



C/CAN HORIZON

CATALOGUE OF IMPLEMENTATION PATHWAYS

WHAT IS C/CAN HORIZON?



City Cancer Challenge

City Cancer Challenge (C/Can) was originally established by the Union for International Cancer Control (UICC) in 2017 and became an independent Swiss foundation in January 2019.

C/Can is committed to improving cancer care by enabling cities to drive sustainable, locally-owned solutions. Through strategic partnerships and a collaborative, data-driven approach, C/Can works alongside cities to strengthen their health systems, address local cancer needs, and ensure equitable access to treatment for all patients.

C/Can's approach is built on a simple but powerful premise: cities are where cancer care happens, and lasting change requires local leadership. By convening stakeholders across government, healthcare, academia, civil society, and the private sector, C/Can supports communities to design and implement coordinated, locally-led solutions that respond to the realities of their health systems, moving from fragmented efforts towards more connected, resilient, and patient-centered cancer care.

Since 2017, C/Can has partnered with 19 Core Cities across Africa, Asia, and Latin America, cities that demonstrate strong political commitment and readiness to act. Through long-term, system-wide engagement, these partnerships have generated a robust portfolio of proven implementation interventions spanning the full cancer care continuum, alongside practical tools, frameworks, and implementation know-how directly relevant to the health systems facing a growing cancer burden.

C/Can Horizon

In response to growing national and regional demand for targeted, system-level cancer care support, C/Can officially launched C/Can Horizon in January 2026.

C/Can Horizon gives city health systems direct access to C/Can's expertise, tools, and proven interventions, focused on specific priorities and designed to deliver measurable change.

Where a city has identified a clear gap in cancer care and is ready to act, C/Can Horizon provides structured, locally-led implementation support that strengthens capacity, accelerates coordination, and turns priorities into concrete system improvements. Each Horizon City is supported through an accelerated, fit-for-purpose adaptation of C/Can's City Engagement Process Framework (CEPF), tailored to local context, priorities, and readiness and available financial resources.



HOW TO USE THIS CATALOGUE?

This Catalogue of Implementation Pathways serves as a strategic reference for city partners to define the scope of implementation support and collaborative action in partnership with **C/Can Horizon**.

The catalogue brings together a set of structured interventions and implementation approaches developed through C/Can's global experience. While grounded in proven models, these interventions are not rigid; they are designed to be localised and customised. The final scope of support is co-developed through ongoing dialogue between C/Can Horizon and city partners, ensuring that each engagement is tailored to the city's priorities, level of readiness, and health system realities.



Defining the Scope

When a city expresses interest in collaborating with C/Can Horizon, the journey begins with high-level objective setting. This should be followed by an inter-institutional city consultation, a critical phase where city partners - an implementation partner and city stakeholders - validate the specific interventions that will drive the most impact across the care continuum.

This document provides a reference point for those decisions, outlining concretely how C/Can can support the strengthening of the local cancer care ecosystem. Every Horizon engagement is designed to respond to locally identified priorities while strengthening the long-term capacity of the city health system.

Implementation of the interventions set out here is conditional on two factors: a signed agreement with the relevant local authorities, and secured donor financing. Together these ensure each engagement rests on genuine local ownership and a sustainable funding basis.



Strategic Implementation: A Phased Approach

C/Can's philosophy is rooted in focus and efficiency. Experience has shown that focused, strategically sequenced implementation efforts generate stronger and more sustainable system impact. To manage complexity and ensure sustainable results, we recommend a phased approach:

Implementation Sprints: Projects are delivered in focused implementation cycles, allowing for rapid execution and measurable progress.

Logical Sequencing: C/Can Horizon provides expert guidance on the sequencing of interventions, ensuring that each implementation builds a foundation for the next.

By narrowing the scope and prioritising logical progression, cities can deliver maximum impact for patients in a cost-efficient manner, while building stronger coordination and greater health system resilience.

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01 | Action Area: City System Planning & Governance

01

ACTION AREA

City System Planning & Governance

These foundational interventions are essential to the success of any C/Can engagement. They provide the structural baseline necessary to ensure that subsequent projects are technically sound and locally supported. However, while the methodologies remain standardised, their application is inherently flexible.

Depending on the city's specific objectives, these interventions can be strategically adjusted to involve only the most relevant stakeholders and to execute targeted needs assessments. This modularity ensures that the process remains streamlined and efficient, avoiding unnecessary administrative burden while maintaining the rigor required to build resilient, city-led healthcare solutions.



MODULE #1

Establishing a governance structure

Set up one or more sustainable multi-institutional bodies to coordinate city-level cancer care transformation.

MODULE #2

Local cancer care situation analysis

Conduct a needs assessment across institutions to establish a baseline picture of the city's cancer care system.

02 | Action Area: GBCI City Planning

02

ACTION AREA

GBCI City Planning

Building on a strategic collaboration with the World Health Organization (WHO), C/Can serves as a key implementation partner, bridging the gap between global policy and local action. Together, both institutions have developed robust methodologies designed to translate the WHO Global Breast Cancer Initiative (GBCI) framework into practical, localised solutions.

These interventions are designed to align the global framework to national strategies and planning while specifically addressing the need for implementable roadmaps at the sub-national and city levels. By converting high-level global guidelines into actionable projects at the facility level, C/Can ensures that these solutions are not only rooted in international best practices but are also fully customised to thrive within the unique realities of the local healthcare environment.



MODULE #1

Local breast cancer action plan

Translate an existing national breast cancer strategy into a locally implementable city-level roadmap.

MODULE #2

National breast cancer action plan

Develop or strengthen a national plan anchored in sub-national and city-level realities.

03 | Action Area: Diagnostics Modalities

03

ACTION AREA

Diagnostics Modalities

Accurate and timely diagnosis is the gateway to effective cancer care. Without a functioning diagnostics ecosystem — spanning pathology, imaging, and nuclear medicine — clinical decisions are delayed, treatment plans are compromised, and patient outcomes suffer. C/Can's diagnostics interventions address the full spectrum of this challenge, from situational analysis to quality elevation and strategic planning, across both laboratory and imaging disciplines.

Every engagement begins with a situation analysis, establishing a shared, evidence-based picture of the city's diagnostic landscape before any strengthening activity is initiated. This baseline then determines which subsequent packages are most relevant, whether a quality improvement cycle, a development planning process, or targeted capacity building for specific professional groups. This sequencing ensures that support is proportionate, grounded in local reality, and capable of generating measurable improvements at the facility level without overwhelming local teams.

Clinical Laboratory & Pathology

MODULE #1

Pathology situation analysis

Baseline assessment of pathology services, infrastructure, and workforce capacity across city facilities.

MODULE #2

Elevate quality of pathology services

Targeted quality improvement cycle addressing gaps in capacity, protocols, reporting and quality assurance practices.

MODULE #3

Pathology development plan

Technical roadmap guiding coordinated investment and strengthening of local pathology services.

03 | Action Area: Diagnostics Modalities

Diagnostics Imaging & Nuclear Medicine

MODULE #1

Diagnostics imaging situation analysis

Baseline mapping of imaging capacity, equipment availability, and service quality across facilities.

MODULE #2

Elevate quality of imaging services

Targeted quality improvement cycle addressing gaps in capacity, protocols, reporting and quality assurance practices.

MODULE #3

Diagnostics imaging and nuclear medicine development plan

Technical plan for coordinated investment in imaging and nuclear medicine infrastructure and services.

Other cross-cutting approaches

MODULE #1

Capacity development of oncology diagnostics professionals

Short-term training to strengthen clinical skills of pathologists, radiologists, and diagnostic staff.

MODULE #2

Capacity development of technicians and technologists

Short-term technical training for laboratory and imaging diagnostics professionals.



04 | Action Area: Multidisciplinary Team Approach

04

ACTION AREA

Multidisciplinary Team Approach

The Multidisciplinary Team (MDT) model is one of the most evidence-backed mechanisms for improving cancer outcomes, ensuring that treatment decisions reflect the collective expertise of oncology, surgery, pathology, radiology, and other disciplines working in concert. Yet in many city health systems, MDT practice remains nascent, inconsistent, or confined to a handful of facilities — limiting its potential to drive system-wide quality improvement. C/Can's MDT interventions address this gap across the full implementation arc, from diagnosing the current state to building capability and embedding sustainable practice.

The three packages follow a deliberate progression: every engagement begins with a situation analysis to establish a shared, evidence-based understanding of where MDT practice currently stands across the city's facilities. This baseline then informs a targeted capacity development phase, before the final operationalisation package embeds structured protocols and case review processes into routine clinical practice. This sequencing ensures that strengthening efforts are grounded in local reality and build systematically toward a more coordinated clinical environment — one where patients benefit from decisions made collectively rather than in isolation.

MODULE #1

MDT situation analysis

Evidence-based assessment of current MDT practice and gaps across facilities.

MODULE #2

MDT capacity development

Targeted training and capacity building for MDT.

MODULE #3

Operationalising MDT approaches

Embed structured MDT protocols and case review processes into routine clinical practice.

05 | Action Area: Early Diagnosis

05

ACTION AREA

Early Diagnosis

Detecting cancer at an early stage is among the most cost-effective interventions available to city health systems, yet in many settings the pathway from first symptom to confirmed diagnosis and treatment remains fragmented, delayed, and poorly coordinated. C/Can's early diagnosis interventions address the full scope of this challenge; building the clinical awareness, system capacity, and coordination infrastructure needed to shift cancer presentation from late to early stages, where treatment is more likely to succeed and less resource-intensive to deliver.

Every engagement begins with a situation analysis to assess the city's current readiness for early diagnosis, mapping bottlenecks across the full care continuum, from first clinical suspicion through diagnostics and into treatment. This is essential: efforts to increase patient identification only deliver results if the downstream system has the capacity to follow through. The baseline assessment informs the selection of subsequent interventions whether capacity development for non-oncology health professionals on early signs and symptoms, telemedicine solutions to connect frontline providers with specialist expertise, or coordination mechanisms to reduce patient loss between suspicion, confirmed diagnosis, and the start of treatment. The package for each Horizon City is designed to keep the strategy balanced, sustainable, and genuinely end-to-end.

MODULE #1

Situation analysis on early diagnosis preparedness

Assess bottlenecks across the cancer care continuum from first suspicion of symptoms through diagnostics into treatment.

MODULE #2

Early signs and symptoms capacity development

Train non-oncology health professionals to recognise and act on early cancer warning signs.

MODULE #2

Telemedicine for low-complexity/suspicions

Connect frontline providers with specialist expertise for early consultation on suspicious cases.

06 | Action Area: Treatment Modalities

06

ACTION AREA

Treatment Modalities

Effective cancer treatment depends on the coordinated functioning of three core modalities — systemic treatment, surgery, and radiotherapy — each of which must meet minimum quality and safety standards for patient outcomes to improve. In many city health systems, one or more of these pillars operates below its potential due to gaps in infrastructure, workforce capability, clinical protocols, or service organisation. C/Can's treatment interventions address this reality across the full spectrum, from situational analysis to quality elevation and strategic development planning, for each modality and for the professional groups that deliver them.

Every engagement begins with a situation analysis for the relevant modality or modalities, establishing an evidence-based picture of current capacity, quality, and gaps before any strengthening activity is initiated. This baseline determines which subsequent packages are most appropriate — whether a quality and safety improvement cycle, a strategic development plan, or targeted capacity building for oncology professionals and technicians. The modalities can be engaged independently or in combination, depending on the city's priorities, ensuring that support is always proportionate to local need and sequenced to build toward a more complete and resilient treatment system.

Systemic Treatment

MODULE #1

Situation analysis on systemic treatment

Baseline assessment of systemic oncology treatment capacity, quality, and gaps across facilities.

MODULE #2

Elevating quality and safety of systemic treatment

Quality and safety improvement cycle for chemotherapy and other systemic treatment services.

MODULE #3

Systemic treatment development plan

Technical roadmap for investments in systemic oncology treatment infrastructure and services.

MODULE #4

Capacity development for systemic oncology treatment professionals

Short-term training to strengthen clinical skills of oncologists and systemic treatment teams.

06 | Action Area: Treatment Modalities

Surgery

MODULE #1

Situation analysis on surgery

Baseline assessment of cancer surgery capacity, quality, and workforce across city facilities.

MODULE #2

Elevating quality and safety of surgery

Quality and safety improvement cycle for surgical oncology services.

MODULE #3

Capacity development for cancer surgery professionals

Short-term training to strengthen surgical oncology skills across clinical teams.

MODULE #4

Surgery development plan

Technical roadmap for investment in cancer surgical services and infrastructure.

Radiotherapy

MODULE #1

Situation analysis on radiotherapy

Baseline assessment of radiotherapy capacity, equipment, and service delivery across facilities.

MODULE #2

Radiotherapy development plan

Technical roadmap for coordinated investment in radiotherapy infrastructure and workforce.

MODULE #3

Quality assurance radiotherapy programme

Develop and implement a quality assurance programme to ensure safe and consistent radiotherapy delivery.

MODULE #4

Capacity development for radiotherapy technicians and technologists

Short-term technical training to strengthen radiotherapy delivery and equipment operation skills.

07 | Action Area: Pediatric Oncology

07

ACTION AREA

Pediatric Oncology

Childhood cancer presents a distinct clinical and systemic challenge that cannot be addressed through adult oncology frameworks alone. The signs and symptoms differ, the diagnostic pathways are less familiar to non-specialist providers, and the window for early intervention is often narrower. In many city health systems, paediatric oncology remains underserved — with limited specialist capacity, poor awareness among frontline health workers, and fragmented referral mechanisms that delay diagnosis and treatment for some of the most vulnerable patients. C/Can's paediatric oncology interventions address this gap directly, from clinical guideline development to capacity building and telemedicine-enabled specialist consultation.

The packages are designed to work in concert: locally developed management guidelines establish the clinical standards that training and teleconsultation systems are then built around, ensuring coherence across the full paediatric care pathway. Cities may engage with one or several packages depending on their starting point, but the overall approach is always oriented toward the same goal — ensuring that a child presenting with cancer anywhere in the city triggers a fast, coordinated, and clinically sound response, regardless of where they first enter the health system.

MODULE #1

Situation analysis on pediatric oncology

Baseline assessment of pediatric cancer care capacity, referral pathways, and specialist availability.

MODULE #2

Local pediatric cancer management guidelines

Develop locally adapted clinical guidelines for the management of the most prevalent childhood cancers.

MODULE #3

Early signs and symptoms capacity development

Train non-oncology professionals to recognise and act early on childhood cancer warning signs and refer appropriately.

MODULE #4

Telemedicine for early pediatric consultation

Connects non-specialist providers with pediatric oncology expertise for early assessment of suspicious cases.

08 | Action Area: System Quality

08

ACTION AREA

System Quality

Clinical outcomes across a city's cancer care system are only as strong as the standards that govern them. Without locally adapted clinical guidelines and measurable quality indicators embedded into routine practice, care quality remains uneven across facilities, shaped more by individual provider habits than by shared clinical consensus. C/Can's system quality interventions address this foundational gap — supporting cities to define what good cancer care looks like locally, and to build the regulatory and monitoring infrastructure needed to hold the system accountable to those standards.

The two packages move from definition to measurement: locally developed clinical management guidelines establish evidence-based standards for care across the most prevalent cancer types, while standardised quality indicators create the framework for regulators and institutions to track adherence and drive continuous improvement across facilities.

MODULE #1

Local cancer management guidelines

Develop evidence-based, locally adapted clinical guidelines for the most prevalent cancer types.

MODULE #2

Cancer care quality indicators implementation plan

Establish standardised cancer care quality indicators and a monitoring framework for local regulators to track care standards across facilities.

09 | Action Area: Data Systems & Registry

09

ACTION AREA

Data Systems & Registry

Reliable data is the backbone of any well-functioning cancer care system. Without accurate population-based cancer registries, standardised hospital-level data collection, and a clear understanding of the digital maturity of existing health information systems, cities cannot measure their cancer burden, track progress, or make evidence-based decisions about where to invest. C/Can's data systems and registry interventions address these gaps directly, building the informational infrastructure that underpins effective planning and accountability across the care continuum.

The three packages can be engaged independently or in combination depending on the city's starting point. A city may prioritise strengthening its population-based registry to improve epidemiological insight, standardise hospital-based registries to enable facility-level monitoring, or assess its broader digital health maturity to inform future investment in cancer care information systems. Together, they lay the foundation for a data-driven health system capable of continuously learning from its own performance.

MODULE #1

Population-based cancer registry quality improvement plan

Strengthen the accuracy, completeness, and consistency of population-level cancer data.

MODULE #2

Standardisation of hospital-based cancer registries

Align data collection and reporting standards across hospital registries to strengthen city-level monitoring.

MODULE #3

Digital health maturity assessment

Evaluate the maturity of existing IT systems used for cancer care management to inform future digital investment.

10 | Action Area: System Coordination & Navigation

10

ACTION AREA

System Coordination & Navigation

Cancer care is rarely lost to clinical failure alone — patients fall through the gaps between institutions, between steps in the pathway, and between the professionals responsible for guiding them. In many city health systems, coordination across facilities is informal, navigation support is absent, and no mechanism exists to monitor whether patients actually progress from one stage of care to the next. C/Can's system coordination and navigation interventions address these structural gaps directly, building the inter-institutional architecture and patient-level support needed to keep people moving through the care continuum.

The three packages are sequenced to move from insight to infrastructure to action: patient journey mapping identifies where and why patients are lost along the pathway, inter-institutional coordination mechanisms establish the governance and monitoring systems needed to manage flow across facilities, and clinical navigation programmes embed dedicated support for patients at the points where drop-off is most likely. Cities may engage with one or all three packages depending on their starting point, but the overall goal is consistent — a system where no patient is lost simply because institutions failed to communicate.

MODULE #1

Patient journey mapping

Identify where and why patients are lost along the care pathway and recommend optimisations.

MODULE #2

Inter-institutional pathway monitoring and coordination

Develop governance and tracking mechanisms to manage patient flow across facilities.

MODULE #3

Clinical navigation programmes

Develop and implement dedicated patient navigation support within clinical pathways.

11 | Action Area: Palliative Care

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ACTION AREA

Palliative Care

Palliative care remains one of the most underprioritised dimensions of cancer care in low- and middle-income city health systems, despite being essential to the quality of life of patients at every stage of their disease. The gap is rarely one of intent — it is a gap in system readiness, clinical capacity, and pain management practice. C/Can's palliative care interventions address these dimensions directly, supporting cities to build a locally grounded, actionable foundation for integrating palliative care into the broader cancer care system.

Every engagement begins with a situation analysis to establish a clear picture of the current landscape before any strengthening activity is initiated. This informs the preparation of a palliative care development plan to guide coordinated investment and service organisation over time. In parallel, targeted capacity development equips non-specialist health professionals with the core competencies needed to apply palliative care principles within their existing roles — extending the reach of palliative care beyond dedicated specialists — while a focused intervention on pain management practices ensures that one of the most immediate and universal needs of cancer patients is addressed with consistency and clinical rigour across facilities.

MODULE #1

Palliative care situation analysis

Baseline assessment of palliative care availability, workforce capacity, and service organisation across facilities.

MODULE #2

Palliative care development plan

Technical roadmap guiding coordinated investment in palliative care services over time.

MODULE #3

Capacity development for non-palliative specialists

Train health professionals in palliative care principles and good practices.

MODULE #4

Elevating pain management practices

Strengthen delivery and access to pain management across facilities for cancer patients.

12 | Action Area: UHC Financing

12

ACTION AREA
UHC Financing

Financial barriers are among the most powerful determinants of whether a patient with cancer receives timely, appropriate care — yet in many city health systems, the true cost burden borne by patients remains poorly understood, and coverage mechanisms for essential oncology services are underdeveloped or unevenly applied. C/Can's UHC financing interventions address this gap by generating the evidence base that decision-makers need to design more equitable and sustainable financing solutions for cancer care.

The three packages target distinct but complementary dimensions of the financing landscape: assessing out-of-pocket (OOP) expenditures to quantify the real financial burden on patients, analysing the budget impact of integrating oncology diagnostics into UHC coverage schemes, and examining the barriers faced by patients covered by private insurance. Each can be engaged independently, driven by the city's most pressing financing priorities, and together they provide a comprehensive picture of where the system is falling short in protecting patients from catastrophic health expenditure.

MODULE #1**OOP expenditure assessment**

Quantify the real financial burden borne by cancer patients to inform financing support planning.

MODULE #2**Budget impact analysis for oncology diagnostics**

Model the cost implications of integrating oncology diagnostics packages into UHC coverage schemes.

MODULE #3**Cancer care barrier assessment for privately insured patients**

Examine the barriers faced by insured cancer patients to inform improvements in private insurance plans.

13 | Action Area: Public Private Partnerships

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ACTION AREA

Public Private Partnerships

Private sector actors — from diagnostic providers and pharmaceutical companies to insurers and technology firms — play an increasingly important role in city cancer care systems, yet the conditions needed to engage them effectively through formal partnerships are rarely in place. C/Can's PPP intervention supports cities in building that foundation, generating the evidence and stakeholder alignment needed to unlock structured collaboration between public and private actors in service of better cancer care.

The single package focuses on assessing the local landscape — identifying the barriers that have prevented formal partnerships from forming, and the opportunities and priorities that make them most worth pursuing. It is highly complementary with other packages across the catalogue: situation analyses and development plans from diagnostics and treatment modalities, combined with outputs from governance and system quality interventions, provide the demand and supply intelligence needed to feed into rigorous PPP feasibility modelling — positioning cities to engage the private sector strategically rather than opportunistically, with a clear and evidence-based picture of where collaboration can most meaningfully strengthen the system.

MODULE #1

PPP assessment

Identify barriers, opportunities, and priorities for formal PPPs to improve cancer care provision in the city





<https://citycancerchallenge.org/>

