

DELIVERING IMPACT

C/CAN IN KIGALI, RWANDA



FOREWORD

Since Kigali joined the City Cancer Challenge (C/Can) network in 2018, the city has demonstrated how multisectoral collaboration and strong local leadership can drive real improvements in cancer care. This partnership brought together the Ministry of Health through the Department Health Workforce Development and Rwanda Biomedical Centre (RBC), the City of Kigali, civil society, healthcare providers, and patients to take a holistic look at the city's cancer care system and identify the most urgent gaps.

This collaborative effort led to the development of locally led solutions to strengthen quality assurance, standardise operational procedures, improve diagnostic and imaging services, and enhance human resource planning. By combining rigorous data analysis with the perspectives of those delivering and receiving care, the approach ensured that solutions were practical, patient-centred, and scalable.

A key achievement of this partnership has been a collaboration with the Rwandan Ministry of Health through the Health Workforce Development Department to further the capacity of the cancer healthworkforce. Through this collaboration, doctors, nurses, and allied health professionals participated in international fellowships, clinical rotations, and short courses in oncology, breast disease management, pathology, radiotherapy. These programmes have strengthened the clinical skills and multidisciplinary teamwork of Rwandan healthcare professionals, improved patient care, and laid the foundation for expanding cancer services across the city and the country.



Through the implementation of our 4x4 strategy, the Ministry of Health has set an ambitious goal to significantly expand Rwanda's health workforce. Our collaboration with C/Can has contributed meaningfully to this objective by strengthening the capacity of the cancer care workforce. In particular, this collaboration has allowed us to adequately train the personnel needed to roll out the new brachytherapy services in Rwanda. This partnership demonstrates how targeted collaboration can accelerate workforce development while improving access to quality cancer care.

Dr. Menelas N. Keshimana

Head of Department, Health Workforce Development
Ministry of Health

Kigali became a microcosm of innovation, demonstrating that targeted, evidence-based interventions at the city level can inform national strategies and improve outcomes nationwide. The impact of this collaboration goes beyond projects and metrics: by bringing stakeholders together, we have fostered a culture of shared accountability and continuous improvement, creating a foundation for sustainable cancer care.



Kigali's experience shows that when local leadership and global expertise unite, we can transform not only systems but also lives. We have been honoured to be part of Kigali's and Rwanda's journey in setting a solid path to sustainable cancer care improvements.

Isabel Mestres

CEO, City Cancer Challenge (C/Can)

The lessons learned and the systems built will reinforce Kigali's position as a model for other cities in Rwanda and beyond. Looking forward, we remain committed to deepening research capacity, leveraging resources through C/Can's global network, and ensuring that these solutions translate into lasting benefits for patients. This partnership has proven that collaboration across sectors, grounded in local leadership, can overcome even the most complex challenges in cancer care.



Dr. Menelas N. Keshimana

Head of Department Health Workforce Development, Ministry of Health



Isabel Mestres

CEO

City Cancer Challenge (C/Can)

EXECUTIVE SUMMARY

Cancer is a growing public health challenge in Rwanda, with an estimated 7,000 new cases each year and many patients presenting at advanced stages. Limited awareness, fragmented care pathways, delays in diagnosis and treatment, and insufficient human resources have historically hindered timely and effective cancer care in the country.

Kigali has several key cancer care facilities, including the University Teaching Hospital of Kigali (CHUK), Butaro Cancer Center of Excellence, University Teaching Hospital of Butare (CHUB), King Faisal Hospital, and Rwanda Military Hospital. These facilities serve both the city and patients from other regions of Rwanda, making coordinated and efficient care essential.

Efforts to strengthen cancer care in Kigali have been driven by 345 local stakeholders across 27 institutions. To lead the C/Can process, a City Executive Committee (CEC) was formed, chaired by the Lord Mayor of Kigali and including representatives from national and local government, healthcare institutions, academia, and civil society. The CEC oversaw all key decisions related to the initiative.

To understand the city's most urgent cancer care needs, the CEC appointed a Technical Committee of local cancer specialists to conduct a comprehensive needs assessment. The assessment revealed gaps in diagnostics, pathology, imaging, medical oncology, palliative care, patient navigation, and workforce capacity. Key findings included fragmented patient pathways, delays in treatment initiation, inconsistent reporting and quality standards, and limited access to essential medicines and multidisciplinary care.

Capacity-building activities led in collaboration with the Ministry of Health have been central to Kigali's transformation. Doctors, nurses, and allied health professionals participated in international fellowships, clinical rotations, and specialised short courses in breast, cervical, and pediatric oncology, brachytherapy, pathology, imaging, and palliative care. Observerships and study visits to leading cancer centres in France, Belgium, India, Tanzania, Malawi, and Kenya enhanced technical skills, multidisciplinary collaboration, and clinical decision-making. These initiatives have strengthened the local workforce, improved clinical practices, and enabled knowledge transfer across the city's hospitals.

Early results show improved coordination across hospitals, enhanced patient support and adherence, and strengthened clinical capacity. Following national endorsement by the Ministry of Health, several of these projects, including patient navigation and workforce development initiatives, are being expanded beyond Kigali and adopted as national priorities.

Through this collaboration, Kigali has demonstrated that city-level, evidence-based interventions, grounded in local leadership and supported by capacity-building programmes, can transform systems, improve patient outcomes, and provide scalable models for the rest of Rwanda and beyond.

345

Stakeholders participated
in the C/Can process

27

Institutions
working together

6

Priority projects



ABOUT C/CAN

Cancer care should be a right, not a privilege. But for millions of people worldwide, especially in low- and middle-income countries, access to life-saving care remains unequal. C/Can is a global impact-driven not-for-profit transforming cancer care in resource-limited settings by enabling cities to lead change and ensure that where you live and who you are don't determine the quality of cancer care you receive. Our model is backed by structured systems that help track outcomes, learn from what works, and scale impact sustainably.

We work in 16 cities across LMICs, supporting more than 6,000 stakeholders, and training over 2,000 healthcare professionals, whilst reaching over 764,000 patients with improved cancer care solutions. 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.

Read on to discover how Kigali's journey with C/Can has helped to reinvigorate and transform cancer care, acting as a framework for change across Rwanda.



INTRODUCTION

City Overview and Cancer Profile

Kigali, the capital and largest city of Rwanda, is home to over 1.7 million people. As Rwanda's economic and political hub, the city has experienced rapid urbanisation, attracting a highly mobile population and rural-to-urban migrants. This dynamic population, combined with pockets of poverty in informal settlements and persistent stigma particularly affecting young girls and key populations, has direct implications for access to healthcare services.

Cancer represents a leading public health challenge in Kigali. A 2012 study by the Rwanda Biomedical Centre (RBC) estimated 937 new cancer cases in the city, with a slightly higher burden in women than men. Among men, prostate, Kaposi's sarcoma, stomach, liver cancers, and lymphomas were most common; among women, cervical, breast, stomach, liver cancers, and lymphomas predominated. While three main hospitals, Rwanda Military Hospital, King Faisal Hospital, and Kigali University Teaching Hospital, provide advanced treatment and radiotherapy, and a network of 11 clinics supports capacity-building and research, significant gaps persist in access, quality, workforce, and coordination of care.



Timeline of Engagement with C/Can

Kigali joined the City Cancer Challenge (C/Can) through the signature of a Memorandum of Understanding with the Ministry of Health in 2018 to strengthen its cancer care system through a locally-led, multisectoral approach. The first phase involved mapping 345 stakeholders across 27 institutions, covering public and private providers, civil society, academia, and government agencies.

This process led to the formation of the City Executive Committee (CEC), launched in October 2018 and chaired by the Lord Mayor of Kigali. The CEC brought together 15 leaders from health facilities, government, academia, and civil society, and was responsible for guiding governance, overseeing strategic decisions, and ensuring city-wide coordination.

A Technical Committee of 21 local cancer specialists was then convened, structured around four priority areas: Management and Quality, Core Diagnostics, Core Treatment, and Community & Patient Access. Through this framework, the initiative engaged 126 healthcare professionals and 80 patients to collect data, map the care journey, and ensure a fully inclusive, evidence-driven assessment of the city's cancer landscape.

City Governance and decision-making structure



Key Challenges Identified

The city-wide assessment of needs revealed systemic barriers across multiple areas:

- **Care Management and Workforce:** Fragmentation across services, shortage of trained staff, inefficiencies in referral systems, gaps in continuing medical education, and constrained research capacity.
- **Diagnostics and Pathology:** Constraints in laboratory infrastructure, variability in quality control, absence of external quality assurance, and standardised cancer reporting.
- **Medical Oncology:** Limited service availability, absence of locally adapted essential medicines list, and unclear referral pathways.
- **Radiotherapy:** Restricted availability of radiotherapy services within referral hospitals.
- **Palliative and Supportive Care:** Lack of a defined package of care for cancer patients and limited integration within referral pathways, resulting in gaps in continuity of care.
- **Medical Imaging:** Insufficient radiology equipment, absence of nuclear medicine services, and a lack of standardised imaging reporting.
- **Quality and Coordination:** Limited use of systematic data, absence of standardised diagnostic reporting, and constrained multidisciplinary decision-making processes.
- **Community Access:** Low level of awareness among the general population and primary healthcare providers, limiting timely access to available services.

These findings underscored the value of a city-driven, coordinated approach to strengthening access, quality, and continuity of cancer care across Kigali.

Translating Findings into Practice: Co-Designing Context-Specific Solutions

Following the city-wide needs assessment, stakeholders moved from analysis to action through the co-design of targeted, locally led solutions. A set of targeted projects was prioritised across patient navigation, medical oncology, palliative care, pathology, and imaging. Dedicated teams of local experts were convened and engaged through workshops and consultations to co-develop evidence-based, context-specific solutions.

The projects focused on:

- Standardising processes and protocols across cancer care services.
- Strengthening diagnostic and treatment capacity at both referral and district levels.
- Improving patient pathways through navigation programmes and digital platforms.
- Building workforce capacity and fostering local leadership.
- Developing frameworks to support scale-up and alignment with national systems.

The process ensured that interventions were aligned with national priorities, technically sound, and designed to strengthen the health system rather than stand-alone improvements.

Implementation and Integration: Turning Plans into Impact

- Through the City Engagement Framework, locally-led projects in Kigali delivered tangible system-level outputs, including:
- Standardised protocols and operational guidelines across pathology, imaging, and oncology services, disseminated under the leadership of the Rwanda Ministry of Health
- A patient navigation programme incorporating digital tools to support more efficient care pathways.
- Capacity-building initiatives reaching over 200 health professionals, with linkage to international centres for observerships and targeted training.

All projects have been formally handed over to the Ministry of Health through the Rwanda Biomedical Centre for continued implementation and potential scale-up, supporting sustained integration within the national health system.

The Kigali model demonstrates the value of data-driven planning, strong local ownership, and multisectoral collaboration.

COMPLETED OUTPUTS: ADVANCING CANCER CARE IN KIGALI



Human Resources Project

This project addressed gaps in the availability and capacity of qualified health professionals for cancer care in Kigali, within a broader regional context of rising cancer incidence and persistently poor cancer outcomes in Sub-Saharan Africa. In Rwanda, rapid economic growth, urbanisation, and population expansion have driven demand for timely and accurate cancer diagnosis and treatment, outpacing the growth of the specialised health workforce.

The situational analysis identified three main gaps: a limited number of trained physicians and technologists in key cancer disciplines, an opportunity to strengthen cancer awareness at the primary health care level, and the absence of structured continuing medical education and clinical research pathways to support specialist development.

In response, C/Can partnered with the Ministry of Health and formalised a collaboration in 2022 through the Health Workforce Development Department, embedding capacity development efforts within national systems. The project aligned with the Ministry's 4X4 strategy to expand the national health workforce and was implemented under the Ministry's leadership to ensure coherence within existing priorities. Key interventions included workforce preparation the provision of faculty support for the establishment of a national medical oncology fellowship programme.

Key Capacity Development Outputs

Capacity development activities, led by the Ministry of Health in collaboration with C/Can, strengthened Rwanda's cancer care workforce and institutional training systems.

- **Senology Fellowship:** The Ministry facilitated the selection of doctors for the Institut Cancérologie Strasbourg Europe (ICANS) programme in France. Fellows received theoretical and practical training in breast diseases and cancer care, covering advanced diagnostics, surgery, hormone and targeted therapies, and oncoplastic techniques. A multidisciplinary breast tumour board, endorsed and supported by the Ministry, was established for pre- and post-operative case discussions.
- **Medical Oncology Fellowships (University of Rwanda):** The Ministry coordinated the placement of three fellows for six-week rotations at Dartmouth Cancer Center (USA), Montefiore Einstein Cancer Center (USA), and Kingston General Hospital (Canada), ensuring alignment with national oncology priorities. Six visiting faculty from international centres were hosted in Kigali under the Ministry's oversight to strengthen local mentorship and specialist guidance.
- **Observerships and Scientific Exchanges:** With a technical cooperation and capacity development approach, and in collaboration with C/Can technical partners, seventeen Rwandan clinicians participated in five exchange visits to institutions in Malawi, Tanzania, India, Spain, and Kenya. Activities covered multidisciplinary teams, systemic therapy, pathology, imaging, palliative care, and patient navigation. The Ministry guided the selection of participants and ensured alignment with national workforce priorities.

Key outcomes

- Strengthened local training capacity by reinforcing and institutionalising fellowship programmes.
- Promoted sustainable knowledge transfer through mentorship, peer learning, and long-term institutional partnerships.
- Enhanced national and international collaboration to support sustainable specialist training and local programme development.



Medical Oncology Project

The project strengthened systemic anticancer therapy delivery in Kigali by establishing common standards for medication selection, facility requirements, and chemotherapy practices, supporting safer and more consistent care across institutions.

Prior to the project, chemotherapy services were not fully standardised, and referral pathways, medicines lists, and facility requirements varied across institutions. These circumstances highlighted opportunities to enhance service delivery, patient safety, and workforce support.

In response, local experts developed a city-adapted essential oncology medicines list and defined minimum operating requirements covering the preparation, storage, and administration of systemic therapy. These measures provided a common framework across hospitals and aligned practices between institutions.

Key outputs:

- Development of an essential oncology medicines list adapted to Kigali, prioritising breast, cervical, prostate, colorectal, and paediatric cancers.
- Guidelines defining minimum operating requirements for chemotherapy facilities.

Key outcomes:

- Harmonised chemotherapy practices across facilities.
- Increased availability of priority oncology medicines.
- Enhanced staff capacity to deliver systemic therapy safely.
- Ministry of Health endorsement of guidelines, establishing a framework for scaling standards to additional facilities in Kigali.



Palliative Care Project

The project strengthened access to and organisation of palliative and supportive care in Kigali by defining a city-wide care package and developing a structured plan for service expansion, ensuring more consistent and equitable support for patients with advanced cancer.

Although Rwanda has an integrated national palliative care model, the situational analysis identified opportunities to strengthen services in Kigali. Palliative care was not fully embedded in the referral system; there was no defined palliative care package of care for cancer patients, and service continuity was affected by gaps in access to medicines, limited infrastructure, and shortages in trained staff, guidelines, and clinical space. Addressing these areas presented an opportunity to ensure timely and appropriate supportive care for all patients.

In response, local experts collaborated to co-develop a comprehensive palliative care package, specifying core services to be delivered at different levels of care in the short-, medium-, and long-term. A service development strategy and action plan were also established to guide the structured expansion of services across facilities and community-based settings.

Key outputs:

- Comprehensive palliative care package for cancer patients, adapted to different levels of care.
- Palliative care service development strategy and expansion plan, ready for implementation.
- Defined roles and service expectations across the palliative care network in Kigali.

Key outcomes:

- Clear integration of palliative care into the cancer care pathway and referral system.
- Improved coordination among hospitals, hospices, and community-based providers.
- Strengthened foundation for expanding access to quality palliative and supportive care across the city.
- Enhanced staff capacity to deliver systemic therapy safely.
- Ministry of Health endorsement of guidelines, establishing a framework for scaling standards to additional facilities in Kigali.



Imaging Project

The project established a common quality framework for cancer imaging in Kigali, supporting more timely, standardised, and reliable diagnostic and staging procedures across the city's health facilities.

The situational analysis identified opportunities to strengthen diagnostic imaging services, including limited availability of appropriate equipment in referral and district hospitals, a lack of standardised reporting, and the absence of quality assurance and quality control systems. These circumstances contributed to variable turnaround times, inconsistent diagnostic quality, and limited coordination between institutions. The absence of nuclear medicine services and structured maintenance planning also highlighted areas for future development.

In response, local radiology and imaging experts collaborated to define city-wide standards and a shared vision for imaging services. The project produced a diagnostic imaging development plan to guide phased strengthening of services, alongside harmonised quality assurance guidelines and standardised reporting templates, with particular focus on breast and cervical cancer staging.

Key outputs:

- Standardised radiology reporting templates with mandatory elements for breast and cervical cancer diagnosis and staging.
- City-wide quality assurance and quality control framework for radiology services.
- Diagnostic imaging development plan outlining short-, medium-, and long-term priorities, including preparation for future nuclear medicine services.

Key outcomes:

- Shared quality framework for imaging services across institutions.
- Improved consistency in radiology reporting and diagnostic expectations.
- Strategic foundation for coordinated investment and service expansion in imaging.



This project was completed through a local technical review process in line with city-led development, and the outputs reflect locally validated technical guidance for continued implementation and scale-up.



Pathology Project

This project established the foundations for a coordinated, quality-assured pathology and laboratory medicine system in Kigali, recognising the central role of pathology in accurate cancer diagnosis, staging, treatment planning, and population-level cancer surveillance.

The situational analysis identified opportunities to strengthen pathology and laboratory medicine services across the city, including limited infrastructure for basic histopathology and clinical laboratory services, constrained availability of immunohistochemistry, challenges in the supply chain for reagents and consumables, and variations in quality control and operational procedures between laboratories. Additional areas for improvement included the absence of standardised pathology reporting, lack of external quality assurance mechanisms, limited subspecialty training for pathologists and laboratory technicians, and the need for efficient specimen transport and a laboratory information system.

In response, local pathology and laboratory medicine experts collaborated to define a city-wide strategic framework to strengthen diagnostic capacity and harmonise quality standards. The project produced a comprehensive pathology laboratory development plan, alongside core quality standards, standard operating procedures, and standardised reporting templates for priority cancers, with particular focus on breast and cervical cancer.

Key outputs:

- Pathology laboratory development plan for the City of Kigali.
- Quality control manual and standard operating procedures outlining core requirements for pathology laboratories.
- Guidelines for external quality assurance of pathology laboratories.
- Standardised pathology reporting templates with core elements for breast and cervical cancer diagnosis and staging.

Key outcomes:

- A coordinated and quality-assured network of pathology laboratories across the city.
- Improved consistency, reliability, and timeliness of cancer diagnosis.
- A strategic foundation for prioritising investments, upgrading key laboratories, and strengthening collaboration with national and international partners to expand access to high-quality pathology services in Kigali.



This project was completed through a local technical review process in line with city-led development, and the outputs reflect locally validated technical guidance for continued implementation and scale-up.





Case Study: The Patient Navigation Programme

When Kigali joined the C/Can initiative, a key challenge was the fragmentation of patient pathways for women with breast and cervical cancer. Patients often experienced delayed diagnoses, under-informed decision-making, and interruptions in treatment as they moved across Rwanda's five main cancer centres.

To begin with, C/Can supported the mapping of breast and cervical cancer patient pathways across different healthcare facilities in Kigali and provided training to nurses on patient navigation. In 2021, the Rwanda Biomedical Centre (RBC), City Cancer Challenge (C/Can), and All Medical Inc (ALLM) launched a digitally enabled patient navigation programme to address these gaps. Five trained patient navigators were deployed to CHUB, Butaro Cancer Center, CHUK, King Faisal Hospital, and Rwanda Military Hospital. The digital platform JOIN was introduced to integrate patient information across institutions, supporting multidisciplinary discussions and more coordinated care.

Patient navigators provided guidance throughout the cancer patients' journey, offering counselling, coordinating appointments, following up on test results, and explaining treatments. By linking patients, families, and clinicians, navigators reduced the risk of treatment discontinuation and empowered patients to engage actively in their care.

Results and Impact:

1,350

Patients supported ensuring timely diagnosis and continuity of treatment.



Enhanced psychosocial support for patients and families.

82 > 28 days

Reduced treatment initiation time from 82 to 28 days.



Patient Navigation designated by the Ministry of Health as a national priority, paving the way for expansion to lower-level facilities.

5 cancer centres

Strengthened coordination and communication.



The programme demonstrates how combining human-centred navigation with digital tools can transform fragmented cancer care into a more seamless, patient-focused system. Local leadership, multisector collaboration, and adaptability across hospitals were key to its success.

Read the full Kigali Patient Navigation Report [here](#).

OUR IMPACT IN KIGALI

Human Resources Project

C/Can's engagement in Kigali marked a shift from a fragmented, facility-level approach to cancer care towards a coordinated, system-wide model driven by shared priorities, common standards, and government ownership. While not all projects reached full implementation, the process fundamentally supported how cancer care is planned, governed, and strengthened in the city.

From isolated services to coordinated care pathways

Prior to C/Can's engagement, cancer services in Kigali largely operated in silos. Diagnostic services, pathology, imaging, systemic therapy, and palliative care were not optimally connected, with variations in standards, long turnaround times, and unclear referral pathways.

Through the city-wide needs assessment and multi-year technical cooperation process, stakeholders jointly designed:

- Standardised clinical and diagnostic frameworks
- City-wide service development plans
- Agreed on minimum operating standards across multiple services

From ad hoc decisions to structured planning and standards

One of the most significant outcomes of the engagement was the shift from reactive, project-by-project investments to strategic, system-level planning.

Across multiple technical areas (pathology, imaging, systemic therapy, palliative care, and workforce development), Kigali is now equipped with:

- Agreed development plans
- Standards, guidelines, and operating requirements
- Policy and regulatory reference documents
- A shared evidence base from the city-wide needs assessment

Several outputs have already been endorsed by the Ministry of Health, including:

- Chemotherapy safety and systemic therapy standards
- Essential oncology medicines list
- Workforce development collaboration under the Human Resources for Health Programme



These tools can now serve as:

- A basis for government decision-making
- A framework for donor alignment
- Guidance for future infrastructure and workforce investment.

From fragmented stakeholders to shared ownership

The C/Can process also contributed to shaping how stakeholders work together.

Over 126 professionals from 32 institutions across government, public and private hospitals, academia, and civil society were engaged in sustained technical and political dialogue. This collaboration fostered:

- A shared understanding of system gaps
- A culture of joint problem-solving
- Stronger multisectoral and inter-institutional trust

Critically, the Ministry of Health progressively assumed clear leadership and ownership of the process, integrating several outputs into national structures and partnerships.

The Kigali results demonstrate that C/Can's approach extends beyond providing reports. It supports cities in transitioning from fragmented efforts to coordinated action, developing investment-ready strategies, standards, and partnerships, and enhancing local ownership and political commitment, which are key elements for sustainability and expansion.

LEARNINGS

What worked well

- **Multi-sectoral Engagement:** provided a platform for collaboration across sectors, enabling comprehensive assessment of gaps in cancer care and the development of locally relevant solutions.
- **Localised solutions:** solutions were developed by local health professionals actively working in cancer care, ensuring context-specific, practical approaches that enhance patient impact.
- **Impact beyond cancer care:** completed outputs provide fundable solutions that strengthen the broader health system.
- **Connection to the International community:** collaboration facilitated networking opportunities with the international cancer community.

Challenges

- **Multiple priorities:** many stakeholders involved in the C/Can process are healthcare professionals with limited time for additional engagement, which sometimes slowed progress.
- **COVID-19 disruption:** the pandemic disrupted activities, requiring adapted strategies to maintain progress.
- **Change in roles and responsibilities:** staff rotation and institutional changes required repeated engagement with new stakeholders.

Opportunities

- The engagement produced bankable project plans, SOPs and quality assurance documents for fundraising and further implementation.
- Stakeholders have strengthened connections with international partners and the international cancer community for ongoing mentorship and peer learning.
- Capacity development initiatives, including training, observership trips, regional knowledge-sharing sessions, and specialisation sponsorship, contributed to a fit-for-purpose health workforce.

PARTNERSHIP AND ACKNOWLEDGEMENTS

City Cancer Challenge and the Ministry of Health extend their sincere thanks to all partners who contributed to the initiative in Kigali, supporting the strengthening of cancer care services in the city.

Financing partners: Fondation S, Icon Group, MSD, Pfizer, Roche, Sanofi, Takeda.

Technical partners: American Society of Clinical Pathology, American Society of Clinical Oncology, International Society of Nurses in Cancer Care, The Icon Group, Tata Memorial Hospital, African Palliative Care Association, Partners in Health-Malawi, Ocean Road Cancer Institute, Kenyatta National Hospital, Kenya Network of Cancer Organizations, Aga Khan University Hospital, Catalan Institute of Oncology.

Their collaboration and support have been instrumental in enabling city-led, locally owned solutions and advancing Kigali's capacity to deliver coordinated, high-quality cancer care.

CONTACT INFORMATION



Sophie Bussmann-Kemdjo

Regional Director for Africa and Europe,
City Cancer Challenge (C/Can)

bussmann@citycancerchallenge.org

+41795906522

ANNEXES

ANNEX 1

THE KIGALI CITY EXECUTIVE COMMITTEE FROM 2018-2023*

Title	Name	Position	Institution
Hon.	Pudence RUBINGISA	Former Mayor	City of Kigali
Hon.	Nadine G. UMUTONI	Former Vice Mayor/ Social Economic Affairs	City of Kigali
Mr	Abel BIZIMUNGU	Director General/ Social Development	City of Kigali
Mrs	Patricie MUKANGARAMBE	Director of Public Health & Environment Unit	City of Kigali
Mr	Bruno RANGIRA	Mayor's advisor in health	City of Kigali
Mrs	Marie-Therese KANGABIRE	Public health officer	City of Kigali
Mrs	Annette GAKWERERE	Minister's advisor	Ministry of Health
Col. Dr.	Pacifique MUGENZI	Medical Physicist	Rwanda Military Hospital
Dr.	David TURATSINZE	Clinical oncologist	Kigali Teaching University Hospital
Prof.	Martin NYUNDO	Medical Director General	Kigali Teaching University Hospital
Dr.	Angele MUSABYIMANA	Public health researcher	University of Rwanda -School of Public Health
Dr.	Francois UWINKINDI	Head of cancer division	Rwanda Biomedical Center
Dr.	Innocent NDAGIJIMANA	NCD officer	MUHIMA District Hospital
Mr	Ernestine MUKAZAYIRE	Administrator	Hospice St. Jean Paul II
Mrs	Jean-Claude MUTABAZI	Executive Director	Rwanda Children's Cancer Relief
Mr	Alphonse MBARUSHIMANA	Executive Secretary	RWANDA NCD Alliance
Mr	Gilles NDAYISABA	Director Manager	Rwanda Biomedical Center-NCDs division
Dr.	Jusper MURENZI	Clinical officer	Rwanda Social Security Board
Dr.	Thierry MUSUBAO	Director General	POLYFAM CLINIC
Mrs	Phillipa DECUIR	Founder	Breast Cancer Initiative East Africa Inc.
Dr.	Blaise UHAGAZE	Legal representative and President	Rwanda Palliative Care and Hospice Organization
Dr.	Emmanuel RUDAKEMWA	Radiologist	King Faisal Hospital

* The positions and institutions listed correspond to the time of the CEC nomination in 2018.

ANNEX 2

THE KIGALI TECHNICAL COMMITTEE FROM 2018-2023*

First Name	Second Name	Institution
Achille	Manirakiza	Rwanda Military Hospital
Dr. Concorde	Ishimwe	Muhima Hospital
Boniface	Nsengiyumva	Rwanda Military Hospital
Dr. Lisine	Tuyisime	Kigali University Teaching Hospital
Dr. Fidel	Rubagumya	Rwanda Military Hospital
Jean de Dieu	Bigirimana	Rwanda Military Hospital
Valentine	Ingabire	Rwanda National Ethic Committee
Dr. Christian	Rusangwa	Partners In Health
Samuel	Rwunganira	Rwanda Biomedical Center
Patricie	Mukagarambe	The City of Kigali
Alphonse	Mbarushimana	Rwanda NCD Alliance
Jean-Claude	Mutabazi	Rwanda Children's Care Relief
Dr. Angele	Musabyimana	University of Rwanda
Marie-Therese	Kangabire	The City of Kigali
Innocent	Ndagijimana	Muhima Hospital
Grace	Uwamahoro	Rwanda Military Hospital
Isabelle	Kamariza	Solid Africa
Dr. Francois	Uwinkindi	Rwanda Biomedical Center
Dr. David	Turatsinze	Kigali University Teaching Hospital
Dr. Emile	Karinganire	Rwanda Military Hospital
Etienne	Kayigi	Rwanda Biomedical Center
Dr. Thomas	Muyombo	Rwanda Biomedical Center
Dr. Claire	Karekezi	Rwanda Military Hospital
Dr. Aimable	Kanyamuhunga	Kigali University Teaching Hospital
Dr. Pacifique	Mugenzi	Rwanda Military Hospital
Dr. Fidens	Dusabeyezu	Kigali University Teaching Hospital
Dr. Jean Jacques	Nshizirungu	King Faisal Hospital
Ernestine	MUKAZAYIRE	Hospice Kabuga
Eric	Kabisa	Rwanda Palliative Care and Hospice Organization

ANNEX 3

LIST OF PROJECT TEAMS AND PROJECT COORDINATORS

Project	Project Coordinator	Project members
Imaging	Dr. Fidens Dusabeyezu	Dr. Jean Jacques Nshizirungu Dr. Paul Ruboneka
Quality	Dr. Cyprien Shyirambere	Regis Francois Uwizeye
Pathology	Dr. Thierry Zawadi	Dr. Emile Kalinganire Dr. Deo Ruhangaza
Medical Oncology	Dr. Theoneste Maniragaba	Dr. Claire Umubyeyi Gilbert Muhizi
Palliative Care	Eric Kabisa	Vedaste Hategekimana Peter Barebwanuwe
Patient Navigation	Dr. Theophile Dusengumuremyi	Marie Claire Bucyedusenge Emile Munyembaraga Olivier Habimana Hyacinthe Umuhoza Jovia Kakwezi

*Professions and institutions at the time of committee formation (2018-2023)



<https://citycancerchallenge.org/>

