




City Cancer Challenge

Leon

May 2019



An aerial photograph of a city street with a crosswalk. Several pedestrians are crossing the street. A white rectangular frame is overlaid on the left side of the image, containing text. A white square is also visible in the upper right corner of the frame.

C/Can is working towards a world where cities deliver quality and equitable cancer care for all.

To achieve this goal, we are creating a global community of cities and partners working together to design, plan, and implement cancer solutions to save lives.

Contribution to SDGs



Sustainable Development Goals



The Need



54%

54% of the world's population already lives in cities, rising to an estimated 66% by 2050



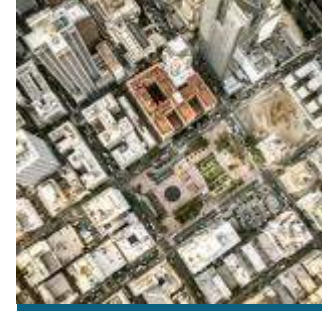
1 in 3

1 in 3 people in the world is affected by cancer, at a cost of more than \$1 trillion per year worldwide



70%

NCDs in general account for 70% of all deaths worldwide, making them the leading cause of global mortality



70%

~70% of cancer deaths occur in developing countries

Our History

JANUARY 2017

C/Can
launched
by UICC at
WEF

2017

4 key learning
cities
identified

2017

2018

2019

2017

Cali,
Colombia

2017

Ascunción,
Paraguay

2017

Yangon,
Myanmar

Our History



Our History



Our History



Our History



Our cities

To date, seven cities have committed to take up the City Cancer Challenge:





The C/Can Model

Guiding Principles

Cities take
the lead



Learning
and sharing
as we grow



The power of
partnerships



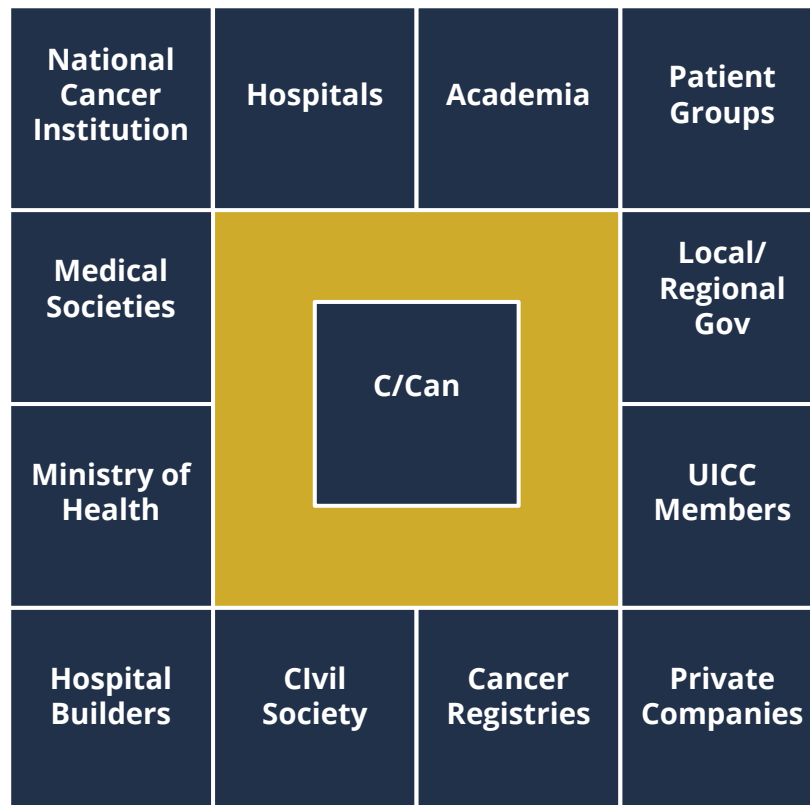
City-Focused Collective Action

A truly **multi-sectoral** initiative.

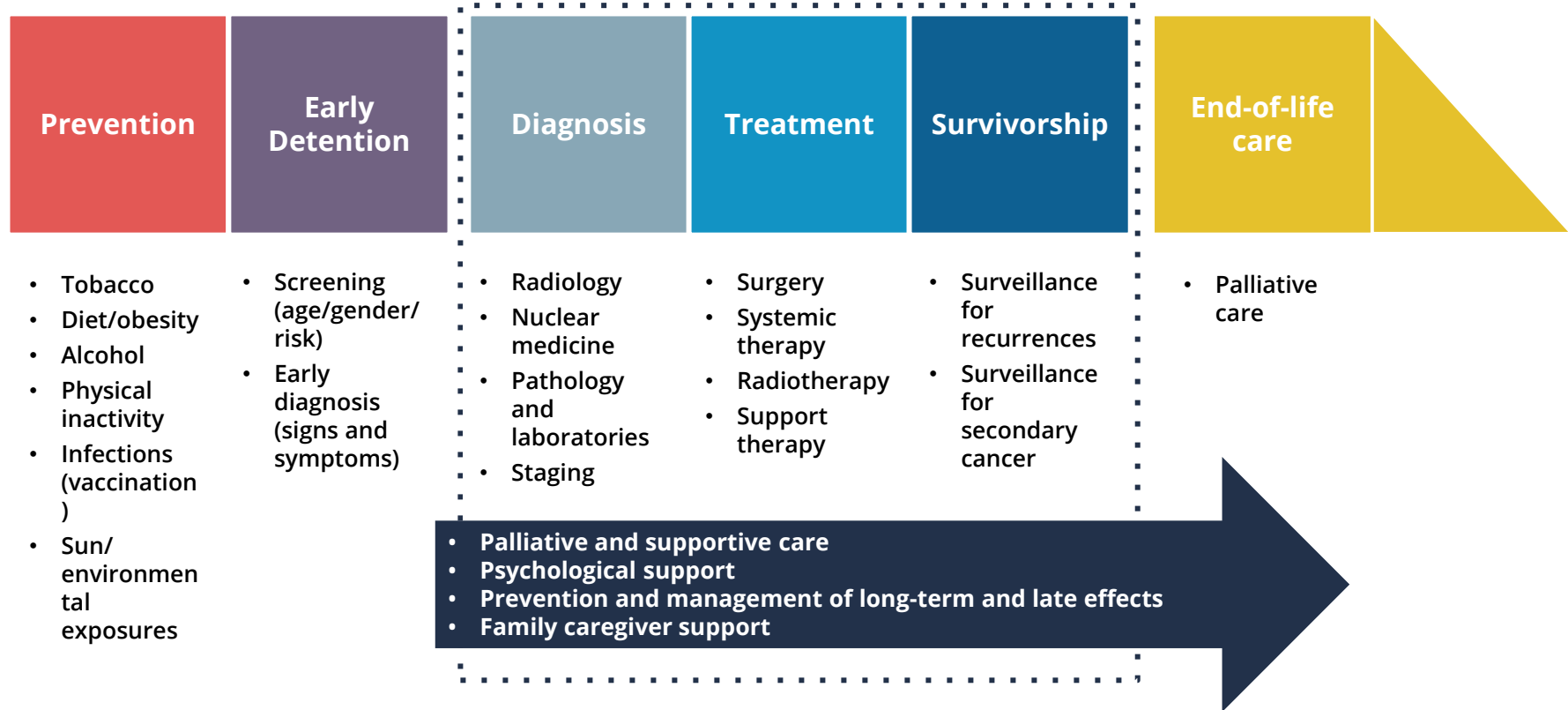
Focused on **health systems strengthening, health workforce training, capacity building, and sustainable health financing** through the lens of improving access to cancer treatment and care.

Cities take the lead in the design, planning, and implementation of cancer care solutions to improve the health of their citizens and reduce inequities in access to quality care.

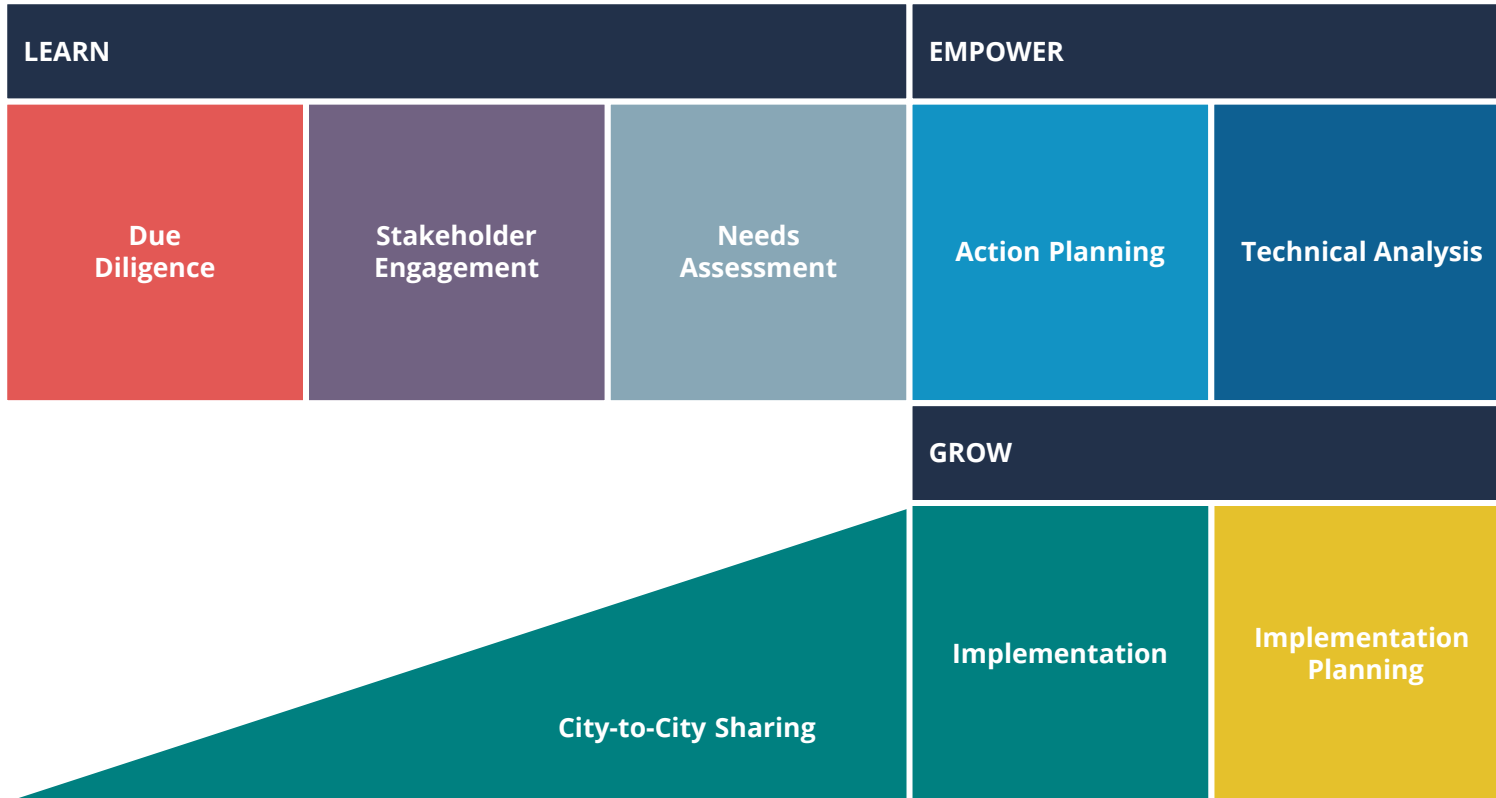
Taking a **health systems approach** to achieve a reduction in premature mortality from cancer.



The Cancer Care Continuum



The C/Can Model



Stakeholder Engagement

MoU signatures

Executive Committee

Technical Committees

Implementation Partners

Core Cancer Services

- Education & Pathology
- Clinical Laboratories
- Blood bank & hematology lab
- Medical Oncology/ Adult Hematology
- Surgical Oncology
- Pediatric Oncology /Hematology
- Radiotherapy
- Medical Imaging – Radiology
- Medical Imaging - Nuclear Medicine
- Palliative and Supportive care

Management of Cancer Services

- Education & Professional development
- Management of cancer services
- Budget /Finance
- Hospital statistics/ performance management

Quality of Care

- Medical ethics & patient-centred care
- Guidelines and protocols
- Acquisition & management of cancer data
- Workplace Health & Safety

Community Access

- Primary and secondary health care
- Medical care networks for oncology
- Patient perspective / survey

City Cancer Challenge Solutions



1. Cooperation and Collaboration

Dialogue, cooperation, and coordination among key institutions and stakeholders at the city level to develop or strengthen policy, processes and protocols for the delivery of quality cancer care.



2. Technical Assistance

Sharing and transfer of information, working knowledge and expertise provided by regional or international specialists, including in-kind support of skills training and expert technical assessments in cancer treatment and care.



3. Developing Human Capital

A one-off financial contribution needed to train and develop the skills of people who are contributing to the quality and impact of city cancer plans.



4. Sustainable Investment

Long-term investment of financial resources in cancer care and treatment projects that generate cash flows.



Health Financing Solutions

Health Financing Solutions

The City Health Financing Lab (CHFL) is a core component of the City Cancer Challenge which aims to advance sustainable financing for cancer and NCD treatment solutions that improve access to care for people living in cities around the world.

The CHFL advances solutions at city, national, and global level by:

Catalysing cancer investments in CITIES

The CHFL works directly with C/Can cities in low- and middle-income countries (LMICs) to shape their healthcare needs into innovative and investable solutions that will attract new financing to the city.

Addressing NATIONAL access to care

Through the development of multi-sectoral partnerships, the CHFL helps to catalyse access solutions at the national level that support governments to achieve Universal Health Coverage (UHC) which includes access to quality treatment and care for cancer and NCDs.

Increasing GLOBAL financing for the treatment of cancer and NCDs

To address the global financing gap and ensure that new funds are accessible for NCD treatment and care solutions, the CHFL brings the on-the-ground experience of developing an investable pipeline of city health solutions to bear on global advocacy efforts and the development of new global funds.

Evidence of the problem: Gaps in access to quality cancer care

Through the City Needs Assessment process, City Cancer Challenge is generating a unique, rich, qualitative and quantitative dataset

1,100+

Datapoints
across 4 areas

Management
of Cancer Services

Core Cancer Services

Quality of Care

Community Access

7 cities

Data to be available
for 7 cities by the
end of 2019

20 cities

Data to be available
for 20 cities by the
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2019

2025

Data contributed
in just the first
four key learning
cities

80+

Health
Facilities

800+

Health
Professionals

650

Patients

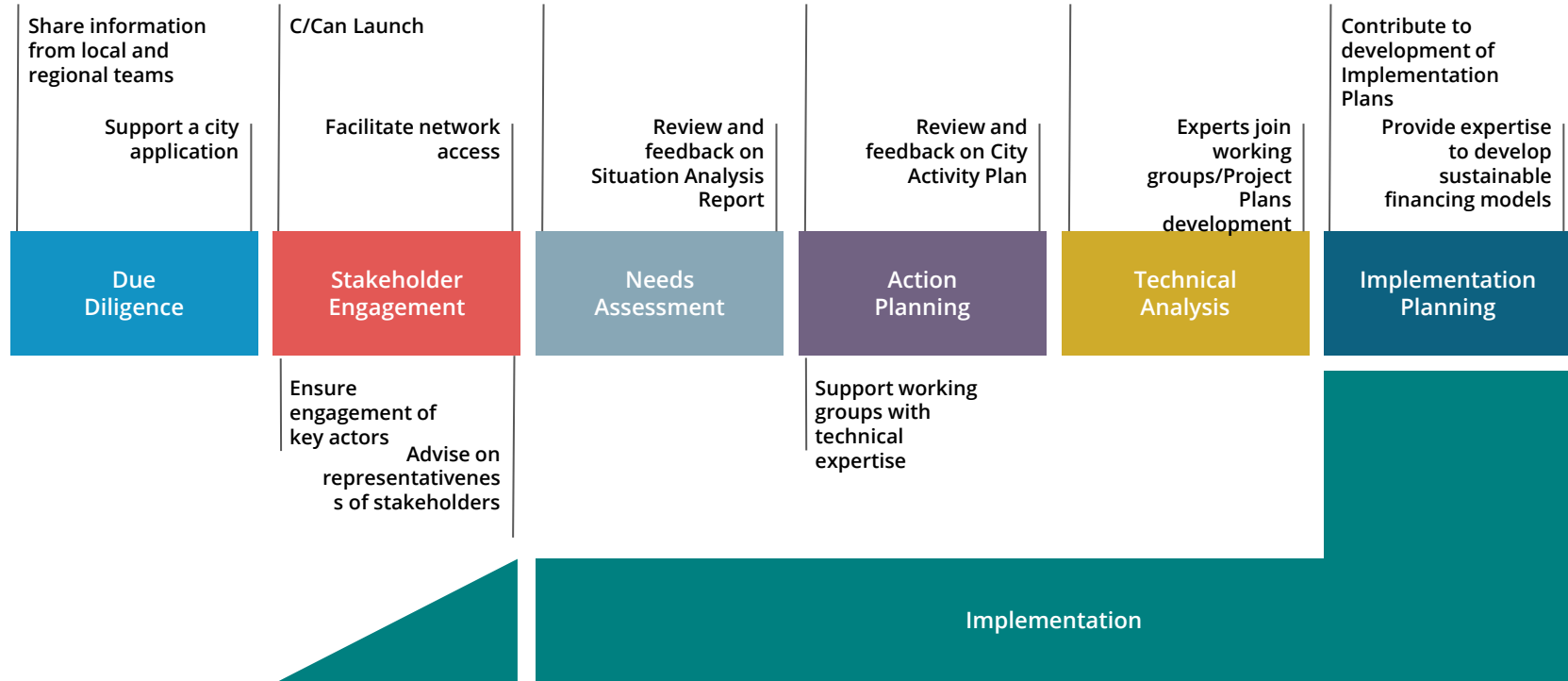
2019

As of January
2019, data is
collected and
stored on a
powerful online
platform (REDCap)
providing capacity
for sophisticated
analysis and
reporting.

Partnerships



Partnership Engagement Framework



Other Opportunities

Partnering with C/Can

- Join **media and PR** activities to support the local team to increase awareness of C/Can
- Share existing ongoing cancer care activities/ programmes with C/Can city manager to ensure **coordination** and stream line efforts
- Share calendar of **events** for 2019 which we could partner to promote C/Can
- Support our Dialogue Series on **harnessing the power of data** to help city-dwellers lead healthier, longer lives.
- Co-develop World Cancer Day 2020 campaign -. Global Call for application
- Regional Cooperation event in Latam 2020

Current Partners (Global)

Strategic Partners



Implementation Partners



Collaborative Partners



Examples of Partners Engagement

1



Supported Asuncion and Cali C/Can Executive Committee with media and public speaking training.

Co-led the organisation of the First Public Policy Cancer Forum in Cali with the pharmaceutical companies engagement, which was replicated in Kumasi.

At global level, supporting assessment of CCan scalability plan, including the creation of a checklist for new cities willing to expand.

2



Supported a feasibility study for the implementation of oncology functional units at Hospital Universitario del Valle in Cali.

Shared study results with C/Can at the 2018 World Cancer Congress

3



Designated experts who joined the Cali Radiotherapy working group to review the draft plan for development of radiotherapy services in the city and a quality assurance programme

Current Impact



Facts and Figures (KLC)

32.7M

Population
served

84

Participating
Institutions

817

Healthcare
Professionals

50+

Organizations
mobilized

200+

Technical
Assistance
Recipients

652

Patients
Involved



C/Can 2025

City Cancer

Challenge

Foro Regional de América Latina

Financiando Soluciones Sostenibles para el
Control del Cáncer en América Latina

2018

Uruguay



Winning High-Level Political Commitment Regional

LATAM REGIONAL FORUM
'Financing Sustainable
Cancer Control Solutions in
Latin America' Uruguay, April
2018



Asuncion, Paraguay: National Cancer Legislation and Funding

C/Can Executive Committee led the drafting of the **first-ever Cancer Law in Paraguay.**

Creates a National Cancer Program to provide access to comprehensive services for cancer control.

Establishes a multi-sectoral National Cancer Advisory Board with representatives from private and public hospitals, the Ministry of Health, pharmaceutical companies, and the National Council for Research and Technology

Result: 50 million USD funding for 2019, 100 Million for 2020

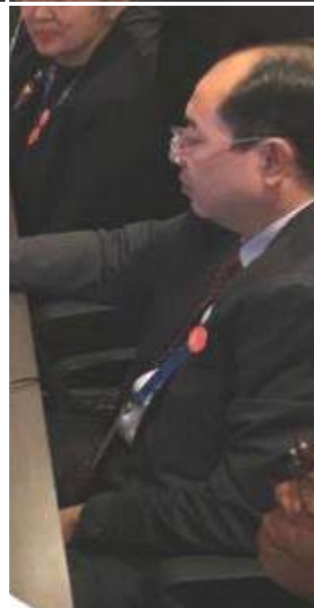




City-to-City Collaboration

Representatives from Kumasi, Kigali, Porto Alegre, Yangon, and Asuncion sharing best practices.

This global group translated the law and discussed how to implement it in their home countries.



Technical Assistance: Enhancing Capacity in Myanmar

Global NGOs, private sector organisations and UN agencies have started working on the ground through advisory missions, providing tailored training and delivering technical assistance to enhance cities' capacities in all areas of cancer care.





- First Public Policy Cancer Forum with the Pharmaceutical Companies engagement
- Regional government set up the Cancer Roundtable to align City Cancer Challenge efforts across the region
- Increased government investment towards the public hospital
- Reintroduction of the HPV vaccine
- Establishment of a Patient Call center
- Access to UICC network at regional and global level. Increasing international exposure and support towards Colombia.
- Increase industry reputation and media awareness
- Effective resource mobilization across the industry in response to City Cancer Challenge plans.
- National Minister of Health taking best practices at national level



Our People



Board of Directors 1/2

Sanchia Aranda (Board Chair)	Cancer Council Australia	CEO	Australia
Raul Doria (Vice Chair)	Grupo San Roque	Executive Director/Owner of 4 Private Hospitals in Paraguay. Member, Asuncion City Executive Committee	Paraguay
Zipporah Ali	Kenya Hospices and Palliative Care Association (KEHPCA)	Executive Director	Kenya
Thomas Cueni	International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)	Director General	Switzerland
Mary Gospodarowicz	Princess Margaret Cancer Centre	Medical Director	Canada
Yin Yin Htun (Rose)	Shwe Yaung Hnin Si Cancer Foundation Pun Hlaing Siloam Hospital	President, Consultant, Medical Oncologist, and Clinical Director of Oncology	Myanmar

Board of Directors 2/2

Kolleen Kennedy	Varian	Executive Vice President & President of Oncology Systems	United States
Mark Middleton	Icon Group	Group CEO	Australia
Adolfo Rubinstein	National Ministry of Health	Minister of Health	Argentina
Luis Miguel Castilla Rubio	Inter-American Development Bank	General Manager, Office of Strategic Planning & Development Effectiveness	United States
Jörg-Michael Rupp	Roche Pharma International	Head of International SMC (137 Small and Medium Countries) & Member, Pharmaceuticals International Leadership Team	Switzerland

Gracias



Partnerships



Examples of Partners Engagement

1



Providing guidance and training on quality control for laboratory professionals in all cities.

Strengthening laboratories network capacity in all cities.

2



Supporting the development of guidelines and protocols for the management of the most prevalent cancers

Provide training of human resources through tele mentoring and professional exchanges

Delivered MCMC – Multidisciplinary Cancer Management Courses

3



Designated experts who joined the Cali Radiotherapy working group to review the draft plan for development of radiotherapy services in the city and a quality assurance programme

Current Partners (Global)

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APPENDIX: Executive Committees & City Stakeholders





JOINED 2017

Cali, Colombia

Total Population: **2.4 million**

Population Reached by Healthcare Facilities: **9 million**

Cancer Incidence (per 100,000): **178.8**

Cancer Mortality (per 100,000): **79.2**

Premature Cancer Rate (per 100,000): **57.7**

Most Common Cancer Sites - Male: **Prostate, stomach, colorectum, lung, non-Hodgkin lymphoma**

Most Common Cancer Sites -Female: **Breast, colorectum, thyroid, cervix uteri, stomach**



LATAM: Asunción

Asuncion - MOU signatories

- Municipalidad de Asuncion ***
- Ministerio de Salud Publica y Bienestar Social ***

Asunción - Executive Committee Members

- Municipalidad de Asuncion ***
- Grupo San Roque
- Instituto de Previsión Social
- Universidad Nacional de Asunción, Facultad de Medicina
- Universidad Nacional de Asunción. Hospital de Clínicas

- Autoridad Regulatoria Radiológica y Nuclear
- Instituto Codas Thompson
- Ministerio de Salud Publica y Bienestar Social ***
- Instituto Nacional del Cancer, MSPBS
- Programa Nacional de Control del Cancer, MSPBS
- Fundacion Unidos Contra El Cancer (FUNCA)
- Fundación ReNACI

JOINED 2017

Asunción, Paraguay

Total Population: **2.1 million**

Population Reached by Healthcare Facilities: **6.89 million**

Cancer Incidence (per 100,000): **263.4**

Cancer Mortality (per 100,000): **130.7**

Premature Cancer Rate (per 100,000): **66**

Most Common Cancer Sites - Male: **Prostate, lung, colorectum, bladder, kidney**

Most Common Cancer Sites -Female: **Breast, colorectum, lung, pancreas, thyroid**



LATAM: Cali

Cali - Executive Committee Members

- Secretaría Departamental de Salud - Valle del Cauca
- Secretaría de Salud Pública Municipal - Cali
- Fundación Valle del Lili
- Centro Médico Imbanaco
- Hospital Universitario del Valle
- Universidad del Valle -Registro Poblacional de Cáncer - Cali
- Universidad del Valle - Facultad de Salud
- Unicáncer
- La Asociación Colombiana de Empresas de Medicina Integral (ACEMI)
- Emssanar
- Fundación Pediatras Oncohematólogos (POHEMA)
- Asociación de Pacientes de Cáncer
- Servicio Occidental de Salud (SOS)
- Clinica de Occidente
- Ministerio de Salud y Protección Social
- Instituto Nacional de Cancerología

JOINED 2019

Porto Alegre, Brazil

Total Population: **1.4 million**

Population Reached by Healthcare Facilities: **tbd**

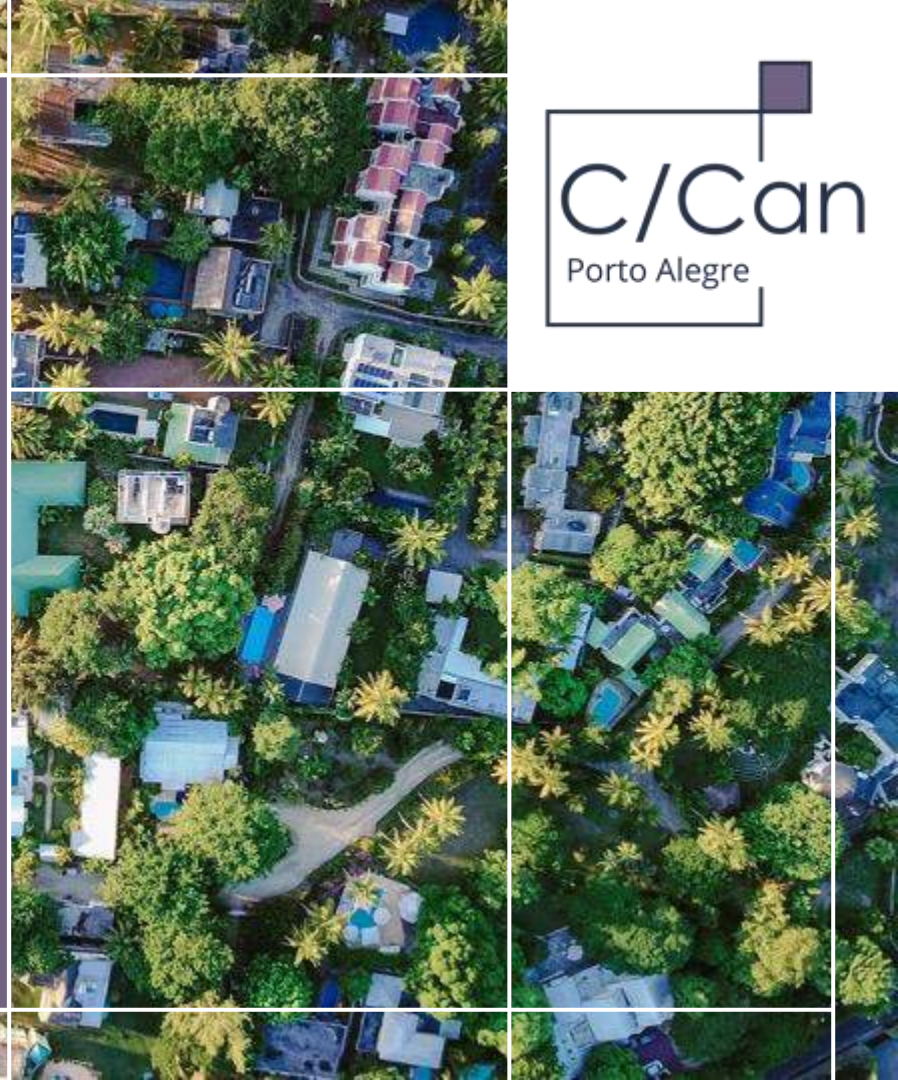
Cancer Incidence (per 100,000): **217.2**

Cancer Mortality (per 100,000): **91.3**

Premature Cancer Rate (per 100,000): **70.8**

Most Common Cancer Sites - Male: **Prostate, colorectum, lung, stomach, bladder**

Most Common Cancer Sites -Female: **Breast, colorectum, thyroid, cervix uteri, lung**



LATAM: Porto Alegre

Porto Alegre MOU signatories

- Governor of State of Rio Grande do Sul
- Mayor of City of PoA
- Federação Brasileira de Instituições Filantrópicas de Apoio à Saúde da Mama (FEMAMA)
- Hospital Moinhos de Vento

Porto Alegre - Executive Committee Members

- Federação Brasileira de Instituições Filantrópicas de Apoio à Saúde da Mama (FEMAMA) ***
- Hospital Grupo Conceição
- Hospital de Clínicas de Porto Alegre
- Hospital Presidente Vargas

- Hospital Santa Casa
- Hospital São Lucas da Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS)
- Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA)
- Latin American Cooperative Oncology Group (LACOG)
- Sociedade Brasileira Cirurgia Oncológica - Regional RS
- Sociedade Brasileira de Oncologia Clínica (SBOC)
- Sociedade Brasileira de Radioterapia (SBRT)
- Unimed Porto Alegre
- Hospital Moinhos de Vento ***
- Secretaria Municipal de Saúde



JOINED 2017

Kumasi, Ghana

Total Population: 2 million

Population Reached by Healthcare Facilities: 4.78 million

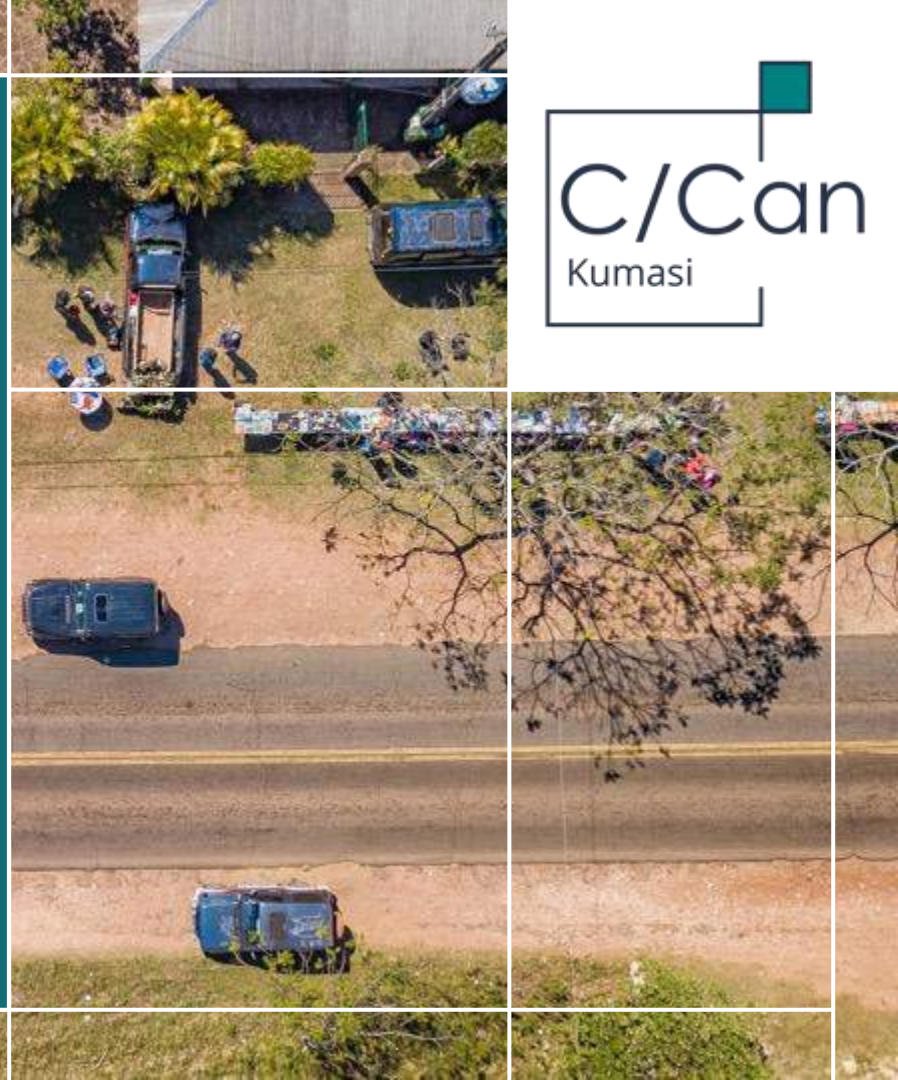
Cancer Incidence (per 100,000): 125.5

Cancer Mortality (per 100,000): 86.7

Premature Cancer Rate (per 100,000): 69.4

Most Common Cancer Sites - Male: **Prostate, liver, colorectum, non-Hodgkin lymphoma, stomach**

Most Common Cancer Sites -Female: **Breast, cervix uteri, ovary, liver, colorectum**



Africa: Kumasi

Kumasi - MOU signatories

- XX

Kumasi - Executive Committee Members

- Ministry of Health
- Ghana Health Service
- Ashanti Regional Coordinating Council
- Kumasi Metropolitan Assembly
- Komfo Anokye Teaching Hospital
- Kwame Nkrumah University of Science and Technology
- National Health Insurance Authority (NHIA)
- Peace & Love Hospital / Breast Care International
- Breast Care International



JOINED 2018

Kigali, Rwanda

Total Population: **1.32 million**

Population Reached by Healthcare Facilities: **tbd**

Cancer Incidence (per 100,000): **937**

Cancer Mortality (per 100,000): **98.7**

Premature Cancer Rate (per 100,000): **86.1**

Most Common Cancer Sites - Male: **Prostate, Kaposi sarcoma, stomach, liver, lymphoma**

Most Common Cancer Sites -Female: **Cervix, breast, stomach, liver, lymphoma**



Africa: Kigali

Kigali MOU signatories

- The City of Kigali
- The Minister of Health
- The Rwanda Palliative Care and Hospice Organization
- The Polyfam Clinic

Kigali - Executive Committee Members

- Mayor, City of Kigali
- Vice Mayor/ Social Affairs, City of Kigali
- Director General of Social Development Unit, City of Kigali
- Director of Public Health and Environment Unit, City of Kigali
- Public Health Officer, City of Kigali

- Personal Advisor of C/Can to the Mayor, City of Kigali
- Rwanda Military Hospital
- Kigali Teaching University Hospital
- School of Public Health, University of Rwanda,
- Rwanda Biomedical Center
- MUHIMA District Hospital
- Hospice St Jean-Paul II
- Rwanda Children's Care Relief
- Rwanda NCD Alliance
- Rwanda Biomedical Center, NCDs Division
- Rwanda Social Security Board
- Polyfam Clinic
- Breast Cancer Initiative East Africa INC.
- Rwanda Palliative Care and Hospice Organization
- Ministry of Health
- King Faisal Hospital



JOINED 2017

Yangon, Myanmar

Total Population: **7.36 million**

Population Reached by Healthcare Facilities: **16.81 million**

Cancer Incidence (per 100,000): **130.9**

Cancer Mortality (per 100,000): **98.0**

Premature Cancer Rate (per 100,000): **85.6**

Most Common Cancer Sites - Male: **Lung, stomach, liver, esophagus, colorectum**

Most Common Cancer Sites -Female: **Cervix uteri, breast, lung, stomach, colorectum**



Asia: Yangon

Yangon MOU signatories

- Department of Public Health, Ministry of Health and Sports
- Department of Medical Services, Ministry of Health and Sports

Yangon - Executive Committee Members

- Yangon Region Government
- Ministry of Health and Sports (MOHS), Department of Medical Services
- Myanmar Medical Association
- Adviser to Union Minister on Oncology, Myanmar Oncology Society
- Yangon General Hospital, Hospital Administration

- Ministry of Health and Sports (MOHS), Department of Public Health
- Ministry of Health and Sports (MOHS), Department of Non Communicable Diseases (NCDs)
- Shwe Yaung Hnin Si Cancer Foundation
- Yangon General Hospital, Department of Medical Oncology
- Central Women's Hospital, Hospital Administration
- Yangon Children's Hospital, Dept. of Haemato-Oncology
- U Hla Tun Cancer Foundation
- Myanmar Private Hospitals' Association



JOINED 2018

Tbilisi, Georgia

Total Population: **1.06 million**

Population Reached by Healthcare Facilities: **tbd**

Cancer Incidence (per 100,000): **143.2**

Cancer Mortality (per 100,000): **87.9**

Premature Cancer Rate (per 100,000): **76.0**

Most Common Cancer Sites - Male: **Lung, prostate, stomach, colorectum, bladder**

Most Common Cancer Sites -Female: **Breast, corpus uteri, colorectum, cervix uteri, stomach**



Europe: Tbilisi

Tbilisi MOU signatories


- Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
- Tbilisi City Hall, Department of Healthcare and Social Services
- Georgian Patients' Union, UICC Member Organization
- City Cancer Challenge Foundation
- Georgian Patients' Union, UICC Member Organization
- Europa Donna Georgia
- National Center for Disease Control and Public Health
- Tbilisi State Medical University
- Todua Medical Center
- Mardaleishvili Medical Center
- Georgian Group of Young Oncologists
- Universal Medical Center
- Parliament of Georgia

Tbilisi - Executive Committee Members

- Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
- Department of Healthcare and Social Services, Tbilisi City Hall

APPENDIX: Placeholder slides for stories





*"Lorem ipsum dolor sit amet,
consectetur adipiscing elit.
Praesent a hendrerit lacus.
Praesent porttitor mi sit amet
turpis tempus cursus"*

-Surname Name

A close-up photograph of a woman with dark hair tied back, laughing heartily. She is wearing a white t-shirt under a light-colored, textured cardigan. Her right hand is raised to her mouth, with fingers slightly curled. The background is a solid, muted purple color.

Stories of success



Story 1



Asuncion, Paraguay: National Cancer Legislation and Funding

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Creates a National Cancer Program to provide access to comprehensive services for cancer control.

Establishes a multi-sectoral National Cancer Advisory Board with representatives from private and public hospitals, the Ministry of Health, pharmaceutical companies, and the National Council for Research and Technology

Result: 50 million USD funding for 2019, 100 Million for 2020




*"Lorem ipsum dolor sit amet,
consectetur adipiscing elit.
Praesent a hendrerit lacus.
Praesent porttitor mi sit amet
turpis tempus cursus"*

-Surname Name

Agenda

1. Introduccion
2. Sobre C/Can
3. Leon y next steps
4. Discussion on challenges and Opportunities.
6. Conclusion and next steps





*"Lorem ipsum dolor sit amet,
consectetur adipiscing elit.
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-Surname Name



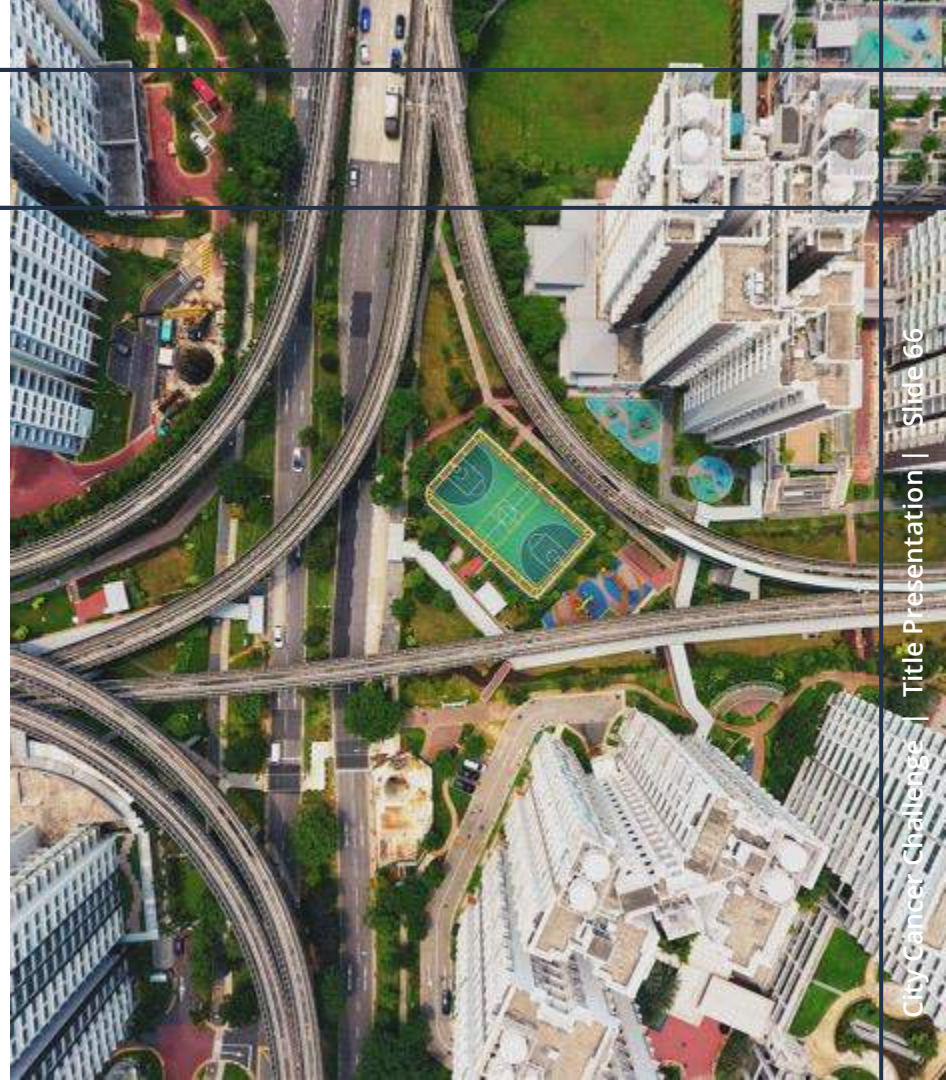
Harnessing the power of data

C/Can Data generation I

Due Diligence: Data around city readiness to improve cancer control

Stakeholder Management: Stakeholder mapping, city profile data, national coverage systems

Needs Assessment: gaps and capacities in cancer care



Evidence of the problem: Gaps in access to quality cancer care

Through the City Needs Assessment process, City Cancer Challenge is generating a unique, rich, qualitative and quantitative dataset

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C/Can Data Generation II

Action Planning & Technical Analysis: set of city priorities, plans, tech analysis data, financial investment cases, national coverage (CHFL)

Implementation: quarterly/annual data at output, outcome and impact, city activity progress, technical assistance resources

Cross-cutting: case studies, learnings, what works and doesn't work well and why

Potential to leverage C/Can city network to access other data e.g. registry data

Leveraging C/Can data

City Level



Identify cancer care gaps and capacities, inform prioritisation, planning, and allocation of resources in cities



Track progress and impact of city activities

Leveraging C/Can data

Global Level



Track progress and impact at global level



Inform adaptation and optimisation of the C/Can model and processes



Identify common trends and anomalies across cities and regions



Identify potential for targeted research on specific areas



Generate an evidence base around the value of a multisectoral approach



Create resources to inform and influence cancer care policy development

Harnessing C/Can Data for policy development

Opportunities:

- Development of resources: (publications, policy briefs, case studies, input to policy dialogues, consultations, at city, national and global level) aimed at informing/influencing policy development in the delivery of local cancer care solutions based on the evidence generated through the C/Can engagement process

Examples:

- “Using a national cancer law to ensure the integration and sustainability of local cancer care efforts – learnings from Asuncion, Paraguay”
- “Recommendations for priority actions to build capacity and quality of pathology services in low and middle income countries – learnings from Yangon, Cali, Asuncion and Kumasi”
- “The importance of standardised reporting in reducing waiting times from diagnosis to beginning of treatment”



Stories of Impact



C/Can 2025

City Cancer

Challenge

Foro Regional de América Latina

Financiando Soluciones Sostenibles para el
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2018

Uruguay



Winning High-Level Political Commitment Regional

LATAM REGIONAL FORUM
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Winning High-Level Political Commitment: Global (UN)

The UN Secretary General recognized C/Can as an example of successful public-private partnerships at the 2018 UN High Level Meeting on Non-communicable Diseases (NCDs).



challenge | Slide 74





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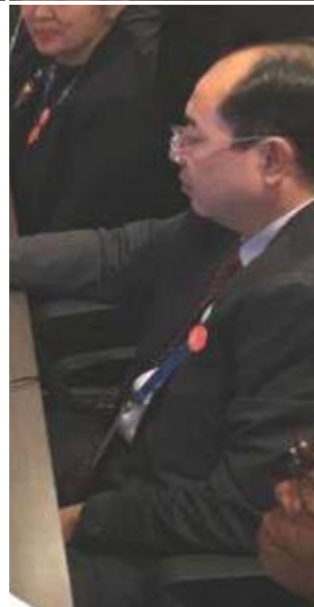
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- Increase industry reputation and media awareness
- Effective resource mobilization across the industry in response to City Cancer Challenge plans.
- National Minister of Health taking best practices at national level