



C/Can 2025: City Cancer Challenge

Q&A

Version: April 2017

What is C/Can 2025?

C/Can 2025: City Cancer Challenge (C/Can 2025) is the name of an initiative run by the Union for International Cancer Control (UICC). C/Can 2025 calls on the international community to work with cities with a population greater than 1 million to improve the cancer treatment and care services they have available for their citizens.

What does it aim to achieve?

C/Can 2025 aims to increase the number of people with access to quality cancer treatment and services in cities around the world, through a network of motivated partners including city leaders, governments, NGOs, UN agencies, and domestic and international businesses.

How does it aim to achieve this?

It aims to do this as a truly multi-sectoral initiative where all city stakeholders will engage in the design, planning and implementation of cancer treatment and care services. Cities will be encouraged and supported to take the lead on improving the health of their citizens and reducing inequities in access to quality cancer care.

C/Can 2025 signals a paradigm shift in the way international organisations wish to help country and city leaders address the growing burden of cancer they are facing. UICC and its partners are committed to working alongside cities as they invest in high quality cancer treatment infrastructure for their citizens.

We hope that by the year 2025, when the United Nations (UN) will measure progress against the non-communicable disease (NCD) targets agreed by UN Member States in 2012, that the cancer community will be able to show how cities around the world are curing more cancer patients than ever before.

Why cities?

The challenge: Today, more than 50% (54%) of the world's population live in urban environments. This figure is anticipated to grow to more than 60% (66%) by 2050. The global population living in medium-sized cities nearly doubled between 1990 and 2014, and is projected to increase by another 36% between 2014 and 2030, growing from 827m to 1.1bn.

As the world continues to urbanise, sustainable development challenges will be increasingly concentrated in cities, particularly in emerging cities experiencing rapid growth. All cities therefore face a growing cancer burden with an ageing population in less healthy environments.

The opportunity: Cities therefore offer important opportunities to expand access to health services, including quality cancer care, for large numbers of the global population in a sustainable way that delivers value for patients, communities, businesses and governments and, ultimately, improves patient outcomes.

Cancer treatment centres are therefore best placed in densely populated areas, drawing on local resources to run and maintain them.

Critically, UICC believes that by focusing efforts on major cities worldwide, countries will be investing in sustainable cancer treatment services which, in time, can support the needs of the broader population in their country.

Why is the deadline 2025 and not 2030 when you speak about responding to the Sustainable Development Goals (SDGs)?

In 2011, the UN held a special High-level Meeting on Non-communicable Diseases, the outcome of which was a Resolution leading to all UN Member states (at the 2012 World Health Assembly) adopting the target to reduce premature deaths from NCDs 25% by 2025. This ambitious goal has been rolled into the SDGs to a level of at least one-third by 2030, with acknowledgement by the global health and development communities that this will however not be achieved if we do not first hit the 2025 target. Hence, C/Can 2025 proactively focuses on 2025.

What happens in 2025? Will the C/Can initiative come to an end?

2025 is an important milestone which provides a concrete time-bound marker for which the global health and development communities should be working towards collectively. Without consolidated efforts to reach the 2025 targets, the 2030 goals cannot be achieved, therefore, as we approach 2025, the initiative will be reviewing its progress, and adjusting according to what needs to be done to achieve SDGs 3, 11, 17.

What are the SDGs that C/Can 2025 is trying to address?

SDG 3: Good health and well-being - Ensure healthy lives and promote well-being for all at all ages
Specifically, target 4 of goal 3 (3.4) which states: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

SDG 11: Sustainable cities and communities - Make cities and human settlements inclusive, safe, resilient and sustainable

SDG 17: Partnerships for the goals - Strengthen the means of implementation and revitalize the global partnership for sustainable development

Who is behind C/Can 2025? Is C/Can 2025 an organisation? How is it run?

Currently, C/Can 2025 is a programme of work run by the Union for International Cancer Control (UICC) with the support and involvement of many of its key members and partners. The Director of C/Can 2025 reports to the CEO of UICC. A Steering Group comprising representatives from the UICC Board of Directors and C/Can 2025 strategic partners meets on a monthly basis to oversee the delivery of the planned work and activities.

Why UICC?

UICC is the largest international cancer membership organisation in the world. It has more than 1,000 organisational members in 162 countries. Through UICC's UN Economic and Social Council (ECOSOC) status, UICC enjoys formal and productive relationships with many UN agencies, including the World Health Organization (WHO), the International Agency for Research on Cancer (IARC), the International Atomic Energy Agency (IAEA) and others.

UICC has partners across all industry sectors and has access to the world's experts in practically every domain of cancer control. UICC is a trusted organisation, willing and able to bring together parties committed to delivering global change through the implementation and scale-up of quality and sustainable programmes that address the global burden of cancer and other non-communicable diseases (NCDs).

Where is C/Can 2025 based?

C/Can 2025 is based in Geneva, Switzerland in the UICC offices. However, as the initiative grows, it will move into its own offices in Geneva. Being headquartered in Geneva is ideal because of the close proximity

to the UN, WHO, World Economic Forum, and numerous other global health organisations based within the city.

What are the C/Can 2025 guiding principles?

Four guiding principles serve as the foundation of C/Can 2025's strategic and business framework:

- To work with both the public and private sectors to achieve the ambition of C/Can 2025
- To take an open, transparent and participatory approach to decision-making and monitoring and evaluation of outcomes based on a set of mutually agreed key performance indicators and annual progress reporting
- To take a patient-centred approach to the evaluation, planning and implementation process whereby optimal support and care of a patient is at the centre of a comprehensive and sustainable cancer treatment solution
- To work closely with the C/Can 2025 global and regional teams and receive counsel and guidance on the planning and implementation process.

Cancer

Why Cancer?

The global target to reduce premature deaths from NCDs by 25% by 2025 remains a call to mobilise community and nations around the world. However, focusing solely on NCD risk factors alone will not reduce cancer mortality rates by 2025. Improvements in early detection and treatment is critical.

There are currently about 14 million new cancer cases diagnosed each year globally, and 8.8 million cancer deaths (more than HIV/AIDS, malaria, and tuberculosis combined), out of which four million are premature deaths (aged 30-69 years). Estimates predict that the number of new cases is expected to rise over the next two decades unless we make significant progress to reverse this trend.

Furthermore, the cancer epidemic has far reaching economic impact, estimated to cost world economies 1.16 trillion USD annually, and projected to grow exponentially if no action is taken.

Why treatment?

The ambitious targets of the UN SDGs create a timely imperative to invest in NCD treatment in cities, and specifically in cancer treatment.

The global community has committed to reduce premature deaths from NCDs by 25% by 2025 and by 33% by 2030 (SDG 3.4) but, to date, much of the effort to reduce mortality has focused on addressing shared risk factors for cancer and other NCDs. C/Can 2025 exists because, even if we are able to reduce all cancer risk factors, there will still be a growing number of cancer cases over time; this alone is not sufficient to meet the SDG targets. With 54% of the world's population already living in cities, and that number expected to rise above 60% in the next ten years, C/Can 2025 has been conceived to address the urgent need to move political commitments made at the global level into fully functional, comprehensive cancer services that reach the majority of the world's population, therefore having a direct and concrete impact on cancer mortality rates and the target to reduce premature deaths by 2025.

What about the other areas of cancer control?

In raising the profile of cancer in a city, we hope that the government of that city will implement broader cancer control programmes addressing prevention, screening, diagnosis, improvements in primary healthcare and general population awareness, as well as create close links between urban planning and health.

In this respect, we see C/Can 2025 acting as a trailblazer initiative that engages the local city population on the issue of cancer control and catalyses a more general response to cancer and NCD prevention and control.

How is the global NCD community involved?

To reduce premature NCD deaths by 2025, countries and cities must address NCD risk factors and improve early detection and treatment. Many cancer risk factors are shared with the other NCDs (tobacco, alcohol, physical inactivity, poor diet) so it is important that the NCD community be involved in the work of C/Can 2025. The initiative is partnering with the NCD Alliance and local NCD civil society groups throughout each city challenge.

Why not focus on all NCDs if your target is to achieve the goals of the 2011 UN Resolution on NCDs?

Addressing the scope of NCDs requires starting somewhere and UICC is best placed to address cancer specifically. The long-term vision is that C/Can 2025 will provide a strong foundation to work with other stakeholders to develop programmes in the future that address NCDs more broadly.

In the meantime, C/Can 2025 will be partnering with the NCD Alliance and local NCD civil society groups throughout each city challenge.

Cities

How do cities engage in C/Can 2025?

Cities will be involved in C/Can as either a 'Key Learning City' or 'Challenge City'. In both cases, all cities must have a population greater than 1 million.

Is it only low- and middle-income cities who can be involved?

No. There are more than 500 cities in the world with a population above 1 million and C/Can 2025 will encourage all of these cities to sign up to the Challenge.

Some cities (predominantly in high-income countries) will drive their own agenda once they have completed a self-evaluation and needs assessment. Others will require specific help in key areas (for example, radiotherapy training or increased resources in pathology), while others will require the full support of the international community to help them build facilities to deliver cancer treatment and care. Depending on their evaluation and needs, cities will therefore be a 'Challenge' city or a 'Key learning city'.

C/Can 2025 invites the engagement of all cities with a population greater than 1 million who express interest in improving cancer treatment and care by 2025.

What are 'key learning cities'?

- 'Key learning cities' are a small group of select cities in low- and middle-income countries
 - There are currently three 'key learning cities' engaged. We aim to have 10 by the end 2019
- They receive the full support of C/Can 2025 to help undertake a comprehensive needs assessment and then build and deliver cancer treatment and care solutions
- City selection is based upon a rigorous set of criteria including the potential to provide insights on how the international community, local civil society and the public sector can best work together to implement the shared ambition of the city and C/Can 2025.

C/Can 2025 is an innovative multi-sectoral initiative that aims to reduce premature cancer deaths by 2025. It is the first time such an international coalition of multisectoral organisations has been established to work with cities on improving cancer treatment and care. Hence, in the first phase of the Challenge, we wish to learn how to best work with cities, particularly those in low- and middle-income countries (LMICs) where the need is greatest. The first 'key learning cities' will give us insight on how the international community, local civil society and the public sector can best work together to implement our shared ambition.

What is a 'Challenge City'?

Any city with a population greater than 1 million can be part of C/Can 2025: City Cancer Challenge, by joining as a 'Challenge City'.

- The C/Can 2025 team is developing a framework for engagement as a Challenge City, which we expect to have ready by the end of August 2017.
- Cities wishing to join as a Challenge City:
 - Should expect to commit to the guiding principles outlined in this framework such as undertaking a self-assessment to identify gaps and key priorities for improved cancer treatment and care solutions in their city.
 - Should send their expressions of interest to ccan2025@uicc.org and be open to discussions in the month of September 2017.

The first wave of Challenge Cities will be announced publically at the 2017 World Cancer Leaders' Summit in Mexico City, Mexico (to be held 13 – 14 November 2017). The mayors of any Challenge City wishing to be part of the first wave, should expect to be present at this event and a dedicated suite of supporting side events.

Which are the first key learning cities?

After consultation with our many partners, UICC identified 12 cities in low- and middle-income countries that were potential candidates to become 'Key learning cities'. In consultation with local UICC members and other cancer organisations, we have approached the leaders in each country and city and three of them have indicated their desire to become part of the first phase of 'key learning cities'. They are: Asunción, Paraguay; Cali, Colombia; Yangon, Myanmar.

What does 'commitment' mean? / When a country signs an MOU – what does this mean?

To become a C/Can 2025 city, country and city leadership must commit to improve cancer treatment and care in that city, as well as a willingness to work as part of a multisectoral collaboration, setting objectives through to 2025 that can be achieved through a fully funded implementation plan. The 'commitment' will be a public declaration of intent that will be made available to the international community. In addition, each city will commit to provide reports and information on their progress at regular intervals and attend global meetings arranged by the C/Can 2025 team. For its part, the C/Can 2025 team and its partners will commit to help each city on its journey to improve cancer treatment and care.

Who else is involved?

What do you mean by 'multisectoral'?

For some time now, the UN, WHO, the NCD Alliance and other top international organisations have looked to multisectoral approaches to address the challenge of NCDs. This is in recognition of the fact that addressing NCDs, and particularly cancer, requires the coordinated energies of the public sector, private sector, and civil society. No single sector can address NCDs alone. C/Can 2025 represents a first for cancer in that the Challenge is supported by all relevant industry sectors (pharmaceutical, radiotherapy, imaging and diagnostics, hospital builders, finance), a group of leading non-government organisations, local and national political leadership, and has the backing of the UN. C/Can 2025 is a first-of-its-kind and signals to the global health community that the aspiration of multisectoral action can be achieved.

Who are C/Can 2025's current partners?

C/Can 2025 has 'Strategic' and 'Implementation' partners.

Strategic Partners currently include the World Economic Forum and the World Bank.

Implementation partners currently include the Advamed (representing Accuray, Elekta and Varian), American Society of Clinical Oncology (ASCO), American Society for Clinical Pathology (ASCP), ICON Group, National Cancer Institute, US (NCI) and University of Pittsburgh Medical Centre (UPMC) and Access Accelerated* - a coalition of 22 pharmaceutical companies.

These organisations are all Founding Partners.

Timeline

What to expect when

C/Can 2025: City Cancer Challenge was launched at the World Economic Forum's Annual Meeting in Davos in January 2017 and publicly on World Cancer Day, 4th February 2017. The first the 'Key learning cities' have been announced (Asunción, Paraguay; Cali, Columbia; Yangon, Myanmar) and work is underway to assess their current position and set out a plan to improve cancer treatment and care by 2025.

Meanwhile, UICC and its membership will reach out to other cities to invite them to join the Challenge through a self-evaluation, and declare their intent to be a 'Challenge City' by the end of 2017. At the World Cancer Leaders' Summit in Mexico City, Mexico from 13-15 November 2017, two additional 'Key learning cities' will be announced.

In 2018, a standalone non-government organisation called Healthy City Partnership (HCP) is expected to be established in Geneva and will house C/Can 2025: City Cancer Challenge and begin the next phase of the initiative's expansion of 'Key learning' and 'Challenge' cities.

Impact

How will you measure impact?

We will issue regular updates, including the progress we are making towards the SDG targets and C/Can 2025's objective of increasing the number of people with access to quality cancer treatment and services in cities around the world.

One of the key areas of work for Phase 1 of C/Can 2025 will include putting in place a robust monitoring and evaluation framework by engaging someone within the C/Can 2025 team in Q2 2017 to lead on this, with the support of independent and external experts in this field.

The C/Can 2025 Steering Committee and the UICC Board of Directors will oversee the work until which time the initiative becomes its own NGO and the new governance model is in place.

C/Can 2025 at UICC

Who is the UICC team working on this project?

A management team led by the CEO coordinates day-to-day operations through Geneva office node and other nodes with distributed capacities worldwide, and more specifically in Latin-America and Asia at the moment.

- Dr Cary Adams, Chief Executive Officer
- Muriel Auclair, Members and Partners Development Manager
- Cécile de Gardelle, Communication Manager, C/Can 2025
- Teresa Gmur, Partnerships Development Manager
- Dr Susan Henshall, Director, C/Can 2025
- Isabel Mestres, Director, Memberships and Partnerships Development
- Laura Solia Shellaby, Partnerships and Networks Manager, C/Can 2025
- Vanessa Von der Muhll, Head of Communications, Marketing and Web
- Melissa Rendler Garcia, Special Advisor for City Implementation and Regional Director for Latin America (based in Miami, United States)
- Dr Rolando Camacho, Special Advisor City Assessment (based in Mallorca, Spain)
- External consultants based in the regions:
 - Olga Isabel Arboleda, City Manager (based in Cali, Colombia)
 - Dr Silvina Frech, Deputy Director for Latin America
 - Dr Laura Flores, City Manager (based in Asuncion, Paraguay)
 - Hedieh Mehrtash, (based in Washington DC, United States and supported by US National Cancer Institute)

Who is part of C/Can 2025 Steering Committee?

- Cary Adams, CEO, Union for International Cancer Control, UICC, Geneva, Switzerland
- Sanchia Aranda; President UICC Board of Director, Melbourne, Australia
- Arnaud Bernaert, Head of Global Health and Healthcare Industries, Member of the Executive Committee, World Economic Forum, Geneva; Switzerland
- Charles Bogosta, President, UPMC International, Pittsburgh, United States
- Vanessa Candeias; Head of Health Promotion and Disease Prevention, Global Health and Healthcare Industries, World Economic Forum, Geneva, Switzerland
- Thomas Cueni, Director General, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), Geneva, Switzerland
- Anil D'Cruz; Director, Tata Memorial Hospital, New Delhi, India
- Sue Henshall, Director, C/Can 2025, UICC, Geneva, Switzerland
- Sir Harpal Kumar, CEO, Cancer Research, London, United Kingdom
- Miriam Schneidman, World Bank, Washington,
- Scott Whitaker, CEO, President, Advanced Medical Technology Association (AdvaMed), Washington, United States

Contact

Additional questions?

Please contact the team via email ccan2025@uicc.org.