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.

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.

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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<td>C/Can priorities</td>
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<td>Resources for the cities</td>
<td>The C/Can community</td>
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<td>Awards</td>
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where C/Can works

Arequipa
Peru

Leon
Mexico

Cali
Colombia

Asuncion
Paraguay

Porto Alegre
Brazil

Kumasi
Ghana

Kigali
Rwanda

Nairobi
Kenya

Tbilisi
Georgia

Yangon
Myanmar

Greater Petaling
Malaysia
C/Can’s reach

People reached across nine cities: 54.2M

Health professionals supported: 2,395

Institutions represented in C/Can’s network of city stakeholders: 248

Cancer care solutions developed: 46

Global partners: 77
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.
C/Can's priorities

01 Improving the quality of cancer care services

02 Enhancing the capacity of health professionals

03 Developing sustainable financing mechanisms

04 Connecting and activating stakeholders

05 Informing data-driven solutions
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.

"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
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

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.
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.

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, CICan 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.
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.

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
TeleECHO™ 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.

02 Enhancing the capacity of health professionals

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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.

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

Technical Cooperation Programmes: reinforcing best practices
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
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.

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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.
Developing sustainable financing mechanisms

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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.
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.

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 multidisciplinary 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
Connecting and activating stakeholders

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**Partnership with IAEA**

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.

**Partnership with Global Focus on Cancer**

Focuses on embedding patient-centricity

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
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.

“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

Connecting and activating stakeholders

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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
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.

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
Informing data-driven solutions

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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.
Informing data-driven solutions

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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.
Informing data-driven solutions

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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

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.
Evidence for action

Getting to know the C/Can model

Cross-city programs

Our cities
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

**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.

**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.

**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.

**Cancer care financing dialogue**

**Innovative financing workshop**
Our cities

Cali, Colombia

Kumasi, Ghana

Asuncion, Paraguay

Yangon, Myanmar

Porto Alegre, Brazil

Tbilisi, Georgia

Kigali, Rwanda

Greater Petaling, Malaysia

Leon, Mexico
City population.

Population reached.

Cancer incidence rate (per 100,000).
Cancer mortality rate (per 100,000).

Breast, prostate, colorectum, stomach, lung²
Five most common cancer types (men and women)

Source: Globocan 2020
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

1. Funcáncer
2. ACEMI (Asociación EPS Régimen Contributivo)
3. EMSSANAR
4. Fundación POHEMA
5. SOS
6. AFIDRO (Asociación de Laboratorios Farmaceúticos de Investigación y Desarrollo)

### Local institutions involved in the C/Can process

1. Registro Poblacional de Cáncer
2. Universidad del Valle - Facultad de Medicina
3. Universidad Icesi - Facultad de Medicina
4. Universidad Javeriana - Facultad de Medicina
5. Universidad Santiago de Cali - Facultad de Medicina
6. Universidad Libre - Facultad de Medicina
7. Universidad del Cauca
8. Unicáncer
9. Funcancer
10. ACEMI (Asociación EPS R. Contributivo)
11. EMSSANAR
12. Fundación POHEMA

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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

<table>
<thead>
<tr>
<th>100%</th>
<th>90%</th>
</tr>
</thead>
</table>
- Guidelines for management of breast cancer
- Guidelines for management of cervical cancer
- Guidelines for management of prostate cancer
- Guidelines for management of colorectal cancer
- Guidelines for management of paediatric leukaemia

### Multidisciplinary treatment of prostate, colorectal and paediatric leukaemia cancers
- Cities improve quality and standardisation of cancer care

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

<table>
<thead>
<tr>
<th>100%</th>
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</thead>
</table>
- Strategic plan for the development of radiotherapy services
- Radiotherapy quality assurance program

### Pathology
- Cities improve quality and standardisation of pathology diagnosis

<table>
<thead>
<tr>
<th>100%</th>
</tr>
</thead>
</table>
- Training in quality management and immunohistochemistry
- Justification for selected molecular pathology tests
- Pathology quality control manual

---

Cali | Colombia
Palliative care

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

80%

Palliative care training course developed and implemented

Blood banks

100%

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

100%

Quality audit in nuclear medicine checklist (QUANUM)

Nuclear Medicine quality assurance program

Human resources

Cities strengthen education and professional training programs in cancer care

90%

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

<table>
<thead>
<tr>
<th>Cancer Management Guidelines Published</th>
<th>Human Resources Development Plan led by Local Universities</th>
<th>Quality Control Manual for Pathology Published</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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, <em>Management of Oncology Services and Oncology Nursing.</em></td>
<td>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.</td>
</tr>
</tbody>
</table>
Asuncion, Paraguay

City population: 2.13 M

Population reached: 7.05 M

Cancer incidence rate (per 100,000): 191.0

Cancer mortality rate (per 100,000): 95.5

Five most common cancer types (men and women):
Breast, prostate, colorectum, cervix-uteri, lung

Source: Globocan 2020
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
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

<table>
<thead>
<tr>
<th>100%</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>10%</th>
</tr>
</thead>
</table>

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

| 100% |

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

| 30% |

Asunción, Paraguay

Cities improve quality and standardisation of cancer care

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

| 100% |

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

| 30% |
City projects overview

Pathology

Cites improve quality and standardisation of pathology diagnosis

100%

Regulatory standard for pathology and cytopathology laboratories

Draft regulation for implementation for the Regulatory Standard

Palliative care

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

40%

National palliative care plan

Palliative care training course

Key achievements toward sustainable impact

Multidisciplinary Tumour Committees Created

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.

Breast Cancer Guidelines Approved

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

National Regulatory Standard for Pathology and Cytopathology Laboratories finalised

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.

Read more +
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
<table>
<thead>
<tr>
<th>C/Can City Executive Committee members</th>
<th>MoU signatories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department of Public Health, Ministry of Health and Sports</strong></td>
<td></td>
</tr>
<tr>
<td>Yangon Region Government</td>
<td></td>
</tr>
<tr>
<td>Myanmar Medical Association</td>
<td></td>
</tr>
<tr>
<td>Yangon General Hospital, Hospital Administration</td>
<td></td>
</tr>
<tr>
<td>Yangon Regional Health Department, Ministry of Health and Sports</td>
<td></td>
</tr>
<tr>
<td><strong>Department of Medical Services, Ministry of Health and Sports</strong></td>
<td></td>
</tr>
<tr>
<td>Department of Non Communicable Diseases (NCDs), Ministry of Health and Sports (MOHS)</td>
<td></td>
</tr>
<tr>
<td>Shwe Yaung Hnin Si Cancer Foundation</td>
<td></td>
</tr>
<tr>
<td>Yangon General Hospital, Department of Medical Oncology</td>
<td></td>
</tr>
<tr>
<td>Yangon General Hospital, Department of Radiation Oncology</td>
<td></td>
</tr>
<tr>
<td>Central Women's Hospital, Hospital Administration</td>
<td></td>
</tr>
<tr>
<td>Yangon Children's Hospital, Dept. of Haemato-Oncology</td>
<td></td>
</tr>
<tr>
<td>U Hla Tun Cancer Foundation</td>
<td></td>
</tr>
<tr>
<td>Myanmar Private Hospital Association</td>
<td></td>
</tr>
</tbody>
</table>
Ghana
Kumasi City population.

3.40 M
Population reached.
5.92 M

Cancer incidence rate (per 100,000).
115.9
Cancer mortality rate (per 100,000).
80.6

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

Five most common cancer types (men and women)

Source: Globocan 2020

Memorandum of Understanding signatories
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
<table>
<thead>
<tr>
<th>Radiotherapy</th>
<th>Imaging / Nuclear medicine</th>
<th>Multidisciplinary treatment of breast and cervical cancers</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cities improve quality and safe radiation therapy within the network of city hospitals</td>
<td>Cities harmonize and increase access to quality of imaging for cancer care</td>
<td>Cities improve quality and standardisation of cancer care</td>
<td>Cities improve quality and standardisation of pathology diagnosis</td>
</tr>
<tr>
<td>Radiotherapy development plan</td>
<td>Radiology and nuclear medicine development plan</td>
<td>Operational plan for multidisciplinary teams</td>
<td>Pathology quality control program, including standard operating procedures</td>
</tr>
<tr>
<td>Radiotherapy quality assurance program</td>
<td>Operationalisation of SPECT/CT as a core diagnostic modality</td>
<td>Guidelines for management of breast cancer</td>
<td>Laboratory development plan</td>
</tr>
<tr>
<td></td>
<td>Professional training for diagnostic imaging experts</td>
<td>Guidelines for management of cervical cancer guidelines</td>
<td>Define requirements and select supplier to develop a laboratory networking system for pathology testing</td>
</tr>
<tr>
<td>90%</td>
<td>50%</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>City projects overview</td>
<td></td>
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<tr>
<td>------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Palliative care</strong></td>
<td></td>
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</tr>
<tr>
<td>Cities increase access to quality palliative care at all levels of the health system</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical oncology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cities improve access to quality medical oncology services and medicines</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical oncology development plan with minimal operating requirements</td>
<td></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Essential oncology medicines list</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Human resources</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cities strengthen education and professional training programs in cancer care</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human resources development plan</td>
<td></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cities improve capacity and quality of cancer surgery</td>
<td></td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>Surgical oncology development plan</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
City projects overview

**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

50% 20% 20%
Key achievements toward sustainable impact

**Collaboration Agreement with the Ministry of Health signed**

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.

**Working to Improve Access to Accurate and Timely Cancer Diagnosis**

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.

**Health Specialists and Fellowships Visit United States and Uganda**

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.
Rwanda

Kigali

City population.

1.13 M

Population reached.

1.6 M

Cancer incidence rate (per 100,000).

113.9

Cancer mortality rate (per 100,000).

81.4

Breast, cervix-uteri, prostate, stomach, liver

Five most common cancer types (men and women)

Source: Globocan 2020

Memorandum of Understanding signatories

Source: Globocan 2020
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.

<table>
<thead>
<tr>
<th>Radiotherapy</th>
<th>Imaging</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cities improve quality and safe radiation</td>
<td>Cities harmonize and increase access to quality of imaging</td>
<td>Cities improve quality and standardisation of pathology diagnosis</td>
</tr>
<tr>
<td>therapy within the network of city hospitals</td>
<td>for cancer care</td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Radiotherapy development plan</td>
<td>Diagnostic imaging development plan</td>
<td>Pathology laboratory development plan</td>
</tr>
<tr>
<td>Radiotherapy quality assurance program</td>
<td>Quality assurance guidelines in radiology</td>
<td>Pathology quality control manual</td>
</tr>
<tr>
<td></td>
<td>Standardised radiology reporting</td>
<td>Quality assurance guidelines</td>
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<td></td>
<td></td>
<td>Standardised pathology reporting</td>
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<td></td>
<td></td>
<td>60%</td>
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<tr>
<td></td>
<td></td>
<td>Draft regulation to set up and operationalise multidisciplinary teams</td>
</tr>
</tbody>
</table>

Cities improve quality and standardisation of cancer care

Cities improve quality and standardisation of pathology diagnosis

Cities improve quality and standardisation of cancer care
<table>
<thead>
<tr>
<th>City projects overview</th>
<th>Palliative care</th>
<th>Medical oncology</th>
<th>Surgery</th>
<th>Quality care coordination system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cities increase access to quality palliative care at all levels of the health system</td>
<td>Essential oncology medicines list</td>
<td>Strategy to establish sub-specialised surgical oncology teams</td>
<td>Cities improve capacity and quality of cancer surgery</td>
<td>Creation and deployment of patient pathways and nurse navigators for breast and cervical cancer patients</td>
</tr>
<tr>
<td>80%</td>
<td>90%</td>
<td>50%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Core palliative care package</td>
<td>Standardised minimum operating requirements for medical oncology</td>
<td>Data governance and quality assurance frameworks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative care development plan</td>
<td></td>
<td>Recruitment and engagement of local project team</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Monitor users of the JOIN platform</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Training course on use of JOIN platform and data literacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lessons learned document</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
Brazil

Porto Alegre

City population.

Population reached.

Cancer incidence rate (per 100,000).

Cancer mortality rate (per 100,000).

1.50 M

3.01 M

215.4

91.2

Prostate, breast, colorectum, lung, thyroid

Five most common cancer types (men and women)

Source: Globocan 2020

Memorandum of Understanding signatories
**C/Can City Executive Committee members**

MoU signatories

- **Prefeitura de Porto Alegre**
- **Estado do Rio Grande do Sul**
- **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)**

**Societades**:

- Sociedade Brasileira Cirurgia Oncológica - Regional RS
- Sociedade Brasileira de Oncologia Clínica (SBOC)
- Sociedade Brasileira de Radioterapia (SBRT)
- Sociedade Brasileira de Radioterapia (SBRT)
- 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

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“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.

<table>
<thead>
<tr>
<th>Multidisciplinary treatment of breast and prostate cancers</th>
<th>Pathology</th>
<th>Cancer registry</th>
<th>Cost efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cities improve quality and standardisation of cancer care</td>
<td>Cities improve quality and standardisation of pathology diagnosis</td>
<td>Cities improved cancer surveillance and data-driven decision making in the city</td>
<td>Cities increase the efficiency and optimization of financial coverage of priority diagnostic and treatment techniques</td>
</tr>
</tbody>
</table>

- Guidelines for management of breast cancer
- Guidelines for management of prostate cancer
- Pathology quality control program
- Capacity development for population-based cancer registry team
- Recommendations to improve the Population-Based Cancer Registry (PBCR)
- Research protocol on opportunities to improve access of patients with prostate cancer to radiotherapy
- Funding mobilisation to support study implementation

Percentage of agreed milestones completed as of 31 Dec 2021.

- Multidisciplinary treatment of breast and prostate cancers: 50%
- Pathology: 100%
- Cancer registry: 70%
- Cost efficiency: 100%
Key achievements toward sustainable impact

Pathology Quality Control Program Developed

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.

Organisation for Cancer Care Initiatives Incorporated

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

Online Training Completed

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*

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**Memorandum of Understanding signatories**

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

**Tbilisi City Hall**

**Georgian Patients’ Union**

**GPU**
<table>
<thead>
<tr>
<th>C/Can City Executive Committee members</th>
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<tbody>
<tr>
<td>MoU signatories</td>
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</table>

<table>
<thead>
<tr>
<th>Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tbilisi City Hall</td>
</tr>
<tr>
<td>Georgia Patients’ Union</td>
</tr>
<tr>
<td>Europa Donna Georgia</td>
</tr>
<tr>
<td>National Centre for Disease Control and Public Health</td>
</tr>
<tr>
<td>Tbilisi State Medical University</td>
</tr>
<tr>
<td>Todua Medical Centre</td>
</tr>
<tr>
<td>Mardaleishvili Medical Centre</td>
</tr>
<tr>
<td>Young Oncologists Group of Georgia</td>
</tr>
<tr>
<td>Universal Medical Centre</td>
</tr>
<tr>
<td>Parliament of Georgia- Healthcare Committee</td>
</tr>
</tbody>
</table>

"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.

<table>
<thead>
<tr>
<th>Radiotherapy</th>
<th>Imaging / Nuclear Medicine</th>
<th>Multidisciplinary treatment of breast and cervical cancers</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cities improve quality and safe radiation therapy within the network of city hospitals</td>
<td>Cities harmonize and increase access to quality of imaging for cancer care</td>
<td>Cities improve quality and standardisation of cancer care</td>
<td>Cities improve quality and standardisation of pathology diagnosis</td>
</tr>
<tr>
<td>60%</td>
<td>40%</td>
<td>60%</td>
<td>75%</td>
</tr>
<tr>
<td>Radiotherapy development plan</td>
<td>Standardised radiology reports</td>
<td>Draft regulation to set up and operationalise multidisciplinary teams</td>
<td>Norm of quality criteria with minimal operating requirements for pathology laboratories</td>
</tr>
<tr>
<td>Radiotherapy quality assurance program</td>
<td>Quality assurance guidelines for radiology</td>
<td>Guidelines for management of breast cancer</td>
<td>Pathology quality control manual</td>
</tr>
<tr>
<td>Syllabus for training of medical physicists</td>
<td>Quality assurance guidelines for nuclear medicine</td>
<td>Guideline for management of prostate cancer</td>
<td>Quality protocols for sample taking, handling and specimen transportation</td>
</tr>
<tr>
<td></td>
<td>Syllabus for training of radiation technologists</td>
<td></td>
<td>Specification for setting up a telepathology program</td>
</tr>
</tbody>
</table>
### Human resources
Cities strengthen education and professional training programs in cancer care

**70%**

- 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

**50%**

- Data policy guidance to harmonise high quality data
- Advocacy document for streamlining patient data authorisation

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

**60%**

- Business model for the new organisation including governance and fundraising model
Key achievements toward sustainable impact

Charter to Establish Cancer Care-focused Organisation Finalised

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.

Scientific Visits to Ukraine and Spain

Cancer Registry professionals studied best data practices and set up a multidisciplinary team for management of cancers.
<table>
<thead>
<tr>
<th>City population</th>
<th>Population reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.58 M</td>
<td>1.58 M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer incidence rate (per 100,000)</th>
<th>Cancer mortality rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>140.4</td>
<td>63.3</td>
</tr>
</tbody>
</table>

Breast, prostate, colorectum, thyroid, cervix-uteri

Five most common cancer types (men and women)

Source: Globocan 2020
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

New Innovative Financing Mechanisms Discussed

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.

C/Can’s Needs Assessment Finalised

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

UNIVERSITY OF MALAYA
National Cancer Society Malaysia
MBPJ
MBSJ

GEMILANG BERSAMA

Going Hope Celebrating Life
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

Mapping of local patient groups and organizations

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

Key achievements toward sustainable impact

**Historic MoU Signed, Launching C/Can Process**

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.

**Formation of Multisectoral City Executive Committee and Technical Committee**

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:
Resources for the cities

Guides for developing resource appropriate guidelines

- Cervical cancer
  - Download guide

- Breast cancer
  - Download guide

Quality control of key cancer care services

- Pathology
  - Download guide

- Palliative care
  - Download guide
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Association</th>
<th>Country</th>
<th>Term</th>
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<tr>
<td>Sanchia Aranda</td>
<td>University of Melbourne</td>
<td>AUSTRALIA</td>
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<td>Raúl Doria</td>
<td>Grupo San Roque</td>
<td>PARAGUAY</td>
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<td>Justin Abbott</td>
<td></td>
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<tr>
<td>Zipporah Ali</td>
<td>Kenya Hospices and Palliative Care Association (KEHPCA)</td>
<td>KENYA</td>
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<tr>
<td>Stuart Bennett</td>
<td>Al Sharq Healthcare</td>
<td>UAE</td>
<td>(Effective Jan. 2022)</td>
</tr>
<tr>
<td>Thomas Cueni</td>
<td>International Federation of Pharmaceutical Manufacturers &amp; Associations (IFPMA)</td>
<td>SWITZERLAND</td>
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<tr>
<td>Valentina Gizzi</td>
<td>Edwards Lifesciences</td>
<td>SWITZERLAND</td>
<td>(Effective Jan. 2022)</td>
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<tr>
<td>Mary Gospodarowicz</td>
<td>University of Toronto</td>
<td>CANADA</td>
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<tr>
<td>Yin Yin Htun</td>
<td>Shwe Yaung Hnin Si Cancer Foundation, Pun Hlaing Siloam Hospital</td>
<td>MYANMAR</td>
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</tr>
<tr>
<td>Kolleen Kennedy</td>
<td>Varian Medical Systems</td>
<td>UNITED STATES</td>
<td></td>
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<tr>
<td>Mark Middleton</td>
<td>Icon Group</td>
<td>AUSTRALIA</td>
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<tr>
<td>Nneka Mobisson</td>
<td>mDoc</td>
<td>SOUTH AFRICA</td>
<td>(Effective Jan. 2022)</td>
</tr>
<tr>
<td>Andrew Whitman</td>
<td>Varian, A Siemens Healthineers Company</td>
<td>UNITED STATES</td>
<td>(Effective Jan. 2022)</td>
</tr>
<tr>
<td>Guillermo Rivera Rio</td>
<td></td>
<td>SWITZERLAND</td>
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</tr>
<tr>
<td>Adolfo Rubinstein</td>
<td>Ministry of Health and Social Affairs</td>
<td>ARGENTINA</td>
<td></td>
</tr>
<tr>
<td>Jörg-Michael Rupp</td>
<td>Roche Pharma International</td>
<td>SWITZERLAND</td>
<td></td>
</tr>
</tbody>
</table>
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 Center

Prof Jane Turner
University of Queensland
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<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larisa Aragon Castro</td>
<td>Project Manager Expert</td>
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<td>Dr Thet Ko Aung</td>
<td>Senior Manager, Technical Cooperation</td>
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<tr>
<td>Sophie Bussmann-Kemndjo</td>
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<tr>
<td>Dr Rolando Camacho</td>
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<tr>
<td>Jade Chakowa</td>
<td>Senior Manager, Monitoring, Evaluation, and Learning</td>
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<td>Diogo de Sousa Neves</td>
<td>Senior Manager, Technical Assistance and Partnerships</td>
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<tr>
<td>Dr Beatriz Escriña</td>
<td>Head, Global Communications</td>
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<tr>
<td>Laura Foschi</td>
<td>Administrative and Governance Coordinator</td>
</tr>
<tr>
<td>Maria Fernanda Franco Esquivel</td>
<td>Leon City Manager</td>
</tr>
<tr>
<td>Dr Silvina Frech</td>
<td>Head of Sustainability</td>
</tr>
<tr>
<td>Maximiliano Funosas</td>
<td>Director, Finance and Corporate Services</td>
</tr>
<tr>
<td>Norlin Ghazali</td>
<td>City Manager, Greater Petaling (until September 2021)</td>
</tr>
<tr>
<td>Dr Susan Henshall</td>
<td>CEO</td>
</tr>
<tr>
<td>Sandra Isano</td>
<td>Kigali City Manager</td>
</tr>
<tr>
<td>Abubakari Jaliu</td>
<td>Project Coordinator, Kumasi</td>
</tr>
<tr>
<td>Jane Janz</td>
<td>Senior Manager, Policy &amp; Practice</td>
</tr>
<tr>
<td>Dr Gvantsa Khizanishvili</td>
<td>City Network Manager</td>
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<tr>
<td>Dr Thuy Khuc-Bilon</td>
<td>Communications Manager</td>
</tr>
<tr>
<td>Dr Fred Kwame Awittor</td>
<td>Kumasi, City Manager</td>
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<tr>
<td>Maxwell Makini Wunangi</td>
<td>Data Coordinator, Imaging</td>
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<tr>
<td>Dr Isabel Mestres Mesa</td>
<td>CEO</td>
</tr>
<tr>
<td>Mathieu Morand</td>
<td>Director, Global Public Affairs</td>
</tr>
<tr>
<td>Dr Maria Fernanda Navarro</td>
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<tr>
<td>Dr Thety Ko Aung</td>
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<td>Stephanie Shahini</td>
<td>Partnership Manager</td>
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<tr>
<td>Jérôme St-Denis</td>
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<td>Daniely Votto</td>
<td>City Manager, Porto Alegre</td>
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<td>Jane Janz</td>
<td>Senior Manager, Policy &amp; Practice</td>
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<tr>
<td>Catalina Muller</td>
<td>Capacity Development Coordinator</td>
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<td>Stephanie Shahini</td>
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<tr>
<td>Imelda Gonzalez</td>
<td>Project Coordinator</td>
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<td>Derrick Zhie Chan</td>
<td>City Manager, Greater Petaling</td>
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</tbody>
</table>
CEC Members & MoU Signatories

Cali
Colombia

Asuncion
Paraguay

Yangon
Myanmar

Kumasi
Ghana

Kigali
Rwanda

Tbilisi
Georgia

Porto Alegre
Brazil

Greater Petalling
Malaysia

Leon
Mexico
## Kumasi, Ghana

- 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

- 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

- 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
<table>
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<th>Brazil</th>
<th>Malaysia</th>
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<tr>
<td><strong>MoU signatories</strong></td>
<td><strong>MoU signatories</strong></td>
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<tr>
<td>Prefeitura de Porto Alegre</td>
<td>The Selangor State Executive Council (EXCO): Selangor public health, unity, women empowerment and family</td>
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<tr>
<td>Secretaria Estadual de Saúde</td>
<td>University Malaya Cancer Research Institute (UMCRI)</td>
</tr>
<tr>
<td>Estado do Rio Grande do Sul</td>
<td>University Malaya (UM)</td>
</tr>
<tr>
<td>Secretaria Municipal de Saúde</td>
<td>University Malaya Medical Centre (UMMC)</td>
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<tr>
<td>Hospital Moinhos de Vento</td>
<td>National Cancer Society of Malaysia (NCSM)</td>
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<td>Hospital de Clínicas de Porto Alegre</td>
<td>Disease Control Division, Ministry of Health (MOH)</td>
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<td>Hospital Presidente Vargas</td>
<td>National Cancer Institute (IKN), Ministry of Health (MOH)</td>
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<td>Hospital Santa Casa</td>
<td>National Head Clinical Services for General Surgery, Ministry of Health (MOH)</td>
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<td>Hospital São Lucas da PUCRS</td>
<td>Non-Communicable Disease Control Sector, Selangor State Health Department (JKNS)</td>
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<td>Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA)</td>
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<td>MoU signatories</td>
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<tr>
<td><strong>Secretaría de Salud de Guanajuato</strong></td>
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<td><strong>Instituto Nacional de Cancerología</strong></td>
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<td><strong>Municipio de León</strong></td>
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<td><strong>Fundación Rodolfo Padilla</strong></td>
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<td>Universidad de Guanajuato, Sede León</td>
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<td>Hospital Aranda de la Parra</td>
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<td>Hospital General de León</td>
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<td>Hospital Regional de Alta Especialidad del Bajío</td>
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<td>Hospital General de la Unidad Médica de Alta Especialidad T1</td>
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<tr>
<td>Hospital Regional Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado</td>
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<td>Asociación Mexicana de Ayuda a Niños con Cáncer (AMANC)</td>
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<td>Hospital Infantil Teletón de Oncología Querétaro (HITO)</td>
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<td>Fundación Mexicana Para La Salud (FUNSALUD)</td>
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<tr>
<td>Asociación Mexicana de Industrias de Investigación Farmacéutica (AMIIF)</td>
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<td>Consejo Coordinador Empresarial de León</td>
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<tr>
<td>Tecnológico de Monterrey Campus León</td>
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</tr>
</tbody>
</table>
Algeria

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Rafael Chaves
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France

Ariana Znaor
Technical officers of IARC responsible
for the GICR Hub on cancer registration
for East Europe

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Head of Research Unit, David Tvaldiani
Medical University

Germany

Tania Pastrana
RWTH University Hospital

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Hospital del Mar

Sri Lanka

Lanka Jayasuriya-dissanayake
Indira Cancer Trust Foundation

Switzerland

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Wedzerai Chiyoka
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Mable Namuddu
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Eugene Rusanganwa
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National Cancer Registry in Kiev

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University of California San Francisco, Center for Tobacco Control Research and Education

Jane Brock
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Dhwal Djamb
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Margalit Edelman
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Simon Hughes
International Education Steering Group Chair ASCO

Pepe Jessurun
Weill Cornell Medical College

Katherine Kemper
Mayo Clinic

Kenneth Landgraf
American Society for Clinical Pathology

Zully L Osoria
Emory Healthcare

Joseph Lucido
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Andres Matoso
Johns Hopkins Hospital

Kenneth Merrell
Mayo Clinic

Dan Milner
American Society for Clinical Pathology

Benjamin O. Anderson
WHO GIBC

Marisol Ocampo
Mount Sinai Medical Center

Miranda Rank
Mayo Clinic

Cathy Robinson
American Society for Clinical Pathology

Mohammed S Huq
UPMC Hillman Cancer Center, United States

Uruguay

Lucia Delgado
Medicine faculty, University of the Republic

Alicia Ferreira
Fondo de Recursos

Fernanda Nozar
Hospital de la Mujer
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.
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.

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.

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.

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

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.

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 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.

UN Task Force Award

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

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.