City Cancer Challenge

Checklist 2020

Building city readiness to improve access to quality cancer care
City Checklist

How to use the City Cancer Challenge Checklist

This checklist is based on the experience garnered in our first cities, which include: Asuncion, Paraguay; Cali, Colombia; Kumasi, Ghana; Porto Alegre, Brazil; Tbilisi, Georgia; Yangon, Myanmar. It helps cities ensure they are ready to attain the maximum benefit from participating in the City Cancer Challenge. It is organised under five key themes we have found to be the drivers of success and sustainability in efforts to improve cancer care in our cities:

1. Local leadership and political commitment
2. Partnerships
3. People-centred approach
4. Enabling policy environment
5. Cancer care basics

The checklist is designed to:

• Support ministers of health, city health leaders, civil society organisations, industry partners, and other interested groups or individuals to gauge a city’s eligibility and readiness to take on the City Cancer Challenge. The checklist can be used to identify areas that may need to be strengthened before considering an application and provides links to resources that are available to help address these areas.

• Support cities that have previously been unsuccessful in the application process to identify areas that could be strengthened and what resources are available to help.

• Serve as a resource for any city committed to improving access to quality, equitable, sustainable cancer care for its citizens.
Strong political commitment from the institutions and individuals responsible for the planning, delivery and financing of cancer solutions is essential for the development and implementation of sustainable cancer care solutions that benefit all.

Depending on the city context this may include the city or regional secretary for health, ministry of health and related government bodies, as well as healthcare institutions and insurers. Experience in the first C/Can cities, including Cali, Colombia, and Asuncion, Paraguay, shows that where there is commitment at the highest levels, the impact of one city’s activities can be amplified by applying the knowledge and experience accumulated to other cities, and/or scaling to a national level. For example, in January 2019, Paraguay passed a national cancer law recognising the right to access to cancer prevention, treatment and care, and establishing a National Programme for Cancer Control at the National Cancer Institute and a multisectoral National Cancer Advisory Board. The process to develop the law and garner support was spearheaded in May 2017 by the multisectoral City Executive Committee established as part of the C/Can process in Asunción.

Similarly, local champions from across different sectors, including civil society, government, professional associations, academia and the private sector, have played a key role in the C/Can process, as well as in efforts to scale impact nationally. Local champions can be one or more individuals, or whole organisations. They can act as strong advocates for the C/Can vision and approach, providing visibility and momentum to our work, as well as engaging key influencers and partners to ensure sustainability.

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<tr>
<td><strong>01</strong></td>
<td>Is there support from the body/bodies responsible for the planning, delivery and financing of cancer care solutions in the city? Are they willing to invest time and resources to participate in the C/Can process?</td>
<td>YES</td>
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<tr>
<td><strong>02</strong></td>
<td>Is there potential to replicate the process in other cities, or to scale up activity to a national level?</td>
<td>YES</td>
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<tr>
<td><strong>03</strong></td>
<td>Are there city champions who support efforts to improve cancer control and are willing to lead engagement with C/Can?</td>
<td>YES</td>
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2. Partnerships

A multisectoral approach

C/Can recognises that every sector has a role to play and value to bring to designing cancer care solutions that are tailored to the needs of patients. C/Can partnerships at the city level are already showing value by crowding in expertise from different disciplines and bringing the right stakeholders together. Equally, each partner, private or public, comes to the table with specific objectives and interests that need to be appropriately and transparently recognised and managed through a robust conflict of interest framework.

**01**

Is there evidence of multisectoral collaboration between government, civil society, the private sector and other key stakeholders (informal or formal) to improve cancer treatment and care and/or other NCDs?

YES ☐ NO ☐

**02**

Are there guidelines in place to manage any real, perceived or potential conflict of interest associated with these collaborations?

YES ☐ NO ☐

**03**

Is there a local pharmaceutical industry association that could support efforts to engage industry in an effective and appropriate manner? If yes, does the local industry association have, and follow, a code of conduct?

YES ☐ NO ☐
2. Partnerships

Ensuring sustainability

C/Can aims to embed a core set of sustainability principles from the start of our activities in a city. One of the key principles is creating the right local partnerships, leadership, and commitment to ensure that cancer care solutions developed as part of the C/Can process continue to be effectively implemented, monitored and evaluated. Local strategic partners may include civil society organisations, government bodies, professional associations, healthcare providers, academia, local business, and industry associations.

01 Are local strategic partners ready to invest their own financial and human resources to ensure the sustainability of efforts to improve access to quality cancer care?

02 Are there one or more local strategic partners (e.g. civil society organisation, government body) with the capacity to continue coordinating projects developed through the C/Can process?
Global partners (such as international NGOs, UN agencies, regional development banks) will also be key to ensuring sustained financial and technical support for city activities in the long-term. This is particularly important for projects that require significant investment in infrastructure and human resources, and for which it may be critical to explore innovative financing mechanisms, including through public private partnerships (PPPs).

Open and transparent dialogue between key stakeholders and partners, such as the different cancer care providers, universities, professional associations etc. that firmly places the interests of the city above any individual or institutional interests is critical to the success of the C/Can process, and is particularly important during the city needs assessment phase.

Is there evidence of previous engagement of the public sector with development finance institutions to promote social and economic development?

01

Is the public financing landscape for cancer services documented (e.g. public expenditure on health, and cancer in particular)?

02

Is there evidence of collaboration (formal or informal) between the different cancer care providers?
Embedding civil society into the C/Can process is vital to ensuring that the right local stakeholders are engaged, that a strong linkage to the local community is maintained, and that any solutions developed reflect the needs of people and their communities affected by cancer.

3. People-centred approach

Robust and coordinated civil society

01
Is there a civil society organisation with the capacity to take a lead role in the C/Can process?

02
Is there evidence of collaboration between civil society organisations for improvement of cancer treatment and care in the city?

03
Is there evidence of collaboration between the government (city/regional/national) and civil society to improve cancer treatment and care in the city?

04
Are civil society organisations well represented in cancer control planning processes?

Patient group representation

The participation of people affected by cancer is embedded in our process, ensuring we respond to the needs of those most affected.

01
Are there cancer patient groups/associations in the city?

02
Are patient groups well represented in cancer control planning processes?
Aligning C/Can activities with a national cancer control plan and ensuring consistency with national cancer and NCD priorities is critical to ensuring wide support for, and sustainability of, all efforts at city level.

### National cancer control plans

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<tr>
<td>01</td>
<td>Does your country have a comprehensive national cancer control plan?</td>
<td>YES</td>
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<tr>
<td>02</td>
<td>Is it adequately funded and implemented?</td>
<td>YES</td>
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<tr>
<td>03</td>
<td>Does your country have a comprehensive national NCD plan?</td>
<td>YES</td>
</tr>
<tr>
<td>04</td>
<td>Is it adequately funded and implemented?</td>
<td>YES</td>
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The design, planning, and monitoring of cancer treatment and care solutions, whether at national, regional, or city level must be based on accurate data, including incidence and mortality, ideally from a population-based cancer registry.

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<thead>
<tr>
<th>01</th>
<th>Is there population-based cancer registry data available in your city, region, or country?</th>
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<tr>
<td>YES</td>
<td>NO</td>
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<th>02</th>
<th>If not, is hospital-based cancer registry data available?</th>
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<td>YES</td>
<td>NO</td>
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<tr>
<th>03</th>
<th>If not, are efforts underway to develop a cancer registry? Is there collaboration with the Global Initiative for Cancer Registry Development (GICR)?</th>
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<td>YES</td>
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A comprehensive city-wide needs assessment of gaps in core cancer care services and infrastructure is a critical first step in the C/Can process. However, in cities where there exists basic capacity and availability of core cancer care services (including diagnostics, surgery, radiotherapy, systemic therapy and palliative care), experience shows that the C/Can process can effectively catalyse and accelerate existing efforts.

**01**

Are the following core cancer services generally available in the city?  
- Diagnostics  
- Oncology surgery  
- Radiotherapy  
- Systemic therapy  
- Palliative and supportive care

**02**

If not, are efforts underway to establish these services?
LOCAL LEADERSHIP AND POLITICAL COMMITMENT
— The Union for International Cancer Control’s (UICC) Treatment for All campaign is mobilising and supporting civil society to identify advocacy priorities and translate global cancer commitments into effective national action.

PARTNERSHIPS
— Learn more about the impact of C/Can’s multisectoral approach in Latin America here.
— To search a database of access programmes for NCDs featuring private sector collaboration with civil society visit Boston University’s Access Observatory.

PEOPLE-CENTRED APPROACH
— Read about C/Can efforts in Tbilisi to integrate the patient voice
— Our Views, Our Voices is an initiative led by the NCD Alliance that seeks to meaningfully involve people living with NCDs in the NCD response, supporting and enabling individuals to share their views to drive change.

ENABLING POLICY ENVIRONMENT
— Visit the International Cancer Control Partnership (ICCP) Portal for access to cancer planning and capacity building resources, including a searchable map of National Cancer Control Plans.
— The McCabe Centre for Law and Cancer promotes effective use of law for the prevention and control of cancer and other non-communicable diseases.
— Led by the International Agency for Research on Cancer (IARC), the Global Initiative for Cancer Registry Development (GICR) supports the development of cancer registration in low- and middle-income countries.
— IAEA’s Programme for Action for Cancer Therapy supports the development of comprehensive National Cancer Control Plans.

CANCER CARE BASICS
— UICC Technical fellowships and study grants provide individual training for rapid skills development and knowledge transfer across the cancer control continuum to reinforce the cancer control workforce.
— WHO Guide to Early Cancer Diagnosis provides guidance on the operationalisation of early diagnosis programmes.
— WHO List of Priority Medical Devices for Cancer Management
— WHO Model List of Essential Medicines (Section 8. Immunomodulators and Antineoplastics)
— WHO Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents
City Cancer Challenge Foundation (C/Can) supports cities around the world as they work to improve access to equitable, quality cancer care. It leads a city-based partnership initiative that aims to improve access to quality cancer care in cities around the world by transforming the way stakeholders from the public and private sectors collectively design, plan, and implement cancer solutions.

The approach is built on the core principle that cities can drive impact at national level by crafting data-driven solutions with the support of a network of global, regional, and local partners that reflect an understanding of the unique local context.