Cáncer, MSPBS

Instituto Nacional del Cáncer, MSPBS 

Instituto de Previsión Social

Universidad Nacional de Asunción, Facultad de Medicina

Universidad Nacional de Asunción. Hospital de Clínicas

Grupo San Roque

Sociedad Paraguaya de Oncología

Autoridad Regulatoria Radiológica y Nuclear

Instituto Cudas Thompson

Fundacion Unidos Contra El Cáncer (FUNCA)

Fundación ReNACI

Local institutions involved in the C/Can process

Instituto de Previsión Social - IPS

Autoridad Reguladora Radiológica y Nuclear

Instituto Cudas Thompson

Grupo San Roque

Fundacion Unidos Contra El Cáncer (FUNCA)

Fundación ReNACI



“Given the growing complexity of cancer diseases and the progress in scientific and technological knowledge, a multidisciplinary approach for management of cancer patients is the key. To provide the best care, there must be continuous communication between patients and different medical specialties.

Dr Julio Rolón
DIRECTOR GENERAL OF THE NATIONAL CANCER INSTITUTE (INCAN)
Paraguay

City projects overview

Percentage of agreed milestones completed as of 31 Dec 2021.

Radiotherapy

Cities improve quality and safe radiation therapy within the network of city hospitals

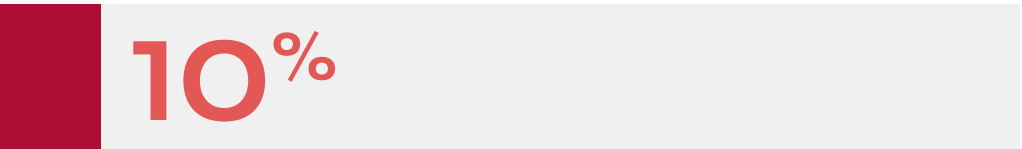


Radiotherapy development plan

Radiotherapy quality assurance program

Imaging / Nuclear Medicine

Cities harmonize and increase access to quality of imaging for cancer care



Analysis document on the provision of nuclear medicine services in the public sector

Background paper with proposals to increase access to nuclear medicine in the public system

Multidisciplinary treatment of breast and cervical cancers

Cities improve quality and standardisation of cancer care



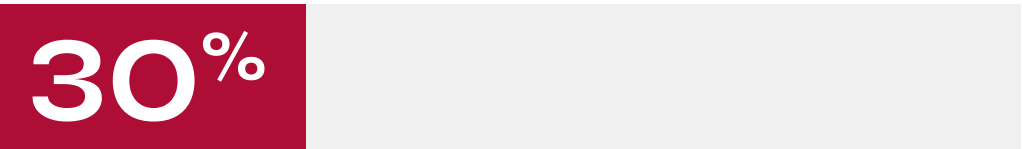
Regulation for implementation of multidisciplinary teams for breast and cervical cancers

Guidelines for management of breast cancer

Guidelines for management of cervical cancer

Multidisciplinary treatment of colorectal cancers and paediatric leukaemia

Cities improve quality and standardisation of cancer care



Guidelines for management of colorectal cancer

Guidelines for management of paediatric leukaemia

Pathology

Cities improve quality and standardisation of pathology diagnosis

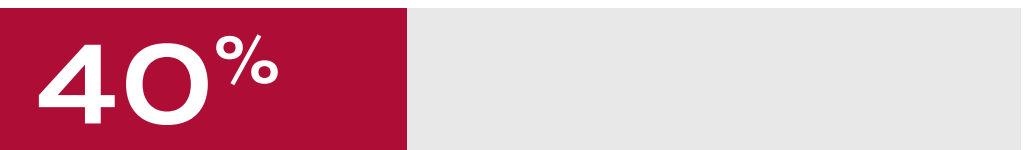


Regulatory standard for pathology and cytopathology laboratories

Draft regulation for implementation for the Regulatory Standard

Palliative care

Cities increase access to quality palliative care at all levels of the health system



National palliative care plan

Palliative care training course

Key achievements toward sustainable impact

Paraguay’s Ministry of Public Health and Welfare approved mandatory multidisciplinary evaluation of cancer cases, obliging the heads of hospitals and institutions that provide services or treatment to cancer patients to set up multidisciplinary tumour committees.

Paraguay’s Ministry of Public Health and Welfare guidelines to manage patients with invasive breast cancer to be implemented at national level.

Regulations to establish and harmonise quality standards for all pathology laboratories in the city were developed and submitted to Paraguay’s Ministry of Health for endorsement and implementation.



Yangon

Myanmar

6 M

City population.

25.4 M

Population
reached.

136.8

Cancer incidence
rate (per 100,000).

99.0

Cancer mortality
rate (per 100,000).

Lung, stomach, cervix uteri, breast, liver

Five most common cancer types
(men and women)

Source: Globocan 2020

C/Can City Executive Committee members

 MoU signatories

**Department of Public Health,
Ministry of Health and Sports** 

Yangon General Hospital,
Department of Medical Oncology

**Department of Medical
Services, Ministry of
Health and Sports** 

Yangon General Hospital,
Department of Radiation
Oncology

Yangon Region Government

Central Women’s Hospital,
Hospital Administration

Myanmar Medical Association

Yangon General Hospital,
Hospital Administration

Yangon Children’s Hospital, Dept.
of Haemato-Oncology

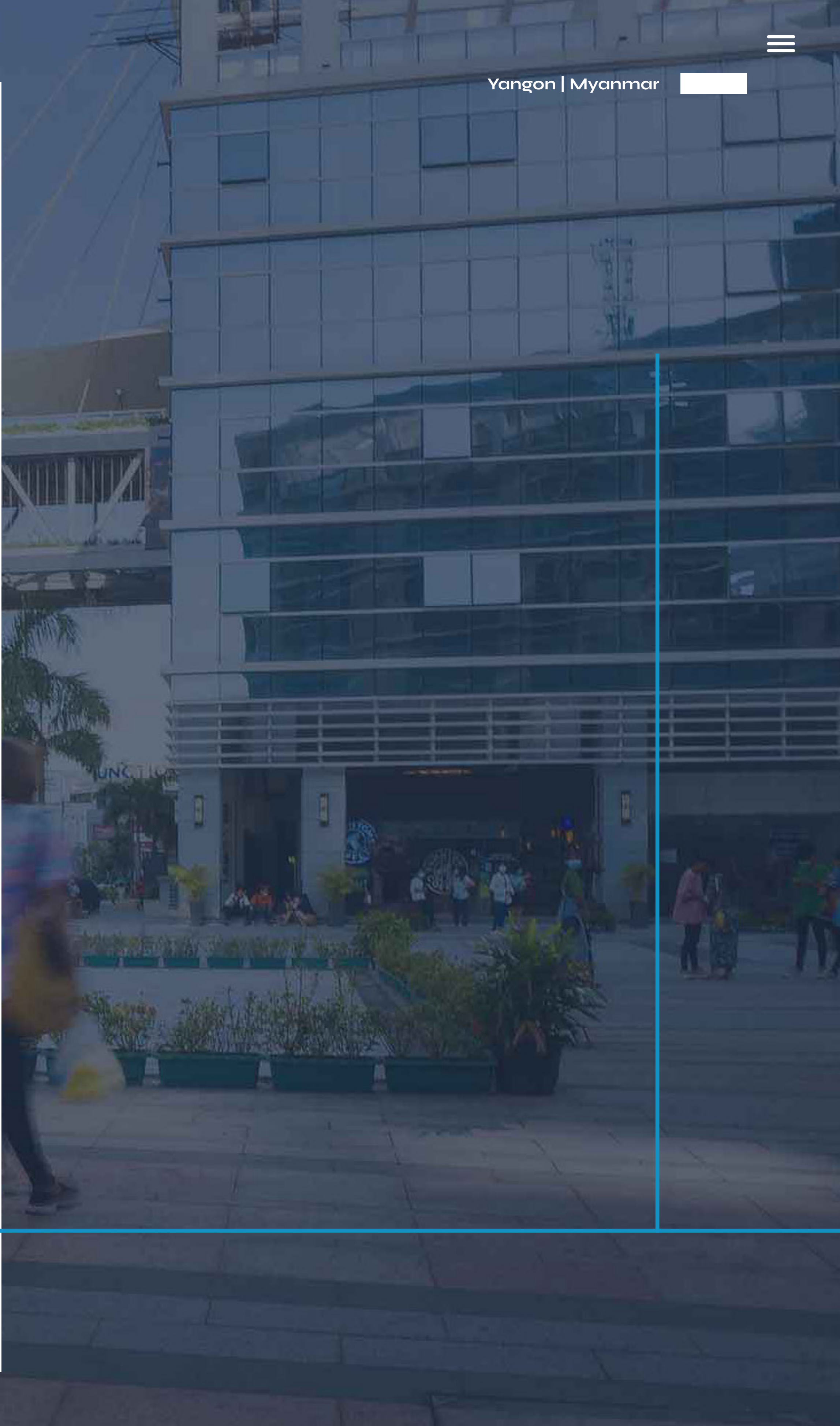
Yangon Regional Health
Department, Ministry of
Health and Sports

U Hla Tun Cancer Foundation

Department of Non
Communicable Diseases (NCDs),
Ministry of Health and Sports
(MOHS)

Myanmar Private Hospital
Association

Shwe Yaung Hnin Si Cancer
Foundation



Kumasi

Ghana

3.40 M

City population.

5.92 M

Population
reached.

115.9

Cancer incidence
rate (per 100,000).

80.6

Cancer mortality
rate (per 100,000).

**Breast, liver, cervix uteri, prostate,
non-Hodgkin's lymphoma**

Five most common cancer types
(men and women)

Source: Globocan 2020

Memorandum of Understanding signatories



MINISTRY OF HEALTH
REPUBLIC OF GHANA



C/Can City Executive Committee members

 MoU signatories

Ministry of Health 

Ashanti Regional Coordinating Council 

Kumasi Metropolitan Assembly 

Ghana Health Service

Ashanti Traditional Council


Komfo Anokye Teaching Hospital

Kwame Nkrumah University of Science and Technology National Health Insurance Authority (NHIA)

Peace & Love Hospital

Breast Care International



 Working with my colleagues in my own field and with the interaction with our international collaborators, I have gotten to learn a lot. For me, leveraging on my individual skill to implement a policy that benefits the whole society, is one game-changer. No one can take that fact from us.

Dr Ernest Kwasi Adjei
HEAD OF LABORATORY SERVICES DIRECTORATE
Komfo Anokye Teaching Hospital

City projects overview

Percentage of agreed milestones completed as of 31 Dec 2021.

Radiotherapy

Cities improve quality and safe radiation therapy within the network of city hospitals



Radiotherapy development plan

Radiotherapy quality assurance program

Imaging / Nuclear medicine

Cities harmonize and increase acces to quality of imaging for cancer care



Radiology and nuclear medicine development plan

Operationalisation of SPECT/ CT as a core diagnostic modality

Professional training for diagnostic imaging experts

Multidisciplinary treatment of breast and cervical cancers

Cities improve quality and standardisation of cancer care



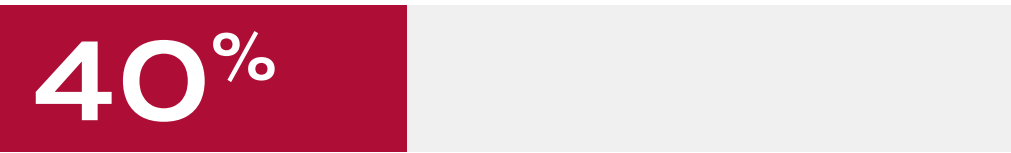
Operational plan for multidisciplinary teams

Guidelines for management of breast cancer

Guidelines for management of cervical cancer guidelines

Pathology

Cities improve quality and standardisation of pathology diagnosis



Pathology quality control program, including standard operating procedures

Laboratory development plan

Define requirements and select supplier to develop a laboratory networking system for pathology testing

Implementation plan for quality control programs, guidelines, protocols for laboratory services

Professional training for pathology experts

Standardised pathology reporting system



Palliative care

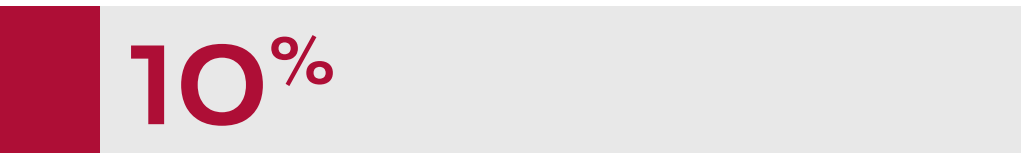
Cities increase access to quality palliative care at all levels of the health system



Palliative care development plan

Medical oncology

Cities improve access to quality medical oncology services and medicines

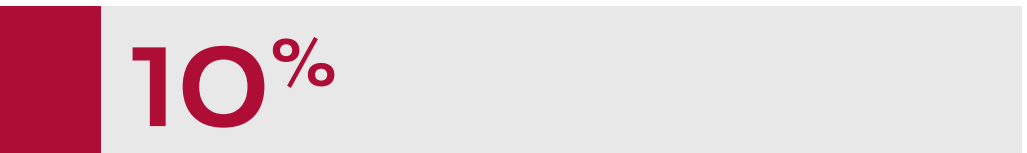


Medical oncology development plan with minimal operating requirements

Essential oncology medicines list

Human resources

Cities strengthen education and professional training programs in cancer care



Human resources development plan

Surgery

Cities improve capacity and quality of cancer surgery



Surgical oncology development plan

Cancer registry

Cities enhance and strengthen cancer registries



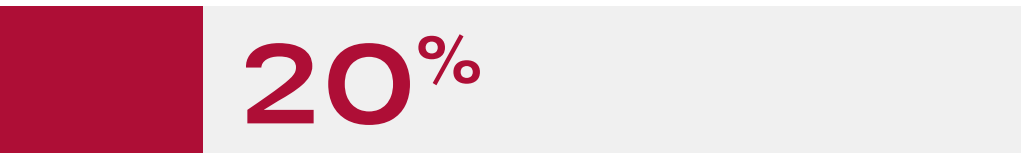
Cancer registry office equipped and furnished

Sensitisation of target facilities

Training in data entry and data assessment

Digitisation of case presentation to multidisciplinary teams

Develop data sharing and collaboration system for multidisciplinary treatment meetings



Digital platform for multidisciplinary teams (MDT) case presentation

Pediatric oncology

Cities improve early diagnosis of common childhood cancers and treatment completion



Referral mechanisms between the hospital, share care sites and satellite sites

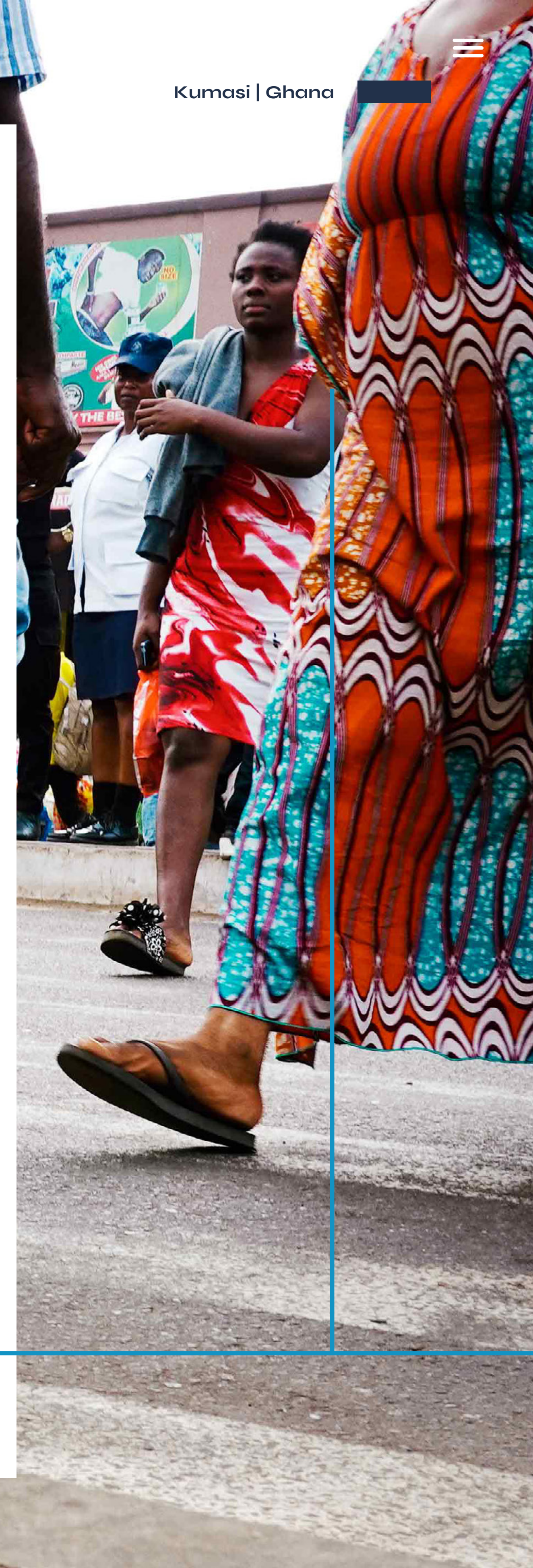


Key achievements toward sustainable impact

A collaboration agreement outlining a multi-stakeholder, multi-disciplinary framework to support the long-term sustainability of C/Can projects was signed between the Ministry of Health and C/Can.

A six-month grant from Germany's Federal Ministry for Economic Cooperation and Development (BMZ), supported by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) was secured, with activity from October 2021 to March 2022 with the overall objective to improve access to accurate, timely cancer diagnosis.

Scientific visits to USA and Uganda were held for 17 health professionals with a focus on building capacity in MDT approaches, and resulting in a new resolution on a MDT approach to managing cancer.



Kigali

Rwanda

1.13 M

City population.

1.6 M

Population reached.

113.9

Cancer incidence rate (per 100,000).

81.4

Cancer mortality rate (per 100,000).

Breast, cervix-uteri, prostate, stomach, liver

Five most common cancer types (men and women)

Source: Globocan 2020

Memorandum of Understanding signatories







Rwanda Palliative Care & Hospice Organisation



MINISANTE

C/Can City Executive Committee members

 MoU signatories

The City of Kigali		MUHIMA District Hospital
Polyfam Clinic		Hospice St. Jean Paul II
Rwanda Palliative Care and Hospice Organisation		Rwanda Children’s Cancer Relief
Ministry of Health		Rwanda NCD Alliance
Rwanda Military Hospital		Rwanda Social Security Board
Kigali Teaching University Hospital		Breast Cancer Initiative East Africa Inc.
University of Rwanda		King Faisal Hospital
IMBUTO Foundation		
Rwanda Biomedical Center- Cancer division		



“The project about palliative care will impact patients to access palliative care services: pain management, social support, psychological support. Those patients with cancer, need palliative care support.

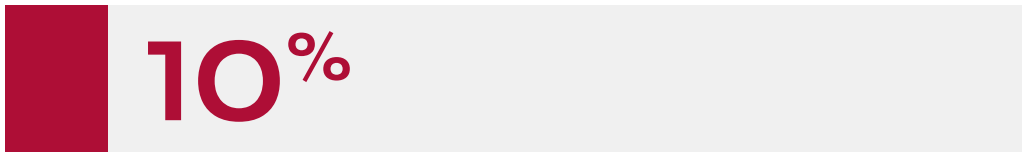
Eric Kabisa
EXECUTIVE SECRETARY
Rwanda Palliative Care and Hospice Organization (RPCHO)

City projects overview

Percentage of agreed milestones completed as of 31 Dec 2021.

Radiotherapy

Cities improve quality and safe radiation therapy within the network of city hospitals



Radiotherapy development plan

Radiotherapy quality assurance program

Imaging

Cities harmonize and increase access to quality of imaging for cancer care



Diagnostic imaging development plan

Quality assurance guidelines in radiology

Standardised radiology reporting

Pathology

Cities improve quality and standardisation of pathology diagnosis



Pathology laboratory development plan

Pathology quality control manual

Quality assurance guidelines

Standardised pathology reporting

Multidisciplinary management of breast and cervical cancers

Cities improve quality and standardisation of cancer care



Draft regulation to set up and operationalise multidisciplinary teams



Palliative care

Cities increase access to quality palliative care at all levels of the health system



Core palliative care package

Palliative care development plan

Medical oncology

Cities improve access to quality medical oncology services and medicines



Essential oncology medicines list

Standardised minimum operating requirements for medical oncology

Surgery

Cities improve capacity and quality of cancer surgery



Strategy to establish sub-specialised surgical oncology teams

Quality care coordination system

Creation and deployment of patient pathways and nurse navigators for breast and cervical cancer patients



Data governance and quality assurance frameworks

Recruitment and engagement of local project team

Monitor users of the JOIN platform

Training course on use of JOIN platform and data literacy

Lessons learned document

Key achievements toward sustainable impact

C/Can partnered with the Rwanda Biomedical Centre (RBC) and Allm to launch next-generation technologies and a medical communications platform that connects the main institutions providing cancer care to optimise breast cancer patient health information across different disciplines.

A scientific visit to Tanzania provided three cancer health professionals with practical work experience and insight into best practices on how medical oncology professionals are involved in the MDT team and how the medical oncology services including systemic therapy are provided in the reference centre.

A partnership Agreement with the Ministry of Health through the Human Resources for Health Program will support development of expertise in quality care, research, teaching, and training.



Porto Alegre

Brazil

1.50 M

City population.

3.01 M

Population
reached.

215.4

Cancer incidence
rate (per 100,000).

91.2

Cancer mortality
rate (per 100,000).

**Prostate, breast, colorectum,
lung, thyroid**

Five most common cancer types
(men and women)

Source: Globocan 2020

Memorandum of Understanding signatories



**Prefeitura de
Porto Alegre**

SECRETARIA DE SAÚDE



Femama

Federação Brasileira de Instituições Filantrópicas
de Apoio à Saúde da Mama



**HOSPITAL
MOINHOS
DE VENTO**

C/Can City Executive Committee members

■ MoU signatories

Prefeitura de Porto Alegre

Secretaria Estadual de Saúde

Estado do Rio Grande do Sul

Secretaria Municipal de Saúde

Hospital Moinhos de Vento

Hospital de Clínicas
de Porto Alegre

Hospital Presidente Vargas

Hospital Santa Casa

Hospital São Lucas da PUCRS

Instituto Nacional de Câncer José
Alencar Gomes da Silva (INCA)

Latin American Cooperative
Oncology Group (LACOG)

Sociedade Brasileira Cirurgia
Oncológica - Regional RS

Sociedade Brasileira
de Oncologia Clínica (SBOC)

Sociedade Brasileira
de Radioterapia (SBRT)

Sociedade Brasileira
de Radioterapia (SBRT)

IAPERGS - Instituto de Previdência
do Estado do Rio Grande do Sul

FEMAMA - Federação Brasileira
de Instituições Filantrópicas de
Apoio à Saúde da Mama

Grupo Hospitalar Conceição



“We can all be very good individually, but nothing is better than all of us working together in understanding the problem and looking together for solutions. This partnership with C/Can provides an opportunity to understand the best solutions, improving them and implementing these solutions at a local level.

Eduardo Leite

FORMER GOVERNOR OF THE STATE
OF RIO GRANDE DO SUL
Brazil

City projects overview

Percentage of agreed milestones completed as of 31 Dec 2021.

Multidisciplinary treatment of breast and prostate cancers

Cities improve quality and standardisation of cancer care



Guidelines for management of breast cancer

Guidelines for management of prostate cancer

Pathology

Cities improve quality and standardisation of pathology diagnosis



Pathology quality control program

Cancer registry

Cities improved cancer surveillance and data-driven decision making in the city



Capacity development for population-based cancer registry team

Recommendations to improve the Population-Based Cancer Registry (PBCR)

Cost efficiency

Cities increase the efficiency and optimization of financial coverage of priority diagnostic and treatment techniques



Research protocol on opportunities to improve access of patients with prostate cancer to radiotherapy

Funding mobilisation to support study implementation

Sustainability

60%

Nonprofit organization established

Capacity development in management and HR skills to operationalize a local cancer-focused organization

Capacity development in communication and fundraising strategies for a local cancer-focused organization

Online step-by-step guide with recommendations and lessons learnt from Porto Alegre's sustainability project experience

Key achievements toward sustainable impact

A months-long collective effort led by Porto Alegre pathologists and the Municipal Health Secretariat and the Brazilian Society of Clinical Pathology produced the document. This was endorsed by the City Executive Committee, along with contributions and reviews from national experts and C/Can's international partner, ASCP. Local labs were required to observe the program's requirements within 120 days.

The newly created institution will be the sustainability partner of C/Can in Porto Alegre.

The INCA-trained team will run population-based cancer registry, analysis provided to City Hall.

Tbilisi

Georgia

1.18 M

City population.

2.97 M

Population
reached.

196.1

Cancer incidence
rate (per 100,000).

113.0

Cancer mortality
rate (per 100,000).

**Breast, lung, colorectum,
prostate, stomach**

Five most common cancer types
(men and women)

Source: Globocan 2020

Memorandum of Understanding signatories



MINISTRY OF INTERNALLY DISPLACED
PERSONS FROM THE OCCUPIED
TERRITORIES, LABOUR, HEALTH AND
SOCIAL AFFAIRS OF GEORGIA



თბილისის მერია
TBILISI CITY HALL



C/Can City Executive Committee members

 MoU signatories

Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia



Tbilisi City Hall



Georgia Patients' Union



Europa Donna Georgia

National Centre for Disease Control and Public Health

Tbilisi State Medical University

Todua Medical Centre

Mardaleishvili Medical Centre

Young Oncologists Group of Georgia

Universal Medical Centre

Parliament of Georgia- Healthcare Committee



System-level cancer data is essential to understand and target local needs. The creation of an electronic system to collect cancer data across different institutions will provide one central data repository that provides comprehensive data and is accessible at any time.

Dimitri Chkheidze

HEAD OF STATISTICS AND TESTING DEPARTMENT
LEPL National Health Agency of Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs
Georgia

City projects overview

Percentage of agreed milestones completed as of 31 Dec 2021.

Radiotherapy

Cities improve quality and safe radiation therapy within the network of city hospitals



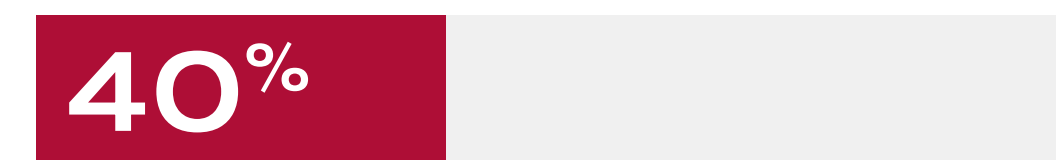
Radiotherapy development plan

Radiotherapy quality assurance program

Syllabus for training of medical physicists

Imaging / Nuclear Medicine

Cities harmonize and increase access to quality of imaging for cancer care



Standardised radiology reports

Quality assurance guidelines for radiology

Quality assurance guidelines for nuclear medicine

Syllabus for training of radiation technologists

Multidisciplinary treatment of breast and cervical cancers

Cities improve quality and standardisation of cancer care



Draft regulation to set up and operationalise multidisciplinary teams

Guidelines for management of breast cancer

Guideline for management of prostate cancer

Pathology

Cities improve quality and standardisation of pathology diagnosis



Norm of quality criteria with minimal operating requirements for pathology laboratories

Pathology quality control manual

Quality protocols for sample taking, handling and specimen transportation

Specification for setting up a telepathology program

Human resources

Cities strengthen education and professional training programs in cancer care



Policy recommendation for strengthening cancer care education at undergraduate level

Reviewed post graduate level training programme for medical oncology

Reviewed post graduate level training programme for radiation oncology

Reviewed post graduate level training programme for surgical oncology

Draft resolution for continuous medical education for cancer care

Training modules on cancer care for non-cancer medical specialists

Training module for oncology nurses

Cancer registry

Cities enhance and strengthen cancer registries



Data policy guidance to harmonise high quality data

Advocacy document for streamlining patient data authorisation

Sustainability

Cities enhance and strengthen cancer registries



Strategic plan to establish and operationalize a local cancer care-focused organisation

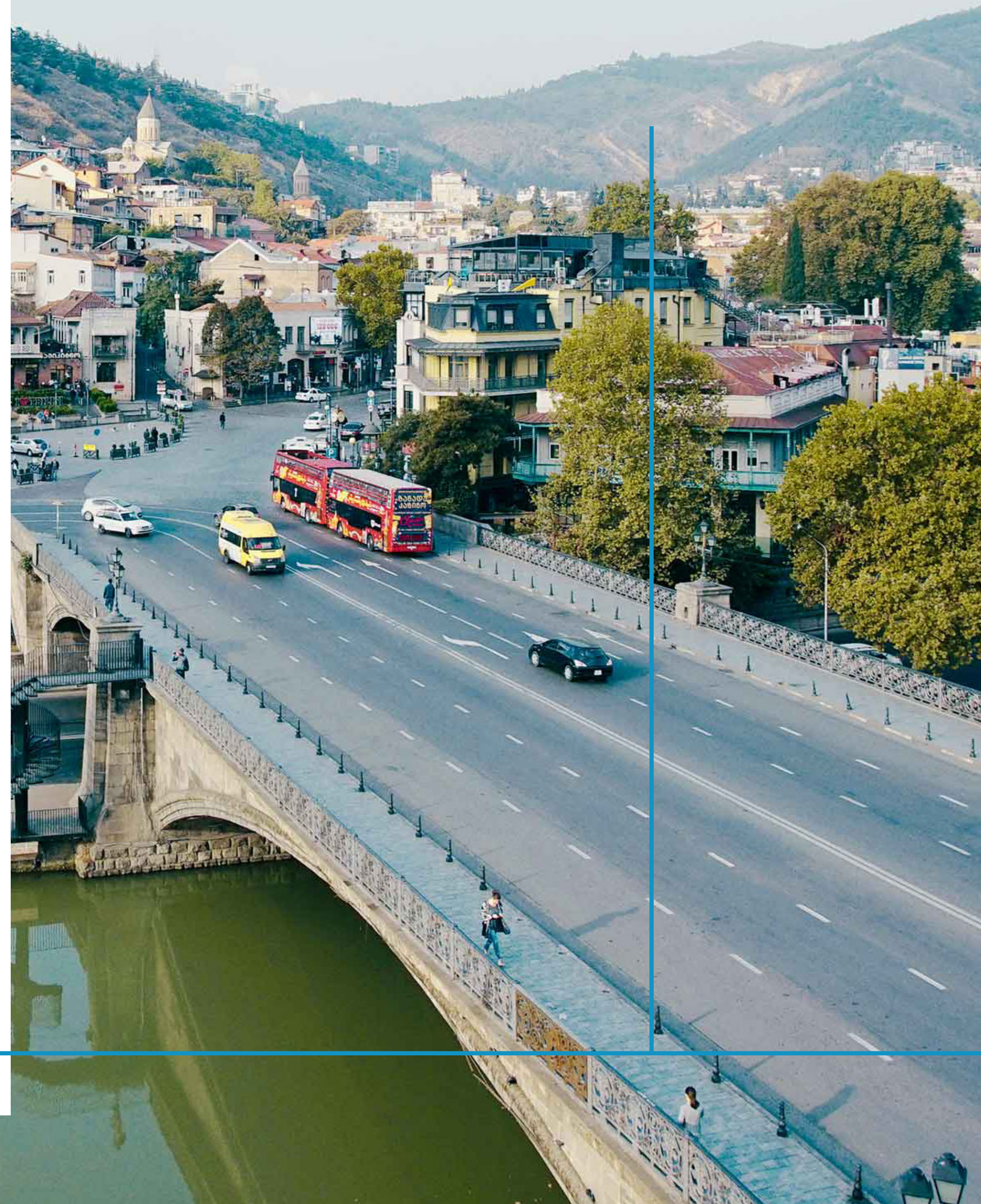
Business model for the new organisation including governance and fundraising model



Key achievements toward sustainable impact

A new organisation, the first of its kind in Georgia, was incorporated to continue working on cancer care initiatives and will be the Sustainability Partner of C/Can in Tbilisi.

Cancer Registry professionals studied best data practices and set up a multidisciplinary team for management of cancers.



Leon

Mexico

1.58 M

City population.

1.58 M

Population
reached.

140.4

Cancer incidence
rate (per 100,000).

63.3

Cancer mortality
rate (per 100,000).

**Breast, prostate, colorectum,
thyroid, cervix-uteri**

Five most common cancer types
(men and women)

Source: Globocan 2020

Memorandum of Understanding signatories



León
**Ciudad
de Primera**



Fundación Rodolfo Padilla

C/Can City Executive Committee members

 MoU signatories

Secretaría de Salud de Guanajuato



Hospital Regional Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado

Instituto Nacional de Cancerología



Jurisdicción Sanitaria VII

Municipio de León



Asociación Mexicana de Ayuda a Niños con Cáncer (AMANC)

Dirección de Salud de León

Fundación Rodolfo Padilla



Hospital Infantil Teletón de Oncología Querétaro (HITO)

Universidad de Guanajuato, Sede León

Fundación Mexicana Para La Salud (FUNSALUD)

Hospital Ángeles León

Asociación Mexicana de Industrias de Investigación Farmacéutica (AMIIF)

Hospital Aranda de la Parra

Hospital General de León

Consejo Coordinador Empresarial de León

Hospital Regional de Alta Especialidad del Bajío

Tecnológico de Monterrey Campus León

Hospital General de la Unidad Médica de Alta Especialidad T1



The state government’s synergy with C/Can and other NGOs shows its commitment to improving the quality of life of cancer patients in León and the wider region who are affected by this catastrophic disease.

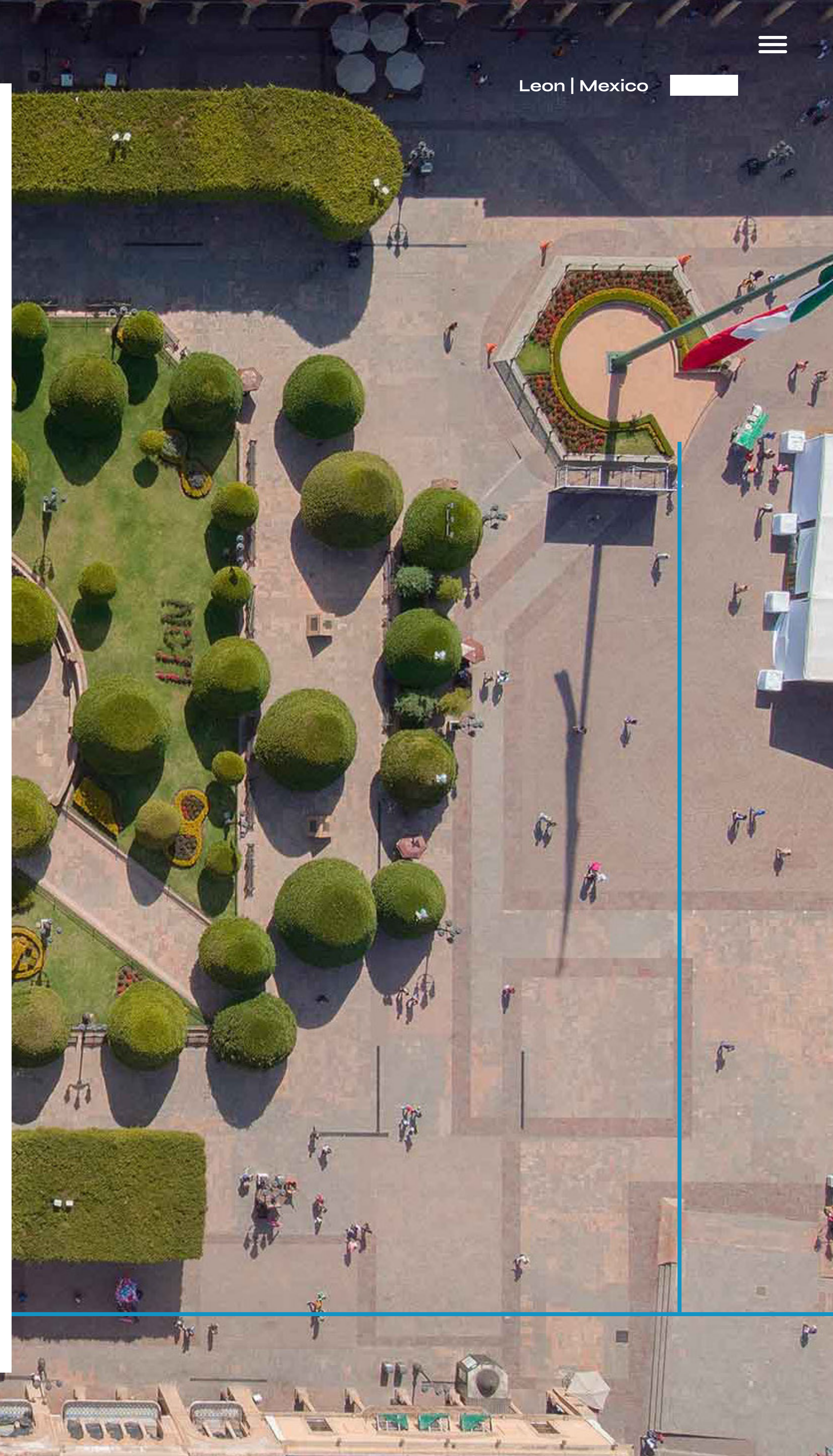
Dr Daniel Diaz
SECRETARY OF HEALTH
Guanajuato

Key achievements toward sustainable impact

C/Can facilitated capacity building and dialogue with a wide range of local stakeholders, leading to efforts to generate new forms of financing.

56 health professionals from 11 institutions contributed data to a comprehensive city-wide needs assessment process to identify key gaps and priorities in cancer care.

Following the Needs Assessment, key document was drawn up to create a solid foundation for long-term planning. Discussions with healthcare professionals outlined the main cancer care delivery challenges and proposed solutions.



Greater Petaling

Malaysia

1.4 M

City population.

2.2 M

Population
reached.

143.9

Cancer incidence
rate (per 100,000).

87.3

Cancer mortality
rate (per 100,000).

**Breast, colorectum, lung,
nasopharynx, liver**

Five most common cancer types
(men and women)

Source: Globocan 2020

Memorandum of Understanding signatories



C/Can City Executive Committee members

MoU signatories

The Selangor State Executive Council (EXCO): Selangor public health, unity, women empowerment and family

University Malaya Cancer Research Institute (UMCRI)

University Malaya (UM)

University Malaya Medical Centre (UMMC)

National Cancer Society of Malaysia (NCSM)

Disease Control Division, Ministry of Health (MOH)

National Cancer Institute (IKN), Ministry of Health (MOH)

National Head Clinical Services for General Surgery, Ministry of Health (MOH)

Non-Communicable Disease Control Sector, Selangor State Health Department (JKNS)

Subang Jaya Medical Centre (SJMC)

The Malaysian Oncological Society (MOS)

The Association of Private Hospitals Malaysia (APHM)

Health and Environmental Services Department (MBPJ)

Health Department, Subang Jaya City Council (MBSJ)

Health and Environment, Shah Alam City Council (MBSA)

Life Insurance Association of Malaysia (LIAM)

Selangor State Economic Planning Unit (UPEN)

Federation of Malaysian Manufacturers (FMM)

Breast Cancer Welfare Association Malaysia (BCWA)

Social Security Organisation (SOCSO)



Cities possess an understanding of the realities of the local context, which means that they are best placed to design, develop, implement and importantly, sustain solutions that reflect the needs and interests of the city and its people.

YB Dr Siti Mariah binti Mahmud
EXECUTIVE COUNCILLOR FOR HEALTH,
WOMEN AND FAMILY EMPOWERMENT
State of Selangor
Chair, C/Can CEC

City projects overview

Percentage of agreed milestones completed as of 31 Dec 2021.

Patient centricity

30%

Mapping of local patient groups and organizations

Conduct baseline assessments/ situational analysis of patient caregiver experience and engagement

Key achievements toward sustainable impact

C/Can, Petaling Jaya, Subang Jaya and Shah Alam city halls, along with the National Cancer Society of Malaysia and Universiti Malaya officially launched the C/Can city process, setting out a framework to jointly address gaps in cancer care services over the next two years.

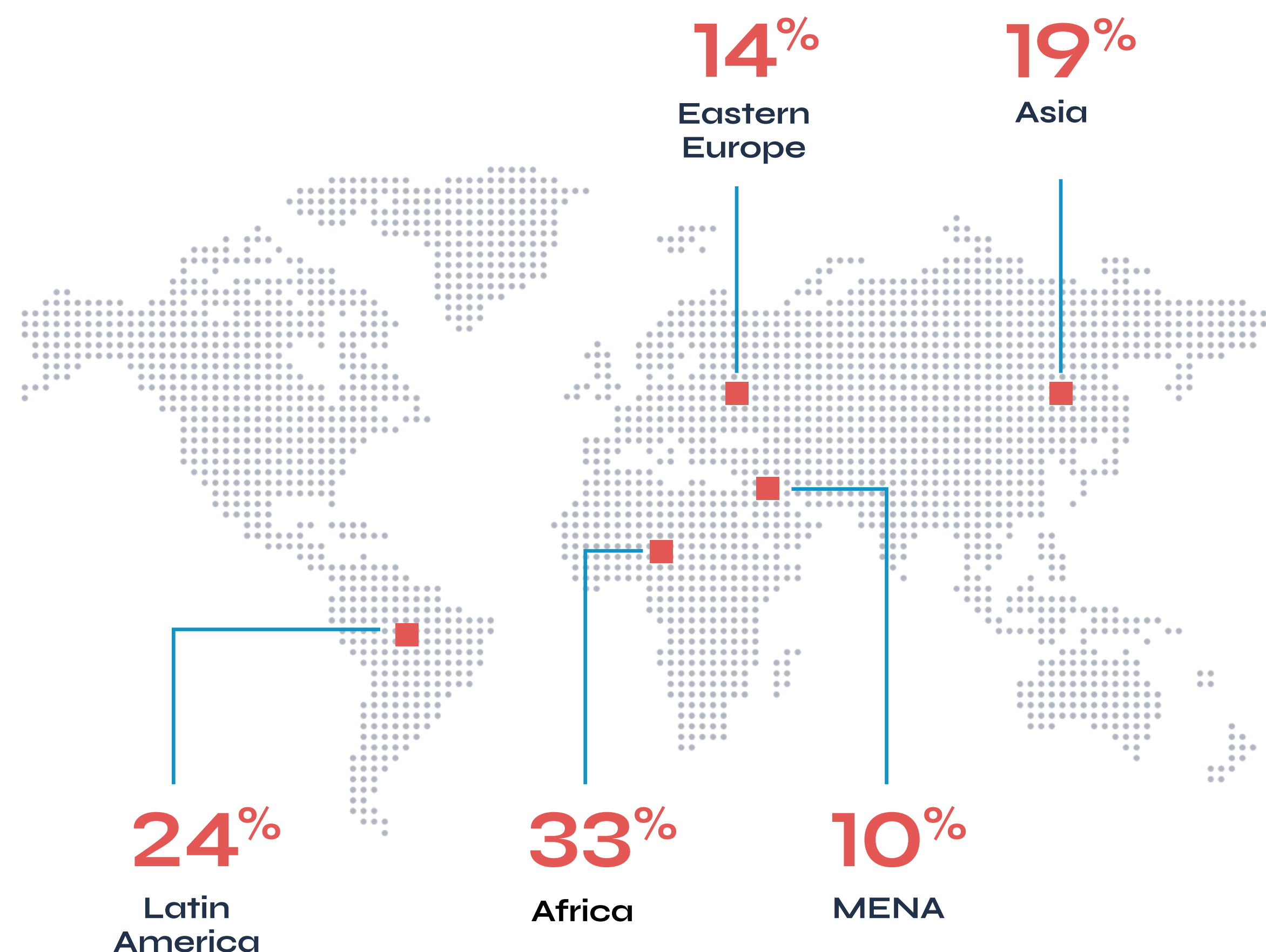
Both committees have developed and completed a map of key institutions involving the experts to be involved in data collection for the Needs Assessment. The CEC's 15 high-level decision-makers have decision-making authority so that solutions reflect local realities and ensure all stakeholders are kept informed, fostering political commitment, ensuring the city process is aligned with local and national initiatives. The TC is a multidisciplinary group of around 20 local experts in cancer care and convenes a broad network of professionals from the city's main cancer care providers to support data collection on cancer care capacity using a purpose built questionnaire. It then analyses the results as part of some 20 interinstitutional specialist working groups.

C/Can launched the City of Tomorrow Campaign in February 2020, inviting cities from around the world to join a growing, multisectoral community.

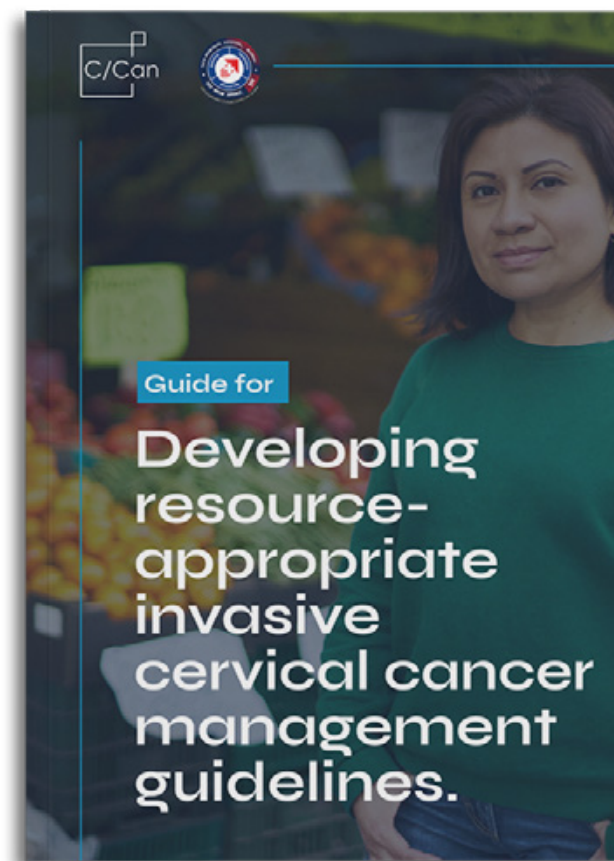
Shortlisted cities were then invited to complete a more detailed application, which was followed by a robust due diligence process. Applications closed in April 2021, and the shortlisted cities underwent a further due diligence process to assess city readiness in five key areas: local leadership and political commitment, partnerships, a people-centred approach, an enabling policy environment, and core cancer care pillars.

The process also included a comprehensive mapping of local cancer care stakeholders as well as any relevant health system strengthening initiatives that the C/Can process could align with and support.

In response, around 100 civil society organisations supported their cities' bids to join the C/Can initiative:



Guides for developing resource appropriate guidelines



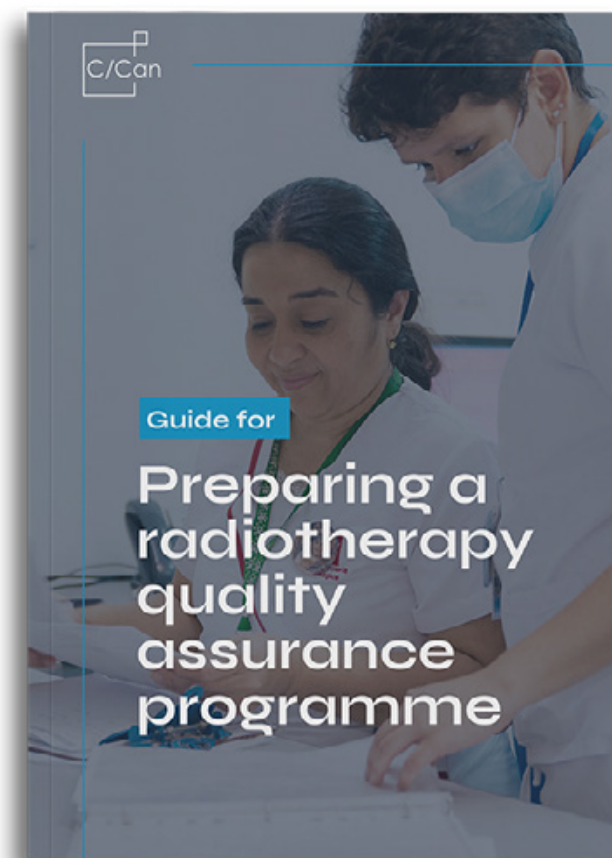
Cervical cancer



Breast cancer

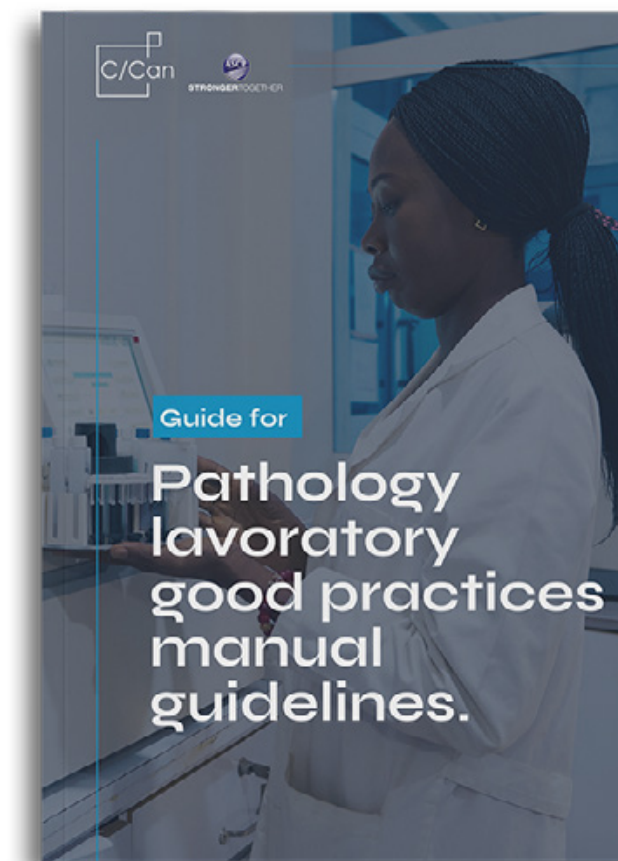


Radiotherapy

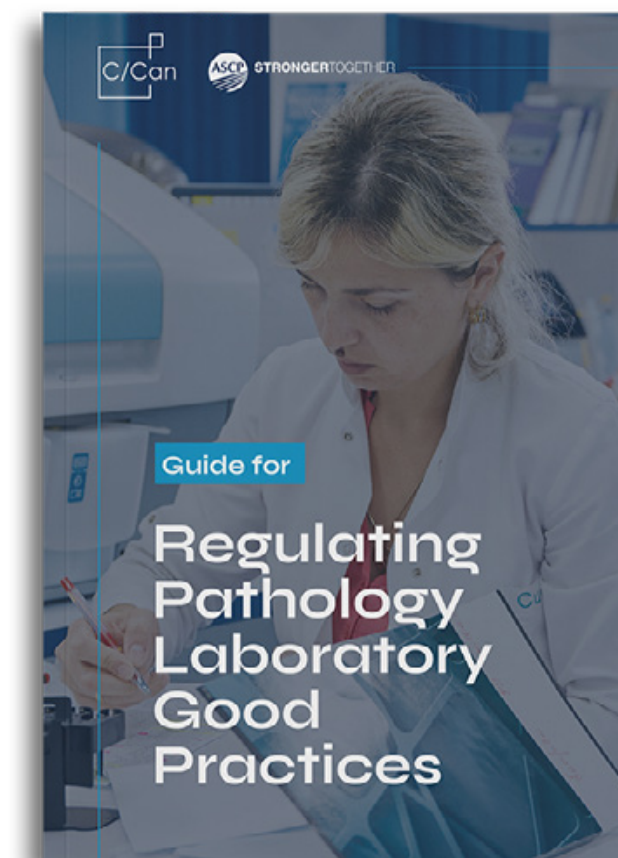


Radiotherapy

Quality control of key cancer care services



Pathology



Pathology



Palliative care

Board of Directors



Technical Advisory Committee



C/Can Team



C/Can Partners



C/Can City Executive Committee members and MoU Signatories



C/Can Experts



Board of Directors



Sanchia Aranda

(Chair)

University
of Melbourne

AUSTRALIA

Raúl Doria

(Vice Chair)

Grupo San Roque

PARAGUAY

Justin Abbott

UNITED KINGDOM

Zipporah Ali

Kenya Hospices and
Palliative Care Association
(KEHPCA)

KENYA

Stuart Bennett

Al Sharq Healthcare

UAE

(Effective Jan. 2022)

Thomas Cueni

International Federation
of Pharmaceutical
Manufacturers & Associations
(IFPMA)

SWITZERLAND

Valentina Gizzi

Edwards Lifesciences

SWITZERLAND

(Effective Jan. 2022)

Mary

Gospodarowicz

University of Toronto

CANADA

Yin Yin Htun

Shwe Yaung Hnin Si Cancer
Foundation, Pun Hlaing
Siloam Hospital

MYANMAR

Kolleen Kennedy

Varian Medical Systems

UNITED STATES

Mark Middleton

Icon Group

AUSTRALIA

Nneka Mobisson

mDoc

SOUTH AFRICA

(Effective Jan. 2022)

Guillermo Rivera Rio

SWITZERLAND

(Effective Jan. 2022)

Adolfo Rubinstein

Ministry of Health
and Social Affairs

ARGENTINA

Jörg-Michael Rupp

Roche Pharma International

SWITZERLAND

Andrew Whitman

Varian, A Siemens
Healthineers Company

UNITED STATES

(Effective Jan. 2022)

Technical Advisory Committee

Dr Zipporah Ali

Kenya Hospices and
Palliative Care Association

Dr Rolando Camacho

City Cancer Challenge

Andrew Dimech

Royal Marsden NHS
Foundation Trust

Prof Mary Gospodarowicz

(Chair)

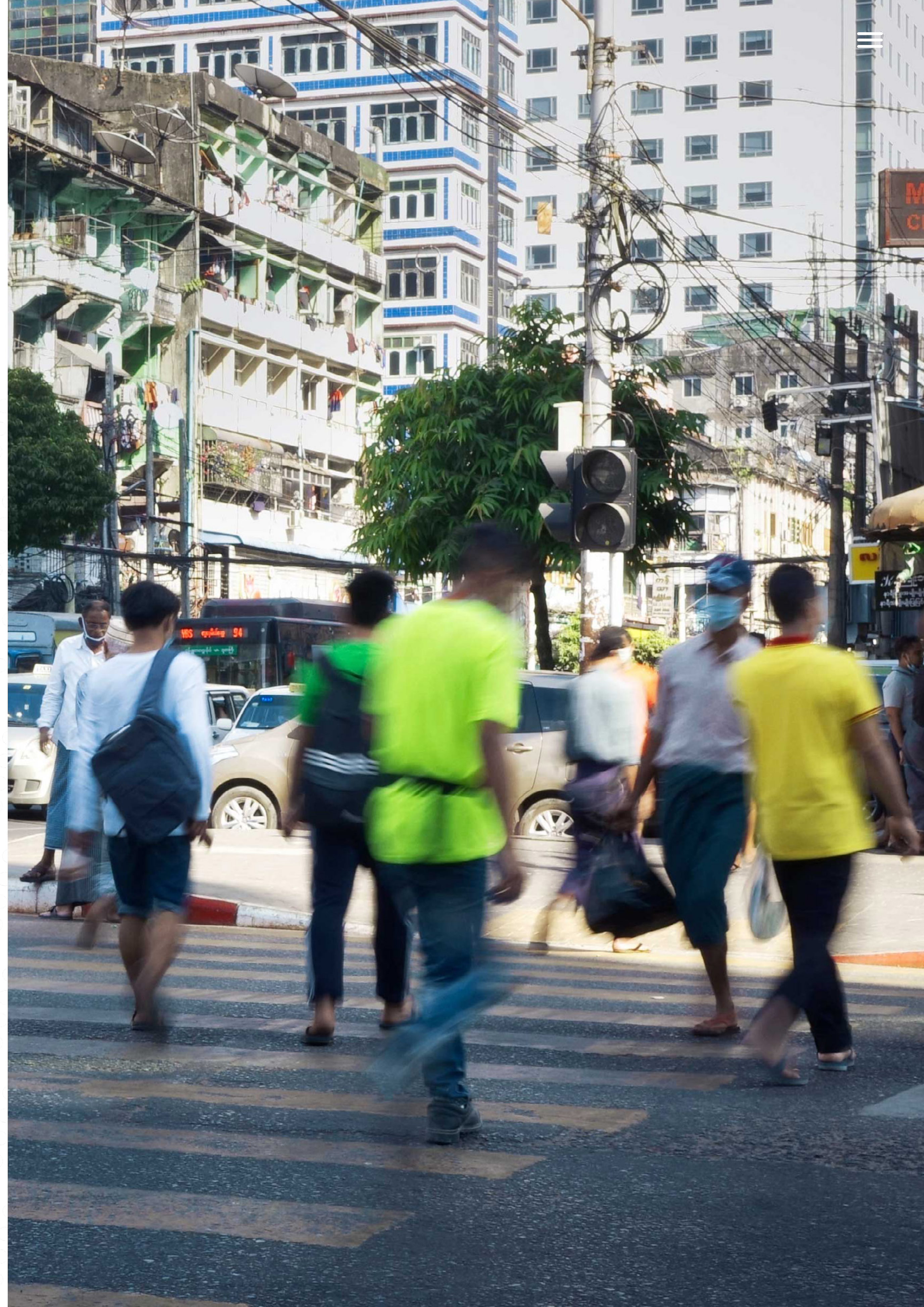
University of Toronto

Dr Gilberto Lopes

University of Miami Sylvester
Comprehensive Cancer Cenater

Prof Jane Turner

University of Queensland



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Project Manager Expert

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Technical Cooperation

Sophie Bussmann-Kemdjo
Regional Director,
Africa & Europe

Dr Rolando Camacho
Global Technical Lead

Jade Chakowa
Senior Manager, Monitoring,
Evaluation, and Learning

Diogo de Sousa Neves
Senior Manager, Technical
Assistance and Partnerships

Dr Beatriz Escriña
Head, Global
Communications

Laura Foschi
Administrative and
Governance Coordinator

Maria Fernanda Franco Esquivel
Leon City Manager

Dr Silvina Frech
Head of Sustainability

Maximiliano Funosas
Director, Finance and
Corporate Services

Norlin Ghazali
City Manager,
Greater Petaling
(until September 2021)

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CEO

Sandra Isano
Kigali City Manager

Abubakari Jaliu
Project Coordinator
Kumasi

Jane Janz
Senior Manager,
Policy & Practice

Dr Gvantsa Khizanishvili
City Network Manager

Thuy Khuc-Bilon
Communications
Manager

Fred Kwame Awittor
Kumasi, City Manager

Maxwell Makimi Wunangi
Data Coordinator
Imaging

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Director, Global Public
Affairs

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Financing & Digital

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Global Impact

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Digital Health

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City Manager, Yangon

Dr Aung Naing Soe
Regional Director, Asia

Dr Maria Fernanda Navarro
Regional Director,
Latin America

Eduardo Padrón
Data Coordinator

Toria Robson
Social Media Specialist

Hamizah Sa'at
Data Coordinator
Greater Petaling

Stephanie Shahini
Partnership Manager

Jérôme St-Denis
Head, Global Resource
Mobilisation

Natia Verd zadze
Tbilisi Project Manager

Daniely Votto
City Manager,
Porto Alegre

Nwe Zarli Hlaing
Project Manager,
Yangon

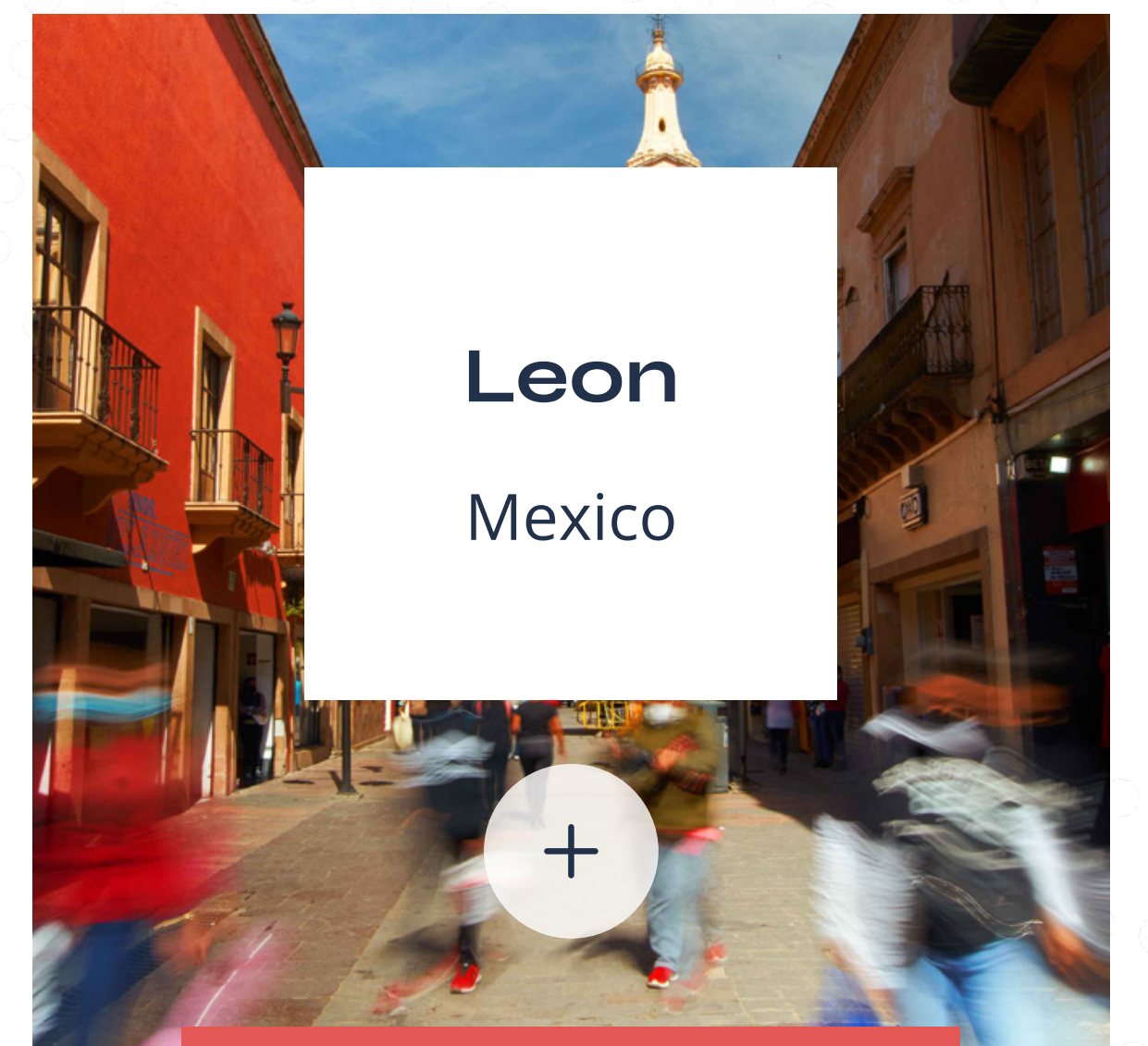
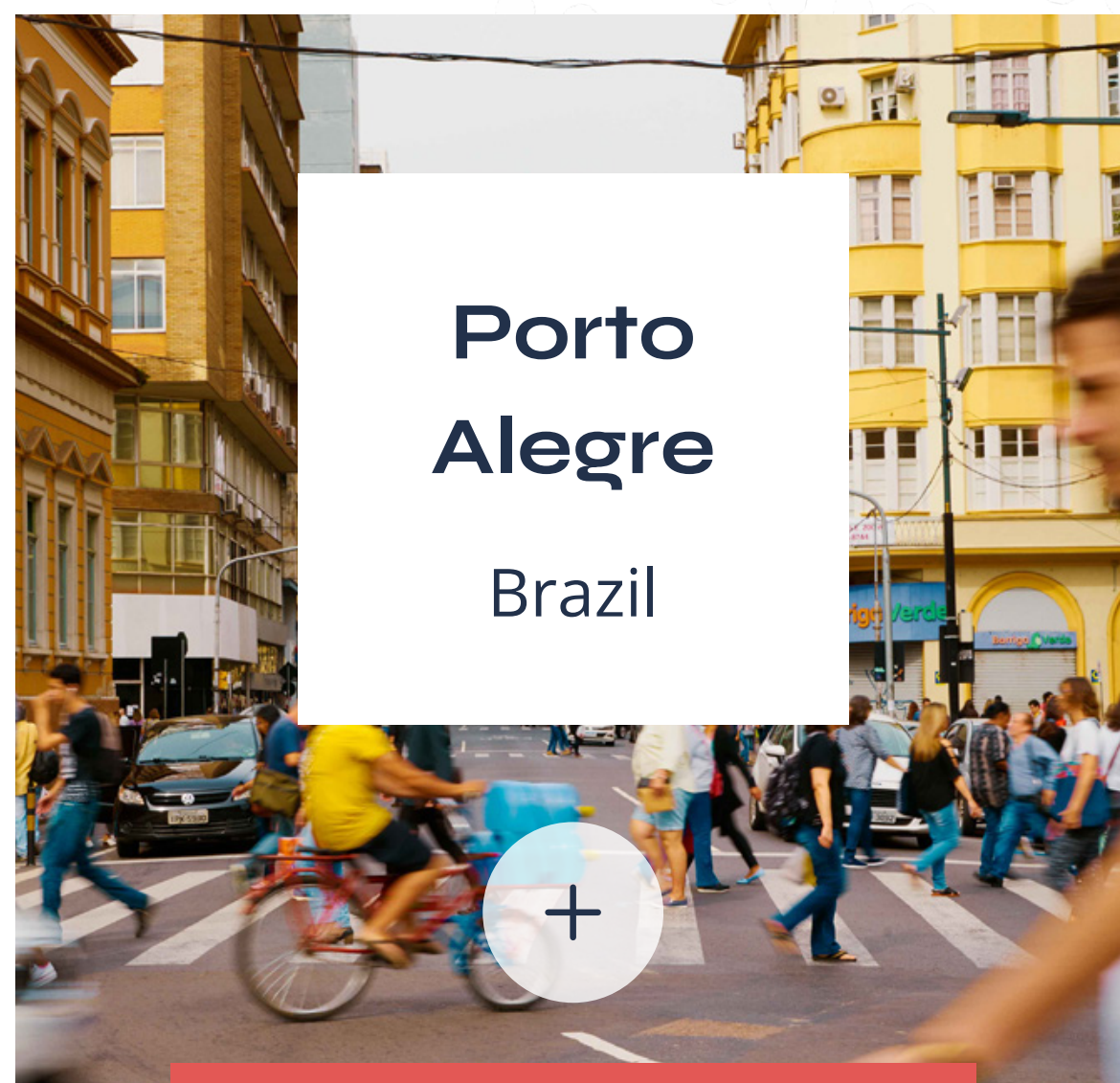
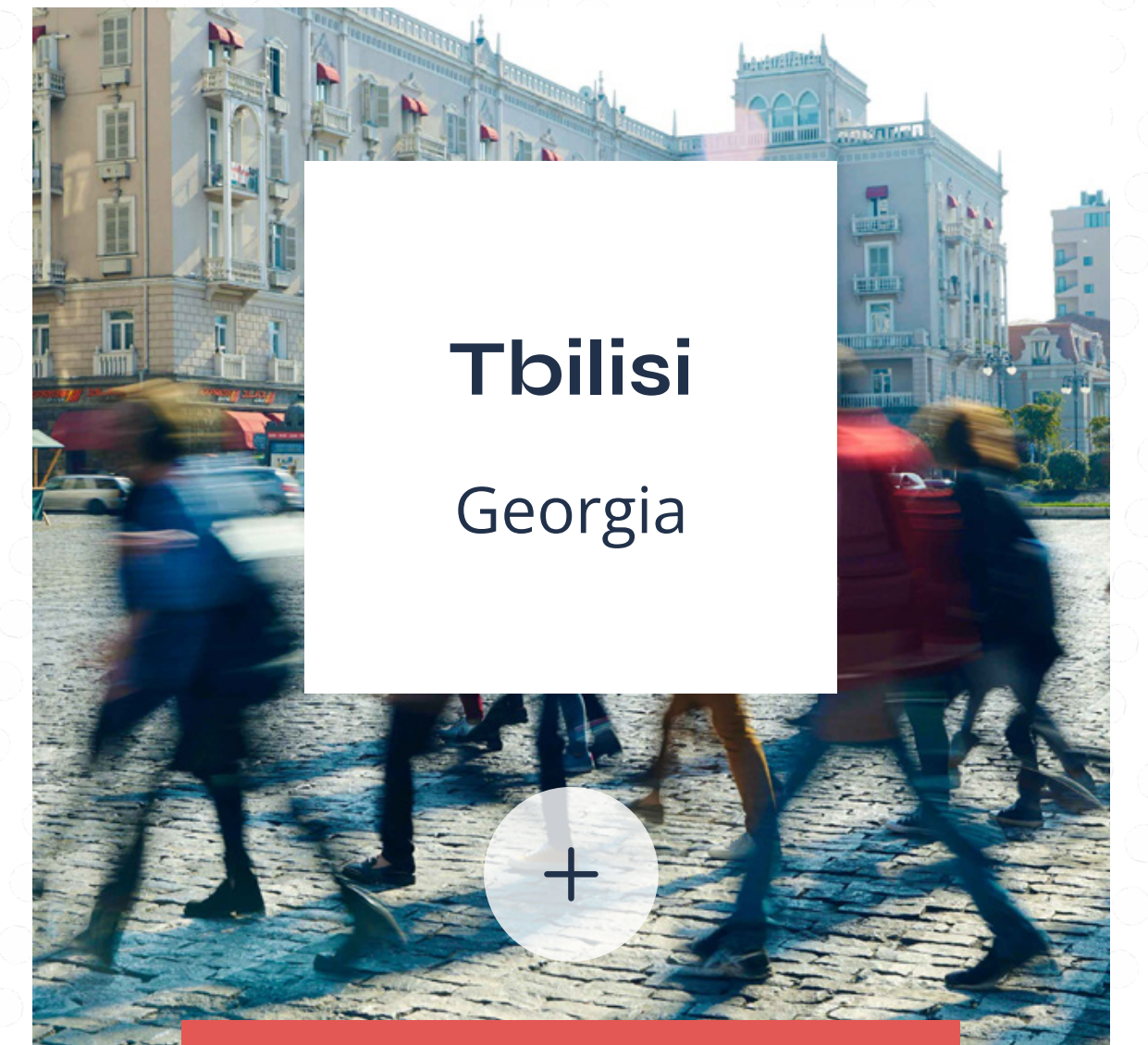
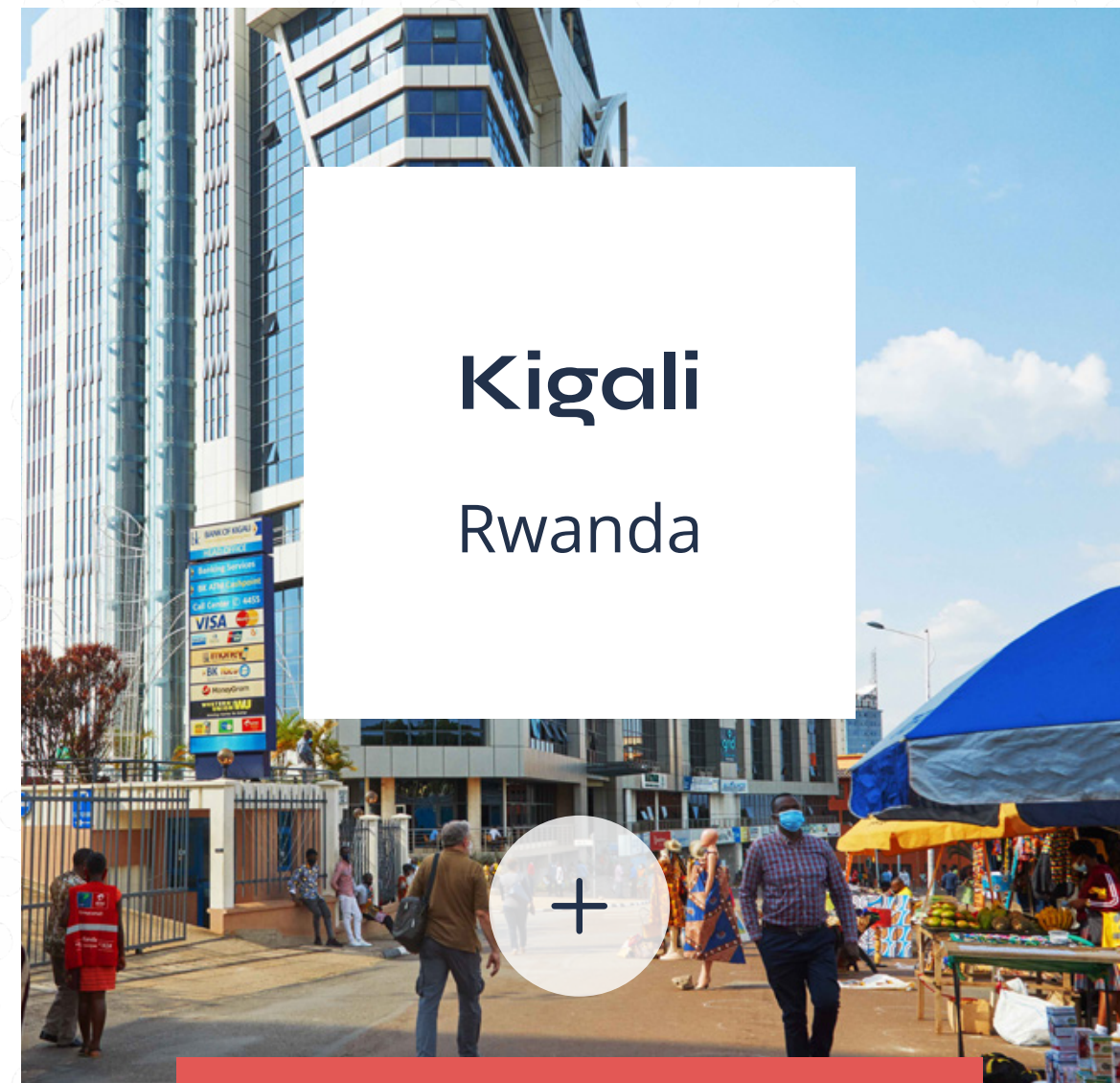
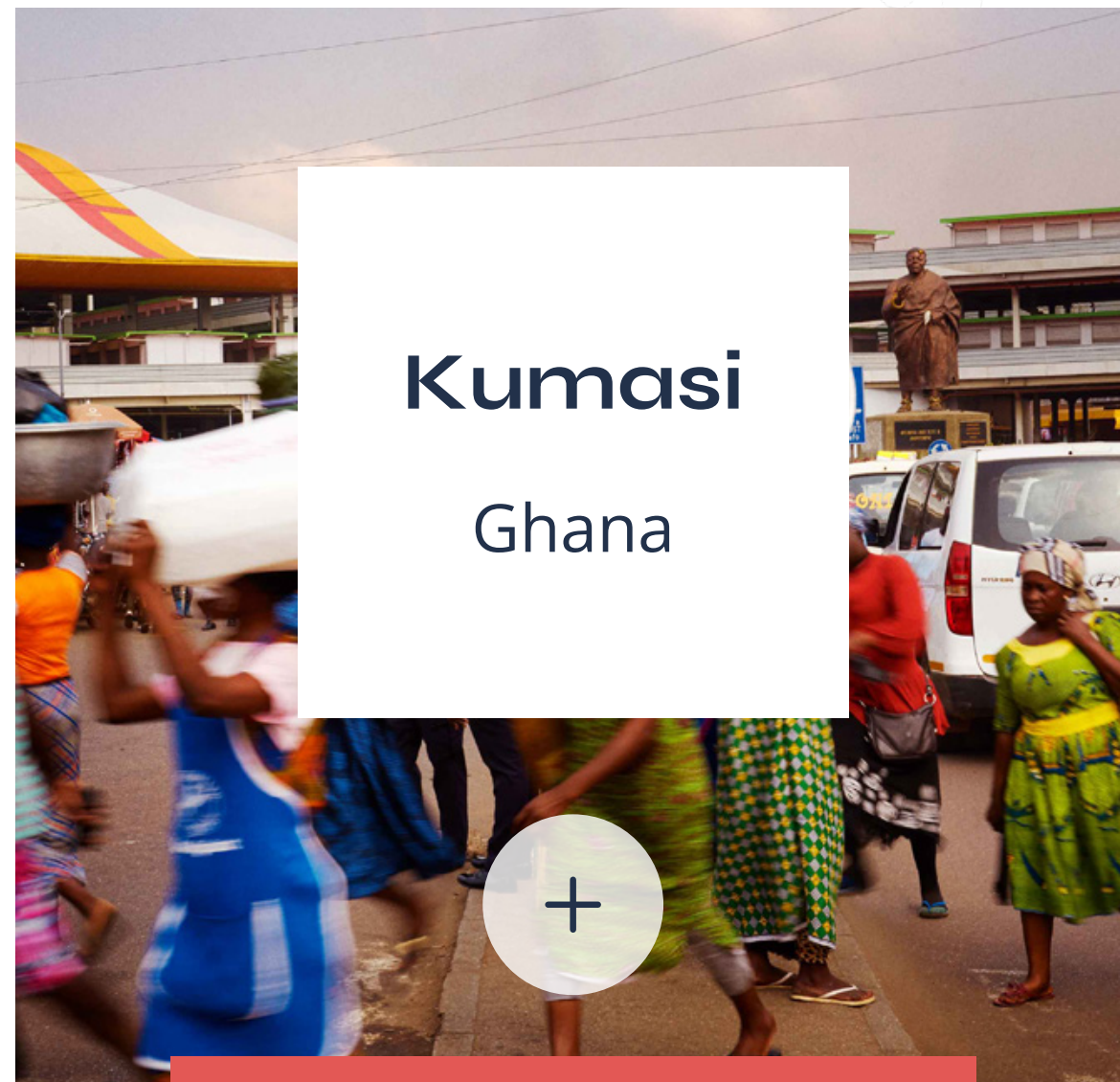
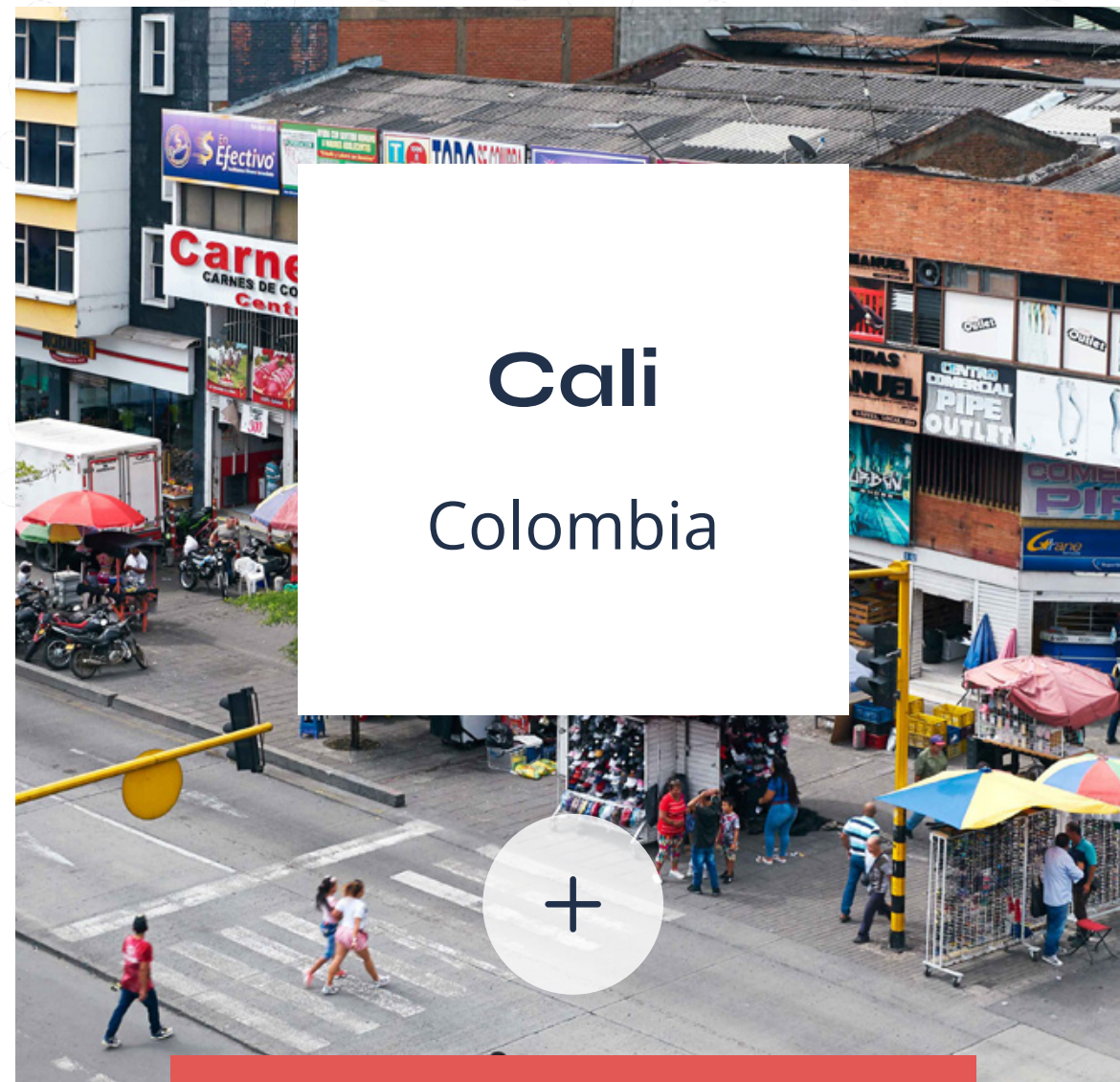
Derrick Zhie Chan
City Manager,
Greater Petaling

C/Can Partners



Global Focus on Cancer

CEC Members & MOU Signatories



Cali
Colombia

MoU signatories

Ministerio de Salud y
Protección Social

Gobernación del Valle del Cauca

Alcaldía de Santiago de Cali

Secretaría Departamental
de Salud -Valle del Cauca

Secretaría de Salud Pública
Municipal - Cali

Fundación Valle del Lili

Centro Medico Imbanaco

Hospital Universitario del Valle

Hemato Oncólogos S.A. Clínica
de Occidente

Universidad del Valle - Registro
Poblacional de Cáncer - Cali

Universidad del Valle -
Decano Facultad de Salud

Unicáncer

Funcáncer

ACEMI (Asociación EPS Régimen
Contributivo)

EMSSANAR

Fundación POHEMA

SOS

AFIDRO (Asociación de Laboratorios
Farmacéuticos de Investigación
y Desarrollo

Asuncion
Paraguay

MoU signatories

Ministerio de Salud Pública
y Bienestar Social Municipalidad
de Asunción

Programa Nacional de Control
del Cáncer, MSPBS

Instituto Nacional del Cáncer, MSPBS

Instituto de Previsión Social

Universidad Nacional de Asunción,
Facultad de Medicina

Universidad Nacional de Asunción.
Hospital de Clínicas

Grupo San Roque

Sociedad Paraguaya de Oncología

Autoridad Regulatoria Radiológica
y Nuclear

Instituto Cudas Thompson

Fundacion Unidos Contra
El Cáncer (FUNCA)

Fundación ReNACI

Yangon
Myanmar

Department of Public Health,
Ministry of Health and Sports

Department of Medical Services,
Ministry of Health and Sports

Yangon Region Government

Myanmar Medical Association

Yangon General Hospital,
Hospital Administration

Yangon Regional Health Department,
Ministry of Health and Sports

Department of Non Communicable
Diseases (NCDs), Ministry of Health
and Sports (MOHS)

Shwe Yaung Hnin Si Cancer Foundation

Yangon General Hospital,
Department of Medical Oncology

Yangon General Hospital,
Department of Radiation Oncology

Central Women's Hospital,
Hospital Administration

Yangon Children's Hospital,
Dept. of Haemato-Oncology

U Hla Tun Cancer Foundation

Myanmar Private Hospital Association

Kumasi
Ghana

MoU signatories

Ministry of Health

Ashanti Regional
Coordinating Council

Kumasi Metropolitan Assembly

Ghana Health Service

Ashanti Traditional Council

Komfo Anokye Teaching Hospital

Kwame Nkrumah University
of Science and Technology National
Health Insurance Authority (NHIA)

Peace & Love

Breast Care International

Kigali
Rwanda

MoU signatories

The City of Kigali

Polyfam Clinic

Rwanda Palliative Care
and Hospice Organisation

Ministry of Health

Rwanda Military Hospital

Kigali Teaching University Hospital

University of Rwanda

IMBUTO Foundation

Rwanda Biomedical Center-
Cancer division

MUHIMA District Hospital

Hospice St. Jean Paul II

Rwanda Children’s Cancer Relief

Rwanda NCD Alliance

Rwanda Social Security Board

Breast Cancer Initiative
East Africa Inc.

King Faisal Hospital

Tbilisi
Georgia

MoU signatories

Ministry of Internally Displaced
Persons from the Occupied
Territories, Labour, Health
and Social Affairs of Georgia

Tbilisi City Hall

Georgia Patients’ Union

Europa Donna Georgia

National Centre for Disease
Control and Public Health

Tbilisi State Medical University

Todua Medical Centre

Mardaleishvili Medical Centre

Young Oncologists Group of Georgia

Universal Medical Centre

Parliament of Georgia-
Healthcare Committee

Porto Alegre

Brazil

MoU signatories

Prefeitura de Porto Alegre

Secretaria Estadual de Saúde

Estado do Rio Grande do Sul

Secretaria Municipal de Saúde

Hospital Moinhos de Vento

Hospital de Clínicas de Porto Alegre

Hospital Presidente Vargas

Hospital Santa Casa

Hospital São Lucas da PUCRS

Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA)

Latin American Cooperative Oncology Group (LACOG)

Sociedade Brasileira Cirurgia Oncológica - Regional RS

Sociedade Brasileira de Oncologia Clínica (SBOC)

Sociedade Brasileira de Radioterapia (SBRT)

Unimed Porto Alegre

IPERGS - Instituto de Previdência do Estado do Rio Grande do Sul

FEMAMA - Federação Brasileira de Instituições Filantrópicas de Apoio à Saúde da Mama

Grupo Hospitalar Conceição

Greater Petaling

Malaysia

MoU signatories

The Selangor State Executive Council (EXCO): Selangor public health, unity, women empowerment and family

University Malaya Cancer Research Institute (UMCRI)

University Malaya (UM)

University Malaya Medical Centre (UMMC)

National Cancer Society of Malaysia (NCSM)

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National Cancer Institute (IKN), Ministry of Health (MOH)

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Non-Communicable Disease Control Sector, Selangor State Health Department (JKNS)

Subang Jaya Medical Centre (SJMC)

The Malaysian Oncological Society (MOS)

The Association of Private Hospitals Malaysia (APHM)

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Health Department, Subang Jaya City Council (MBSJ)

Health and Environment, Shah Alam City Council (MBSA)

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Selangor State Economic Planning Unit (UPEN)

Federation of Malaysian Manufacturers (FMM)

Breast Cancer Welfare Association Malaysia (BCWA)

Social Security Organisation (SOC SO)

Leon
Mexico

MoU signatories

Secretaría de Salud de Guanajuato

Instituto Nacional de Cancerología

Municipio de León

Dirección de Salud de León

Fundación Rodolfo Padilla

Universidad de Guanajuato,
Sede León

Hospital Ángeles León

Hospital Aranda de la Parra

Hospital General de León

Hospital Regional de Alta
Especialidad del Bajío

Hospital General de la Unidad
Médica de Alta Especialidad T1

Hospital Regional Instituto
de Seguridad y Servicios Sociales
de los Trabajadores del Estado

Jurisdicción Sanitaria VII

Asociación Mexicana de Ayuda
a Niños con Cáncer (AMANC)

Hospital Infantil Teletón
de Oncología Querétaro (HITO)

Fundación Mexicana Para La Salud
(FUNSALUD)

Asociación Mexicana de Industrias
de Investigación Farmacéutica (AMIIF)

Consejo Coordinador Empresarial
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Institute, Saint Petersburg, Russia

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Technical officers of IARC responsible
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for East Europe

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Medical University

Germany

Tania Pastrana
RWTH University Hospital

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Komfo Anokye Teaching Hospital (GHA)

Eric Clement Desmond Addison
Komfo Anokye Teaching Hospital (GHA)

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Tata Memorial Hospital

Kedhar Deodhar
Tata Memorial Hospital

Jaya Ghosh
Tata Memorial Hospital

Shalaka Joshi
Tata Memorial Hospital

Aparna Katdare
Tata Memorial Hospital

Lavanya
Tata Memorial Hospital

Rima Pathak
Tata Memorial Hospital

Vinisha Poojari
Tata Memorial Hospital

C.S. Pramesh
Tata Memorial Hospital

Ayushi Sahay
Tata Memorial Hospital

Tanuja Shet
Tata Memorial Hospital

Shylasree TS
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Emi Noguchi
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Zipporah Ali
Kenya Hospices and Palliative Care
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Kyrgyzstan

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Subang Jaya Medical Centre

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Senator para Guanajuato (State of Leon)

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Cancer Warriors Mexico

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Ector Jaime Ramirez Barba
Chamber of Deputies - Health Committee
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Claudia Restrepo
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Khin Cho Win
Myanmar Society for Radiation Oncology

Khin Pyone Kyi
Obstetrical and Gynaecological Society/ Cen-
tral Women’s Hospital

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Wilko Verbakel
University Medical Centers, Amsterdam

Nigeria

Olaitan Soyannwo
Centre for Palliative Care

Netharland

Wilko Verbakel
University Medical Centers, Amsterdam

Nigeria

Olaitan Soyannwo
Centre for Palliative Care

Peru

Gina Adriano
Roche

Angela Flores
ALAFARPE

Rosina Hinojosa
Health Economic Solutions

Gustavo Sarria
Instituto Nacional de Enfermedades
Neoplásicas (INEN)

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Ivana Blazic
Clinical Hospital Centre Zemun in Belgrade

Singapore

William Hwang
National Cancer Center Singapore (NCCS)

South Africa

Christoph Trauernicht
Tygerberg Hospital, South Africa

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Hospital 12 de Octubre Madrid

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Catalan Oncology Plan/Catalan Institute of Oncology

Gloria Campos Alcazar
Catalan Institute of Oncology

Maria del Mar Vernet
Hospital del Mar

Eloy Espin
Hospital Val'd Hebron Barcelona

Feliciano García Vicente
Hospital Ramón y Cajal, España

Ferran Ferrer
Instituto Catalan de Oncologia (ICO)

Tarsila Ferro Garcia
Catalan Institute of Oncology

Gemma Mancebo
Hospital del Mar

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The Lancet Oncology

Cancer Care prioritised: Georgia expands access to Cancer Medicines

Since Georgia made the political commitment to provide universal health coverage in 2013, substantial progress has been made towards increasing access and quality of health care and protecting people from the financial risks of healthcare costs.

The World Cancer Declaration: time to consolidate wins and work towards 2025

In 2011, a Comment published in The Lancet Oncology outlined the indicators required to monitor the impact of the World Cancer Declaration, a call to action to address the growing burden of cancer globally.



Cities as an enabler for strengthening cancer care

This commentary focuses on the role of cities as enablers of cancer diagnosis, treatment and care. The commentary provides an introduction to the C/Can model, and the rationale behind its creation in 2017 as a response to the slow progress made towards global targets for cancer treatment and care.

C/Can City Engagement Process: An Implementation Framework for Strengthening Cancer Care in Cities in LMICs

The Special Article details C/Can's city engagement process. It outlines how C/Can has developed, tested and adapted a new framework that empowers local stakeholders to lead a city-wide process to identify, plan and execute cancer care solutions adapted to the local context. The article also shares the key challenges, enablers of success and lessons learned in C/Can's first cities. As the article notes, creating lasting change requires the creation of a high-trust environment to engage the right stakeholders as well as adapting to local context, leveraging local expertise, and fostering a sustainability mindset from the outset.

Strengthening pathology capacity to deliver quality cancer care in cities in LMICs

The Special Article paper looks at how C/Can has applied its model to contribute to strengthening pathology capacity in three cities: Cali, Colombia; Asuncion, Paraguay; and, Yangon, Myanmar. Together with the American Society for Clinical Pathology (ASCP), C/Can worked with local experts to undertake an in-depth analysis of existing pathology services as part of a data-driven assessment process. Common needs were identified across the three cities and specific solutions were identified by local stakeholders and implemented with C/Can's support.



Health management magazine winning practices

Bridging the “policy to practice” gap in cancer care

Based on experience in a first set of cities across Africa, Asia, Eastern Europe and Latin America, this article highlights key challenges and enablers for translating policy into practice for quality, equitable cancer care.

Cancer Control 2021

The development of global cancer networks in a time of pandemic, decolonization and climate Change

This article describes three examples of how different types of Networks are addressing the shared problem of cancer across low- and middle-income countries and the challenges they face in this time of pandemic, decolonization and climate change.

Cities Can

Accelerating progress toward the SDGs through city-led initiatives

This report aims to contribute to ongoing conversations around the importance of city-led initiatives by offering findings and capturing perceptions from the survey and interviews, as well as highlighting good practices and examples on the ground. Read the full report.

UN Task Force Award

United Nations Inter-Agency
Task Force on the Prevention
and Control of Non-communicable
Diseases Award.

UN recognises C/Can's contribution to improving access to quality cancer care. The Award recognises C/Can's work in driving specific strategies to strengthen and increase quality health services, workforce and infrastructure within its mission to provide equitable access to NCDs and cancer treatment at the city, regional and national levels.



C/Can growth continued during its third year after inception, ratifying its commitment with all the cities where it is involved and performing in a stable financial position. The 2021 Statutory Financial Statements were audited by PricewaterhouseCoopers SA.

C/Can accounts show balanced books and a diverse and sufficient income to cover all activities and operations. Its reserves are at a sustainable level to cover the operational costs of its cities and to service its portfolio to new incoming cities as a result of the last global call for applications.

[C/Can's full financial report](#)

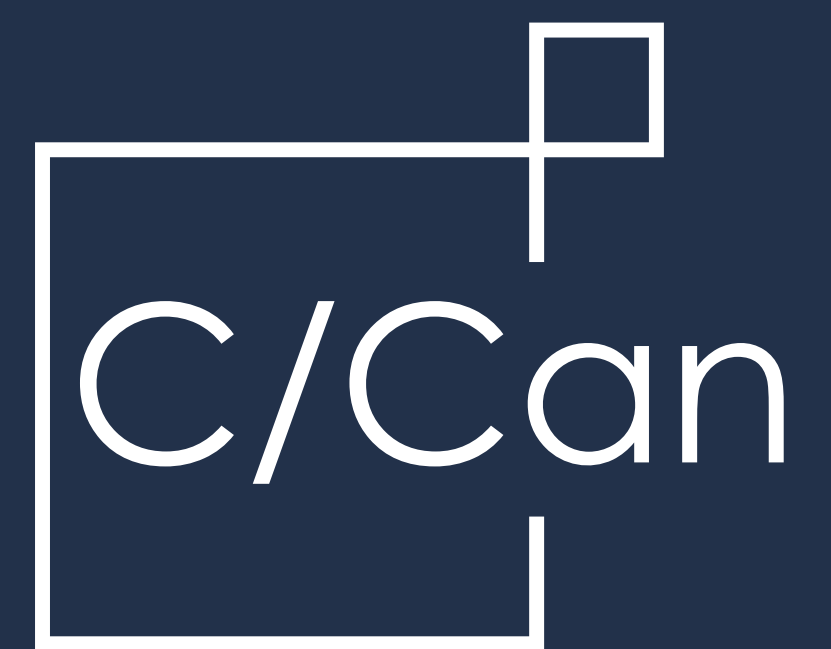
Investing in People

Our greatest asset is people.
And in 2022, C/Can will reaffirm its
commitment to investing in people,
working to strengthen the cancer
workforce in all C/Can cities.

New ways of supporting capacity development will feature strongly starting with better understanding the gaps with quality data and insights on the local cancer workforce, to exploring new opportunities for health financing of human resources for health.

Connecting and expanding our global network of change makers, problem solvers and visionaries will also be paramount as we move to design and deploy forward-looking, inclusive solutions and technologies that deliver benefits for health financing of human resources for health.





<https://citycancerchallenge.org/>

