A portrait of a woman with short, dark, curly hair, smiling warmly at the camera. She is wearing a dark blue top with a colorful, intricate paisley pattern. The background is a solid, warm yellow color. A thin blue vertical line is positioned on the left side of the image, partially behind the text.

Scaling the Global Breast Cancer Initiative

The WHO-C/Can Partnership

In May 2023, the World Health Organization (WHO) and City Cancer Challenge (C/Can) launched their partnership for the implementation of the WHO Global Breast Cancer Initiative (GBCI) Framework. By anchoring implementation in cities, the partnership has created dynamic, living hubs where this framework has become locally-driven action plans focused on achieving the GBCI target of reducing deaths from breast cancer.

The WHO-C/Can collaboration brings together WHO's global leadership and C/Can's ground-up, city-by-city implementation model, transforming standards and norms into better cancer services and improved livelihoods. This impact-oriented partnership has also drawn on the collective strengths of other UN agencies, including the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC), and for contributions by partners across sectors with support from Amgen, AstraZeneca, Bristol Myers Squibb and MSD.

The collaboration was supported by a bold and forward-looking partnership model that pushed traditional boundaries. By bringing together organisations with diverse mandates, capabilities, and perspectives, the collaboration demonstrated the immense value of cross-sector engagement in advancing equitable cancer care.

It has translated the GBCI Framework into practical, measurable improvements in Tbilisi (Georgia), Kumasi (Ghana), Cali (Colombia) and Phnom Penh (Cambodia), making early diagnosis and quality care more accessible to women where the need is greatest.

Building on the progress of **Phase I (2023–2026)**, which has already demonstrated how a city-led model can create systemic change, reaching over 80,000 women and introducing new standards of care, the partnership is now prepared to expand. These results are not only milestones in themselves but evidence of how locally anchored action can generate scalable solutions with the potential to transform breast cancer care systems across cities and countries.

Phase II (2026–2030), will scale implementation of the GBCI to 12 additional countries and 8 more cities, with the potential to reach up to 4.9 million women diagnosed with cancer.



Achieving the GBCI targets – with fewer cancer deaths and less suffering – requires new and better ways of working. WHO, C/Can and our partners are showing this is possible, taking our commitments to the community and providing governments with tools to succeed.”

Dr. André Ilbawi

Technical Lead for Cancer Control, WHO.



Our Impact so Far

Together with local stakeholders, the partnership has:

Reached **81,859** female cancer patients

Trained

150+

oncology professionals

Trained

300+

primary care providers

Engaged

60

institutions across multiple cities

Developed

4

locally-led Breast Cancer Action Plans (BCAPs)

These plans respond directly to system gaps, enabling concrete interventions and impact measurement aligned with national and global KPIs.

Held

4

Policy Dialogues with National Government Buy-In

Developed

1

Generic Breast Cancer Action Plan template

That can be used and adapted to other contexts.

Developed

1

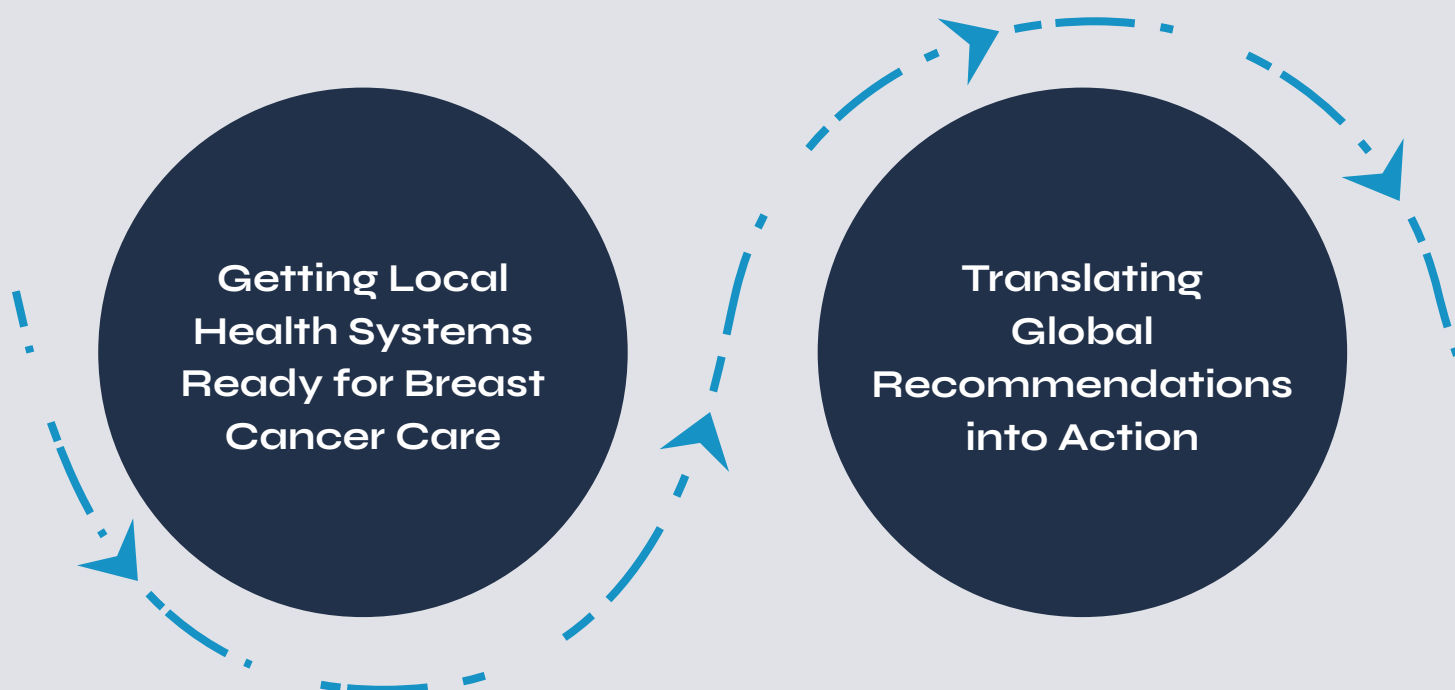
“How to” guide to implement the GBCI framework in other geographies.

Supported health system reforms in diagnostics, referral pathways, and procurement



The impact of these early achievements extend beyond the four initial cities—they offer a practical, scalable model for enhancing cancer care in LMICs. Phase I has proven that by combining WHO’s technical leadership with C/Can’s city-based implementation expertise, global frameworks like GBCI can be successfully adapted to local systems.





From Design to Delivery: GBCI Phase I to II

The Problem

In many cities, women with breast concerns face delays or gaps at every step; missed symptoms, long referrals, limited oncology access, incomplete treatment. Health systems often lack the basic functions to respond and implement GBCI recommendations.

Phase I

Laying the Foundation

GBCI Phase I helped cities identify barriers, engage stakeholders, and develop practical, locally-owned solutions to strengthen breast cancer care. Cities developed Breast Cancer Action Plans (BCAPs), defined care pathways, trained providers, and tested tools for early detection, diagnosis, and treatment coordination.

Phase II

Scaling Delivery

Building on Phase I, GBCI now moves from design to delivery. It will support cities and countries to activate these functions at scale, embedding reliable, equitable breast cancer care into public health systems.

GBCI Phase II: Strengthened Health System

Early Detection

Signs and symptoms are recognised quickly through protocols, trained Primary Health Care (PHC) providers, and decision-support tools.

Integrated Referral

Patient navigation is an institution function embedded in the patient referral system.

Timely Diagnosis

Diagnostic services are coordinated and tracked across levels of care, ensuring women move through the pathway within 60 days.

Consistent Treatment

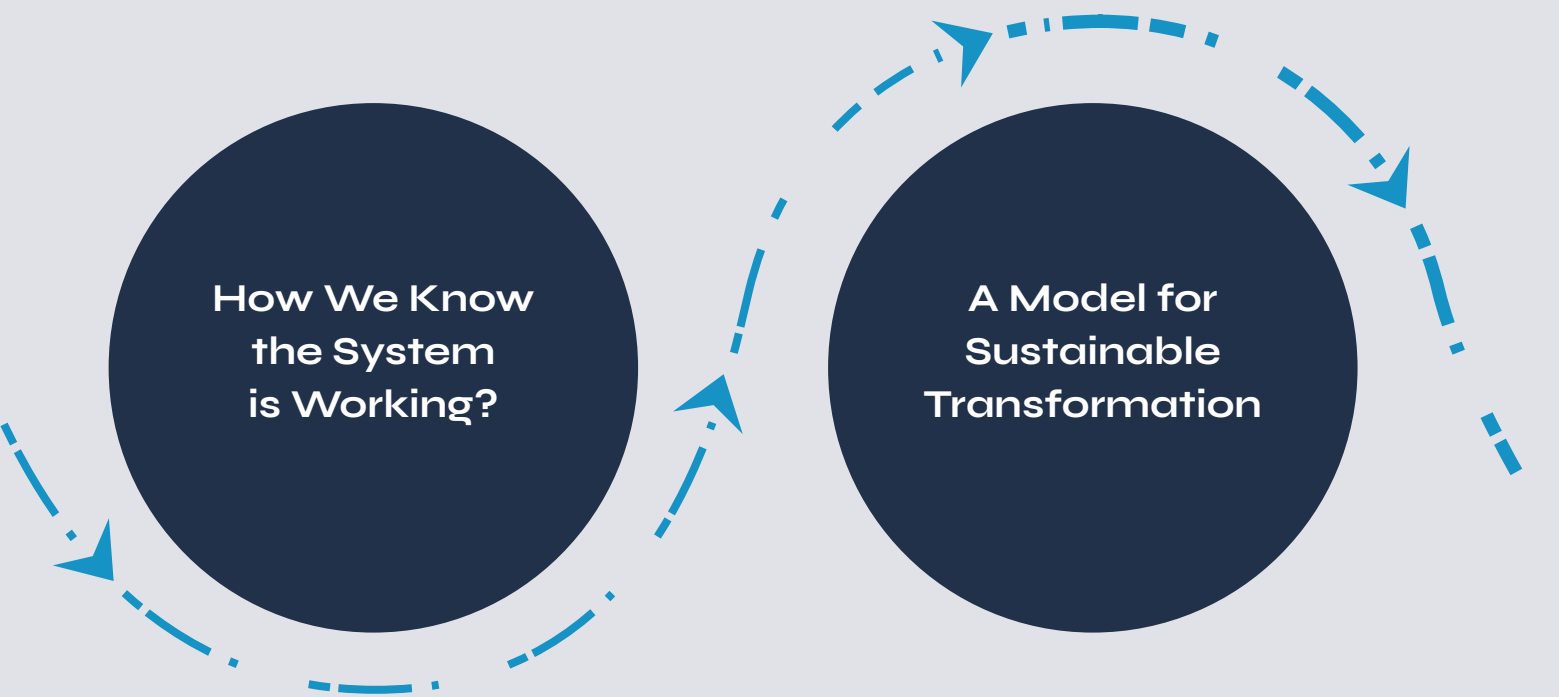
Multidisciplinary care teams follow national protocols adapted from WHO and international standards.

Data-Driven Action

Facilities use breast cancer indicators to continuously monitor, identify gaps, and improve care.

Result

A full cycle of breast cancer care from early detection, diagnosis, and treatment able to deliver safely, equitably, and at scale.



How We Know the System is Working?

A Model for Sustainable Transformation

Tracking Progress

Measure What Matters

Track early detection, timely diagnosis, treatment completion, and women's experiences.

Inform Daily Decisions

Data guides improvements in referral processes, strengthen multidisciplinary collaboration, and follow-up for at-risk women of being lost along the way.

Engagement

Doctors, nurses, programme managers, and ministries access reports, feedback, and patient stories to understand what is changing and why.

Answer the Key Question

Over time, we see if the system can deliver timely, safe, and equitable breast cancer care to every woman.

A Model for Sustainable Transformation: Institutionalisation of GBCI Phase II

Integrated Priorities

BCAP goals are embedded in national cancer plans and budgets.

Funded Roles

Navigation and multidisciplinary functions are financed through government systems.

Embedded Data

Health information tools are part of existing platforms.

Co-Ownership

Local health authorities, clinicians, and patients drive design and oversight of services improvements.

Outcome

A system capable of consistently delivering results for patients.

A model of implementation that can be reused in other geographies.

What's Next: GBCI Phase II (2026-2030)

From Planning to Impact at Scale

Building on the progress foundation of Phase I (2023-2026), the WHO-C/Can partnership will accelerate implementation, scale proven models, deepen local impact, and expand access to quality breast cancer care across 12 new countries and 8 implementation cities.

Driving Systemic Impact

Our aim is to translate global standards into locally-owned, context-appropriate models that strengthen breast cancer services and contribute to more responsive health systems overall.

By 2030, Phase II will work to improve cancer care for an estimated 4.9 million women diagnosed with cancer, including 178,000 women reached directly at city level. At national level, it will support cancer policy reforms in countries facing a female cancer burden of more than 7.3 million women. These efforts aim to drive measurable improvements in timely diagnosis, treatment completion, and quality of life for people living with breast cancer.



How It Will Be Delivered

To deliver on these goals, Phase II will deploy standardised implementation packages tailored to local contexts and needs. A robust monitoring, evaluation, and learning (MEL) framework will guide implementation, enabling real-time adaptation and ensuring accountability across all levels. By leveraging regional and subnational networks, the partnership will support more coordinated and efficient delivery of interventions. All activities will align with national cancer control strategies, ensuring long-term integration and sustainability within existing health systems.

About City Cancer Challenge (C/Can)

City Cancer Challenge (C/Can) is a global impact-driven NGO transforming cancer care in resource-limited settings by empowering cities to lead change. Through strategic partnerships and a data-driven approach, we strengthen healthcare systems, tackle local cancer care gaps, and ensure equitable access to treatment. We work in 16 cities across LMICs, supporting over 5,000 healthcare workers and reaching 67.5 million people with improved care. By driving solutions from the ground up, city by city, we create sustainable, scalable impact that builds resilient healthcare ecosystems and fosters long-term, systemic change. At C/Can, we believe the quality of cancer care shouldn't depend on where you live. Together, we're changing the future of healthcare –one city at a time..

Find out more on
our website



About the World Health Organization (WHO)

Dedicated to the well-being of all people and guided by science, the World Health Organization leads and champions global efforts to give everyone, everywhere an equal chance at a safe and healthy life. We are the UN agency for health that connects nations, partners and people on the front lines in 150+ locations – leading the world's response to health emergencies, preventing disease, addressing the root causes of health issues and expanding access to medicines and health care. Our mission is to promote health, keep the world safe and serve the vulnerable.

For more information,
visit our website



Follow WHO on:



About the WHO Global Breast Cancer Initiative

Launched in 2021, the WHO GBCI aims to reduce global breast cancer mortality by 2.5% annually, potentially saving the lives of an estimated 2.5 million women over the next 20 years.

The GBCI Framework supports governments, policymakers, programme managers, clinical champions, and multisectoral stakeholders partners through **three operational pillars**:

1. Health promotion for early detection
2. Timely diagnosis
3. Comprehensive management of breast cancer

The GBCI Framework offers resource-adaptable, sustainable strategies designed to strengthen health systems and reduce inequalities in cancer care, especially in Low- and Middle-Income Countries (LMICs). Since 2023, the World Health Organization (WHO) is partnering with City Cancer Challenge (C/Can) for the implementation of the GBCI Framework.

Join us

Our impact is only possible through the continuous engagement of local stakeholders and the support of partners. Together, we can ensure that women in all their diversities, regardless of where they live, have access to life-saving breast cancer care.

CONTACT

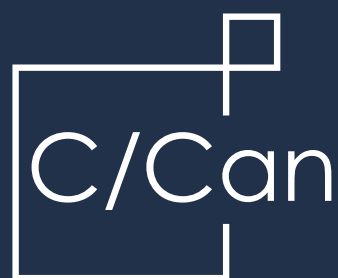
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ACKNOWLEDGMENT

The Global Breast Cancer Initiative (GBCI) Framework is advancing through a dynamic cross-sector collaboration, creating tangible impact on cancer care.

Phase I of the partnership was supported by Amgen, AstraZeneca, Bristol Myers Squibb and MSD, and benefited from the convening role of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA). This catalytic funding enabled the development and execution of multiple projects aimed at applying the GBCI Framework in real-world settings.



<https://citycancerchallenge.org/>

