



# City Cancer Challenge Foundation

Blueprints for Change:  
Cities Shaping the Future of Cancer Care

2024 Annual Report





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At City Cancer Challenge, we continue to believe in the power of local leadership and collective action to transform cancer care around the world. We now find ourselves at a pivotal moment—a moment that both reflects on the significant progress we’ve made and looks ahead to the next chapter of our work. Together with our partners and stakeholders, we are reaffirming our commitment to shaping a world where cancer care is universally accessible, equitable, and effective.



**Isabel Mestres**  
CEO,  
City Cancer  
Challenge  
Foundation

And the impact of our efforts is clear. In our cities, we’ve seen impressive strides: patients now have access to faster, more accurate diagnoses, treatment timelines are being shortened, and essential healthcare services are becoming more equitable and responsive. Yet, our work is far from finished. Our new focus is on scaling these successes, deepening partnerships, and measuring impact with precision to ensure that we’re moving the needle where it matters most. This comes at a time when the world is changing and where we are seeing seismic shifts in the perceptions and approaches towards global health.

This past year, we’ve not only advanced the impact of our city-based approach, but we’ve also evolved the way we think about impact itself. Moving beyond traditional models, we’re now focusing on sustainable, long-term improvements in cancer care that are truly felt by individuals, communities, and health systems alike. Our strategies have shifted to deliver tangible, measurable indicators and outcomes that can be integrated within each city’s unique context, while ensuring these changes have enduring value.

The last 12 months have marked the acceleration of our efforts across the six priority areas that form the backbone of our work: building resilient health systems, enhancing workforce capacity, improving health financing, fostering local leadership, advancing digital health, and ensuring readiness for essential medicine access. By reinforcing these pillars, we’re not just making progress—we’re laying the foundation for lasting change.

We are more committed than ever to amplifying the voices of those directly impacted by cancer. This means prioritising not only the delivery of care, but the dignity, well-being, and empowerment of patients, healthcare professionals, and communities. As we enter the second cycle of implementation in Tbilisi and Kumasi, we are building on the strong foundations laid in our initial phase. We continue to prioritise and accelerate progress in strengthening healthcare systems, ensuring that cities are not only equipped with the tools to deliver quality cancer care but also empowered to elevate their broader healthcare infrastructure. This phase marks an even deeper commitment to creating sustainable, locally-led improvements that will further enhance the resilience and capacity of health systems in these cities, driving long-term impact for all those affected by cancer.

In the year to come, we will continue to push boundaries through strategic collaborations—such as our ongoing work with the World Health Organisation on the Global Breast Cancer Initiative. These partnerships represent the bridge between global policy and local action, ensuring that recommendations translate into tangible improvements in the lives of those affected by cancer. By identifying the gaps in cancer care across our network of cities, we firmly believe that no matter where you live or who you are, we can help power the healthcare ecosystem to deliver quality cancer care.

We are incredibly grateful to our partners, colleagues, and the many individuals who have joined us on this journey. The path to sustainable cancer care may be long, but together, we are creating a future where no one is left behind. From the ground up, we are transforming the delivery of cancer care, one city at a time.





# 01

## Our mission

Where you live and who you are shouldn't determine the quality of cancer care you receive. Yet in resource-limited countries, access to essential healthcare services, diagnostics, and treatment remains out of reach for too many.

At City Cancer Challenge, we work hand-in-hand with cities to drive transformational change in cancer care, strengthening healthcare ecosystems and powering systemic solutions from the ground up.

Our locally-led approach brings together key stakeholders to uncover the gaps, design strategic solutions, and implement lasting improvements—solutions that are not only making an impact today but are also being scaled nationally and globally.

Our vision is to create a world where cancer care is equitable and accessible to everyone, everywhere. And with a proven model and measurable success, we know it works. But we can't do it alone. To ensure quality cancer care for everyone, everywhere, we need the right partners, the right resources, and bold action.





# 02

## The C/Can Network of Cities

Across 15 cities, C/Can is helping to unlock the expertise, data, and cross-sector collaboration needed to tackle the most pressing barriers to equitable cancer care. Our model supports cities in designing and implementing sustainable solutions—anchored in local realities, and with the potential to scale nationally.

We have rolled out annual calls for city applications, inviting urban centres with a bold commitment for reimagining cancer care to join our growing global movement.

Abuja, Nigeria

Arequipa, Peru

Asuncion, Paraguay

Cali, Colombia

Concepcion, Chile

Greater Petaling, Malaysia

Kumasi, Ghana

Leon, Mexico

Cities apply to join C/Can and are considered based on their commitment to fighting cancer, set against various criteria. A new call for city applications was launched in 2024.

Nairobi, Kenya

Phnom Penh, Cambodia

Porto Alegre, Brazil

Rosario, Argentina

Tbilisi, Georgia

Kigali, Rwanda

Yangon, Myanmar





# 03

## Why Our Work Matters

By 2050, cancer cases worldwide are projected to increase by a staggering 77%, with an estimated 35 million new cases each year—many of which will go undiagnosed or untreated. The escalating cancer burden threatens to overwhelm healthcare systems globally, but the impact is especially severe in low- and middle-income countries (LMICs).

These nations, which bear the brunt of this crisis, represent over 57% of new cancer diagnoses and a devastating 67% of cancer-related deaths worldwide. Worse still, cancer mortality in LMICs is projected to double by 2050, with most of the global increase in cancer burden occurring in these regions.

This growing cancer burden in LMICs highlights an urgent health equity gap, where limited resources hinder early detection, treatment, and care. This disparity drives C/Can’s mission to not only address this crisis but ensure the most vulnerable populations receive the care they deserve. These figures also highlight why our work is so critical: without intervention, the future of cancer care in LMICs will remain bleak. However, with continued collaboration, innovation, and dedicated resources, we can change the trajectory and create a more equitable future for all people affected by cancer.

LMICs represent

>57%

of new cancer diagnoses

67%

of cancer-related deaths







# 04

## Our Impact



>764,000

patients reached  
across cities\*



Supporting  
>6,000

stakeholders



Training  
>2,000

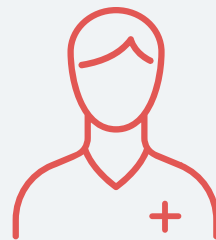
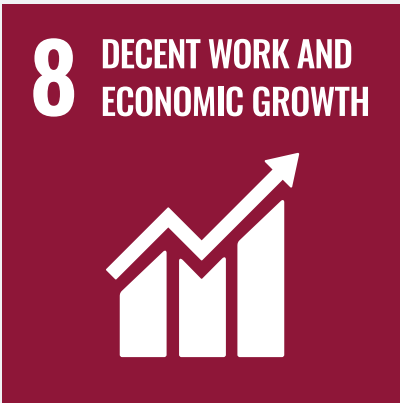
healthcare  
professionals



214

Total cancer  
care solutions  
developed

### Our contributions to the SDGs



3,400

Patients  
participating  
in C/Can  
city process



47

Global  
partners

Cancer  
management  
guidelines  
developed

15  
across  
5 cancer  
types

\* Estimated number of cancer patients in 15 c/can cities between 2022 and 2024

# 04

## Measurable Success:

### CAD Indicator Methodology

#### THE CAD IMPACT MEASUREMENT FRAMEWORK

2024 marked a crucial year in which C/Can strategically shifted as an organisation to measure impact beyond outputs to the outcome level. Recognizing the power of measurement, C/Can understood the importance of developing and advancing a new impact framework, which has the ability to both showcase the value that we bring to our cities through the city engagement process and highlight the significant outcomes achieved at the city level through strong multi-sectoral collaborative programming. We believed that creating a systematic data measurement framework specifically for health systems strengthening initiatives would bring added value to our partners, local stakeholders, and global cancer care community.

To move in this direction, an initial step was taken to define City Assessment Dimensions (CADs). C/Can identified 5 CADs to prioritise through its technical programming:

- 1. Patient-centric care
- 2. Quality of care
- 3. Access to care
- 4. Development of human capital
- 5. Local knowledge generation and exchange

By focusing on these 5 strategic dimensions, we believe that our approach is poised to make a significant impact in improving access to quality cancer care across C/Can cities. Our ultimate aim is to enhance the ability of healthcare systems to provide comprehensive cancer care and support patients throughout their cancer journey.

We then worked to establish a set of core indicators, for each of the above dimensions, to assess progress made at the city-level through interventions coordinated by C/Can. In order to identify our core indicators, we conducted internal and external consultations across regional teams, technical teams, and funding and technical partners, including Roche, MSD, Sanofi, and IntraHealth. Upon identifying a preliminary set, we shared the indicators with 10 technical cancer care experts across our regional and global network. Simultaneously, we conducted a targeted desk review of partner MEL frameworks and indicators, including Access Accelerated, Sanofi's Global Health Unit, and ATMF. We also reviewed global frameworks, including the WHO NCD facility-based monitoring guidance and the AstraZeneca and Policy Wisdom Global Breast Cancer Quality Index. Synthesizing this body of work, we developed a final list of core indicators, aptly named the CAD indicators. We continue to refine the operationalisation of these CAD indicators across our network of cities and projects, and we are excited to continue this important work in 2025.





# 04

## City Assessment Dimension: Lead Indicators

01

Number & proportion of eligible institutions conduct patient surveys at least annually

Proportion of patients spending more than 25% of monthly income on cancer care

Number of cancer management guidelines developed & endorsed

Number of health care providers trained

Number of C/Can-affiliated, peer-reviewed journal articles published with local or female first author

02

Number & proportion of local institutions adopting one or more C/Can training or course

Number of patients identified with suspected cancer/ diagnosed with cancer/ initiated on treatment

Number & proportion of eligible institutions with MDT discussions held at least monthly

Number & proportion of local institutions adopting trainings/ courses

Number of quality assurance reports developed and endorsed

03

Number of patients involved in City Engagement Process

Proportion of patients and cancer care services covered by financial schemes

Average time from suspected diagnosis to confirmed diagnosis or rule-out, by cancer type

Number & proportion of training participants reporting improved knowledge/skills

Proportion of Community of Practice participants reporting improved coordination/ networking/ knowledge exchange

04

Proportion of patients reaching care milestones or who are lost to follow up

Number of development plans created & endorsed

Average time from confirmed cancer diagnosis to initiation of treatment or care plan, by cancer type

Number of human resources for health per 100,000 population, by professional type

Number & proportion of eligible institutions contributing data to PBCR

### Access to quality cancer care improved in the city

Patient-Centric Care (PCC)

Access to Care (ACC)

Quality of Care (QOC)

Development of Human Capital (DHC)

Local Knowledge Generation & Exchange (LKG)



# 05

## Strategic Progress: We Know it Works

2024 highlights



### HEALTH SERVICE

### DELIVERY

#### Area of Action

Delivering technical expertise to guide the planning, design, and implementation of high-quality, standardised cancer care solutions in cities.

**Tbilisi:** Successfully establishing a central in-hospital pharmacy in accordance with international standards, implemented by MoH, allowing Georgian cancer patients to receive medicines directly at medical facilities, eliminating the previous need to manage and transport medications from external pharmacies. In this project, C/Can collaborated with ICO to host a scientific visit of the Tbilisi team at ICO, an on-site visit of experts from ICO to Tbilisi for an in-person consultation workshop.

**Leon:** With the technical guidance and support from the external expert from ALCP, a digital survey was designed to conduct the situation diagnosis of palliative care services in the city and the data collection was completed.

#### Training syllabus and Technical review of Needs Assessment Questionnaire:

Developed a training syllabus for cancer care professionals in collaboration with partner organisations, aimed at harmonising expertise and enhancing cancer care delivery. A consultation workshop with 23 experts from the Qatar Cancer Society refined the syllabus and reviewed needs assessment questionnaires, engaging 38 professionals across various specialties.



## HEALTH SERVICE DELIVERY



Effective implementation hinges on translating evidence into action. While higher-income countries have seen a remarkable 40% drop in age-adjusted breast cancer deaths since 1990, thereby achieving the GBCI’s 2.5% target, the outlook in LMICs has been less encouraging. Patients in LMICs, alongside those in underserved communities in high-income settings, face significant barriers to care, many of which are organisational and structural in nature and not strictly financial. Evidence-based sustainable strategies can and should be translated into actionable plans that can be realistically implemented on the ground. With Tbilisi, Georgia, becoming the first city to begin implementing the GBCI Framework in 2023, as the project (GBCI - BCAP) continues to roll out, workshops will be held in other C/Can cities to better understand local needs and form the basis of an evidence-based guide for implementing the GBCI Framework in other countries’ resource settings.

**Dr. Benjamin O. Anderson,**  
Global Technical Lead for Breast Cancer, C/Can

## Spotlight



**Global Breast Cancer Initiative (GBCI)**  
**- Breast Cancer Action Plan (BCAP) For Kumasi**



## Background

Since 2018, the City of Kumasi has developed solutions to address critical cancer care delivery needs, strengthen the local health system, and foster collaboration with the global cancer community. These efforts have contributed to knowledge-sharing and the implementation of practical, coordinated cancer care approaches across the city and country. An evaluation at the end of the first C/Can implementation cycle (Cycle 1) identified key opportunities to further tailor cancer care delivery to local resources and patient needs in the Kumasi region. Building on Kumasi’s continued commitment to equitable, high-quality cancer care, C/Can launched a second cycle of technical cooperation, focused on a set of prioritised interventions over the next 2–3 years.





HEALTH SERVICE DELIVERY

Project Overview

One key intervention involves contextualising best practices and evidence-based guidance within the three pillars of the Global Breast Cancer Initiative (GBCI) Framework. Kumasi is the first African city to host a GBCI Implementation Workshop, aimed at enhancing the quality and effectiveness of breast cancer care services in the region.

Activities and outcomes

The GBCI Workshop was conducted in Kumasi in collaboration with WHO in which over 51 healthcare specialists including medical staff across specialities (pathology, radiology, nuclear medicine, surgery, radiation oncology, medical oncology, palliative care), nursing, and pharmacy staff from key cancer care institutions in Kumasi were participated. The Breast Cancer Action Plan (BCAP) 2024 is the product of this workshop to provide operational guidance for improving breast cancer services at the city-level in Kumasi, Ghana. This workshop served as an entry point for identifying a C/Can Cycle-2 technical cooperation programme focusing on patient-centric and quality cancer care delivery.

Looking to the future

Once the BPCA is implemented at the city level, it will serve as a model for scaled-up programming at the national level to include other regions of Ghana. While focusing on breast cancer as a model malignancy, these activities are anticipated to strengthen the same care delivery systems needed to manage other common cancers and NCDs requiring parallel operations and infrastructure.



## HEALTH WORKFORCE

## CAPACITY

### Area of Action

Enhancing the skills, capabilities, processes, and resources cities need to deliver high-quality cancer diagnosis, treatment, and care through capacity building.

## Spotlight



International Collaboration for Research methods and Development in Oncology (CReDO) Workshop.



## 2024 highlights

**Rosario and Nairobi:** Two Multidisciplinary Cancer Management Courses were delivered in Rosario and Nairobi, attended by about 200 multidisciplinary cancer care professionals, to strengthen multidisciplinary team care practice in cancer care in both cities.

**Leon:** The Spanish version of blended training on patient navigation was delivered in Leon, participated by 60 nurses from both public and private hospitals in the city.

**Cali:** An e-learning course on oncology for primary health care professionals was developed in collaboration with Catalan Institute of Oncology (ICO) In 2024, reaching 7 institutions across Cali, the first city that endorsed and delivered this course, there were a total of 485 health care professionals trained. There is currently a process ongoing to implement this course in Leon, Kumasi and Tbilisi in 2025 and Phnom Penh in 2026.





HEALTH WORKFORCE CAPACITY

Background

The CReDO workshop was organised by the Tata Memorial Hospital and National Cancer Grid of India with the objectives of training researchers in oncology in various aspects of clinical trial design and helping them to develop a research idea into a structured protocol.

Project Overview

C/Can collaborated with the Tata Memorial Hospital to support the project team members from cities to provide the capacity development on research in cancer care.

Activities and outcomes

The call for application was done to all the project team members from cities. The selection process was jointly done with Tata Memorial Hospital.

Three city project team members from Leon, Tbilisi and Kigali were supported to participate in the CReDO workshop from 4-9 March 2024 in Lonavala, India.

Looking to the future

Three research protocols will undergo ethical review in their respective cities, with subsequent implementation aimed at publishing on the peer review journals.



After the CReDo workshop I feel motivated and enthusiastic and continue working on this project. I cannot fail to mention how excited I am with the chance to meet with experts, as the support and encouragement from them gives confidence. I am very lucky that I was given the opportunity to become closely acquainted with each of them, to work with them as a team and to be involved in scientific activities.

**Mariam Tchiabrishvili,**  
MD, Radiation Oncologist, Department of Radiation Oncology, Todua Clinic, Tbilisi, Georgia



Participating in CReDo was a wonderful experience personally and professionally, as a clinical researcher I now have more tools and knowledge to support my city with research projects, my protocol took the perfect target to assess the implementation of a project to help the early detection of childhood cancer in my city. I feel motivated and more confident to move forward.

**Karina Senyase Zamarripa,**  
Pediatric Oncologist, Hospital Regional de Alta Especialidad del Bajío, León



## HEALTH

## FINANCING

## Area of Action

Developing smart data-driven investment strategies, providing tools to support local decision makers in allocating resources, and leveraging opportunities for external funding.

## Spotlight



Addressing Out-of-Pocket Expenditure in Cancer Care: A Deep Dive into Ghana's NHIS Coverage for Breast and Cervical Cancer

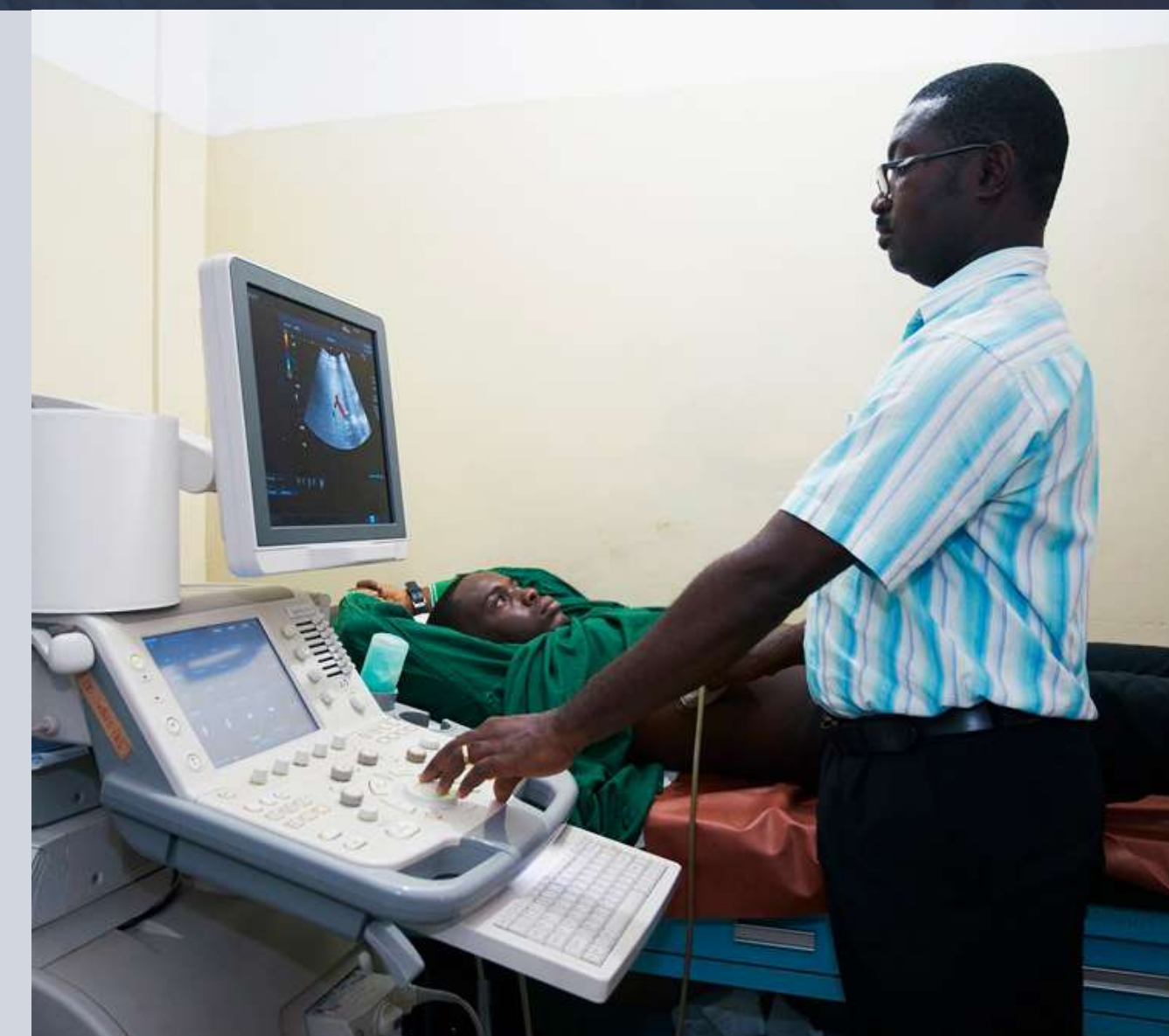


## 2024 highlights

**Leon:** A project on the assessment of out of pocket expenditures on breast cancer for patients covered by the Secretary of Health was prioritised by local project teams. The project sought to identify areas of high out of pocket expenditures and recommend strategies for addressing them.

**Kumasi:** A joint project with the IFC on the preliminary assessment of imaging services in Ghana was completed. The project assessed the current availability of diagnostic imaging services across the country, and designed an equipment plan to address the identified gaps.

**Arequipa:** There is currently a process ongoing to implement this course in Leon, Kumasi and Tbilisi in 2025 and Phnom Penh in 2026.





HEALTH FINANCING

Background

In Ghana, the NHIS covers the diagnosis and treatment of breast, cervical cancer, and a few paediatric cancers. However, resourcing constraints may affect the level of coverage of these cancers. In addition, given that breast and cervical cancer contribute to more than 30% of the total cancer burden in Ghana, OOP expenditure by patients seeking treatment for these cancers is of national concern because of the risk of catastrophic health expenditure. Lack of financial access to these essential services may also result in patients receiving suboptimal care resulting in poorer outcomes. This may result in higher expenditures by the NHIS and cancer patients themselves in the future to manage resultant complications. Currently, the extent of OOP expenditure on breast and cervical cancers is not known, thus there is a need to carry out an assessment in this regard.

Project Overview

To understand the extent of OOP expenditure, C/Can launched a qualitative study involving healthcare providers, patient navigators, civil society, and academia. The assessment focused on NHIS coverage of breast and cervical cancer care and identified inefficiencies leading to additional costs for patients. Data was gathered through a desk review of relevant documents and key informant interviews. This included reviewing documents such as treatment guidelines for breast and cervical cancer, NHIS benefit packages for breast and cervical cancer, and other published literature in Ghana on the two cancers. Face-to-face and virtual in-depth interviews were used to collect data from the key informants.



This study is crucial given the rising cases of breast and cervical cancer in Ghana and the significant economic burden these diseases impose on households. The financial strain is often so severe that it pushes families into poverty due to catastrophic health expenditures. While the National Health Insurance Scheme (NHIS) offers coverage for breast and cervical cancer, it is essential to assess the comprehensiveness of this coverage and how effectively it is implemented at the healthcare facility level, ensuring it benefits the patients it is intended for. This study is timely, as it presents an opportunity to identify the gaps between NHIS policy and its actual implementation. The findings could provide valuable empirical evidence to guide stakeholders in improving access to care and expanding coverage for breast and cervical cancer patients, ultimately enhancing their health outcomes.

**Richmond Owusu,**  
Health Economics and Policy Expert, University of Ghana



HEALTH FINANCING

Activities and outcomes

Interviews: 12 key informants were interviewed, including representatives from the Ministry of Health (2), Ghana Health Service (1), Academia (1), Civil Society (1), Private Sector (2), Healthcare Providers (3), and Patient Navigators (2).

Document Review: The study reviewed treatment guidelines, NHIS benefit packages, and relevant literature on breast and cervical cancer in Ghana.

Findings: While NHIS nominally covers screening, diagnosis, and some chemotherapy, it does not fully reimburse these services, leading to significant out-of-pocket (OOP) costs. Limited coverage for diagnostic procedures like MRIs and therapies such as immunotherapy, along with reimbursement delays and discrepancies in tariffs, increase financial burdens for both patients and healthcare providers.

Dissemination: The findings were shared at an event with the Ministry of Health and NHIS, and the manuscript was submitted for publication.

Looking to the future

Addressing reimbursement delays, aligning NHIS tariffs with real healthcare costs, and expanding coverage to include preventive services and innovative treatments are key to improving outcomes. Strengthening collaboration with stakeholders and using health technology assessments will be crucial in building comprehensive cancer care coverage. C/Can will continue to support the Ghanaian Ministry of Health and NHIS in reducing OOP costs for breast and cervical cancer patients, working toward sustainable healthcare access for all.





## LEADERSHIP

## AND GOVERNANCE

### Area of Action

Connecting and activating stakeholders to build an enabling environment for sustainable cancer care solutions, including policy and regulatory changes.

## Spotlight



### Global Pathology Consultation



## 2024 highlights

### National Cancer Control Plan (NCCP), Cambodia:

In 2024, C/Can was invited by the Ministry of Health of Cambodia to provide technical support for the country's first NCCP, covering the period 2025 to 2030. This builds on C/Can's ongoing work in Phnom Penh, where the city cancer care programme is closely aligned with the NCCP. The plan is scheduled to be launched in May 2025, ensuring strong synergies between national and city-level efforts.

### 'How-To' Technical Resource Development:

In collaboration with experts across cities specialising in certain interventions,, C/Can developed and published technical resources on its website to assist project teams in new cities with implementing cancer care interventions. These resources include a guide for developing resource-appropriate clinical management guidelines for prostate cancer (available in English), a palliative care development plan, a pain management guideline, and virtual training materials on palliative care for primary healthcare professionals (available in Spanish).

**Establishing Expert Advocacy:** C/Can supported four cancer care professionals, who were actively involved in various phases of the City Engagement Process in their respective cities, to participate in the World Cancer Congress 2024, the ASCO Breakthrough Conference 2024, and the SIOP Congress 2024. This support aimed to enable them to present abstracts related to project planning and implementation, share insights and experiences from city-level collaboration with C/Can, and network with peers to strengthen the sustainability of their efforts.



LEADERSHIP AND GOVERNANCE

Background

Pathology has often emerged as a significant challenge prioritised by cities during the needs assessment phase of the city engagement process. The primary issues identified in C/Can cities within the field include shortage of resources including equipment, reagents, technical and human resources capacity, lack of quality control and quality assurance programmes, including the absence of standardised reporting formats and limited service-level data on both performance/ utilisation and quality. Based on these gaps, the City Technical Cooperation Programme has often included projects focused on pathology.

Project Overview

In response to the significant challenges, C/Can convened an international expert consultation on 26–27 November 2024 in Geneva. The consultation brought together a selected group of experts from cities and partner organisations, to inform the design of technical cooperation projects in pathology and enhance support for our cities.



Initially, I wondered whether traveling all the way to Geneva for just two days would be worth it, but I was proven wrong. In-person meetings create a level of connection and openness that virtual ones simply can't match. Despite the challenges of jet lag, the experience was incredibly fulfilling. C/Can's commitment to improving global cancer care is truly impressive, and I'm grateful for the opportunity to contribute to this important work.

**Subashini Thambiah,**  
Consultant Chemical Pathologist  
and Associate Professor  
at Universiti Putra Malaysia







LEADERSHIP AND GOVERNANCE

Activities and outcomes

A comprehensive mapping of all the projects and activities related to clinical laboratory and pathology at both the city and global levels were done. A mixed-methods questionnaire comprising both quantitative and qualitative components, was developed based on a health system strengthening framework. A total of 96 pathology-related outputs generated through C/Can initiatives were reviewed, with each output assigned to individual experts based on their involvement in the respective activities. The questionnaire was distributed to these experts to solicit comments, feedback, and qualitative insights. All responses were compiled in a shared dataset for analysis. The findings from this pre-consultation review informed the structured, in-person consultation meeting, where moderated discussions led to the development of key recommendations.

Looking to the future

The projects have demonstrated the potential of targeted interventions to strengthen cancer diagnostic capacity, improve service quality, and ultimately positively impact cancer outcomes. However, persistent challenges related to resources, workforce, technology, and sustainability require ongoing attention and innovative approaches. By focusing on the identified priority areas and implementing the recommendations outlined in this report, C/Can and its partners can continue to play a transformative role in strengthening pathology services and improving cancer care in partner cities worldwide.



## HEALTH INFORMATION

## SYSTEMS

### Area of Action

Developing tools and guidance, including digital, to enhance the availability, quality, and sharing of data and insights, and to strengthen cancer surveillance.

## Spotlight



### Standardisation of Cancer Care Registry and Data Collection in Tbilisi, Georgia



## 2024 highlights

### Breast Cancer Diagnostics in Cali:

In 2024, the city of Cali implemented a coordination mechanism to assess breast cancer diagnostic timelines and interventions. After establishing a standard data set and a monthly data-sharing mandate with providers, regular aggregation and standardisation of the data revealed significant barriers to system interoperability. Following six months of addressing these barriers, the rate of women with suspected cancer (BIRADS 4 or 5) not accessing biopsies dropped from 43% to 27%. With 196,416 unique patients registered in a unified database, the Secretary of Health is now looking to scale this approach to a larger area. In 2025, the focus will shift to addressing sustainability and expansion challenges.

### SIGAP System, Ascuncion:

In 2024, the city accelerated the deployment of digital tools to support the Readiness to Medicine programme, notably implementing the SIGAP system, developed by the Ministry of Health as the national Laboratory Information System. The city also led the development of complementary SIGAP modules, particularly for managing pre-analytical workflows in anatomic pathology, now deployed in four major hospitals: INCAN, Hospital Nacional, Hospital San Pablo, and Laboratorio Central de Patología. Additionally, a module for breast cancer patient presentation, treatment decisions, and tracking was launched at these hospitals. The national Health Information System (HIS) has also started to incorporate these functionalities, demonstrating the city's catalytic role in driving digitisation.



## HEALTH INFORMATION SYSTEMS

### Background

The Cancer Registry Project addressed the need for improved data collection from diverse medical facilities providing cancer care services. By harmonising data collection processes, the project aims to create a comprehensive, standardised cancer registry that supports public health surveillance, planning, and resource allocation.

### Project Overview

The project focuses on the development of policy recommendations to standardise data collection across various cancer care institutions. This will ensure the completeness and accuracy of cancer data, which is essential for informed decision-making in public health.

### Activities and outcomes

Cancer Registry Manual: Developed and drafted policy guidance aimed at harmonising high-quality data collection, synchronisation, and dissemination among cancer care institutions, to be submitted to the National Center for Disease Control and Public Health (Approved by MoH). Patient Data Authorisation Advocacy: Created an advocacy document to streamline patient data authorisation processes, aligning it with other informed consent forms (Endorsed by CEC).

### Looking to the future

As we move forward, the implementation of these policy recommendations will be key to ensuring seamless data flow between healthcare institutions and national health agencies. The project's long-term goal is to support better planning and resource allocation for cancer care, ultimately improving outcomes and service delivery across the healthcare system.



The guidance and support we've received from C/Can have been invaluable in overcoming the barriers to system interoperability. The policy frameworks developed have not only enhanced our operational efficiency but have also created a foundation for sustainable improvements in cancer care across our city and even the whole of Georgia.

**Maia Kereselidze,**  
Head of Medical Statistics Department, NCDC





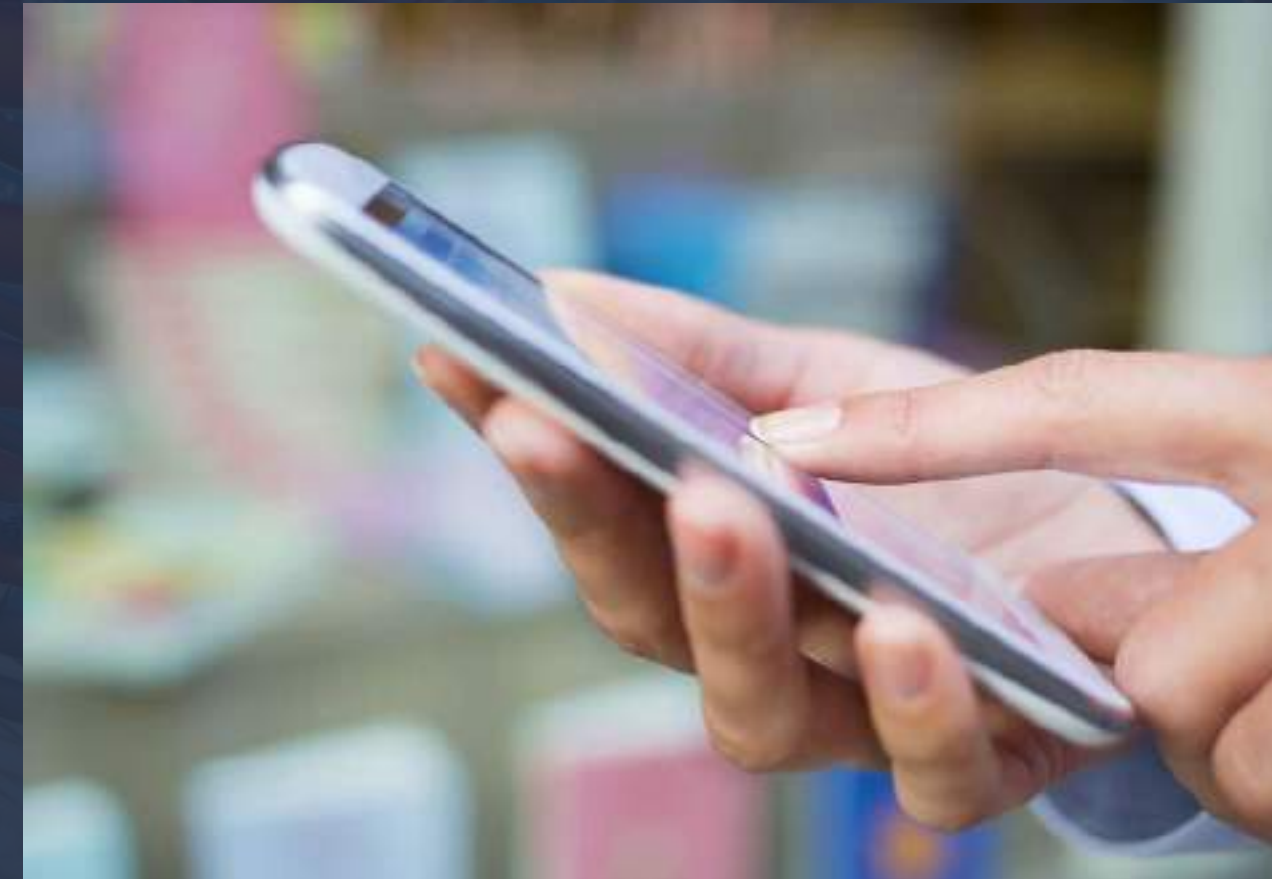


## ACCESS TO MEDICINES AND TECHNOLOGY

### Area of Action

Providing cities with support in the implementation of their prioritised health service delivery solutions to improve access to essential oncology medicines and achieve better patient outcomes.

### Spotlight



Readiness for access to oncology medicines

Asuncion, Paraguay



## 2024 highlights

### Digital Tool Public Library:

Recognising the need for accessible solutions that are appropriate for low-resource settings, C/Can has developed a public library of 11 digital tools that are designed specifically with LMICs in mind, and that support healthcare professionals to deliver patient-centred care. This library curates resources to help address the challenges of fragmented healthcare systems, enhance workflows, and strengthen health infrastructure. Each solution underwent a thorough review by a taskforce of experts, with nearly half created in LMICs, ensuring local relevance.



Our partnership with C/Can aims to build a more resilient health system, as by doing so we support the building blocks for access to life-sustaining cancer medicines and care now and for years to come. We started this collaboration in Asunción, Paraguay, resulting in a solid foundation for service readiness in the city and great learnings that are disseminating further in the country. This guided the creation of the Readiness Program to be implemented in other cities of the C/Can network, starting with Kumasi, Ghana. Our shared vision is that the program implements priority solutions at a healthcare facility level, deliver quality person-centric care, and achieve the best possible outcomes from oncology medicines.

**Sean Lybrand**, Executive Director, Access to Healthcare, Amgen



ACCESS TO MEDICINES AND TECHNOLOGY

Background

With the Readiness Programme, C/Can does not aim to support access to specific oncology products but rather to support cities addressing their specific access needs by creating an enabling environment where critical access barriers – including those related to availability, affordability, accessibility and acceptability - can be gradually lifted so that inequities in access to quality cancer care are reduced across the participating cities.

In 2022, a donation of essential breast cancer medicines from a pharmaceutical company (Amgen Inc.), via Direct Relief, to Paraguay has enabled the local health system to accelerate its readiness to deliver quality cancer care services. As a result, a C/Can project with the local authorities was established to ensure the access programme facilitated by the private sector – in this case through a donation of essential medicines - was complemented by interventions aimed at strengthening critical health services. The Project, Readiness for Access to Breast Cancer Medicines in Paraguay, included a medicines donation delivered by Direct Relief and a health systems strengthening dimension delivered by C/Can.

Based on the experience in Paraguay, C/Can extended the collaboration with Amgen to implement similar projects in a second C/Can city, Kumasi (Ghana) through its Readiness for Access to Oncology Medicines Programme.

Project overview

The Readiness Programme aims to provide catalytic support in the implementation of health service delivery solutions considered as priorities for cities to achieve the best possible outcomes from oncology medicines. The principle behind is that any health system aiming to increase access to oncology medicines would need to strengthen the overall quality of service delivery in addition to ensuring that medicines are available and affordable. This can be achieved by creating context-specific solutions related to standardisation of care delivery, promotion of the rational use of oncology medicines, better use of health information systems and enhancement of quality and efficiency across essential cancer care services.

Looking to the future

C/Can's Readiness Programme in Kumasi is focused on ensuring that the right cancer medicines reach patients at the right time. This comprehensive initiative includes enhancing diagnostic imaging infrastructure for accurate breast cancer diagnosis, developing the cancer care workforce, and accelerating digitalisation of hospital processes for more efficient multidisciplinary care. The program also prioritises the safe handling of oncology medicines and managing treatment-related toxicities to ensure patient safety. Building on the success of the program in Asunción and with support from Amgen, C/Can is expanding this vital work to more cities across the C/Can network and advancing equitable access to quality cancer care.



ACCESS TO MEDICINES AND TECHNOLOGY

Activities and outcomes

The Readiness Project in Asunción marked a significant transformation in the healthcare landscape, particularly in the management of cancer treatment processes.

**PATHOLOGY LABORATORY ENHANCEMENTS:**

One of the standout impacts of the project was the streamlined infrastructure of pathology laboratories. Two major labs underwent comprehensive renovations, incorporating new equipment for specimen processing. The enhancement and implementation of the locally developed pathology laboratory information system (SIGAP), supported with the addition of preanalytical and immunohistochemistry modules, greatly enhanced the traceability of specimens, resulting in a remarkable 50% reduction in turnaround times. This technological upgrade not only improved efficiency but also drastically reduced patient waiting times, accelerating the commencement of necessary treatments. A series of key milestones was achieved throughout the project, underscoring its success. The installation of SIGAP in three surgical areas improved specimen identification and minimised errors, benefiting patients.

**DATA MANAGEMENT AND STAFFING SUPPORT:**

Additionally, the C/Can Soft system was implemented to better manage patient data, providing healthcare professionals with a robust tool for tracking breast cancer cases benefited by the medicines donated. Staffing enhancements played a pivotal role as well, with the recruitment of pathologists, and medical secretaries alleviating bottlenecks in report processing, thereby ensuring timely delivery of test results. This coordinated effort across various facets of the project led to a significant boost in operational capacity and patient care quality.

**NAVIGATOR NURSE TRAINING:** Navigator nurses received training to effectively follow up with patients, introducing a role that was previously underutilised by participating institutions. The chemotherapy process faced significant bottlenecks due to inadequate and hazardous infrastructure and equipment, which hampered the safe handling, mixing, and administration of medications.

**CHEMOTHERAPY INFRASTRUCTURE UPGRADES:**

Alongside the dedicated capacity development initiatives focused on the safe handling and preservation of medicines, C/Can also oversaw a complete renovation of the main public chemotherapy center, which collectively enhanced medication identification systems, delivering a 20% increase in the chemotherapy services made available for patients, ensuring a higher standard of care for cancer patients.



# 06

## C/Can voices:

### The Frontlines of Care

#### Dr Efua Commeh

Dr. Efua Commeh, Non-Communicable Disease Programme Manager, Ghana Health Service, Member of the City Executive Committee, and Former Medical Officer at Tema General hospital reflects on C/Can's collaborative approach to cancer care and the vital role of multi-stakeholder partnerships in shaping sustainable health systems.



Cancer care in Ghana remains a significant challenge. However, through ongoing efforts to strengthen the health system and improve access to care, we are making substantial progress. As Programmes Manager for the Non-Communicable Disease Control Program, I have witnessed firsthand the importance of comprehensive collaboration. A multi-stakeholder approach, which includes public and private sector involvement, civil society groups, and patient communities, is essential to ensuring that health solutions are sustainable, equitable, and effective.

At Ghana Health Service, we are committed to closing the cancer care gap, with a focus on building local capacity, ensuring affordable access to medications, and improving disease surveillance. C/Can's support has been instrumental in these efforts. Through capacity-building initiatives, such as expert exchanges and training programs, we are empowering local health professionals with the skills needed to tackle the cancer burden. The collaboration between local experts and international counterparts, made possible through C/Can, enables us to not only improve the quality of cancer care in Kumasi but also share this knowledge across the country.

The City Cancer Registry's relaunch in Kumasi, supported by C/Can, has been a milestone in strengthening our cancer surveillance system. The insights gathered through this system will help inform targeted interventions and guide policy decisions to improve care at all levels of the health system.

Furthermore, the development of standardised cancer management guidelines for breast and cervical cancer, along with laboratory development plans and quality assurance guidelines, is critical. These guidelines will ensure a consistent standard of care across the country, which will ultimately improve outcomes for cancer patients in Kumasi and beyond. The collaboration with C/Can's expert partners in drafting these documents ensures that they are tailored to Ghana's unique context, helping us build a more robust and effective cancer care system.

The work we are doing in Ghana is only possible through collaboration, and C/Can's commitment to working alongside governments, healthcare professionals, and other stakeholders is vital to achieving long-term success. By continuing to strengthen these partnerships and investing in local capacity, we are laying the foundation for a sustainable future in cancer care, one where the quality of care is not determined by geography, but by the commitment of all involved.





I would like to sincerely thank C/Can for their remarkable initiative in advancing cancer care in Cambodia. As a representative of the HACC Civil Society Organisation (CSO) and a member of the Phnom Penh Cancer Care project, I am fully committed to collaborating with key stakeholders, especially those living with NCDs, to improve cancer care across the country. At the HACC, we have been actively working to support people living with cancer, creating a national network to bring their voices and concerns to the forefront. This network serves as a vital bridge, connecting patients with policymakers, healthcare providers, and other key players who can influence the direction of cancer care in Cambodia.

The challenges we face in cancer care, particularly in Phnom Penh, are complex and multifaceted. From limited access to information and education to the lack of psychosocial support and community outreach, the barriers to care are significant. But as a CSO, we bring invaluable grassroots experience, a deep understanding of the patient journey, and a patient-centered approach that is critical in addressing these gaps. We've seen firsthand how collaboration with C/Can, which emphasises local engagement and patient access, is key to breaking down these barriers. By ensuring that cancer care reaches those most in need, we're not just improving outcomes but also empowering communities to take charge of their health.

We strongly believe that a multisectoral approach, involving all relevant stakeholders and supported by strong, committed leadership from policymakers, is crucial for building a sustainable and effective cancer care system. Working alongside C/Can, we are committed to helping build a system that ensures no patient is left behind. Our shared goal of improving cancer outcomes is a collective effort, and I am proud to contribute to this important initiative. Thank you for providing me with the opportunity to be part of this transformative journey.



### Mr Tim Vora

Executive Director, Health Alliance Coordination Committee (HACC), Member of City Cancer Coordination Group (CCCG), and Project Coordinator for Patient Access reflects on C/Can's multisectoral approach and the importance of working closely with local Civil Society Organisations to improve the lives of patients living with cancer.





## Arequipa Physicians on C/Can

C/Can’s work in Arequipa has enabled the identification and prioritization of more than 20 strategic projects addressing critical gaps in oncology, establishing Arequipa as a model for other regions. The expert physicians we collaborate with across the city have reflected on the transformative work driven by collective action and empowered by a global initiative across multiple areas of healthcare, from improving infrastructure and data management to developing future leaders and strengthening cross-sector collaboration.



As a surgical oncologist in Arequipa and Director of the Arequipa Population-Based Cancer Registry, I have witnessed the transformative impact that City Cancer Challenge (C/Can) has had on our city. Through its collaborative approach, we have been able to identify and prioritize 24 projects across 11 key areas, addressing critical gaps in cancer care—from strengthening radiotherapy services to implementing electronic patient records. This joint effort among the public and private sectors and civil society not only enhances the quality of life for our patients but also positions Arequipa as a replicable model for other regions in the country. I am deeply grateful for C/Can’s ongoing commitment and support in our fight against cancer.

**Dr. Luis E. Medina Fernández,**  
Surgical Oncologist and Coordinator  
of the Data and Information Systems Project



I am currently participating in three projects. One involves the development of quality indicators in oncology; for this project, we have had the participation of various specialists and individuals involved in the registry of indicators. We are very excited because we will soon have a manual with a set of indicators that will support better decision-making in the city.

We are also developing other projects, such as the implementation of an oncology education program for primary healthcare personnel. For this project, we decided to take the first step with final-year medical students from the city’s public university. This initiative will be carried out in June and July. Finally, the project to standardize multidisciplinary teams is the most challenging one, but we know that with the commitment of all specialists, we will successfully move this project forward. We are grateful to C/Can for their support and guidance in the development of these projects.

**Dr. Fernando Valencia,**  
Oncologist and Coordinator of the Quality  
of Cancer Care Project



With a great team representing the four main hospitals in the city, step by step, without faltering, united by a common goal — to unify the handling of samples for anatomical pathology studies in Arequipa — we are making progress in designing the multidisciplinary course to improve processes and the Guidelines document for implementing a quality system. This is helping us achieve better communication and unified management criteria between the two main healthcare systems in the country. Many thanks to C/Can for all the support.

**Dr. Mónica Ruiz Ballón,**  
Pathologist and Coordinator of  
the Pathology Project





Talking about the impact of C/Can in my city means talking about one of the positive revolutions to which this volcanic land is accustomed. The presence of C/Can in the city has helped bring together different sectors to work collaboratively toward the common goal of timely and comprehensive cancer care; to better manage and utilize the resources allocated for this purpose; and to raise awareness among the population about its importance. On a personal level, the professional development and leadership opportunities I had thanks to C/Can were invaluable in carrying out many local projects.

**Dr. Livia Martinez,**  
Oncologist and Coordinator of the Palliative Care Project



C/Can has allowed me to connect with colleagues and healthcare professionals who share our same goals and challenges, enabling us to develop a strong network.

**Dr. Juan Carlos Pari,**  
Radiation Oncologist





# 07

## C/Can's Unifying Programmes:

### Addressing global questions through local evidence

In 2024, C/Can took a major step toward strengthening the role of evidence in cancer care planning with the launch of its research initiative. Designed specifically for low- and middle-income countries (LMICs), the initiative empowers cities to generate locally relevant, systems-oriented research that addresses real-world implementation challenges. It responds to a critical global imbalance: although LMICs bear the majority of the cancer burden, less than 1% of global cancer research funding supports solutions tailored to these settings.

The initiative is built on three core components:

- **1. Embedding research into technical cooperation.**  
Research is not an add-on but an integrated part of how C/Can supports cities. Implementation science and health systems research are used to inform project design and execution, and adapt strategies for continuous improvement.
- **2. Focusing on capacity development.**  
C/Can has designed a two-day Implementation Science Masterclass in collaboration with technical partners as the University of Melbourne, to build foundational skills in research design, methodology, and evidence-informed policy among stakeholders across its city network.
- **3. Supporting a group of city-based researchers**  
through its first round of seed grants, providing catalytic funds to explore priority topics ranging from health financing to service integration.

These locally-led studies are designed to influence national policy and contribute to global evidence on cancer systems in LMICs. By embedding research into its technical cooperation model, C/Can is supporting a growing community of practitioners and researchers who will generate actionable knowledge where it's needed most. This local evidence base not only strengthens cancer care at the city level, also informs the broader global community.



The collaboration between Sanofi's Global Health Unit and C/Can exemplifies our shared commitment to fighting NCDs in LMICs, ensuring sustainable, high-impact improvements in healthcare systems. We are proud to support C/Can's Cities as Knowledge Hubs for Cancer initiative, based on our aligned vision that when we leverage the combined power of research, expertise and local collaborative networks, cities can become catalysts for improving cancer outcomes, advancing cancer care practices, and addressing the unique needs of their diverse populations. We also believe that knowledge generated at city level has the potential to benefit other cities, and the global healthcare community as a whole. We have directly witnessed the seeds of the initiative in Phnom Penh and can't wait to see it flourish.

**Andrew Hockey,**  
Global Health - Therapy Area Lead,  
Oncology - Sanofi



# C/Can's Unifying Programmes:

## Systems impact on women and health



In 2024, C/Can launched the “Cities Taking Action for Gender Equity in Cancer Care” initiative, a bold seven-year, \$10 million commitment aimed at addressing the growing gender disparities in cancer care, particularly in low- and middle-income countries. This initiative directly responds to the unequal cancer burden faced by women in these regions, as highlighted by the Lancet Commission on Women, Cancer, and Power. Focusing on evidence generation, workforce capacity building, and improved access to care, C/Can is working to break down the barriers that women encounter in cancer treatment and support the integration of gender-responsive health systems into cancer care practices.

The initiative kicked off in 2024 with the launch at the Clinton Global Initiative (CGI) Annual Meeting, where C/Can's Global Gender Group (CGGG), composed of women leaders from C/Can cities, played a key role. Initial rollouts in León (Mexico), Nairobi (Kenya), and Tbilisi (Georgia) aim to impact approximately 3.8 million women. These cities were selected for their commitment to cancer care access and their local leaders' drive to tackle gender equity challenges. The project focuses on co-creating solutions

with local experts, reducing fragmentation in patient pathways, improving care quality, and empowering women in the healthcare workforce.

The initiative has already achieved significant milestones, including a gender consultation in Tbilisi that engaged 32 stakeholders to identify gaps and propose actionable steps. A gender-responsive toolkit has also been developed to guide future implementations and ensure sustainable, scalable solutions.

Looking ahead, C/Can's gender equity initiative will continue to build on data-driven insights to refine its approach, with a focus on workforce capacity development, leadership training, and mentorship programs for women in the cancer workforce. Phase II will expand the initiative to additional cities and place a greater emphasis on policy dialogues to drive systemic change. By 2030, C/Can envisions a world where ‘Women and Health’ is a transformative lever in cancer care, ensuring every woman, no matter her location, has equitable access to cancer treatment.



No one can tackle the pressing issue of better women's health alone. By working closely with C/Can, we are able to contribute to holistic interventions that promote healthy and long lives for women, including the support for the creation of C/Can Global Gender Group, who co-designed with local stakeholders the C/Can women's health strategy, launched in September 2024. We are looking forward to seeing the valuable contribution of this initiative to address the unique challenges experienced by women both as healthcare workforce and as patients while facing system-level barriers in LMICs.

**Tisha Boatman**, EVP, External Affairs and Healthcare Access - Siemens Healthineers



A small fraction of cancer research is being transmitted into practice on the ground. Our commitment is to work with local stakeholders and identify their priorities, not our priorities as researchers. Together we can build local research capacity and test where the methodologies work.

**Dr. Elisabeth Weiderpass**,  
Director of the International Agency for Research on Cancer, World Health Organization (IARC-WHO)



# C/Can's Unifying Programmes:

## Integrated Care Pathways



At City Cancer Challenge (C/Can), integrated patient pathways are not just clinical tools but system-level interventions designed to coordinate care across the cancer continuum. Our approach begins with mapping the actual patient journey (how patients currently seek and access care). This foundational understanding helps identify delays, gaps, and inefficiencies that must be addressed.

Building on this, we assess the existence and quality of evidence-based patient pathways, whether they are nationally endorsed, and the degree to which they are implemented in practice. We then examine referral systems that enable patients to move between levels of care and providers, recognising that effective coordination requires both clinical alignment and administrative infrastructure.

Only when this underlying architecture is understood and strengthened does patient navigation become meaningful and sustainable. Navigation programmes must be integrated into a coherent framework; they are not a fix for fragmented systems; and cannot compensate for the absence of structured pathways and referrals.

As an example, in León, the development of a training programme for patient navigation was identified as a priority intervention with the city programme. In response, C/Can designed a blended training programme for nurse navigators in 2023, which was officially launched in León, Mexico in Spanish language. In 2024, a total of 60 nurses completed the training which made a significant first step toward establishing a comprehensive patient navigation programme in the city.

This structured approach, grounded in local realities and supported by national policy, is at the core of C/Can's approach to technical cooperation.

“

For me, one of the most compelling principles of the C/Can model is its clear focus on improving how patients navigate the cancer care pathway. We should not underestimate just how complex cancer treatment can be—or how many parts of the health system a patient must move through, from diagnosis to treatment, and into survivorship or palliative care. This includes navigating appointments, medications, diagnostics, radiation, and follow-up care. I'm continually impressed by how C/Can work to strengthen cancer care delivery by addressing these navigation challenges head-on—making it easier for patients to access the right care at the right time, no matter where they live.

**Michael Oberreiter,**  
Head of External Affairs, International, Roche



# C/Can's Unifying Programmes: Quality of Cancer Care



Improving access to cancer care is essential, but ensuring that care is of high quality is what ultimately drives better outcomes. In 2024, C/Can deepened its commitment to quality by supporting two complementary streams of work: building local capacity for multidisciplinary, team-based care; and advancing the use of quality indicators to monitor and improve services across LMIC settings. These efforts reflect C/Can's belief that quality must be embedded not only in clinical protocols, but also in the design, evaluation, and delivery of cancer care systems.

## MULTIDISCIPLINARY CANCER MANAGEMENT COURSES (MCMC)

C/Can continued during 2024 the partnership with ASCO to deliver MCMC trainings in selected cities, aimed at strengthening team-based care and promoting collaborative clinical decision-making.

The MCMC in Rosario took place in October 2024, bringing together 124 professionals from 30 institutions over three days of intensive activity. It marked a key milestone in the city's cancer care improvement efforts by fostering multidisciplinary collaboration and practical training aligned with C/Can's strategic goals. The event also facilitated engagement with ASCO leadership, including a strategic meeting between Dr. Alejandra Bartoli and Dr. Julie Gralow, reinforcing international collaboration. In parallel, a dedicated Oncology Nursing Side Event attracted 68 participants, resulting in two new project proposals focused on nurse specialisation and training. The MCMC helped build momentum for the city's cancer control strategy and prioritised project planning. It demonstrated high-level local ownership and political support, setting the stage for full project execution in 2025.

In collaboration with ASCO, and with the support of the National Cancer Institute of Kenya (NCI-K), the MCMC in Nairobi brought together 140 health professionals committed to enhancing cancer care through collaboration and knowledge exchange. The course focused on breast cancer, the most commonly diagnosed cancer among women in Kenya, and a clear priority identified by the city programme. The findings from the meeting concluded that developing a strong systems approach to managing breast cancer can serve as a model for improving care for all cancers. The key takeaways were focused on the importance of multidisciplinary Decision-Making, early integration of palliative care, and breaking down barriers in terms of improving personalised navigation to help patients overcome challenges in accessing timely and effective care.

## QUALITY OF CANCER CARE INDICATORS: FROM CONSENSUS TO PRACTICE

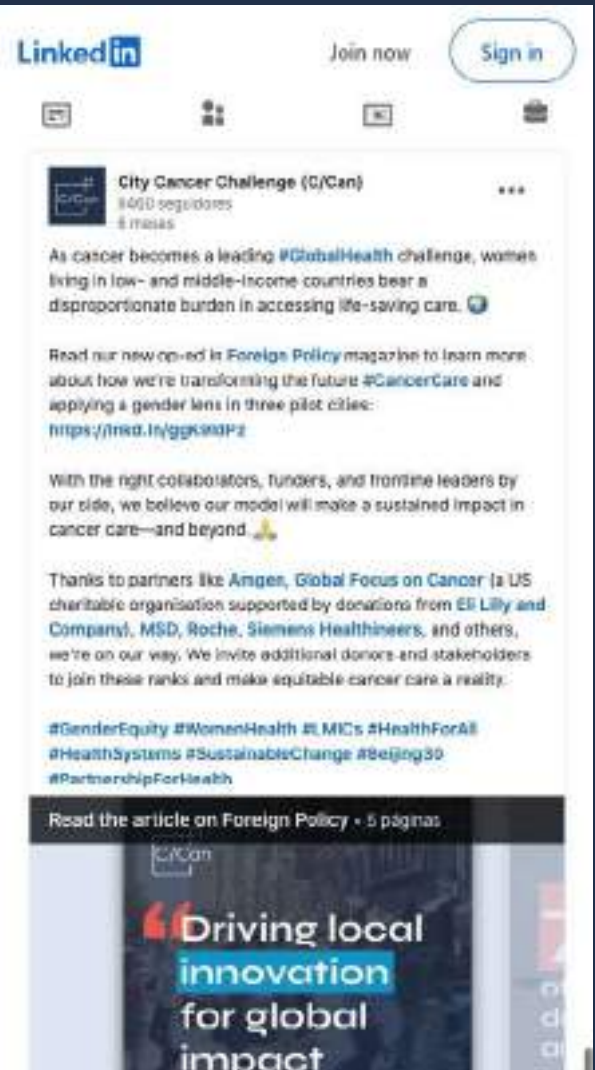
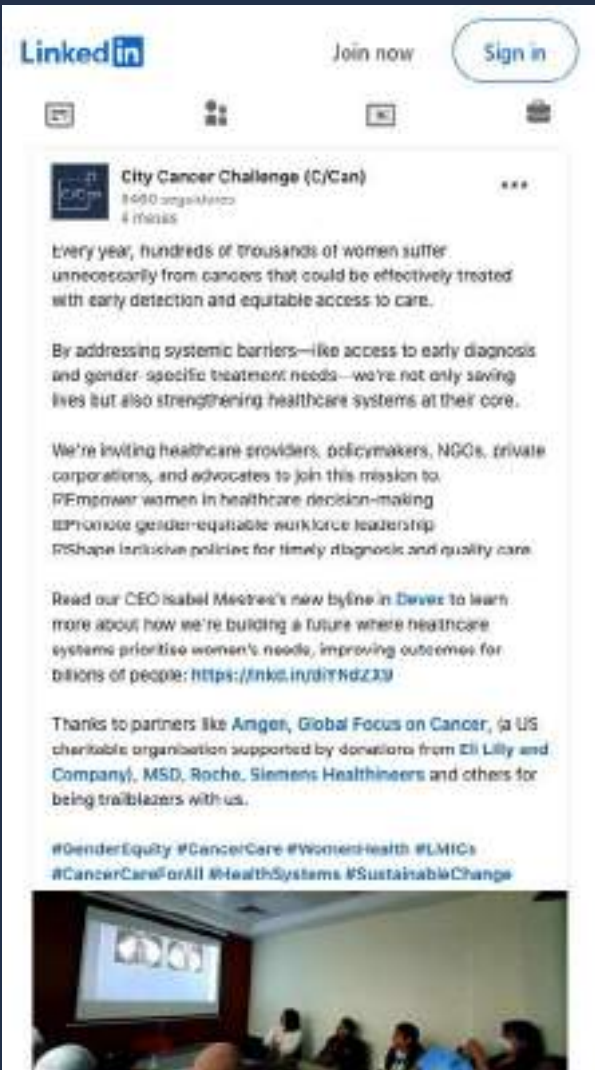
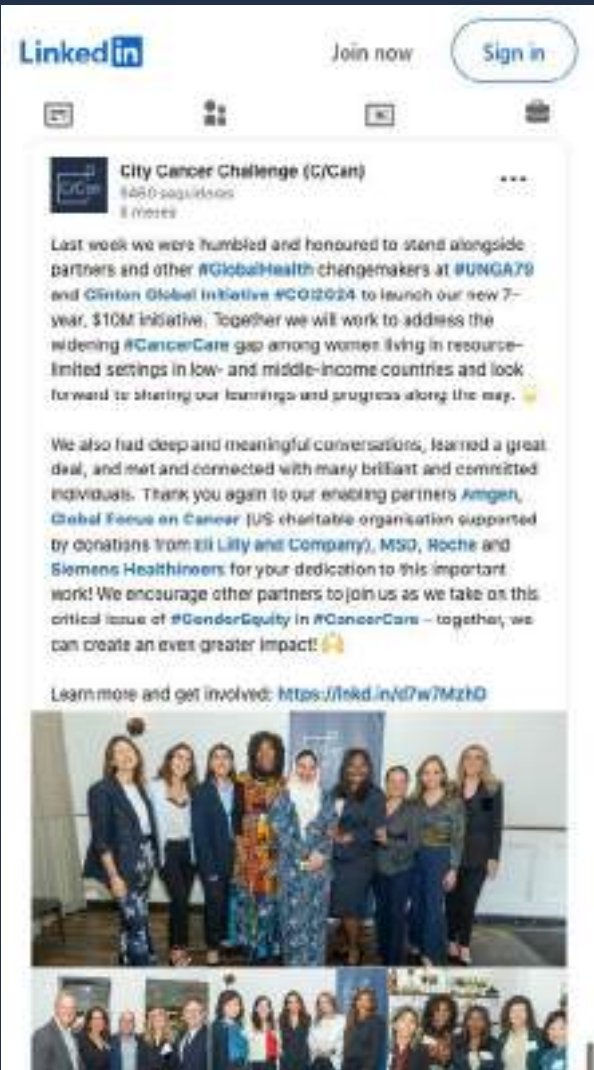
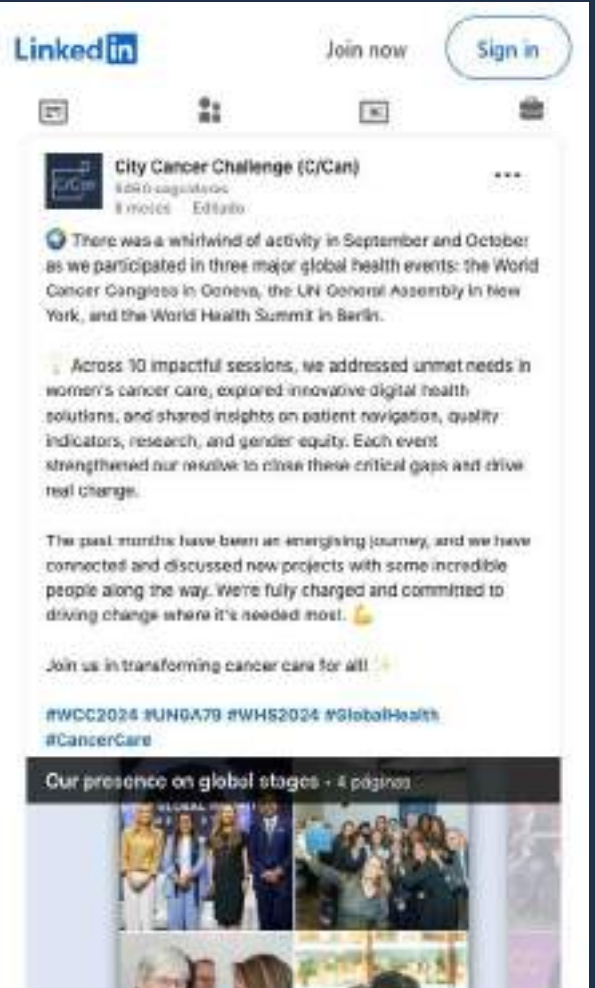
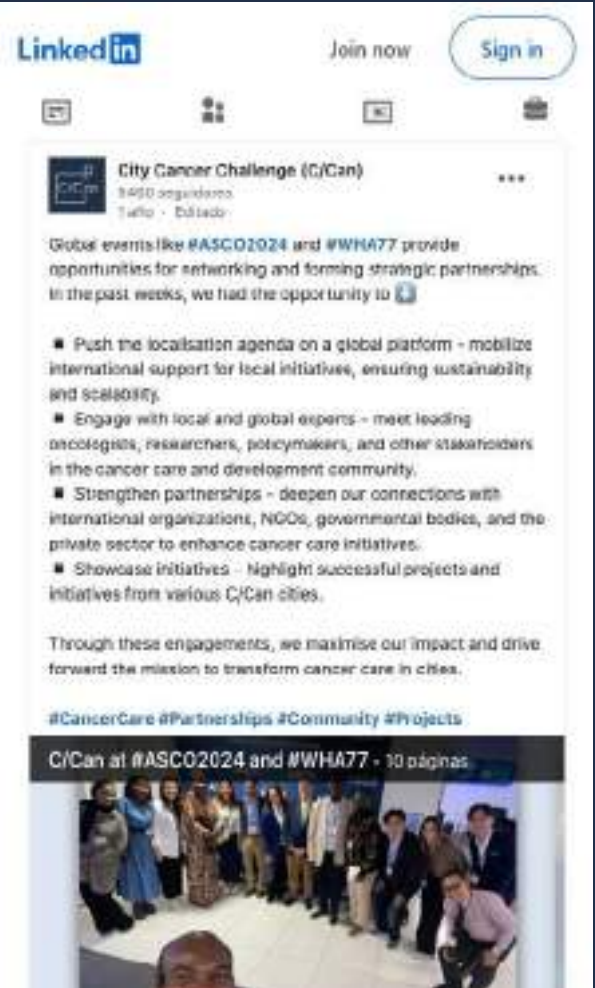
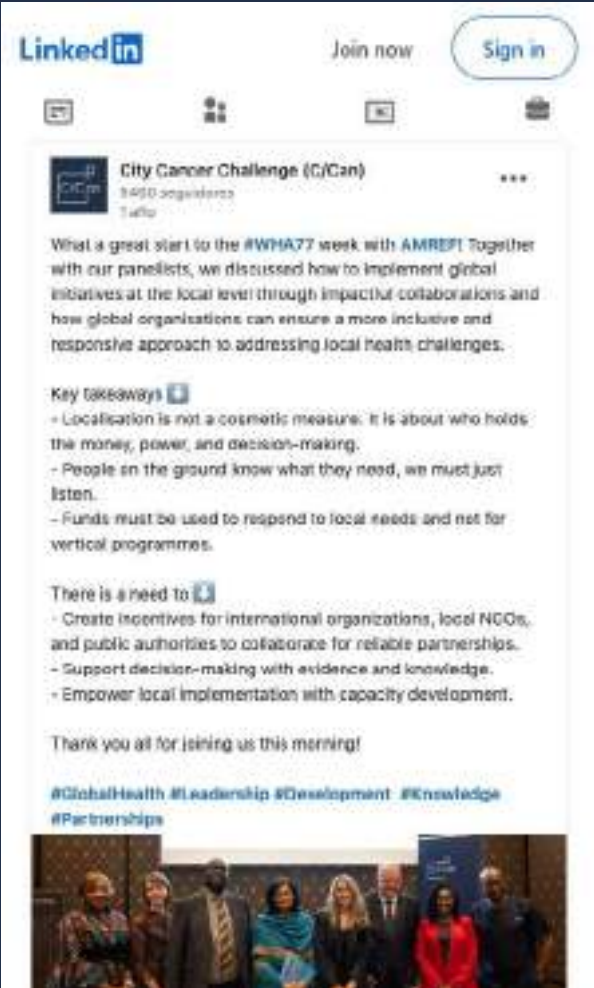
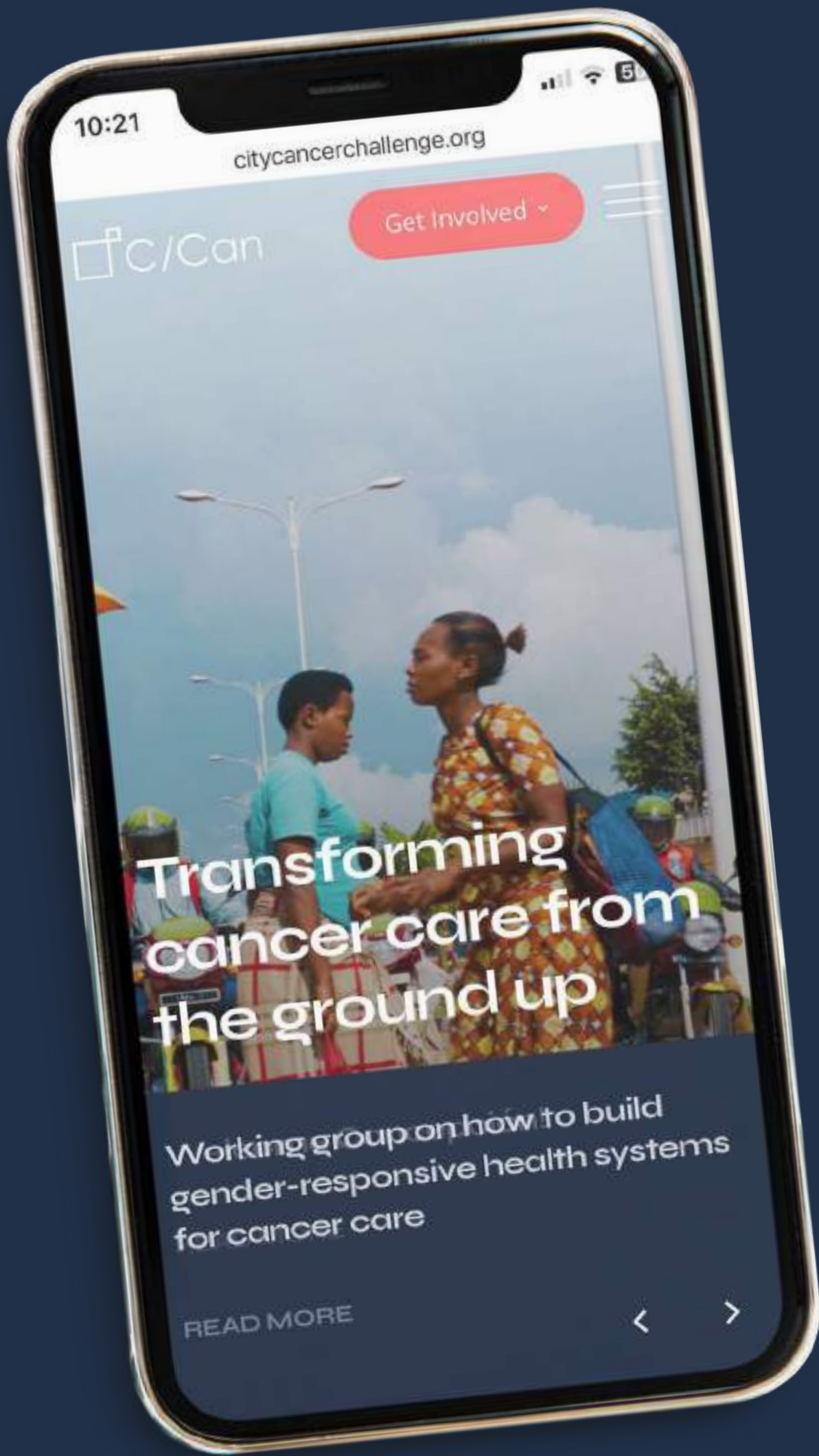
Following the 2023 international consensus on core quality indicators in cancer care, C/Can and the Institute of Cancer Policy (ICP) focused during 2024 on assessing the feasibility, relevance, and readiness for implementing these indicators across a diverse group of C/Can cities. A mixed-methods study was conducted, involving a structured survey and regional focus group discussions in Latin America, Africa, Asia, and Europe. The plan for 2025 is to finalise and publish these findings as part of a peer-reviewed research article. In Arequipa, the Quality Project Team has begun translating the indicators into clinical practice, embedding them into workflows to support institutional quality improvement. In Greater Petaling, the indicator set was disseminated across partner institutions, opening the path for institutional engagement and system-level benchmarking.





# 08

## C/Can on the global stage





# 09

## C/Can Alliances: Forging Strategic Partnerships for Lasting Change

**In 2024, we also successfully launched our collaboration framework with Roche, marking a significant milestone in our five-year partnership. This collaboration, focused on strengthening health systems and improving cancer care in low- and middle-income countries, combined Roche's funding and technical expertise with our on-the-ground knowledge to drive sustainable impact.**

Key initiatives like the Leadership Program for Women in Oncology, patient navigation systems in Rwanda, and laboratory networking in Kumasi were made possible through this partnership. The launch of the collaboration framework provided a clear operational model, solidifying our shared goals and enhancing communication. With a structured approach to monitoring and evaluation, we were able to align resources for maximum impact.

**This partnership has set the stage for continued success in scaling cancer care solutions globally.**

Our efforts to improve visibility and build reputational awareness, fuelled our progress in securing a transformative partnership with Global Focus on Cancer (US charitable organisation supported by Eli Lilly and Company), marking the start of a three-year collaboration with a \$500K contribution to our Women & Health Initiative. This was a bold step forward, demonstrating C/Can's ability to seize opportunities and forge strategic alliances that directly support our mission to advance equity in cancer care. At the same time, we also maintained key relationships with global leaders in the pharmaceutical and healthcare sectors ensuring our pipeline of collaboration remained robust and forward-looking.

C/Can's efforts have extended beyond the private sector, with strategic outreach to development agencies and governments. We seized the opportunity to engage with AFD, SDC, JICA, KOICA, and GIZ in Ghana and Cambodia, making significant strides in building lasting partnerships with key international players. One of the many standout moments came in December, when C/Can took the bold step of co-hosting a high-profile briefing session in Cambodia with the Japanese Embassy, bringing together representatives from Switzerland, Germany, and Korea, and extending invitations to France, the EU, Australia, India, the UK, and the US. This was an exceptional opportunity to solidify C/Can's position at the heart of global cancer care discussions, connecting governments, international organisations, and the private sector to drive real change.



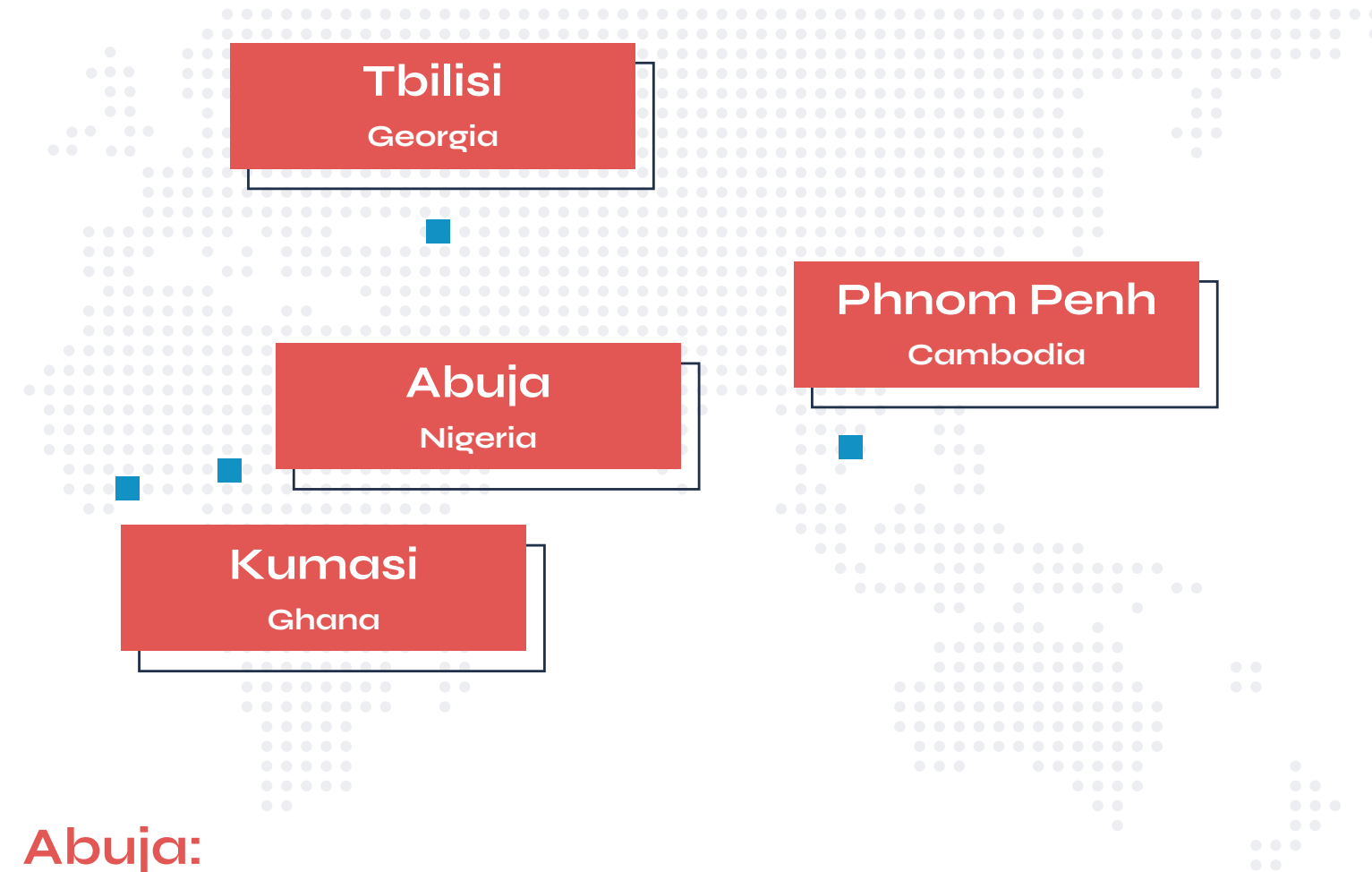


# 10

## C/Can Moments of Change:

### Bridging Local Action and National Policy for Stronger Cancer Control

**C/Can's work with cities increasingly serves as a catalyst for national cancer policy development. In several countries, the city programmes have created a platform for engaging governments in broader strategic planning efforts, demonstrating how local implementation can directly inform and influence national priorities.**



#### Abuja:

C/Can was appointed by the Nigeria State Minister of Health to participate in the IAEA-led impACT review to Nigeria. An impACT review is a joint assessment conducted by the IAEA, WHO, and IARC to evaluate a country's cancer control capacity and identify priority areas for action. The findings of this national-level review will directly inform the design of C/Can's Technical Cooperation Programme in Abuja, ensuring alignment with national cancer control priorities. This engagement highlights C/Can's unique ability to work locally with cities while maintaining strong linkages to national policy frameworks, creating a two-way connection that strengthens both levels.

#### Kumasi:

In November 2024, C/Can was invited to contribute to the formation of the Disease-Specific Subcommittee under Ghana's National NCD Steering Committee. This subcommittee is responsible for guiding disease-specific interventions and aligning them with national NCD strategies. C/Can's participation supports the integration of cancer care priorities into broader national health planning and strengthens the alignment of its city-level interventions with Ghana's policy direction. This collaboration illustrates how C/Can's work in cities like Kumasi can inform and reinforce national NCD policies, creating a reciprocal link between local implementation and national strategy.

#### Tbilisi:

A transformative step in Georgia's cancer control efforts was marked by the establishment of the National Cancer Board, led by the Minister of Health. This high-level advisory body brings together leading national experts, healthcare leaders, and international partners including C/Can, to shape and guide the country's cancer policy and strategic priorities. C/Can played a key role in the formation of the Board, which builds on the experience of the City Executive Committee (CEC) and integrates it under national leadership. The Board's mandate includes developing Georgia's National Strategy and Action Plan for oncological diseases and improving cancer registration, data quality, and surveillance systems. C/Can's participation ensures that city-level learnings from Tbilisi feed directly into national policy frameworks, strengthening the two-way connection between local implementation and national planning.

#### Phnom Penh:

C/Can actively contributed to the development of Cambodia's first National Cancer Control Plan (NCCP) by coordinating a national workshop to draft the initial framework and facilitating a technical review process in collaboration with partners from the International Cancer Control Partnership (ICCP). This engagement has been instrumental in shaping both the national strategy and the design of C/Can's Technical Cooperation Programme for Phnom Penh. It further demonstrates C/Can's ability to connect city-level implementation with national policy development, reinforcing a two-way alignment that strengthens both local action and national planning.





# C/Can Moments of Change:

## C/Can’s City Programme 2.0: Scaling Impact in Kumasi and Tbilisi

In 2024, C/Can initiated the planning of the second cycle of its city programmes in Kumasi and Tbilisi, marking a pivotal moment in scaling and deepening its impact. Building on the foundations laid during the first implementation cycle, both cities are now advancing into a new phase of technical cooperation, designed to strengthen existing gains while monitoring emerging priorities. The design of cycle 2 was based on a methodology rooted in the City Engagement Process Framework (CEPF). This scale-up approach ensures that Cycle II programmes remain anchored in local ownership, responsive to system-level needs, and aligned with national cancer control strategies.

### Tbilisi:

In Tbilisi, the Programme comprises three interconnected projects designed to strengthen the continuum of breast cancer care from early detection to high-quality treatment. The first project focuses on improving early cancer diagnosis by training primary healthcare providers and empowering civil society organisations to raise public awareness, ensuring more women present with symptoms at an early stage. The second project targets the timely and accurate diagnosis of breast cancer, streamlining referral pathways, standardising clinical breast assessments, implementing quality assurance protocols, and establishing a patient tracking system to monitor diagnostic timeliness. The third project enhances the quality of cancer treatment through multidisciplinary care, standardised education for oncology specialists, improved chemotherapy safety, and the integration of value-based decision-making into clinical and policy frameworks. Together, these projects form a comprehensive, city-wide strategy aligned with the WHO Global Breast Cancer Initiative (GBCI) to improve breast cancer outcomes in Tbilisi. Although focused on breast cancer, the programme will generate system-wide improvements that will benefit patients with other tumor types.

### Kumasi:

The four projects of Kumasi’s technical cooperation programme form a cohesive initiative to strengthen the cancer care continuum in the city, with a focus on breast cancer. The first project focuses on ensuring continuity of essential cancer services by improving the availability and maintenance of diagnostic equipment. The second project addresses delays and fragmentation in breast cancer diagnosis through improved coordination, patient navigation, and the implementation of quality standards across institutions. The third project enhances treatment quality by supporting multidisciplinary team planning, safe handling of oncology medicines, and upgrading chemotherapy infrastructure. Finally, the fourth project targets earlier presentation at diagnosis by building capacity at the primary healthcare level and expanding referral networks, with a particular focus on breast and pediatric cancers. Together, these projects aim to deliver a more timely, coordinated, and sustainable cancer care system in Kumasi.

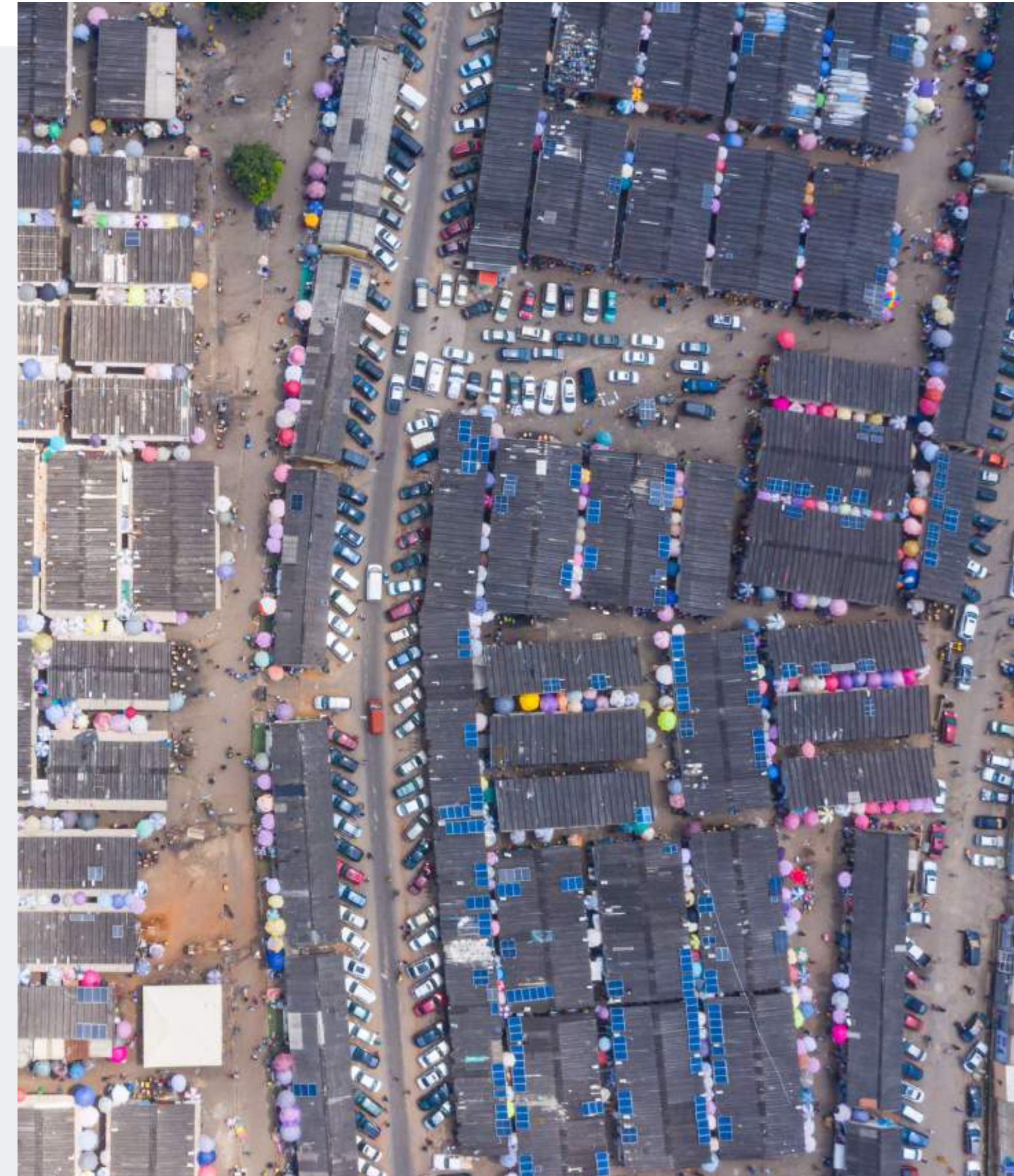




# 11

## Financials

C/Can growth started a process of consolidation on its activities, ratifying its commitment with all the cities where it is involved and performing in a stable financial position. The 2024 Statutory Financial Statements were audited by PricewaterhouseCoopers SA.





12

C/Can governance

C/Can is a dynamic non-governmental organisation led by a visionary Board of Directors, comprising 9 influential leaders who drive the strategic direction and executive decisions of the organisation. At the helm is the President of C/Can, Jörg Michael-Rupp, whose leadership shapes the organisation’s ambitious mission. With a forward-thinking board, C/Can is empowered to take bold actions that create lasting impact in cancer care worldwide.

Jörg-Michael Rupp

Roche Pharma International



Valentina Gizzi



Andrew Whitman

Baxter Healthcare, Kidney Care



Justin Abbott



Santiago Cornejo

Pan American Health Organization



Dr. Saunthari Somasundaram

Malaysian Cancer Society



Dr. Stuart Bennett

The Medical City



Nneka Mobisson

mDoc



Dr. Verna Vanderpuye

Korle-bu Teaching Hospital





# 13

## Looking ahead: C/Can in 2024 and beyond



### A letter from C/Can Chair Jörg Michael-Rupp Chair, City Cancer Challenge Foundation

Cancer remains one of the most pressing global health challenges, with profound implications for societies worldwide. The Global Burden of Disease Study highlights that cancer is the second leading cause of premature death globally, surpassed only by cardiovascular diseases. Projections indicate that by 2050, cancer will become the leading cause of death, reflecting both demographic shifts and evolving risk factor profiles.

This escalating burden is particularly pronounced in low- and middle-income countries (LMICs), where health systems often face significant resource constraints. The International Agency for Research on Cancer projects that, between 2022 and 2050, cancer cases and deaths in LMICs will increase by 77% and 90%, respectively, with low-HDI countries experiencing a threefold rise compared to more modest increases in high-HDI countries.

At City Cancer Challenge (C/Can), we recognise that these statistics, while sobering, do not dictate our future. We believe that transformative change begins at the city level, where tailored, data-driven strategies can address unique local challenges. Our city-centric approach leverages local data, expertise, and innovation to enhance early diagnosis, expedite treatment initiation, and strengthen health system efficiencies. This methodology not only bridges critical care gaps but also fosters scalable solutions adaptable to diverse urban contexts.

In the past year, we have made significant strides in measuring our outcomes and impact. By implementing robust indicators, we are now able to track and analyse our progress with precision, using data to inform decision-making and drive continuous improvement. These indicators allow us to better understand how our efforts are translating into real change on the ground, ensuring that our strategies remain relevant and effective. This data-driven approach ensures that every city in our network can see and measure its own progress, empowering local stakeholders to make informed decisions and strengthen their cancer care systems.

**Looking ahead, the next phase of C/Can's journey is one of scale. We are committed to scaling up our impact, expanding our partnerships, and building a global movement for cancer care that spans cities, regions, and countries. By strengthening our advocacy efforts and amplifying the voices of those most affected by cancer, we will continue to inspire action at all levels, from local to global. Our approach will remain rooted in data, but also driven by the belief that only through collaboration, sustained efforts, and strategic partnerships can we make the greatest strides toward universal access to high-quality cancer care.**

We call on all stakeholders—governments, healthcare providers, private sector partners, civil society organisations, and individuals—to join us in this mission. Together, we can create a future where cancer care is not a privilege for the few, but a right for all. Let us work together to ensure that no city, no community, is left behind. The time to act is now, and the opportunity to make an impact has never been greater. Together, we will build a future where everyone, everywhere, has access to the cancer care they deserve.





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## Our partners

We partner with city, regional and national organisations, professional associations, academic institutions, private sector companies, foundations, UN agencies and non-governmental organisations (NGOs). They are all linked by the common desire to support cities as they work to improve access to quality cancer care, by providing expertise, financial and/or in-kind support.

### Health Institutions

- African Cancer Regisrty Ketwork
- Asian National Cancer Centers Alliance (ANCCA)
- Institut Català d’Oncologia
- Cedap
- Ferd Hutch Cancer Center
- Hospital del Mar
- Icon Group
- Mayo Clinic
- National Cancer Center Japan
- UNA
- ORCI
- UHN Princess Margaret Cancer Center
- ORCI
- Tata Memorial Hospital
- Universidad del Valle

### Private Sector

- AstraZeneca
- AMGEN
- Innovación para la Vida en México (AMIIF)
- Alafarpe
- Astellas
- Boehringer Ingelheim
- Bristol Myers Squibb Foundation
- FIFARMA
- International Federation of Pharmaceutical Manufacturers and Associations
- Merck Sharp & Dohme - MSD
- Pfizer
- Sanofi
- Siemens Healthineers





# International Organizations

Genova Cities Hub

Geneve internationale

GIZ

International Atomic Energy Agency

International Finance Corporation

International Collaboration on Cancer Reporting

Islamic Development Bank

Republique et Canton de Geneve

The World Bank

UN Habitat

UNITAR

Union for International Cancer Control (UICC)

World Health Organization

# CSO

AFIDRO

Asociación Latinoamericana de Cuidados Paliativos

American Society of Clinical Oncology

African Palliative Care Association

American Society for Clinical Pathology

Clinton Health Access Initiative

Direct Relief

eCancer

ESTRO

Health Finance Institute

Instituto de control de governanca de cancer IGCC

Institute of Palliative Medicine / WHOCC

International Society of Nurses in Cancer Care

ECHO Institute

ProPacífico

Rad-Aid International

Sociedade Brasileira de Patologia

Qatar Cancer society



