

ANNUAL REPORT

CITY CANCER CHALLENGE FOUNDATION

2025



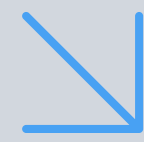
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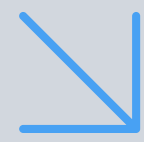
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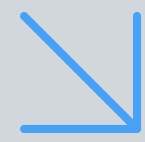
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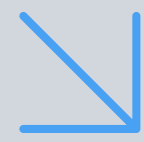
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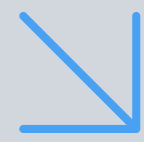
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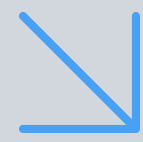
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FOREWORD



Isabel Mestres CEO, City Cancer Challenge Foundation

Cancer care remains one of the most complex and inequitable challenges in global health yet it's too often fragmented, under-financed, and disconnected from the realities of implementation. What we see clearly today is that meaningful system change depends on how effectively cancer care is organised and delivered at the city level, where services are planned, managed, and ultimately experienced by those within the system, and of course most importantly patients. C/Can was founded on the belief that strengthening these systems must be locally led, grounded in real-world constraints, and built through long-term partnerships.

In 2025, we made a deliberate shift from delivering programme outputs to supporting cities taking full ownership of long-term system improvements. We wanted to institutionalise the very delivery of system-level outcomes. This meant focusing on implementation depth, strengthening local ownership, and consolidating progress where we are already engaged. We have seen greater consistency in how our unique model is applied across cities, and more importantly, the priority interventions are now being led and maintained by local institutions. Across our network, this is translating into embedded implementation where it's now become a part of how systems operate day to day.

In Kumasi, Ghana we helped embed digital referral networks into routine care; cancer management guidelines and pathology quality standards have been approved and integrated into national health policy under the Ministry of Health in Tbilisi, Georgia; and patient navigation programmes have formally been handed over to national authorities for continued implementation and scale-up in Kigali, Rwanda.

This progress is only possible through strong collaboration with governments, technical partners, and private sector partners, who together with local institutions, ensure this vital work continues to be sustainable. As C/Can continues to evolve, we also see a growing responsibility to share what we have learned, while staying true to the principle of local ownership. The story of 2025 is one of focus, consolidation, and growing confidence in an approach that is delivering real, lasting systems level change. I am deeply grateful to all those who contribute to this shared effort. And of course, I am proud of everyone in the C/Can organisation for the commitment and tenacity for ensuring that the work we do truly delivers impact across healthcare systems. The progress described in this report belongs to all of you. Much still remains to be done but the direction is clear. The responsibility to act should continue driving us forward.



INTRODUCTION

EFFICIENCY. FOCUS. IMPACT.

In 2025, City Cancer Challenge (C/Can) took a deliberate and strategic pivot responding to a tightening global financing landscape with a renewed emphasis on driving efficiency, focus, and impact.

We concentrated our efforts on disciplined implementation and made efforts towards concentrating resources where they could deliver the greatest system-level impact, and working alongside cities to embed solutions within their own health systems. This approach reflects both a pragmatic response to external pressures and a confident evolution of our model, and one that positions sustainability, local ownership, and partnership-driven delivery at its core. By consolidating progress and strengthening the foundations laid in previous years, we are not only safeguarding impact in the short term, but also reinforcing our credibility as a trusted partner capable of delivering resilient, scalable change in complex environments.





OUR MISSION



Where you live and who you are shouldn't determine the quality of cancer care you receive.

Yet for millions of people around the world, access to timely diagnosis, treatment and support is still shaped by geography, income, gender and the strength of local health systems.

At C/Can, we believe lasting change starts from the ground up. We work alongside cities, ministries of health, healthcare professionals, patients and partners to uncover the gaps holding cancer care systems back, and to co-create solutions that strengthen them for the future.

Our city-driven approach brings together local leadership and global expertise to build resilient, locally-owned cancer care systems that deliver measurable impact where it matters most: for people living with cancer and those at risk of it. We help cities turn ambition into action, from strengthening diagnostics and treatment pathways to improving workforce capacity, governance and patient-centred care. What begins in one city can help shape progress far beyond it, with successful solutions increasingly being adapted, scaled and shared nationally, regionally and globally.

This is about more than cancer care. It is about advancing equity, strengthening health systems and creating sustainable change that lasts beyond any one programme or partnership. We know progress is possible because we see it happening across our cities every day. But meaningful change cannot happen alone. Together with our partners, supporters and cities, we are building a future where quality cancer care is not a privilege for some, but a reality for everyone, everywhere.



2025 IMPACT SNAPSHOT

SYSTEM REACH AND ADOPTION



OUR IMPACT

C/Can's work demonstrates strong reach, influence, and depth across the systems we support.

At the city level, we have reached nearly 937,000 cancer patients, while our approach has extended beyond city boundaries to influence care for an estimated 13.8 million patients at national level.

This impact is driven by deep system engagement through the training of over 3,400 healthcare professionals, embedding 15 clinical pathways and guidelines, and engaging 124 civil society organisations in shaping locally relevant solutions. Together, this reflects the growing influence of a model that drives locally owned, system-level change with lasting impact.



Population covered by strengthened cancer care systems

Number of cancer patients reached at city level (2017-2025):

937K

Number of cancer patients reached at national level (2017-2025)

13.8M

Public institutions implementing C/Can-supported solutions

Number of civil society organisations participating in Needs Assessment

124 CSOs

Workforce capacity strengthened across regions

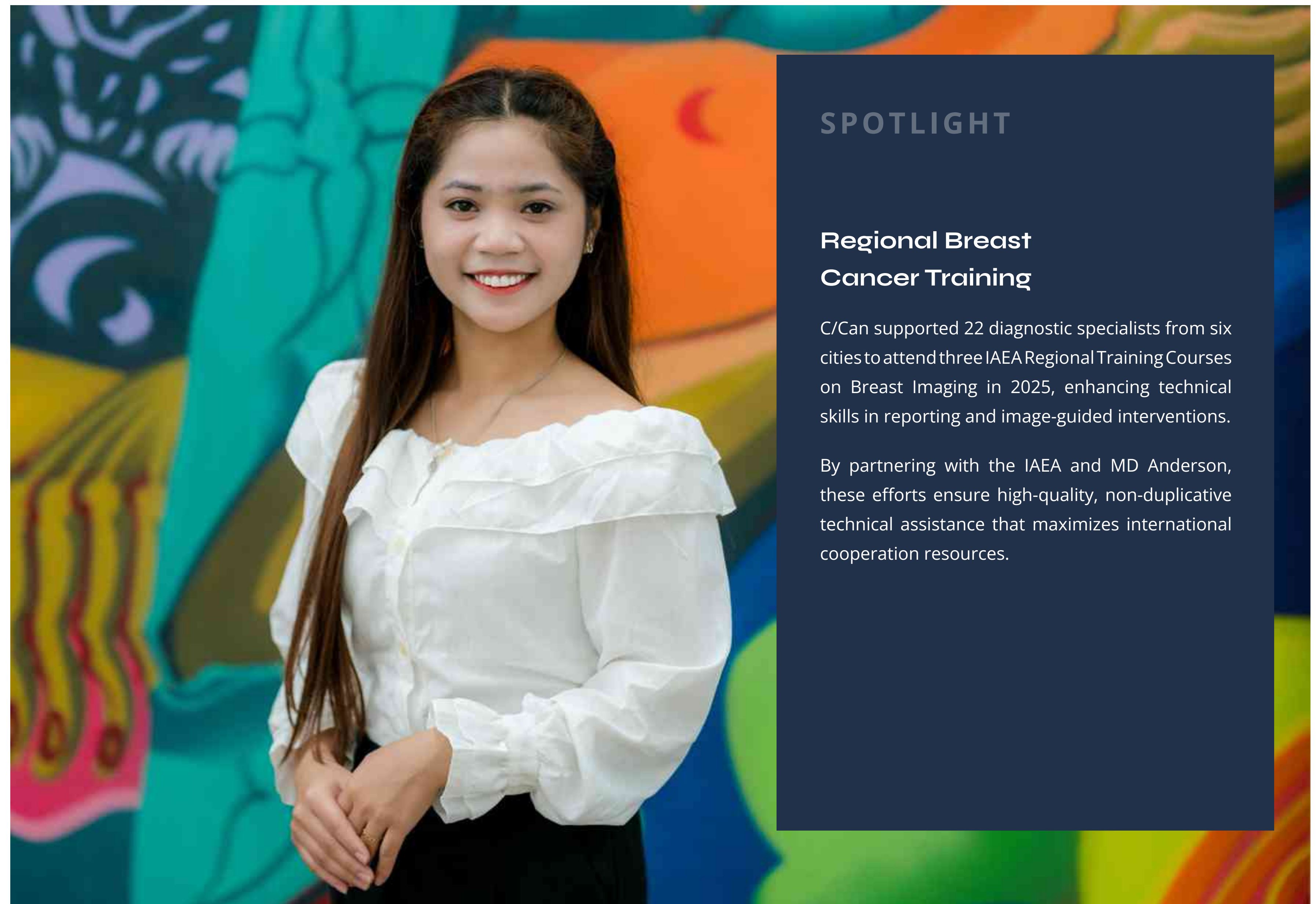
Number of HCPs trained

3,400+



Our contributions to the SDGs

3 GOOD HEALTH AND WELL-BEING 	5 GENDER EQUALITY
8 DECENT WORK AND ECONOMIC GROWTH 	10 REDUCED INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES 	17 PARTNERSHIPS FOR THE GOALS



SPOTLIGHT

Regional Breast Cancer Training

C/Can supported 22 diagnostic specialists from six cities to attend three IAEA Regional Training Courses on Breast Imaging in 2025, enhancing technical skills in reporting and image-guided interventions.

By partnering with the IAEA and MD Anderson, these efforts ensure high-quality, non-duplicative technical assistance that maximizes international cooperation resources.



WHERE WE WORK

A MATURING NETWORK

Across our network, 2025 really shows how far our cities have come from planning and designing solutions to actually delivering and owning them.

What started as ideas and pilots is now becoming part of how systems work every day, with ministries of health, local authorities, and healthcare institutions taking the lead. In cities like **Arequipa**, **León**, and **Tbilisi**, we see national adoption of tools and policies, while places like **Cali**, **Porto Alegre**, and **Kigali** are running programmes independently within their own systems. At the same time, newer cities like **Nairobi** and **Phnom Penh** are already moving quickly from planning into action. This is what a maturing network looks like as cities are not just preparing for transformative change, but making it happen and sustaining it over time.



LATIN AMERICA

LEÓN
Mexico

AREQUIPA
Peru



Scaling locally developed solutions nationally

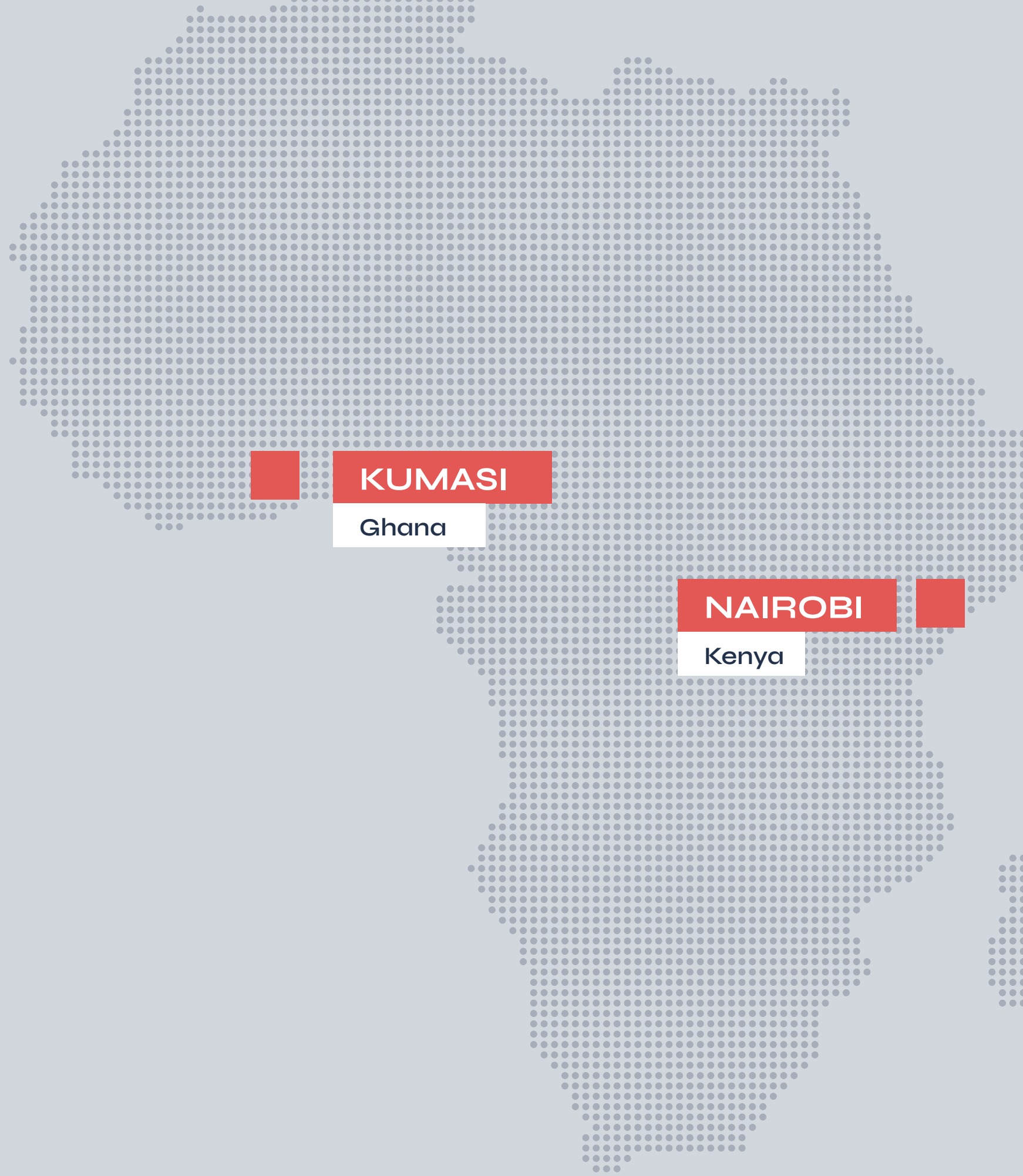
Arequipa demonstrated strong implementation maturity in 2025 by transitioning priority interventions into nationally adopted programmes. The OncoPeds mobile application developed to strengthen early diagnosis and referral pathways has now been adopted by the Ministry of Health and scaled to additional cities across Peru. This progress is reinforced by embedding a set of 14 oncology performance indicators across all Regional Government hospitals. This systemic shift is further supported by the formal incorporation of the C/Can Primary Care Oncology course into the final-year curriculum of a leading local university, ensuring that the next generation of medical professionals is equipped to sustain early detection efforts at the frontline.

Embedding data and patient-centred care systems

León reached a critical milestone by operationalising its population-based cancer registry through a formal agreement between national and local institutions. Now led by the Mexican Social Security Institute (IMSS), the registry integrates public and private data into a unified data-sharing ecosystem. In parallel, patient navigation programmes delivered across three local hospitals and five institutions in Mexico City initiatives are now managed directly by the participating healthcare facilities. This has created a sustainable model designed to improve care coordination, eliminate diagnostic barriers and accelerate time-to-treatment, ensuring that cancer care delivery is both data-driven and patient-centered.



AFRICA & EUROPE



Transitioning from planning to coordinated implementation

In 2025, Nairobi marked a significant step forward in its cancer care journey by moving from planning into structured implementation. The launch of 11 prioritised projects validated by both the Ministry of Health and Nairobi County signalled a coordinated approach to addressing critical system gaps. This progress was complemented by the integration of cross-cutting priorities, including gender-responsive care through a landmark gender-equity consultation, and targeted capacity building through regional training on breast cancer imaging and international knowledge exchange on safe handling procedures for oncology treatments. Together, these efforts reflect a city moving with pace and alignment, towards sustainable, locally led delivery.



Strengthening national influence through sustained implementation

In 2025, Kumasi launched its second cycle of technical support, building on the foundations of 20 completed outputs from its first cycle with a clear focus on deepening system integration. Beyond the city level, Kumasi has extended its influence nationally through active participation in Ghana's first National Cancer Forum, contributing to the shaping of national cancer control priorities. Ongoing regional exchanges and capacity-building efforts further position Kumasi as a hub for knowledge sharing, benchmarking of best practices and system strengthening across the Africa region.



ASIA

PHNOM PENH
Cambodia

GREATER PETALING
Malaysia



PHNOM PENH
Cambodia

Aligning city implementation with national cancer control priorities

In 2025, Phnom Penh moved into implementation with the launch of its City Cancer Care Programme, comprising 12 priority projects focused on strengthening system capacity. This was closely aligned with Cambodia's first National Cancer Control Plan (2025–2030), ensuring city-level initiatives directly support national priorities in workforce development, service quality, and multidisciplinary care. Capacity-building efforts included a Multidisciplinary Cancer Management Course with 45 participants from 10 institutions, informing national MDT guidelines, alongside pathology training reaching 31 participants from 12 institutions. The city also convened its first Global Breast Cancer Initiative (GBCI) workshop, leading to a locally driven Breast Cancer Action Plan (BCAP) demonstrating strong alignment between local implementation and national strategy.



GREATER PETALING
Malaysia

Transitioning to a catalytic model of system leadership

In 2025, Greater Petaling reached a new level of maturity reflecting strong local capacity and sustained commitment across institutions. With this shift, C/Can's role has evolved to provide more catalytic and targeted support, focusing on areas such as women's leadership in cancer care and research on public-private collaboration and oncology policy. These efforts are designed to inform national capacity development and strengthen the broader policy landscape.

Greater Petaling's experience demonstrates a system that is no longer reliant on direct implementation support, but is instead positioned to drive innovation and contribute to long-term, system-level "change, further strengthening the coordinated, city-wide cancer care ecosystem and the ability to identify and advance locally driven solutions.



WHAT CHANGED IN 2025

SYSTEM TRANSFORMATION IN PRACTICE

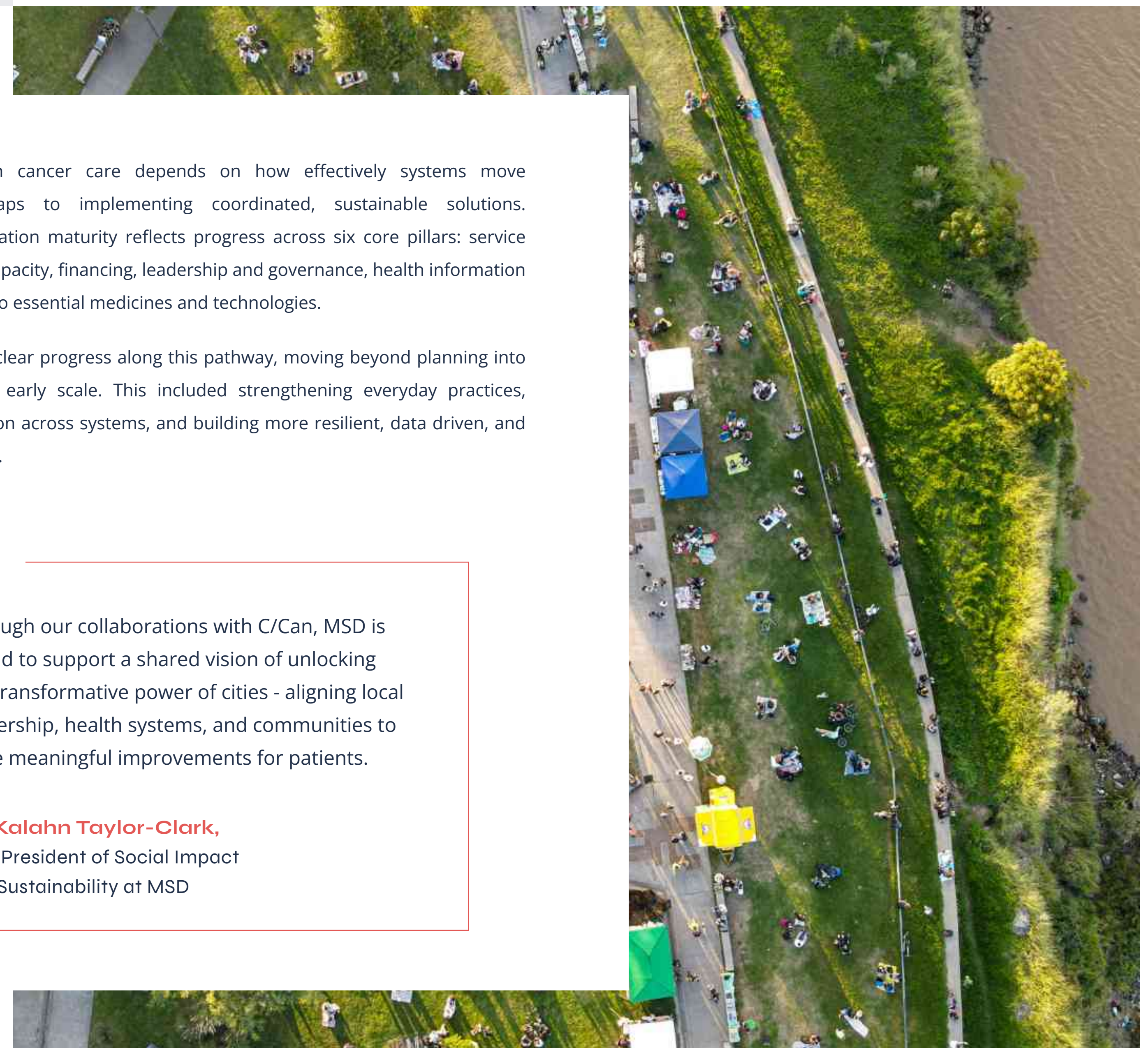
Delivering impact in cancer care depends on how effectively systems move from identifying gaps to implementing coordinated, sustainable solutions. At C/Can, implementation maturity reflects progress across six core pillars: service delivery, workforce capacity, financing, leadership and governance, health information systems, and access to essential medicines and technologies.

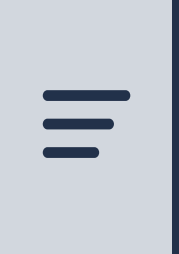
In 2025, cities made clear progress along this pathway, moving beyond planning into implementation and early scale. This included strengthening everyday practices, improving coordination across systems, and building more resilient, data driven, and equitable cancer care.



Through our collaborations with C/Can, MSD is proud to support a shared vision of unlocking the transformative power of cities - aligning local leadership, health systems, and communities to drive meaningful improvements for patients.

Dr. Kalahn Taylor-Clark,
Vice President of Social Impact and Sustainability at MSD





HEALTH SERVICE

DELIVERY

Area of Action

We provide technical expertise which supports the planning, design and implementation of quality assured and standardised cancer care solutions.

2025 City highlights



Phnom Penh

Delivered an ASCO-supported Multidisciplinary Cancer Management Course (MCMC) reaching 45 healthcare professionals across 10 institutions, strengthening the implementation of MDTs as a standard of care. All participants (100%) reported intent to change clinical practice, with 58% demonstrating improved knowledge and skills across core competencies, reinforcing more coordinated, patient-centred cancer care delivery across the city.

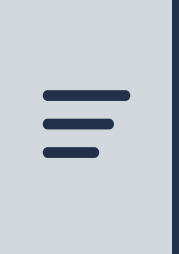
Multi-city (Global Pathology Review)

C/Can undertook a comprehensive global review of pathology-related projects and outputs across its city network, engaging a panel of international experts, local specialists, and partners to assess what has worked, what has not, and where the greatest impact can be achieved. Through the review of 96 pathology outputs across multiple cities, the initiative identified priority, high-impact solutions such as standardised reporting, quality management systems, laboratory development planning, and workforce training, while highlighting key implementation challenges related to resources, technology integration, and stakeholder engagement. This process is now directly informing the next cycle of technical cooperation, ensuring that support is more targeted, scalable, and focused on interventions that deliver measurable improvements in diagnostic quality, system coordination, and patient outcomes. By embedding these learnings, C/Can is strengthening its ability to drive sustainable, system-level improvements in pathology and clinical laboratory services across cities.



This collaboration with international experts helps us structure how we work together and establish clear and effective MDT protocols.

Dr Thou Sarameth
MDT Coordinator, Calmette Hospital, Phnom Penh



HEALTH SERVICE DELIVERY

Spotlight



Readiness for Access to Breast Cancer Medicines Project (Asunción, Paraguay)

Transforming access to timely diagnosis and life-saving treatment through system-wide cancer care strengthening.

Background

Breast cancer is the leading cause of cancer-related death among women in Paraguay, with over 2,000 new cases and 600 deaths annually. Prior to 2022, public cancer services were constrained by chronic medicine stockouts, weeks-long diagnostic delays, fragmented data systems, and limited infrastructure, creating significant barriers to timely and equitable care.



HEALTH SERVICE DELIVERY

Project Overview

From 2022 to 2025, C/Can partnered with the Ministry of Health and five major public institutions covering ~80% of breast cancer patients to deliver a comprehensive system-strengthening initiative.

The project combined:

- Access to essential medicines (including trastuzumab)
- Investments in pathology, pharmacy, and digital systems
- Workforce training and governance improvements

Reaching 40+ healthcare professionals through focus groups and 7+ system leaders through interviews, the initiative used real-world insights to drive measurable system change

Activities and outcomes

1. **Strengthening pathology systems and turnaround time**

Facilities moved from weeks to days for biopsy results. SIGAP improved pre-analytic labeling, timestamps, and tracking, while equipment, reagents, and protocols stabilized workflows. Staff described a shift from backlog and tension to timely reporting, better coordination with oncology, and renewed professional pride. A recurring MSC theme was relief and reduced anxiety when patients received results within days rather than weeks.

2. **Improved cytotoxic medication preparation and efficiency**

Upgrades to the Unidades Centrales de Preparación de Citostáticos (UCPCs), improved ventilation and electricity, updated SOPs, and targeted training increased preparation capacity and safety. Additional pharmacist coverage and clearer scheduling reduced delays. MSC stories highlighted shorter waits, safer working conditions, and stronger teamwork between pharmacy and oncology.

3. **Strengthened care coordination through digital information systems**

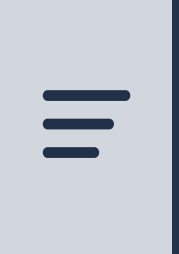
SIGAP became the backbone for pathology traceability. OncoSoft created the technical basis for facility indicators such as HER2 testing and treatment initiation, though clinician use remained limited due to infrastructure issues, access constraints, and weak demand for metrics. MSC stories emphasized the practical value of knowing where patients and medicines are in the system, alongside frustration that dashboards were not consistently used to guide decisions.

4. **Improved access to trastuzumab**

Donations supported by project coordination enabled more consistent HER2 treatment in public hospitals. At the same time, mismatched dosing, short expiration windows, and multi-step approvals limited the full benefit. MSC narratives captured the life-changing impact for patients who completed their courses of therapy, and the frustration of frontline staff when doses were delayed or wasted due to local logistical inefficiencies.

5. **Improved local governance and financing of critical services**

Channeling resources through FUNCA allowed timely procurement, small renovations, and temporary staffing that kept services running and reduced backlogs. The experience also revealed limits to sustainability without full Ministry integration. MSC stories underscored the power of catalytic support to show what is possible, and the risk that improvements fade if not absorbed into public budgets and norms.



HEALTH SERVICE DELIVERY

Looking to the future

The Readiness Programme has shown that targeted, catalytic investments can unlock rapid, system-wide improvements in cancer care delivery.

- Sustaining and scaling this impact will require: Embedding diagnostic and treatment standards into national policy
- Securing long-term financing for workforce and infrastructure
- Scaling digital tools like SIGAP into the national health system
- Addressing patient-level barriers such as transport, nutrition, and psychosocial support

With these next steps, Paraguay has a clear pathway to move from pilot success to sustained, equitable access to high-quality cancer care at national scale.



Before the project, mapping and documenting the journey of a sample through the pre-analytical, analytical, and post-analytical stages didn't exist. The project helped us identify strengths, weaknesses, and opportunities for improvement, and led to renovations, new equipment, and the implementation of a laboratory information system, a dream come true for our team, made possible through C/Can's support.

Dra Cinthia Sosa
Pathologist National Cancer Institute



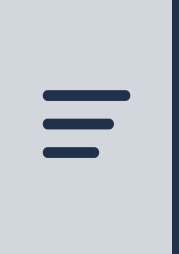
Through the Readiness Programme, we've seen how partnership and system strengthening can create real, measurable change for people living with cancer. This collaboration in Asunción shows what's possible when access to medicines is matched by investment in training, technology, and infrastructure, a model we hope to replicate in other regions.

Dr Ponda Motsepe-Ditsego
Vice President, Head of Global Public Health, Amgen.



For Direct Relief, this was an inspiring challenge. Drawing on our years of experience as a humanitarian aid organisation that works globally to expand access to medicines and healthcare, it was an honour to work on this important project alongside City Cancer Challenge, Amgen, and the Ministry of Health of Paraguay.

Dr Juan Carlos Alvarenga
Direct Relief



HEALTH WORKFORCE

CAPACITY

Area of Action

Through capacity development of the cancer workforce, we are strengthening the skills, instincts, abilities, processes and resources that cities need to deliver quality cancer diagnosis, treatment and care.



Closing the global healthcare workforce gap requires more than technology, it takes genuine partnership, local commitment, and the willingness to invest in people for the long term. Our collaboration with C/Can is built on exactly that. These are not one-off interventions, they are foundations for health systems that can sustain their own progress. Sustainable impact starts from the ground up, and collaboration like this one is how we get there.

Tisha Boatman
Executive Vice President, External Affairs and Healthcare Access - Siemens Healthineers

2025 City Highlights

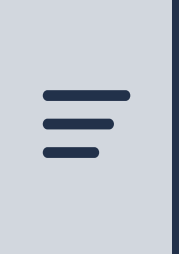
Multi-city (IAEA partnership)

Strengthened breast cancer diagnostic capacity by supporting 22 diagnostic specialists across 6 cities to participate in 3 regional training courses on breast imaging. The initiative built skills in mammography, reporting, and image-guided interventions, with participants from cities including Nairobi (10), Kumasi (6), and Rosario, Cali, Arequipa, and Concepción (6) advancing standardised, evidence-based diagnostics at population level.

Kumasi

Enhanced oncology workforce capacity through a targeted international scientific exchange for up to 5 oncology pharmacists, focused on safe handling of cancer medicines. The programme equips participants to develop and implement institutional safety protocols across 3 key treatment centres, embedding a culture of quality, improving patient and staff safety, and enabling long-term system-wide adoption of best practices in chemotherapy preparation and delivery.





HEALTH WORKFORCE CAPACITY

Spotlight



Phnom Penh Cancer Care Project Portfolio & Implementation Science Initiative

Background

Phnom Penh faces growing cancer care demands, with systemic gaps in workforce specialisation, multidisciplinary coordination, and access to key services such as radiotherapy and psychosocial support. Since joining C/Can in 2022, the city has undertaken a comprehensive effort to strengthen its cancer care system through locally driven solutions.

Project Overview

Through an inclusive, data-driven process:

- 80+ health professionals and stakeholders were engaged across public and private sectors
- Data was collected across all major cancer care institutions in March 2024
- 12 city-led cancer care projects were co-developed and validated by early 2025

Complementing this, a 3-day implementation science workshop (April 2025) brought together 30 participants, including government officials, clinicians, and academics, to embed evidence-based approaches into project delivery.

Activities and outcomes

1. City-wide, locally owned cancer care strategy

- 12 projects developed and validated, spanning diagnosis, treatment, palliative care, and system coordination
- Solutions grounded in local data, ensuring relevance and sustainability

2. Strengthened workforce and multidisciplinary care capacity

- Engagement of 80+ professionals to co-design solutions
- Development of MDT guidelines and training plans to standardise team-based cancer care

3. Embedded implementation science for sustainable impact

- 30 participants trained in implementation science, health economics, and research methods
- Hands-on application using real cancer care case studies to strengthen project design and delivery

4. Improved system coordination and service planning

- Identification of critical gaps in radiotherapy access, laboratory specialization, and referral systems
- Development of structured plans to optimise patient flow and service delivery

5. Strengthened patient-centred care approaches

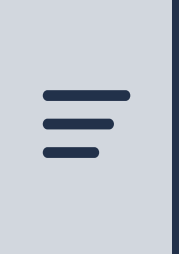
- Plans to establish patient and survivor support networks
- Greater focus on psychosocial care and equitable access across the care pathway

Looking to the future

Phnom Penh is now positioned as a model for city-led cancer system transformation, combining:

- Local leadership and ownership
- Evidence-based implementation
- Cross-sector collaboration

The next phase will focus on implementing and scaling the 12 projects, strengthening workforce specialisation, and ensuring that implementation science continues to guide measurable, sustainable impact—both in Cambodia and as a replicable model for other cities globally.



HEALTH

FINANCING

Area of Action

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



Our partnership with C/Can is grounded in a shared belief: by aligning public and private sector priorities and leveraging data-driven insights, we can demonstrate the true value of health investments. Together, we are building the scalable capabilities needed to drive sustainable impact for patients.

Michael Oberreiter
Head of External Affairs, International, Roche

2025 City Highlights

Kumasi

We were able to strengthen diagnostic workforce capacity through investment in imaging infrastructure and service planning at 3 key institutions (KATH, HopeXchange, KNUST), enabling expanded access to breast imaging services. Current capacity includes 5 radiologists, 26 radiographers, and 1 sonographer, supporting delivery of up to 15,000 ultrasounds annually, with new equipment expected to centralise ~80% of breast ultrasound services and increase efficiency. The model demonstrates financial sustainability, with projected annual revenues of up to US\$224,900, exceeding operational costs and enabling reinvestment in service quality and workforce development.

Multi-city (OOP expenditure initiative)

Strengthened local research capacity through a standardised out-of-pocket (OOP) expenditure data collection tool and protocol, validated by experts across eight countries. Implementation is underway in Arequipa, Nairobi, and Phnom Penh, with early findings already informing policy discussions in Guanajuato, Mexico to support more equitable financing.

Greater Petaling

Strengthened national-level capacity for strategic planning through collaboration with the Ministry of Health to assess public-private partnerships (PPPs) in cancer care. The initiative reviewed existing and potential service models and developed evidence-based recommendations to improve access, efficiency, and coordination of cancer services across the health system.

HEALTH FINANCING**Spotlight****Strengthening Private Health Insurance (PHI) Coverage for Cancer Care in Malaysia****Background**

In Malaysia, gaps in private health insurance (PHI) coverage for cancer care (particularly for breast and colorectal cancers) have contributed to financial barriers and out-of-pocket burden for patients, limiting timely access to diagnosis and treatment. A 2023 assessment highlighted inconsistencies and limitations in existing PHI products, underscoring the need for more comprehensive and coordinated coverage aligned with public health services.

Project Overview

Building on the 2023 assessment, C/Can collaborated with national stakeholders to strengthen the evidence base and define actionable solutions:

- Conducted a targeted review of PHI coverage for breast and colorectal cancers
- Engaged multi-stakeholder inputs through consultations to validate findings and priorities
- Developed a set of policy and market recommendations, including the design of a sample PHI product to improve coverage while complementing public provision

HEALTH FINANCING**Activities and outcomes****1. Evidence-driven identification of coverage gaps**

- Systematic review of PHI offerings highlighted key gaps in treatment, diagnostics, and continuity of care coverage
- Built a shared understanding among stakeholders of where financial protection is weakest

2. Multi-stakeholder engagement to shape solutions

- Convened stakeholders across public, private, and insurance sectors to align on priorities
- Generated consensus on practical approaches to strengthen cancer coverage

3. Development of actionable policy and market tools

- Produced a comprehensive report with recommendations to improve PHI coverage
- Designed a sample PHI product model to demonstrate how effective, complementary coverage can be structured

4. Strengthening system-level capacity for financing reform

- Equipped decision-makers with data, tools, and frameworks to inform policy and insurance innovation
- Positioned PHI as a complementary mechanism to public health systems, improving overall access to care

Looking to the future

With the final report completed and ready for dissemination, Malaysia is well-positioned to:

- Advance policy dialogue and reform on cancer financing
- Pilot or adopt improved PHI models that reduce financial barriers for patients
- Strengthen alignment between public and private systems to ensure more comprehensive, equitable cancer care coverage

This initiative provides a replicable model for other countries seeking to address financial toxicity and expand access through smarter health financing solutions.



When patients exhaust their insurance claims and can no longer continue treatments in the private sector, they face additional financial and care challenges. This includes paying higher fees compared to standard public rates due to the transition from private to public hospitals. They may also need to adjust their treatment plans based on what is provided in public hospitals, as more expensive, innovative treatments are often unavailable.”

Dr Ainol Haniza

Thematic Area Lead for the Health Financing and Affordability Project in Greater Petaling.

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.



Too often, the barriers women face in accessing cancer care remain invisible, because no one has stopped to listen. What this initiative has done across Tbilisi, León, and Nairobi is make the invisible, visible: using a true participatory process to translate lived experience into concrete, locally owned blueprints for change. At Lilly, we believe that meaningful progress in global health starts with listening to those most affected. Supporting C/Can and Global Focus on Cancer contributes to turning that belief into action.

Mariana Benavides

Global Health Initiatives, Director, Social Impact, Eli Lilly & Company

2025 City Highlights

Cross City: Leadership Programme for Women in Oncology (LPWO)

The City Cancer Challenge (C/Can) and the American Society of Clinical Oncology (ASCO) launched in Abuja the second edition of the Leadership Programme for Women in Oncology (LPWO). This transformative initiative is strengthening the capacity of mid-career women oncologists from C/Can cities to drive impactful change in cancer care. The nine selected leaders are coming from Abuja, Arequipa, Concepción, Kumasi, León, Nairobi, Phnom Penh, Rosario and Tbilisi. Following the launch of the second edition, the selected leaders have participated in virtual leadership learning sessions throughout the year.

The LPWO programme is an integral component to C/Can's Gender Strategy: Cities taking Action for Gender Equity in Cancer Care, that aims to integrate a gender-responsive health systems approach across 15 cities.

The programme's mission aligns with the Lancet Commission on Women & Cancer (LCWC) recommendation to advocate for gender-centric structural changes that improve equitable cancer care and foster pathways that strengthen women's leadership within cancer care ecosystems in LMICs.

By empowering women in oncology, the LPWO strives to create a more inclusive and innovative approach to cancer treatment and care, ultimately benefiting global health outcomes.

Tbilisi, León & Nairobi (Gender Equity Initiative)

Advanced gender-responsive leadership and governance through structured consultations across 3 cities, engaging 110+ stakeholders (20 in Tbilisi, 37 in León, 55 in Nairobi) across government, clinical leadership, civil society, and patient groups. These consultations translated lived experiences and system-level analysis into city-specific policy blueprints, addressing critical gaps in workforce equity, psychosocial support, service access, and data systems.

Key governance shifts include:

- Elevating gender as a system-wide priority within cancer control strategies
- Embedding gender-responsive workforce policies, including leadership pathways for women and improved working conditions
- Strengthening multidisciplinary decision-making and service coordination through more inclusive governance structures
- Driving demand for sex- and gender-disaggregated data to inform policy and planning

These blueprints will guide implementation in cities representing ~3.8 million women, while informing national policy dialogue and global learning, positioning gender equity as a practical, actionable pillar of cancer system governance.

**2025 City Highlights****Latin America (Palliative Care Programme)**

Strengthened system governance and integration through the development of a standardised palliative care training manual, designed for primary healthcare providers and aligned with city-identified priorities in Asunción and Cali. The resource supports the implementation of a tiered care model (primary, generalist, and specialist levels), reinforcing referral and counter-referral systems, multidisciplinary coordination, and continuity of care across the patient pathway.

By equipping frontline providers with practical guidance on symptom management, communication, and holistic patient assessment, the initiative is enabling stronger alignment between policy, service delivery, and workforce capacity, while supporting countries to integrate palliative care more effectively into national cancer control strategies.

Phnom Penh (Global Breast Cancer Initiative)

Strengthened national and city-level governance through a C/Can–WHO Global Breast Cancer Initiative (GBCI) workshop, convening multi-sector stakeholders across government, clinical, and international partners to co-develop a context-specific Breast Cancer Action Plan (BCAP). The workshop enabled structured, data-driven prioritisation of system gaps and interventions across the care continuum—laying the foundation for coordinated policy action, improved service planning, and scalable, locally led implementation of breast cancer control strategies.

LEADERSHIP AND GOVERNANCE**Spotlight****Abuja City Programme –
A blueprint for evidence-based,
city-led system transformation****Background**

Like many rapidly growing cities, Abuja faces increasing cancer burden alongside constrained resources. Fragmented services, gaps in diagnostics and treatment, and limited coordination across institutions highlighted the need for a system-wide, evidence-based approach to priority setting and programme design—ensuring that investments deliver the greatest possible impact for patients.

Project Overview

Over 12 months, Abuja implemented a comprehensive, city-led programme design process, grounded in global best practices and aligned with WHO principles of evidence-informed, participatory, transparent, and equity-driven decision-making.

Key elements included:

- A mixed-methods needs assessment combining ~1,200 data points with stakeholder insights
- Engagement of 66 healthcare professionals across 13 institutions, alongside 16 civil society organisations and 542 patients
- Development and assessment of 106 proposed solutions across system, institutional, and frontline levels
- A structured modified Delphi prioritisation process to identify the most impactful and feasible interventions

This resulted in a phased 10-year City Programme, endorsed by the City Executive Committee, with 9 priority projects identified for implementation in the first 2-year cycle.



Too often, the barriers women face in accessing cancer care remain invisible, because no one has stopped to listen. People with lived experience of cancer reveal what data alone cannot: fear of delayed diagnosis and care, stigma that goes unaddressed, abandonment, the moments where the system fails.

What we witnessed in Tbilisi, León, and Nairobi in 2025 was something different: over 110 people, from patients and clinicians to community leaders and policy makers, sitting together to name the gaps that shape women's experience in cancer care, and to turn these conversations into concrete plans for change. That is how gender equity starts becoming real.

Carolyn Taylor

Executive Director of Global Focus on Cancer

LEADERSHIP AND GOVERNANCE

Activities and outcomes

1. Data-driven, participatory priority setting

- Combined ~1,200 data points with multi-stakeholder input to identify system gaps
- Achieved 85% participation in round one and 91% in round two of prioritisation
- Ensured decisions were transparent, traceable, and locally owned

2. Structured and scalable programme design

- Evaluated 36 high-priority solutions using a modified Delphi method based on impact and feasibility
- Consolidated into a 10-year roadmap, delivered through 2-year technical cooperation cycles
- Defined 9 priority projects for immediate implementation

3. Systems-level approach to cancer care transformation

- Identified key pillars including governance, workforce, diagnostics, quality of care, and patient empowerment
- Applied systems analysis to map interdependencies and sequencing of interventions
- Established a project-based delivery model, linking diagnostics, treatment, and coordination into a unified care model

4. Strong local ownership and leadership alignment

- Engaged stakeholders across public, private, and community sectors, ensuring broad representation
- Enabled city leadership to drive decision-making, supported by technical expertise
- Produced a locally owned, evidence-based programme aligned with national and global priorities
- Launched second cohort of Leadership programme for Women in Oncology (LPWO) supporting mid-career women oncologists from C/Can cities to lead transformative change in cancer care

Looking to the future

With endorsement secured, Abuja is now moving into implementation of its first 2-year cycle, focusing on high-impact, feasible interventions that strengthen foundational system functions.

The programme's phased, adaptive design ensures it can evolve with emerging data and changing needs, while maintaining long-term strategic direction.

As a result, Abuja is strengthening its own cancer care system and establishing a replicable model for priority setting, governance, and city-led health system transformation across LMICs.



The Abuja C/Can process showed what true collaboration looks like, with clinicians, policymakers, CSOs and patients aligning around shared priorities. It's a model for how cities can design cancer care systems that are both patient-centered and sustainable.

Dr Oiza Tessa Ahmadu

Technical Committee Lead, Core Treatment.

HEALTH INFORMATION

SYSTEMS

Area of Action

We work with cities to develop tools and guidance, including digital, to enhance the availability, quality and sharing of data and insights, and to strengthen cancer surveillance.



Multi-city (Cancer Registration & Data Systems)

Strengthened health information systems across C/Can cities through a comprehensive approach to cancer data availability, quality, and use. Technical support focused on:

- › Improving data standardisation, interoperability, and quality at hospital and registry level
- › Supporting the development of sustainable population-based cancer registries
- › Building local capacity through expert missions, scientific visits, and training programmes

These efforts are enabling cities to generate reliable, actionable cancer data, supporting both clinical decision-making and long-term cancer control planning, while laying the foundation for integrated, city-wide data ecosystems.

Greater Petaling (Malaysia)

Advanced cancer care quality measurement through the introduction of 22 Quality Cancer Care Indicators (QCCIs) and a multi-stakeholder workshop (24+ participants) to align on implementation. The initiative is driving integration of key indicators—such as timeliness of diagnosis and treatment and MDT coordination—into national systems and EMRs, strengthening Malaysia’s ability to measure and benchmark care, improve service coordination and accountability, and ultimately enhance patient outcomes and quality of care at scale.

HEALTH INFORMATION SYSTEMS**Spotlight****Integrated Platform for Needs Assessment (IPNA) Development and Enhancement****Activities and outcomes**

Activities and outcomes

1. Strengthened data quality and standardisation

- Standardised NAQs across cities, ensuring consistent, comparable data collection
- Enabled integration of structured and unstructured data, improving depth of analysis

2. Enhanced system security and accessibility

- Implemented centralised identity and access management (Keycloak)
- Strengthened public API, enabling secure and flexible data sharing across systems

3. Advanced data visualisation and decision-making tools

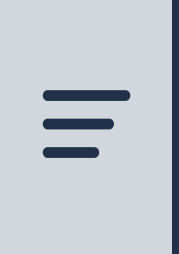
- Integrated Superset dashboards to support real-time data analysis and reporting
- Improved ability for cities to translate data into actionable insights

4. Scalable platform for global use

- Demonstrated reliability across multiple cities, supporting consistent, high-quality data generation
- Enabled integration with external health systems, research initiatives, and business intelligence platforms

Background

Effective cancer control depends on reliable, high-quality data to identify system gaps and guide decision-making. Historically, fragmented data collection processes limited the ability of cities to generate consistent insights across the cancer care continuum. To address this, C/Can developed the Integrated Platform for Needs Assessment (IPNA) as a digital solution to standardise and strengthen data collection and analysis.



Looking to the future

IPNA is now positioned as a core digital infrastructure within C/Can’s model, enabling cities to move from data collection to data-driven action.

Future priorities include:

- Expanding functionality for equipment and service-level data tracking
- Enhancing user experience and interoperability with national systems
- Leveraging the platform to support research, policy development, and cross-city learning

As IPNA continues to evolve, it will play a critical role in strengthening cancer data ecosystems, supporting more responsive, equitable, and evidence-based cancer care systems worldwide.

Project Overview

Between December 2024 and December 2025, C/Can advanced IPNA from a validated prototype into a mature, scalable system, supported by a €15,000 investment.

The project delivered 5 core outputs, including:

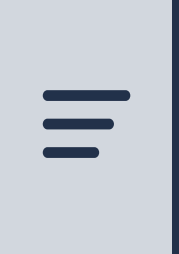
- Integration of unstructured data collection capabilities
- Enhanced user support, registration, and security systems
- Standardisation of Needs Assessment Questionnaires (NAQs)
- Deployment of data visualisation tools and dashboards
- Overall system management and platform enhancement

All planned outputs were successfully completed, positioning IPNA as a central tool for city engagement and evidence-based planning.



The Needs Assessment, carried out through City Cancer Challenge with broad participation from government and health institutions, civil society organisations, and patients, provides a fundamental basis for public policy aimed at designing, developing, and strengthening strategies and actions that enhance the oncology response in the region; taking a comprehensive approach that includes health promotion, prevention, early detection, and access to treatment.

Javiera Ceballos Aedo
Regional Secretary of Health (S)
and Chair of the City Executive Committee.



ACCESS TO MEDICINES

AND TECHNOLOGY

Area of Action

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

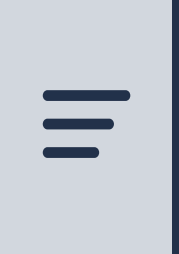
2025 City highlights

Kumasi: Strengthening continuity of cancer care through improved medical equipment functionality and maintenance

Strengthened service delivery and system reliability through a multi-institutional assessment of medical equipment across four key cancer care facilities: KATH, KNUST Hospital, HopeXchange Medical Centre, and Peace and Love Hospital.

Key outcomes include standardised maintenance programmes, stronger insight into equipment uptime and downtime drivers, and clear recommendations to improve procurement, maintenance, and workforce capacity.

The project is also supporting the procurement of mammography and ultrasound equipment - boosting early diagnosis capacity and reducing disruptions in cancer care across the city network.



Spotlight



Oncology Medicines Availability Assessment Tool



A comprehensive assessment of oncology medicines – capturing real-world availability at patient care facilities and integrating perspectives from oncologists, pharmacists, and nurses across multiple institutions – yields the critical intelligence on supply gaps that is essential for improving access.

Diogo Neves

Health Systems and Policy Advisor, C/Can





ACCESS TO MEDICINES AND TECHNOLOGY

Background

Limited and inconsistent access to essential oncology medicines remains a major barrier to effective cancer care in many cities. Supply chain inefficiencies, stock-outs, and fragmented data systems make it difficult to identify and address gaps in access.

Activities and outcomes

1. Comprehensive data collection: Assessed availability of medicines aligned with WHO's Essential Medicines List, alongside additional commonly used cancer treatments
2. Identification of system gaps: Mapped stock-out patterns, availability trends, and provider-reported challenges
3. Locally driven insights: Generated baseline data to support decision-making at facility and policy level
4. Scalable methodology: Established a modular tool adaptable across cities to strengthen supply chain visibility

Project overview

C/Can developed a standardised Oncology Medicines Availability Assessment instrument, piloted in Nairobi and Phnom Penh, to generate actionable data on medicine availability at the facility level. The tool combines online surveys and qualitative site assessments, engaging clinicians, pharmacists, and health system administrators to capture real-world insights.

Looking to the future

The assessment provides a replicable approach to understanding and improving access to cancer medicines, enabling cities to prioritise interventions, strengthen supply systems, and support more equitable access to treatment. As it scales, it will contribute to stronger data-driven policy and planning for oncology care globally.

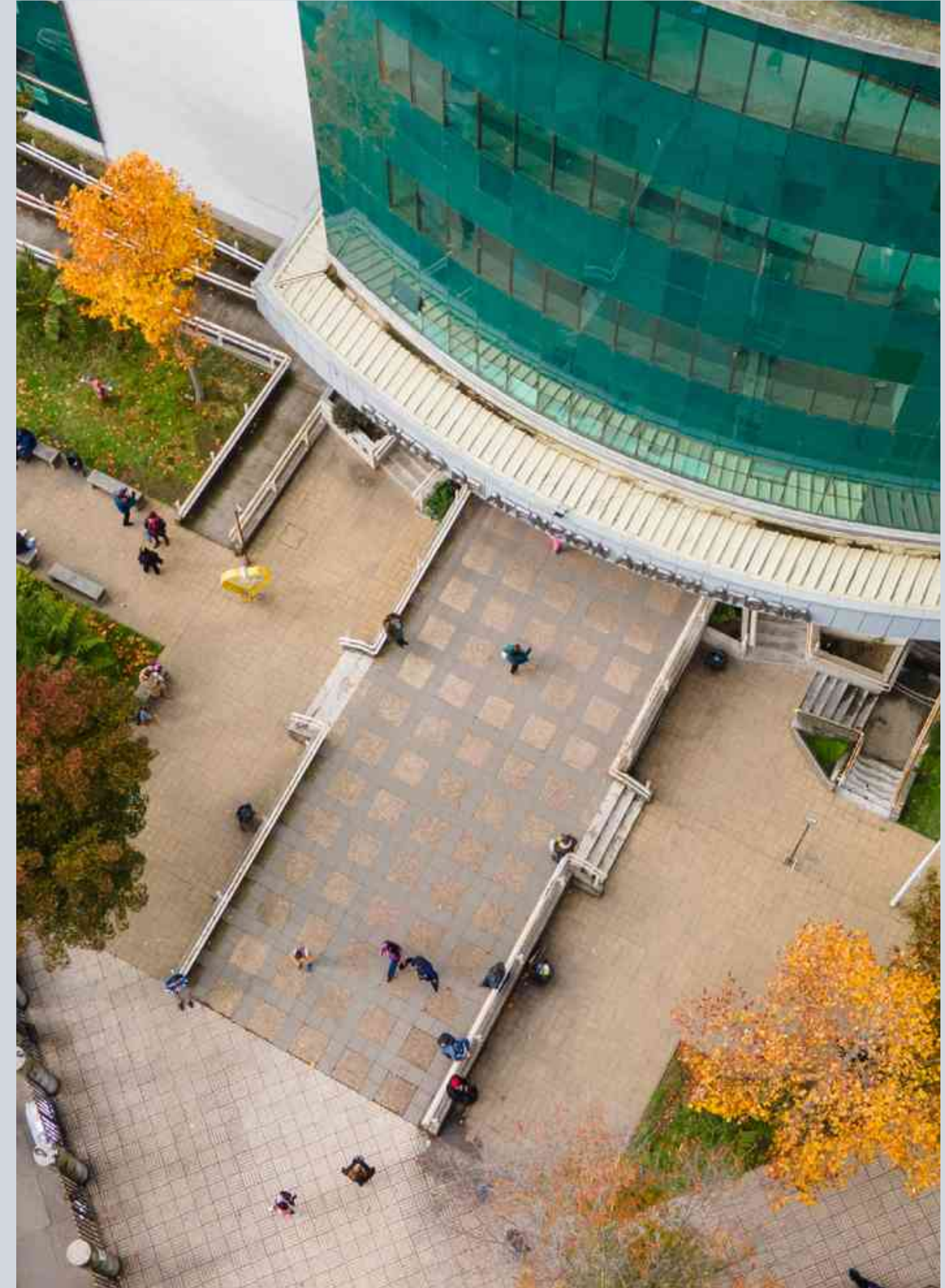
HOW WE DELIVER CHANGE

THE CEPF OPERATING MODEL

C/Can's City Engagement Process Framework (CEPF) is a structured, phased, and city-led model that guides system transformation in cancer care. It supports cities from initial engagement through a comprehensive needs assessment, enabling stakeholders to co-design, develop, and implement context-specific programmes that address local priorities and deliver sustainable improvements.

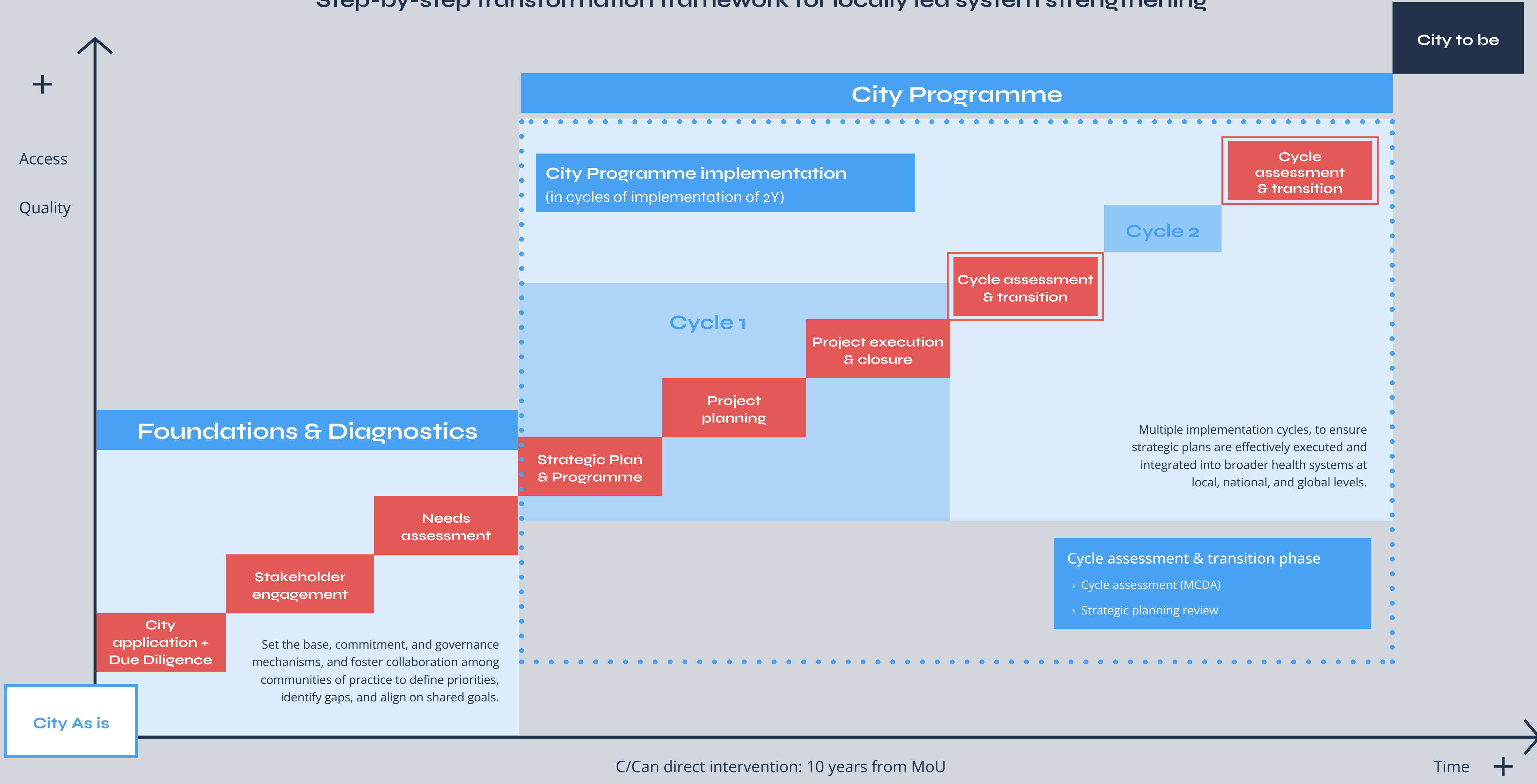
At its core, the CEPF operationalises system change through coordinated action by bringing together stakeholders across sectors to drive locally-led decision-making, align resources, and implement solutions across the cancer care continuum. It integrates key enablers, the people, the processes, the tools, and metrics, to support consistent delivery and measurable progress and impact in each city, while contributing to a global knowledge base of proven and scalable interventions.

Implementation is coordinated by C/Can and supported by a network of global, regional, and local partners. This model combines strategic oversight, technical expertise, and structured mechanisms for monitoring and cross-city learning to ensure consistency, quality and continuous progress across cities. With the aim to strengthen long-term local capability development, enabling sustainable and scalable community-driven impact.



C/Can's approach

Step-by-step transformation framework for locally led system strengthening



THE CEPF IN 2025

In 2025, C/Can conducted a comprehensive refinement of the CEPF to integrate cross-city learnings and support the strategy shift to a multi-cycle approach to scale deeper and achieve higher impact and integration into broader health systems at local, national, and global levels. These enhancements focused on improving technical quality, delivery efficiency and strategic alignment.



Following successful piloting, key enhancements include:

Delivery of Situational Analysis Report

A high-quality document at the end of the Needs Assessment Phase, that establishes a shared understanding of local key challenges, to inform priority-setting and guide City Programme design.

Strategic Planning and City Programme Phase

A more structured and participatory approach, starting with a solution prioritisation process to identify the most impactful and feasible solutions, the development of a strategic plan with short, medium, and long term priorities, and a detailed city system wide programme of projects.

Project Planning Phase

Strengthened approach to better support local teams to develop comprehensive project plans, alongside the introduction of a post-CEC endorsement milestone marking a formal City Execution Kick-off to enhance visibility, collaboration, and stakeholder commitment.

Project Execution phase, introducing:

More structured project management practices and enhanced local programme governance by the City Executive Committee (CEC) and City Technical Committee (CTC), to guide implementation and potential scalability and sustainability, through regular progress reviews.

The Mid-Cycle Assessment (MCA), a one-year milestone to review progress against plan, assess quality of deliverables, analyse emerging impact and sustainability, reinforce alignment and accountability, and inform decisions on future cycles .

Looking ahead, the introduction of an End-of-Cycle Assessment in 2026 will further strengthen decision-making, applying a multi-criteria approach to evaluate performance, feasibility, and the potential for future programme cycles

CITIES ADVANCING THROUGH THE CEPF

Our network of cities demonstrated sustained progress throughout the CEPF, advancing in their journey to strengthen cancer care systems. These advancements reflect growing local ownership, strengthened technical and operational capacity, and a clear trajectory toward scalable, system-wide impact. By the end of 2025, a total of 7 cities were in Project execution, summing a portfolio of more than 160 solutions addressing priority system gaps.



KUMASI AND TBILISI

C/Can's first cities to progress into their second cycle City programmes, entered into project execution. Building on the achievements of the first cycle and sustained stakeholder commitment, the second cycle focuses on further strengthening institutional and service delivery capacity, improving quality and continuity of care.

ABUJA

Completed the Needs Assessment Phase, with the participation of 66 Healthcare Professionals, 13 Health Institutions, 542 patients, and 16 Civil Society Organizations and successfully advanced through solution prioritisation, and the development and endorsement of its City strategic plan and Cycle 1 programme with the inputs of the City Technical Committee.

AREQUIPA AND LEÓN

Both in the execution phase of their first cycle programmes, reinforced local governance engagement and reached the key milestone of the mid-cycle assessment. This milestone enabled a structured review of progress, early impact, and implementation risks and challenges, supporting advancement of the cities towards the aimed goals.

CONCEPCIÓN

The City Technical Committee (CTC) was formed, instrumental in completing a Needs Assessment, with the input of more than 80 health professionals, and then validated by more than 120, 14 health institutions, 373 patients, and 5 CSOs.

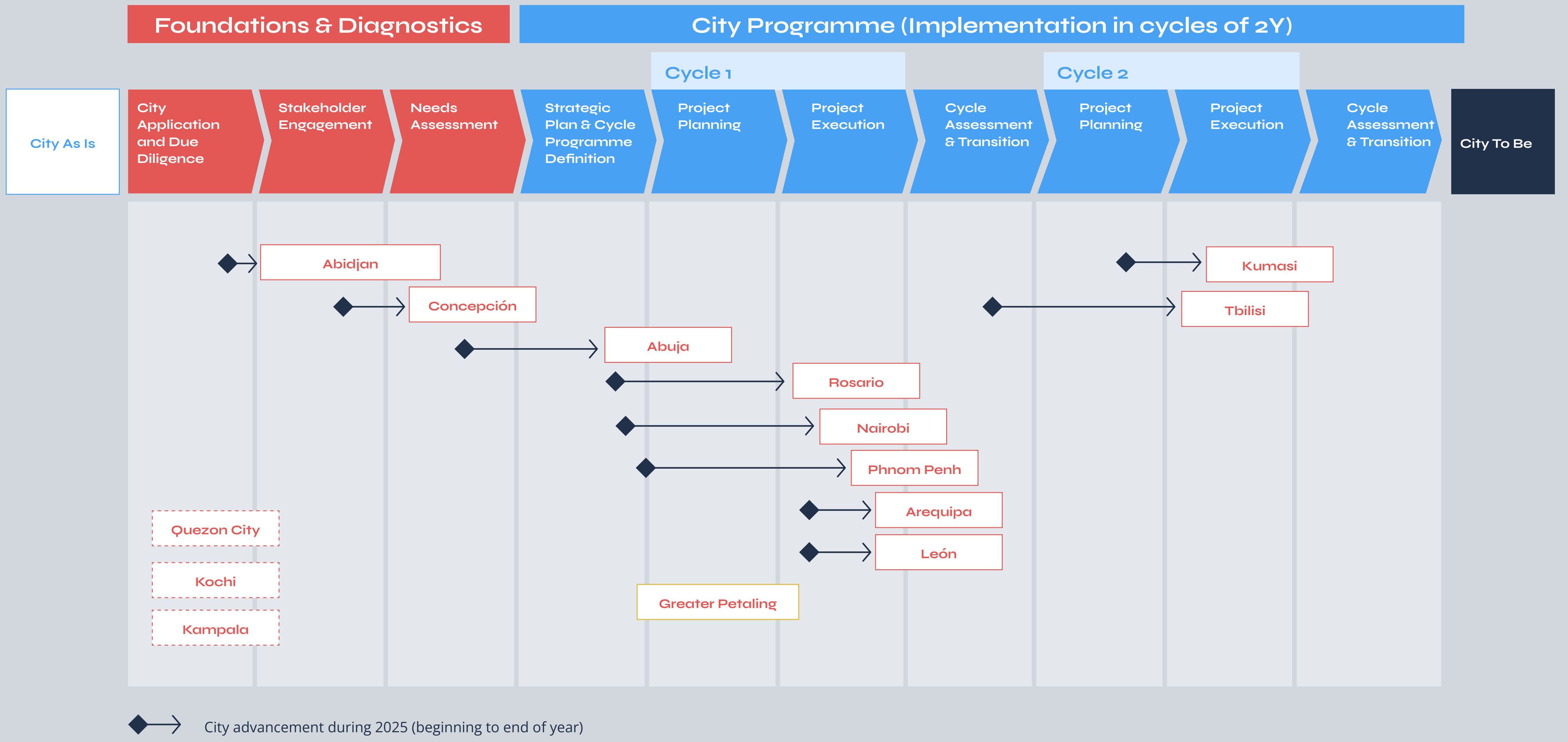
PHNOM PENH, NAIROBI, AND ROSARIO

Advanced from City programme definition of their first cycle, into project planning and then into the execution phase led by local team members, marking a critical transition from design to delivery of solutions.

ABIDJAN

Was onboarded as a new city in July 2025 with the signing of the Memorandum of Understanding (MOU), followed by the recruitment of the City Manager and the initiation of stakeholder engagement, laying a strong foundation for subsequent phases of the CEPF.

C/Can network of Core cities 2025



MECHANISMS FOR SCALE

KNOWLEDGE SHARED

Since its inception, the C/Can CEPF model has provided a structured pathway for cities to assess needs, co-design solutions, and strengthen cancer care systems. As the model matures, C/Can is entering a new phase where it is expanding its implementation expertise through stronger knowledge sharing, greater standardisation of solutions, and more accessible, hands-on support to health systems worldwide.

This shift reflects a growing focus on global products and knowledge, enabling C/Can to replicate what works, scale impact, and respond to the evolving needs of cities and countries while maintaining its city-led approach.

At the core of this model are programmes of interconnected projects that address systemic barriers across the six core pillars of health systems strengthening. Building on this, C/Can is curating a portfolio of tools, models, and methods, ensuring that lessons learned are captured, adapted, and applied in new contexts.

By transforming locally co-developed solutions into practical, scalable approaches, C/Can is equipping cities and countries with the capabilities to accelerate progress all while strengthening a shared global knowledge base for cancer care.





GLOBAL PRODUCTS

C/Can is strengthening its organisational capacity to transform locally defined needs into scalable, high-quality cancer solutions, referred to as Products, through its Product Development and Management function. Working across the organisation, this function ensures alignment from concept to implementation to impact, while applying structured product development approaches that support the creation of adaptable tools and solutions applicable across multiple city contexts.

C/Can Products are grouped in the 4 following categories:

PRODUCT CATEGORY	EXAMPLES
KNOWLEDGE PRODUCTS	How-to guides, Implementation guides, training modules (including e-training), reports
METHODOLOGICAL PRODUCTS	Stakeholder mapping framework, CEPF, Budget Impact Analysis
DIGITAL PRODUCTS	C/Can Soft modules for patient management, Laboratory Information System
DATA PRODUCTS	Needs assessment data, Measurement, Evaluation, and Learning (MEL) data

Spotlight

Budget Impact Analysis Tool

In collaboration with the Ministry of Health Georgia, and with support from Roche, C/Can developed a Budget Impact Analysis (BIA) tool to estimate the financial implications of expanding cancer diagnostic services within national health systems. The tool incorporates epidemiological forecasts from the Global Cancer Observatory (GCO) alongside cost data to project the affordability of reimbursing diagnostic packages under different policy scenarios.

The BIA provides decision-makers with clear, evidence-based budget projections, helping to prioritise investments and support sustainable inclusion of diagnostics in universal health coverage. As a validated and adaptable model, accompanied by a practical “how-to” guide, it can be applied across countries to inform policy decisions and strengthen access to cancer diagnostics.



KNOWLEDGE HUBS FOR CANCER CARE: EMBEDDING IMPLEMENTATION RESEARCH INTO C/CAN'S MODEL



Despite advances in cancer research, translating evidence into equitable public health action remains a persistent challenge in LMICs, where fragmented research ecosystems and limited capacity limit the generation and use of contextually relevant data. Strengthening locally led research and embedding implementation science within cancer control programmes are therefore critical to improving equity and care.

In response to this need, C/Can partnered with the University of Melbourne to develop a structured approach to building Knowledge Hubs that serve as institution platforms that enable interdisciplinary collaboration and support the translation of evidence into policy and practice. This work is grounded in global evidence and tested across five countries (Nigeria, Kenya, Chile, Argentina, and Cambodia), alongside insights generated through C/Can's city programmes.

A key innovation is the development and pilot of the City Cancer Research Capacity and Implementation Readiness (CASTLE) tool, designed to assess institutional readiness for locally led research. Early findings highlight two key challenges; firstly the existence of ongoing institutional challenges such as gaps in data infrastructure, fragmented governance, and limited protected research time, and secondly the challenge of creating the spaces and conditions that facilitate cross-sector collaboration, co-mentorship models, and alignment with national priorities.

By embedding implementation research within city programmes, C/Can generates actionable evidence to inform decisions and validate its approach. Moreover, it brings city-driven insights into global policy dialogues, ensuring that local experience shapes international standards and that guidance reflects real-world delivery. This creates a scalable model to strengthen research capacity, accelerate evidence-to-policy translation, and advance more equitable cancer care systems.



Local challenges are best addressed by locally-developed solutions - implementation research provides the bridge from scientific discovery to meaningful improvement in local cancer care.

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



ORGANISATIONAL MATURITY

STRENGTHENING THE FOUNDATIONS



A renewed narrative to unify and amplify impact

In 2025, C/Can introduced a refreshed organisational narrative to better articulate its value, sharpen its positioning, and unify how its work is communicated across cities and partners. Rooted in its city-led model, the new narrative brings greater clarity to C/Can's role in strengthening cancer systems from the ground up highlighting how local action drives global impact.

More than a communications update, the narrative provides a shared language for teams and stakeholders, aligning programme delivery, partnerships, and advocacy efforts. It enables C/Can to demonstrate its impact more effectively, connect with key audiences, and position itself as a leading voice in cancer systems strengthening.



Strengthening digital foundations to support scale and engagement

C/Can has also advanced its website and digital strategy to better support its growing network and evolving organisational needs. This includes the ongoing redevelopment of its website as a central platform for showcasing impact, sharing knowledge, and engaging partners and stakeholders.

The digital strategy focuses on improving user experience, strengthening content governance, and enabling more effective storytelling through data and insights. By aligning digital platforms with its programme and communications objectives, C/Can is building a more accessible, dynamic, and scalable digital presence—supporting both global visibility and local engagement across its cities.

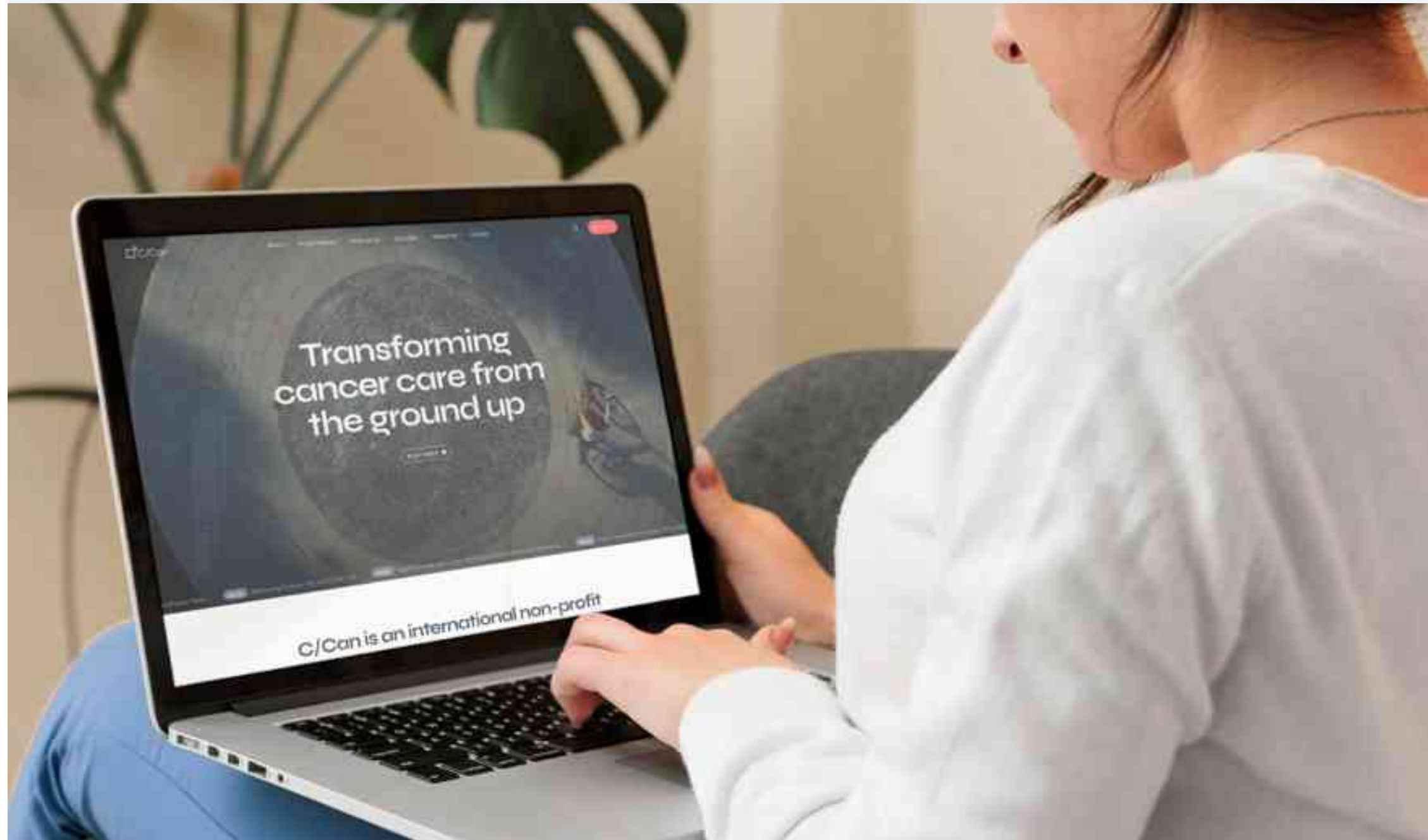
Advancing programme delivery through the Global Programme Unit

In 2025, C/Can strengthened its operational model with the establishment of the Global Programme Unit (GPU), designed to enhance delivery and oversight across its growing network of cities. The GPU plays a central role ensuring that cities advance through the C/Can’s transformational framework (CEPF), with programme implementation that is structured, efficient, and results-driven.

GPU leads global programme planning, aligning priorities with city-level execution. It monitors implementation progress, and ensures effective cross-functional coordination, mobilising technical expertise where it is needed.

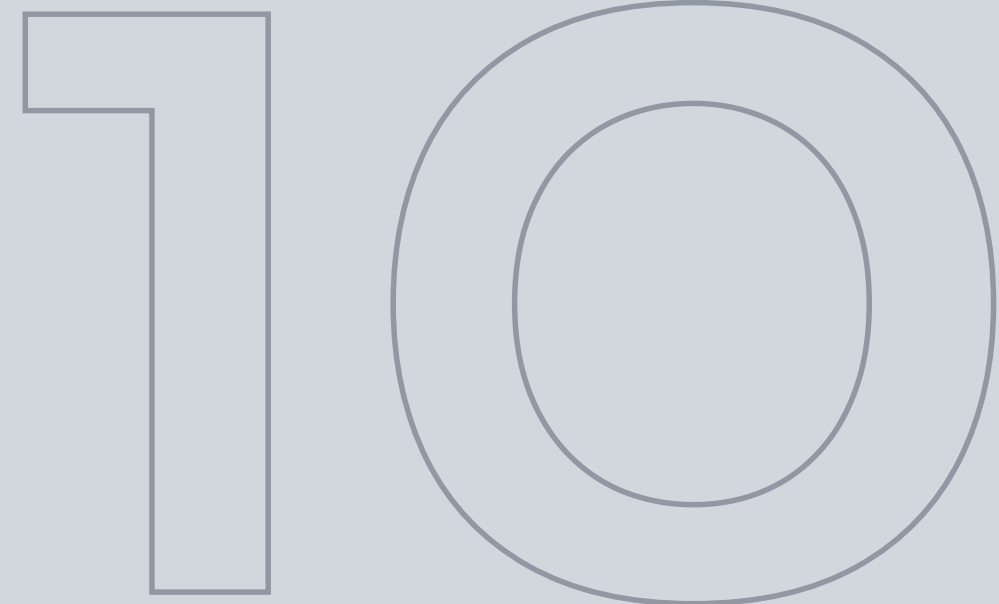
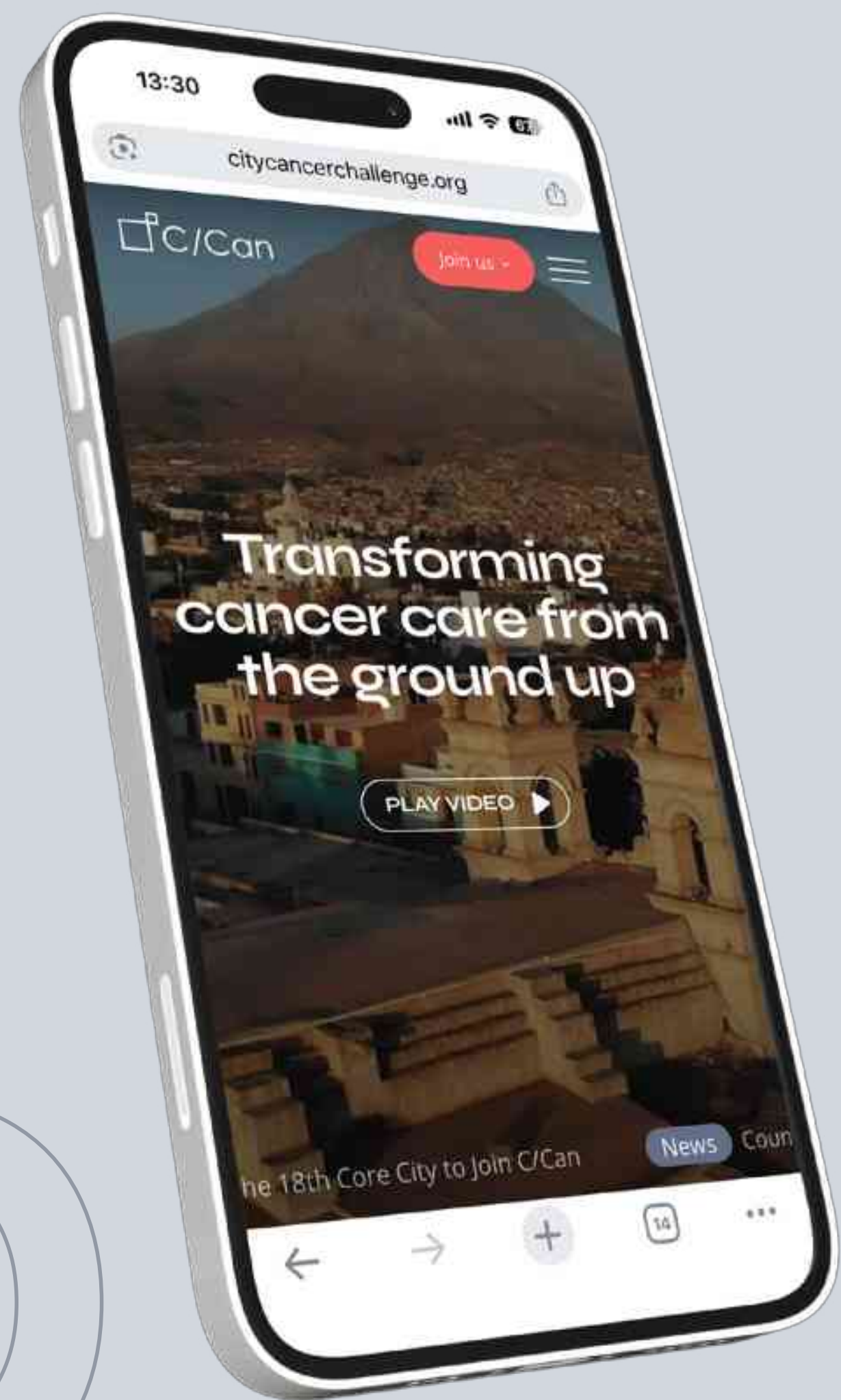
The unit continuously refines implementation standards, tools, and methodologies, drawing on cross-city learning to ensure consistent and effective delivery of C/Can’s model. By bringing greater clarity to roles, processes, and decision-making, the GPU supports stronger governance and performance management across the organisation.

As C/Can continues to grow, the GPU provides a critical foundation for scaling impact and ultimately strengthening the organisation’s ability to deliver coordinated, quality cancer care solutions across diverse settings.





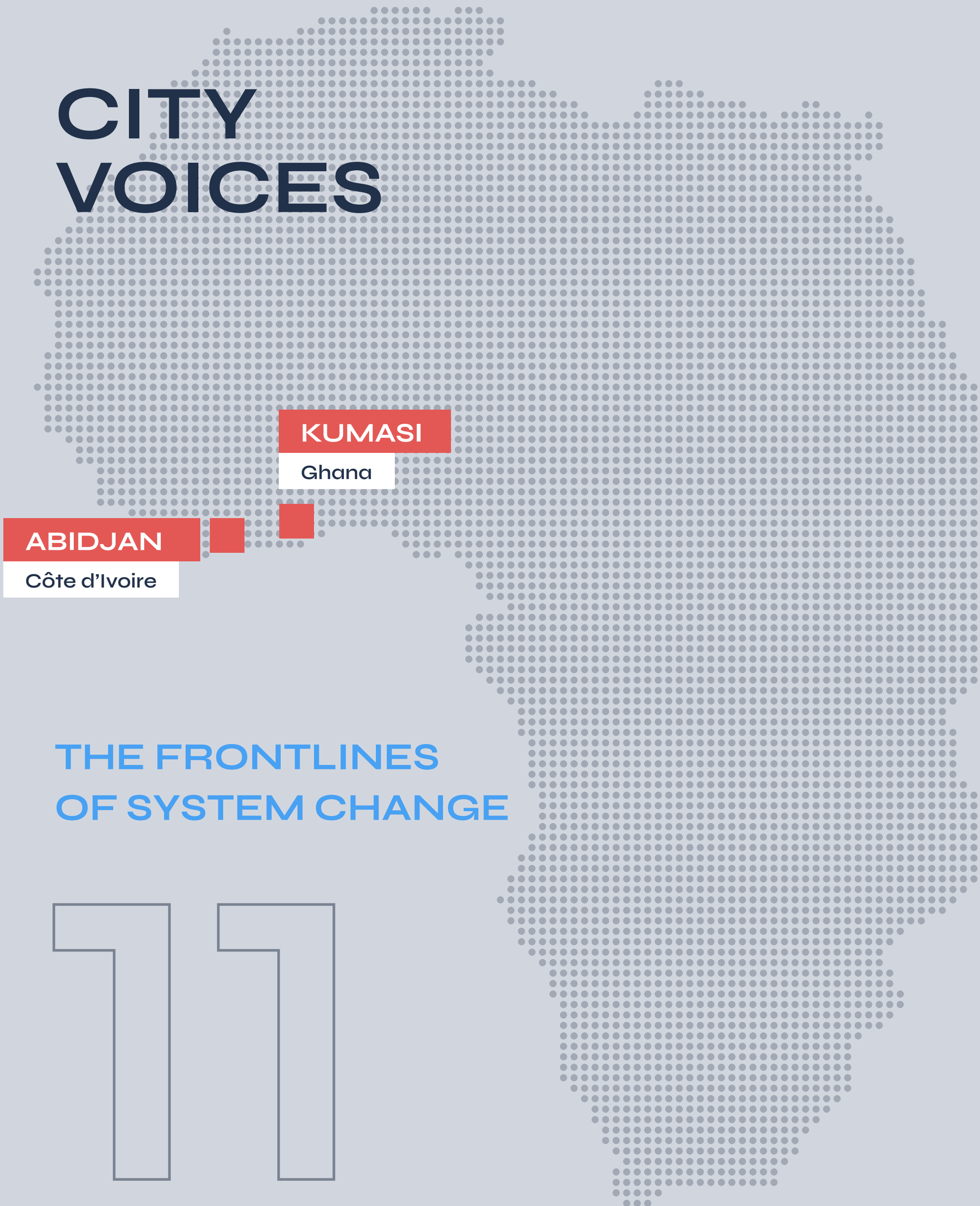
C/CAN ON THE GLOBAL STAGE



The grid displays 12 LinkedIn posts from the City Cancer Challenge (C/Can) profile. The posts include:

- Post 1:** A text-based post titled "What does it really mean to unlock the value of women and health?" discussing the WHO side event and the importance of addressing women's health needs.
- Post 2:** A text-based post titled "As health systems face increasing strain..." discussing the challenges of financing cancer care and the need for quality improvement.
- Post 3:** A text-based post titled "This year, C/Can proudly presented its first accepted poster..." from the ASCO Annual Meeting, highlighting the Leadership Programme for Women in Oncology (LPWO).
- Post 4:** A text-based post by Isabel Mestres titled "Berlin always gives me energy..." reflecting on her experience at the World Health Summit.
- Post 5:** A text-based post by Isabel Mestres titled "Last week, at the UN General Assembly..." discussing the political declaration on NCDs.
- Post 6:** A text-based post by Isabel Mestres titled "Yesterday, I took a short break..." from the World Health Assembly, mentioning the Cancer Mission Fair in Warsaw.
- Post 7:** A text-based post titled "At the 2025 AORTIC- Africa Conference..." discussing C/Can's showcase of city-led action in cancer care.
- Post 8:** A video post titled "BARCELONA'S CONTRIBUTION TO GLOBAL CANCER CARE" with a play button and video player interface.
- Post 9:** A text-based post titled "Our work highlights the power of locally led research..." discussing the importance of local collaboration in building resilient cancer care systems.
- Post 10:** A text-based post by Harold Cottin titled "Big and warm thank you to..." expressing gratitude to various partners and stakeholders.
- Post 11:** A text-based post titled "Thank you Harold Cottin and City Cancer Challenge (C/Can) team..." expressing appreciation for their support.
- Post 12:** A text-based post titled "At today's WHA side event..." discussing the importance of addressing women's health needs.

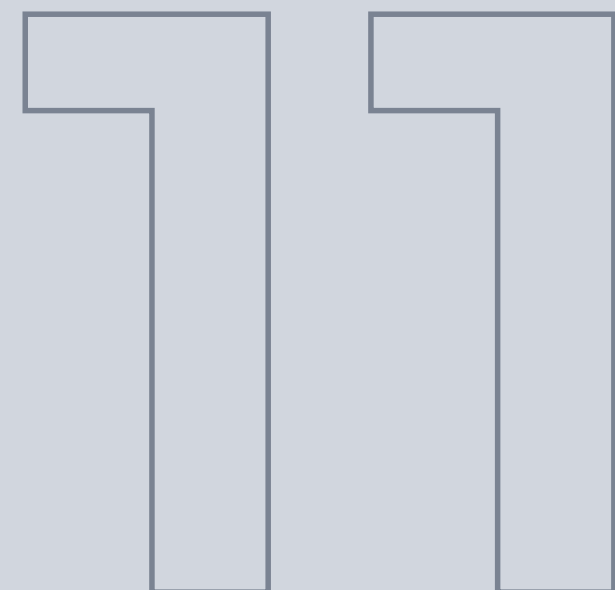
CITY VOICES



ABIDJAN
Côte d'Ivoire

KUMASI
Ghana

THE FRONTLINES OF SYSTEM CHANGE



“

What makes me most proud about the C/Can initiative in Abidjan is that, in just a few months, we have brought together stakeholders who had long been working to improve cancer care, but not in a truly coordinated way. This collective momentum gives me confidence that, step by step, we can strengthen the cancer care continuum in Abidjan from diagnosis, the first major bottleneck, to treatment and palliative care toward a more coordinated and patient-centred system.

RITA GOUËSSÉ BAMBA
City Manager
Stakeholder Engagement | Abidjan

”

With C/Can, local experts and communities, we're driving sustainable, data-driven change so no one is left behind in their cancer journey.

SIR PIERRE N'GOU
Minister of Health of Côte d'Ivoire
Stakeholder Engagement | Abidjan

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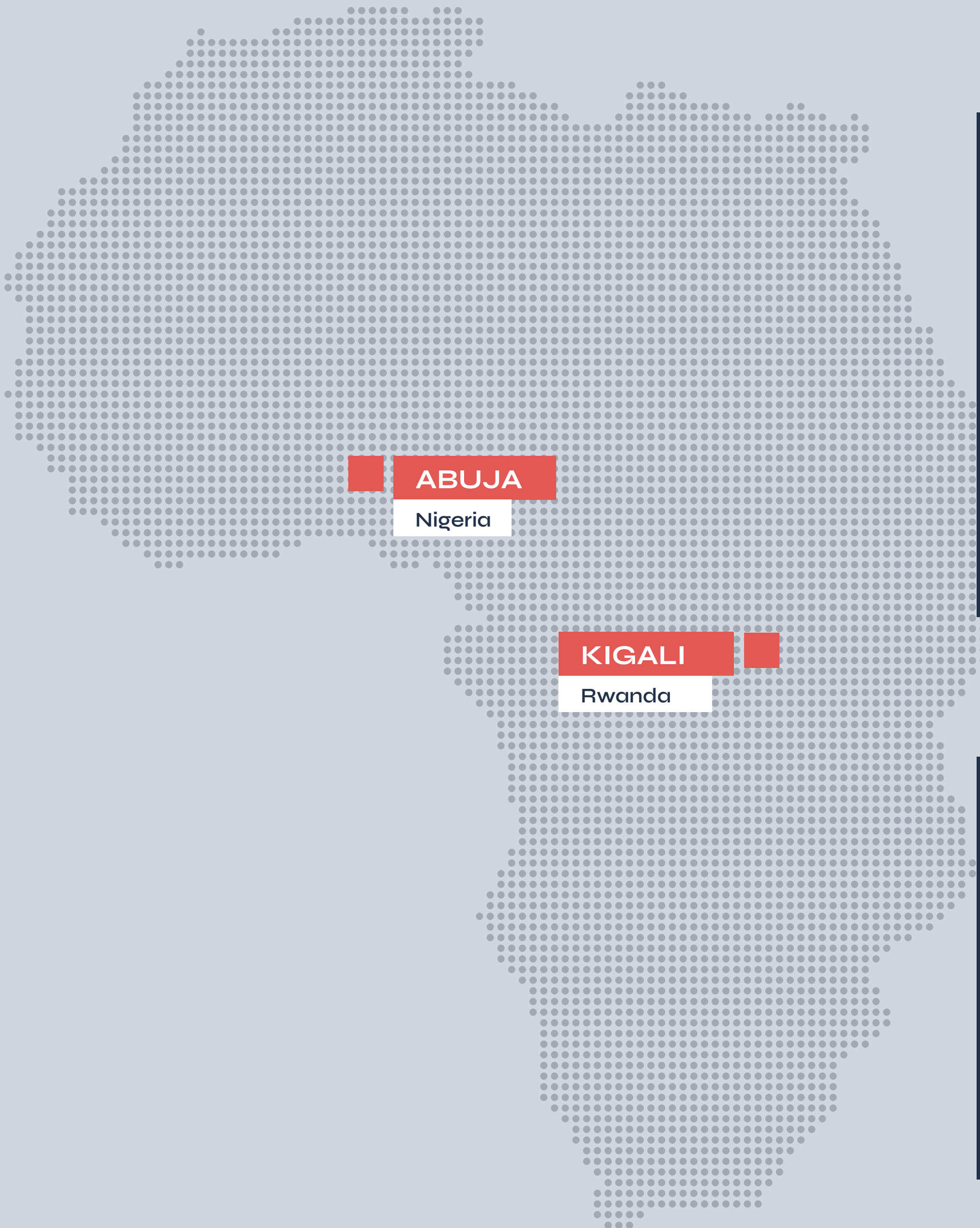
Kumasi is showing that sustainable cancer care is built from the ground up and powered by collaboration. Through City Cancer Challenge, our city is transforming partnerships into real action, strengthening systems, saving lives, and moving forward together.

ABUBAKARI JALIU
City Manager
Project Execution | Kumasi

”

Unlike single-focus interventions, C/Can has improved cancer care across the entire spectrum in Kumasi.

DR ISHMAEL KYEI
General Surgeon, Komfo Anokye Teaching Hospital
Cycle assessment | Kumasi



ABUJA
Nigeria

KIGALI
Rwanda



In Kigali, we have seen strong momentum build across the cancer care community, uniting diverse actors around shared priorities. Through partnership with the Ministry of Health, C/Can has contributed to strengthening Rwanda's oncology workforce. The foundation built will be leveraged to further expand capacity, sustain training efforts, and support the continued rollout of improved cancer services across the country.

MARLENE MUMUKUNDE
Former City Manager
Sustainability | Kigali



Our collaboration with C/Can strengthened Rwanda's cancer workforce, enabling proper training for the rollout of new brachytherapy services.

DR MENELAS N KESHIMANA
Head of Department Health Workforce Development,
Ministry of Health
Human Resources | Kigali



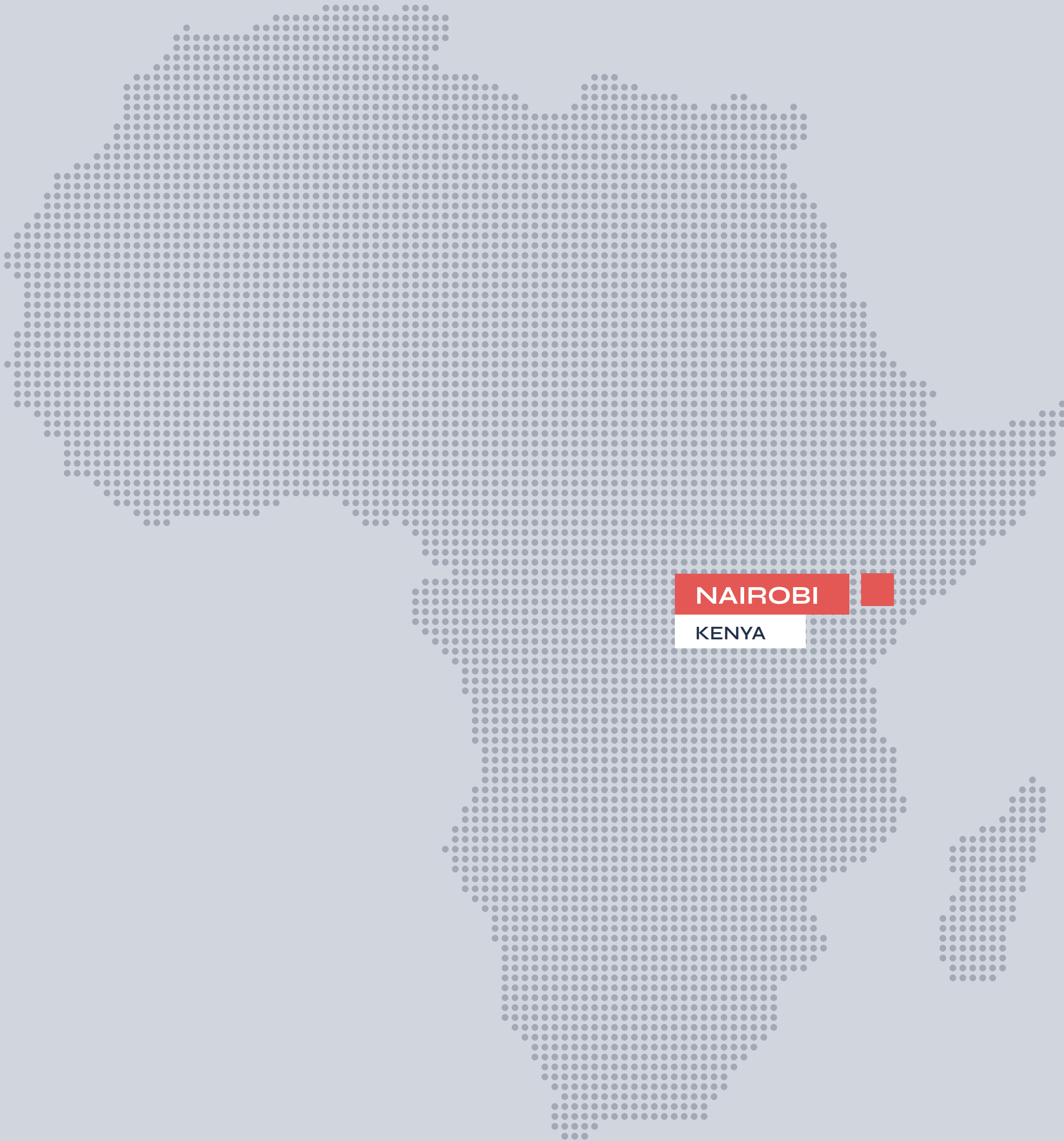
What I am most proud of is not just the projects we designed in Abuja, but the system we are building. One where data drives decisions, stakeholders take ownership, and cancer care becomes coordinated, accessible, and truly patient-centred. That is what real transformation looks like.

CHRIS CHUKWUNYERE
City Manager
Project Planning | Abuja



Through C/Can, we highlighted diagnostic gaps and co-created realistic, data-driven priorities that reflect both public and private care realities.

DR IHEANACHO CHINAEMEREM ADAUGO
Head, Radiology Department, Federal Medical Center, Jabi
Project Planning | Abuja



In Nairobi, I see how locally driven collaboration can reduce barriers to diagnosis and treatment and strengthen health systems in ways that truly serve patients and their families. Being part of C/Can means contributing to sustainable solutions that ensure no one is left behind in the fight against cancer.

BEATRICE OKUMU

City Manager
Project Execution | Nairobi



As the first woman in my field in Kenya, I know the challenges of balancing leadership, family, and career. The Leadership Programme for Women in Oncology (LPWO) training from C/Can strengthened my skills to grow as a leader and mentor. By lifting women in oncology, we build stronger systems and improve cancer care for all patients.

DR CATHERINE WATTA NYONGESA

Medical Director, Kenyatta National Hospital
Leadership Programme for Women in Oncology (LPWO) | Nairobi



LEÓN
Mexico

CALI
Colombia



In 2025, a study was conducted to identify the out-of-pocket expenses incurred by women without health insurance who are living with breast cancer. The results will be useful in drawing up an investment proposal to address the gaps identified. With the support of C/Can, we will seek an innovative investment proposal.

ELIA LARA LONA
City Manager
Health Financing | Leon



Cali is a model city that understood that quality, equitable cancer care can be reached by working together across sectors and institutions, with the support of C/Can, ProPacífico, and local partners.

MARÍA ISABEL ULLOA
Executive Director, ProPacífico
Sustainability | Cali



In León, the gap in access to cancer care is reflected in the need to strengthen detection and treatment programmes, which negatively impacts family finances. Collaboration with C/Can through the health financing project drives greater accessibility to treatment

JOSÉ MARTÍN DE LA LUZ ÁLVAREZ ARRIAGA
Secretaría de Salud de Guanajuato
Health Financing | Leon



AREQUIPA
Peru

PORTO ALEGRE
Brazil



As City Manager, witnessing this emerging leadership share its successes across the C/Can network reminds me that when cities trust their people, they don't just strengthen oncology care, they renew the health system itself.

BERENICE RODRIGUEZ
City Manager
Project Execution | Arequipa



The City Cancer Challenge projects in Arequipa have enabled institutions and teams that previously worked in isolation to find a neutral space to build joint solutions in cancer care.

DR LUIS PUMA
Clinical Oncologist, Hospital Carlos Alberto Seguí Escobedo
Health Financing | Arequipa



Working with C/Can is a chance for cities to transform cancer care by putting patients first and uniting stakeholders.

DR MAIRA CALEFFI
President of the Board of Directors, IGCC - Instituto de Governança e Controle do Câncer
Sustainability | Porto Alegre

ASUNCIÓN
Paraguay

CONCEPCIÓN
Chile



The success of digital transformation in Asunción has provided a scalable model for expansion across Paraguay. Integrating laboratories in Coronel Oviedo and Encarnación strengthens a connected national network, improving response times and diagnostic traceability through digital pathology. This experience will also serve as a model for the wider C/Can city network.

ROSA GONZALEZ
Former City Manager
Sustainability | Asuncion



In 2025, we shifted from fragmented efforts to a truly systemic approach, aligning stakeholders and institutions around a shared purpose: delivering timely, quality cancer care. Beyond a one-off project, this established a new model of collaborative governance; one that generates real-world evidence, supports prioritisation, and builds trust, which ultimately enables sustained, system-level transformation in cancer care.

MIGUEL ÁNGEL JIMÉNEZ
City Manager
Needs Assessment | Concepción



With better equipment, training, and software, we now deliver diagnoses in 48 hours and full reports in three days—transforming quality for patients.

DR FÁTIMA GÓMEZ
Director, Pathology Laboratory, National Direction of the Pathology System Readiness | Asunción



As Secretary of Health, this process will have a significant impact on public health and on the experience of people with cancer, as it is based on the systematic use of data and evidence for decision-making, enabling the design and implementation of solutions relevant to the local context, aligned with national policies and plans, and in accordance with international standards.

ISABEL ROJAS SALFATE
Needs Assessment | Concepción



ROSARIO
Argentina



Working with C/Can has shown me that improving cancer care is not about isolated solutions, but about aligning people, institutions, and decisions around a shared vision. In Rosario, collaboration has become a tool to turn complexity into coordinated, sustainable action.

LEANDRO DUARTE
City Manager
Project Execution | Rosario



Rosario's approach to cancer care is unique because it connects city-level action with provincial health policy, ensuring alignment between strategy and implementation. C/Can has been a key partner in strengthening this coordination and turning shared priorities into concrete system improvements.

DR ALEJANDRO CHINELLATO
Director, Provincial Cancer Control Agency
Project Planning | Rosario



TBILISI
Georgia



When cities, healthcare systems, communities, and partners unite around a shared purpose, the fight against cancer becomes stronger, more effective, and more humane. This collective effort transforms fragmented actions into coordinated solutions that truly save lives.

NATIA VERDZAZE
City Manager
Project Execution | Tbilisi



Through C/Can's support in knowledge-sharing and collaboration, we improve cancer care in our cities while contributing meaningfully to progress in global health.

MAIA TOPESHASHVILI
Chief Medical Physicist, Radiation Oncology Department,
Todua Clinic
Radiotherapy | Tbilisi

“ Cancer care in Phnom Penh city was previously fragmented across public and private hospitals. Through support from C/Can all stakeholders were brought together to identify key gaps and challenges and C/Can strengthened collaboration and enhanced quality of cancer treatment through supported from Ministry of Health and relevant stakeholders.

BUNTHEOUN PICH
 City Manager
 Project Execution | Phnom Penh

” C/Can fosters strong relationships between Cambodia and other countries regarding cancer control and treatment. C/Can can join to strengthen the policy framework in cancer care. Together, we can give patients hope. We recognise that cancer is not just a problem for one country but an international issue concerning health systems. Driven by solidarity, we believe we can fight cancer. Teamwork offers diverse ideas to solve cancer care challenges. Your help creates excellent connections for sharing updates on global cancer development.

DR. HENG VIROATH
 Head of Oncology Department, Khmer Soviet Friendship Hospital
 Health System Coordination and Management | Phnom Penh

“ We have witnessed a powerful activation of the cancer care community, coming together to respond collectively to the city's most urgent needs. Our efforts have addressed systemic challenges from multiple angles, including health financing, policy reviews, operationalising existing strategies and driving quality improvements, we have built a more resilient foundation for equitable cancer care.

DERRICK Z CHAN
 Former City Manager
 Sustainability | Greater Petaling

” The LPWO will strengthen my leadership in oncology in Greater Petaling, helping me mentor others, promote gender equity, and drive change.

DR SRI KISHA SUBRAMANIAM
 Clinical Oncologist, Hospital Kuala Lumpur
 Leadership Programme for Women in Oncology (LPWO) | Greater Petaling



WE CAN'T DO THIS ALONE

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African Cancer Registry Network →

Asian National Cancer Centers Alliance (ANCCA) →

African Organization for Research and Training in Cancer →

ALLM Inc. →

American Cancer Society →

American Society for Clinical Pathology →

American Society of Clinical Oncology →

Amgen →

Asociacion de Laboratorios Farmaceuticos de Investigacion y Desarrollo (AFIDRO) →

Asociación Latinoamericana de Cuidados Paliativos →

Asociación Mexicana de Industrias de Investigación Farmacéutica (AMIIF) →

Asociación Nacional de Laboratorios Farmacéuticos (ALAFARPE) →

Astellas →

AstraZeneca →

Boehringer Ingelheim →

Bristol Myers Squibb →

Catalan Institute of Oncology →

CEDAP →

Clinical Oncology Society of Australia →

Clinton Health Access Initiative →

Collaboration for Cancer Outcomes Research and Evaluation →

Direct Relief →

eCancer →

ECHO Institute →

European Society Radiation Oncology →

Fast-Track Cities Institute →

FIFARMA →

Fred Hutchinson Cancer Center →

Geneva Cities Hub →

Geneve internationale →

Global Focus on Cancer →

Global Surgery Foundation →

GIZ →

Health Finance Institute →

Hospital del Mar →

Icon Group →

Instituto de control de governanca de cancer IGCC →

Institute of Palliative Medicine / WHO Collaborating Centre for Building Country Capacity in Palliative Care and Long-Term Care →

International Atomic Energy Agency →

International Cancer Control Partnership →

International Federation of Pharmaceutical Manufacturers and Associations →

International Finance Corporation →

International Quality Network for Pathology →

International Society of Nurses in Cancer Care →

Institute of Cancer Policy →

Institute National de Cancerologia de Mexico →

Islamic Development Bank →

Mayo Clinic →

mDoc →

Merck Sharp & Dohme - MSD →

National Cancer Center Japan →

National Comprehensive Cancer Network →

National Institute of Health, Peru →

Oncology Nursing Society →

Pfizer →

Pro Pacifico →

Rad-Aid International →

Republique et Canton de Geneve →

Roche →

Sanofi →

Siemens Healthineers →

Swiss Tropical And Public Health Institute →

Taiwan Cancer Registry →

Tata Memorial Hospital →

The Federation of Asian Organizations for Radiation Oncology →

UN Habitat →

UNITAR →

Universidad del Valle →

University of Melbourne →

University of Health Science, Cambodia →

University of Guanajuato, Mexico →

World Bank →

World Health Organization →

World Child Cancer →

World Hospice and Palliative Care Alliance →



FINANCIAL AND GOVERNANCE



C/Can's financial statements provide a comprehensive overview of our Foundation's financial health over the past fiscal year. The 2025 Statutory Financial Statements were audited by PricewaterhouseCoopers (PwC) and will be published once approved by the Board of Directors.

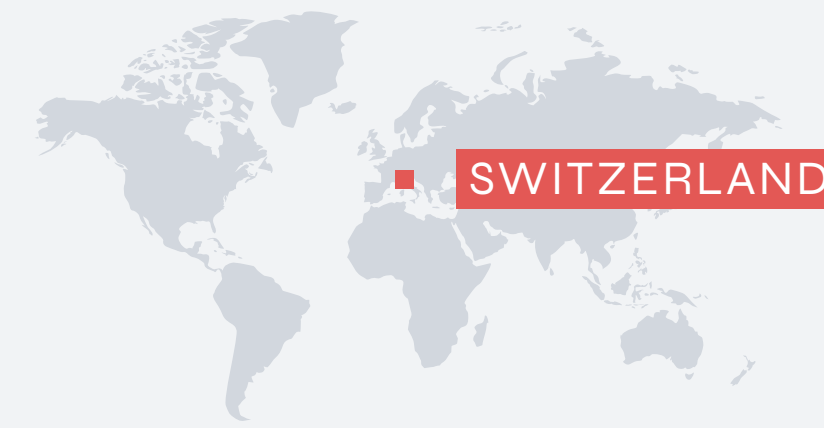
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C/Can is a dynamic non-governmental organisation led by a visionary Board of Directors, comprising 9 influential leaders who drive the strategic direction and executive decisions of the organisation. At the helm is the President of C/Can, Jörg Michael-Rupp, 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



JUSTIN ABBOTT



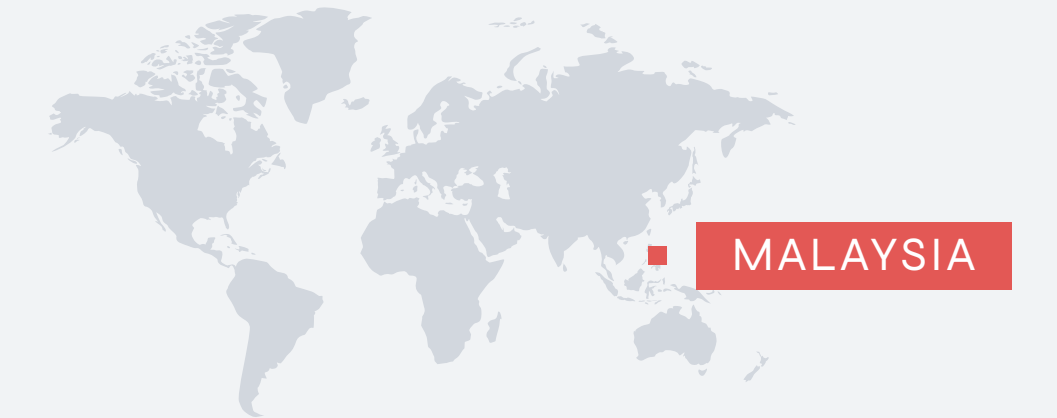
SANTIAGO CORNEJO

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





LOOKING AHEAD TO 2026

FROM CITY ACTION TO GLOBAL TRANSFORMATION



Jörg Michael-Rupp
Chair, City Cancer Challenge Foundation

As we look to 2026 and beyond, C/Can stands at an important inflection point. The progress achieved across our cities demonstrates that locally led, evidence-based approaches can deliver meaningful, system-level change. The next phase is about building on this momentum. This means scaling what works, strengthening our implementation maturity, and ensuring that our model continues to respond to the evolving needs of health systems.

In practice, we need a deepened focus on sustainable delivery across the six pillars, while expanding our ability to translate knowledge into action through stronger data systems, implementation research, and global knowledge sharing. It also requires continued investment in partnerships, governance, and financing models that enable long-term impact.

Above all, our commitment remains clear: to ensure that where people live does not determine the quality of cancer care they receive. By staying grounded in the realities of cities while contributing to global solutions, C/Can is well positioned to drive the next chapter of equitable cancer care worldwide.

