PROGRAM REPORT

APRIL 2020

C/CAN 2025: City Cancer Challenge

C/CAN 2025

Submitted as part of Access Accelerated

Access Observatory

Contents

The information in this report has been submitted by the company concerned to the Access Observatory at Boston University. The information will be updated regularly. For more information about the Observatory go to www.accessobservatory.org

Contents

Program Description

Program Overview

1 Program Name

C/Can 2025: City Cancer Challenge

2 Diseases program aims to address

- Cancer: Childhood, Breast, Cervical, Leukemia, Hematological, Colorectal, Liver, Cancer (General)

3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: Low income, urban

4 Countries

- Colombia
- Paraguay
- Myanmar
- Ghana
- Brazil
- Georgia
- Rwanda
- Mexico
- Malaysia

5 Program start date

January 17, 2017

6 Anticipated program completion date

Not specified.

7 Contact person

Jade Chakowa, chakowa@citycancerchallenge.org

8 Program summary

City Cancer Challenge is changing the way public and private sector stakeholders collaborate around a shared vision of improving access to equitable, quality cancer treatment and care. Through City Cancer Challenge, a unique network of local, regional, and global partners work hand in hand to bring technical assistance and complementary resources and competencies to cities to enable sustainable cancer care solutions.

The C/Can model targets cities that demonstrate a strong need and readiness for improved cancer care, with committed local leaders able to drive the process from the ground up. A multi-sectoral executive committee in each city prioritizes specific needs, identifies partners for capacity building, establishes sustainable financing models, and monitors results which can be shared with other cities around the world. C/Can is currently operating in 4 Key Learning Cities and 3 Challenge Cities.

For the first time ever, an international multi-sectoral community of organizations from the public and private sectors is undertaking the critical task of improving access to quality cancer care at the city level. C/Can was launched by the Union for International Cancer Control (UICC) at the 2017 World Economic Forum Annual Meeting in Davos. The launch was a coordinated response to the urgent need to support resource-limited countries in reducing their growing cancer burden. It was also a recognition of the untapped potential of taking an integrated approach to three of the UN's 17 Sustainable Development Goals (SDGs): health, sustainable cities, and partnerships.

C/Can became a standalone Swiss foundation in January 2019 and continues to operate in close collaboration with UICC's network of over 1,000 members in 160 countries, representing the world's major cancer societies, patient groups, influential policymakers, researchers, and experts. There are 18.1 million new cancer cases and more than 9.6 million cancer deaths worldwide each year, and these numbers are increasing drastically. With 54% of the world's population living in cities, we believe cities are uniquely positioned to drive sustainable innovation in the delivery of cancer care—and health services in general—to large populations.

Program Overview

8 Program summary cont.

Despite recent improvements in cancer care worldwide, access to surgery, radiotherapy, and essential oncology medicines remains an enormous challenge in low- and middle-income countries (LMICs). These issues are compounded by a lack of human resources specialized in cancer care across all regions and income settings. To address this global challenge, C/Can has developed a "City Engagement Process" that outlines support for participating cities over a two-year period, during which they identify, plan, and implement solutions to close major gaps in quality cancer care—from diagnosis to treatment to palliative and supportive care.

While cities take the lead in developing cancer treatment solutions, they work closely with C/Can's multi-sector community of global and local partners, who provide technical assistance through each phase of the initiative. C/Can recognizes that each city is unique in its social, economic, and environmental development, which means there is no one-size-fits-all city cancer treatment solution. By taking a health systems approach, cities can reduce inequities in access to quality cancer care and improve the health and wellbeing of their citizens. Cities engaged in C/Can are supported over two/three years to go through a 6 step engagement process to build cancer solutions from the ground up:

1.Due Diligence: Using the Challenge City Checklist as a guide, we evaluate cities that have applied to C/Can to determine whether or not they are ready and able to "take the challenge." Factors such as population, strength of facilities, the presence of civil society, and political will are predictors of success with our model, so we carefully screen cities before beginning the engagement process.

2. Stakeholder Engagement: Once a city is chosen, we identify and convene local leaders across sectors (government; civil society; UN agencies; bilateral and multilateral agencies; academia and research centers; healthcare facilities, professionals, and professional societies; and private sector).

3. Needs Assessment: Guided by local insights and expertise, the City Executive Committee undertakes a comprehensive, city-wide, data-driven needs assessment to identify current gaps and priorities.

4. Action Planning: Development of an activity plan based on the needs assessment, including identification of relevant partners and institutions at the city level who will implement activities.

5. Technical Analysis: Identify appropriate channels for technical assistance, partnerships, and collaboration, both locally and internationally. Engage the City Health Financing Lab to provide economic consultation on sustainable financing solutions required to implement the action plan.

6. Implementation: Led by the City Manager and City Executive Committee, begin implementing the action plan and Monitoring, Evaluation, and Learning framework.

City-to-City Sharing: Over time, share data sets, case studies, and best practices with the growing global network of C/Can cities, so that local progress leads to global impact.

Critical to C/Can achieving its mission is learning how to best work with cities to improve access to quality cancer treatment and care, particularly in low- and middle-income countries (LMICs) where the need is greatest. To this end, activities began in 2017 with four Key Learning Cities: Asunción in Paraguay, Cali in Colombia, Kumasi in Ghana, and Yangon in Myanmar. These cities were selected based upon a rigorous set of criteria, including their potential to provide insights on how the international community, local civil society, and public and private sector can best work together to implement the shared ambitions of the city. Since the beginning of 2018, the initiative has been scaling-up support to a wide network of 'Challenge Cities' that have a population greater than 1 million, in every region.

Program Overview

8 Program summary cont.

C/Can is mobilizing and engaging a truly multisectoral group of stakeholders, who provide expertise, in-kind and financial support during all phases of the initiative's design, development and implementation at global, regional and city levels. Key partners of C/Can 2025 represent stakeholder groups essential to the success of the challenge, including NGOs, professional associations, UN agencies, bilateral and multilateral agencies, private companies, governments and city leaders. C/Can partners include Access Accelerated (representing 24 global biopharmaceutical companies) AdvaMed (representing Varian, Elekta and Accuray), the American Society of Clinical Oncology (ASCO), American Society of Clinical Pathology (ASCP), Amgen, Direct Relief, Icon Group, Sanofi Espoir Foundation, the National Cancer Institute - US, the University of Pittsburgh Medical Center (UPMC), the World Bank and the World Economic Forum.

For more information please see https://citycancerchallenge.org/

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	Cities completed a comprehensive needs assessment, prioritize objectives, and develop activity plans. American Society of Clinical Oncology (ASCO) is scheduled to develop a plan to build capacity for multidisciplinary cancer management.
Training	American Society for Clinical Pathology (ASCP) has trained over 50 health professionals in strengthening the quality of pathology in Yangon (Myanmar) and Cali (Colombia).
Infrastructure	[No response provided.]
Technology	[No response provided.]
Management	[No response provided.]
Funding	[No response provided.]

Strategy 2: Financing

ACTIVITY	DESCRIPTION
Planning	C/Can commissioned a comprehensive market assessment to analyze the need for and opportunity to advance sustainable financing for NCD infrastructure in low- and middle-income countries through impact investing. C/Can 2025's City Health Financing Lab is being developed to support cities to access innovative financing solutions for their cancer priorities that require significant resources and novel approaches The Lab will deliver technical assistance through a series of consultations to help cities design sustainable business models and secure blended financing for some of the major priorities identified through the C/Can 2025 activity planning and categorisation process.

Strategy 3: Regulation & Legislation

ACTIVITY	DESCRIPTION
Advocacy	The enhancements and capabilities enabled by C/Can will enhance advocacy efforts in cities.

10 Strategy by country

[No response provided.]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Access Accelerated	Provides seed funding, expertise, and in-kind support during all phases of the initiative's design, development and implementation at global, regional and city levels.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Access Accelerated	Funding and implementing partner.	Private
AdvaMed (representing Varian, Elekta, and Accuray)	Funding and implementing partner.	Private
The World Bank	Implementing partner, provide financing expertise.	Public
The World Economic Forum	Implementing partner, provide expertise, in-kind and financial support during all phases of the initiative's design, development and implementation at global, regional and city levels.	Voluntary
The University of Pittsburgh Medical Center (UPMC)	Implementing partner, provide expertise, in-kind and financial support during all phases of the initiative's design, development and implementation at global, regional and city levels.	Voluntary
Amgen	Funding partner.	Private
American Society of Clinical Oncology (ASCO)	Implementing partner, technical implementation support and capacity building.	Voluntary
American Society of Clinical Pathology (ASCP)	Implementing partner, technical implementation support and capacity building.	Voluntary
Direct Relief	Implementing partner.	Voluntary
Dalberg	Implementing partner, provide financing expertise.	Public
Icon Group	Funding partner.	Private
National Cancer Institute-US	Implementing partner, technical implementation support and capacity building.	Public
European Society for Radiotherapy and Oncology (ESTRO)	Implementing partner, technical implementation support and capacity building.	Voluntary
International Atomic Energy Agency (IAEA)	Implementing partner.	Public

Companies, Partners & Stakeholders

12 Funding and implementing partners cont.

PARTNER	ROLE/URL	SECTOR
World Child Cancer	Implementing partner.	Voluntary
Sanofi Espoir Foundation (SEF)	Funding and implementing partner.	Public
University de Valle	Implementing partner.	Public
WHO/PAHO	Implementing partner, provide financing expertiseand city levels.	Public
Local stakeholders	Implementing partners, serve on local working groups to identify needs and implementation priorities.	Public Voluntary
National level stakeholders	Heads of State, First Lady, Ministries of Health, Ministries of Finance, Embassies, Development Agencies, National Cancer Institutes, national cancer societies, trade associations, insurance companies.	[No response provided.]
Regional level stakeholders	Governor, Regional Health Secretary, Regional Chamber of Commerce, Foundations.	[No response provided.]
City level stakeholders	City Health Secretary, universities, NGOs, patient groups, healthcare providers, business leaders.	[No response provided.]

13 Funding and implementing partners by country

PARTNER	COUNTRY
As every local situation is different and the needs assessments are locally driven, the disease priorities, strategies and partners will vary by city and therefore country.	All

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	Inclusion of relevant national and local authorities in City Executive Committees. Commitment from the government is formalized in a signed Memorandum of Understanding.	[No response provided.]
Non-Government Organization (NGO)	Inclusion of local NGOs in City Executive Committees. Commitment from civil society is formalized in a signed Memorandum of Understanding.	[No response provided.]
Commercial Sector	Inclusion of local all relevant industry sectors - pharmaceutical, radiotherapy, imaging and diagnostics, hospital builders, finance.	[No response provided.]
Local Hospitals/ Health Facilities	Inclusion of local hospitals and health facilities in the City Executive Committee. All local hospitals and health facilities are invited to participate in the engagement process, including the needs assessment, development of activity plans and implementation.	[No response provided.]
Local Universities	Inclusion of local universities in City Executive Committee. University de Valle (Cali) is also an implementing partner.	[No response provided.]

Local Context, Equity & Sustainability

15 Local health needs addressed by program

There are 18.1 million new cancer cases and over 9.6 million deaths worldwide each year[1]; and these numbers are projected to rise rapidly over the next ten years. With 54% of the world's population living in urban areas[2], cities are uniquely positioned to drive sustainable innovation in the delivery of health services to large populations.

C/Can is transforming the global cancer treatment paradigm by engaging with cities with a population greater than one million to dramatically increase the number of people around the world with access to quality cancer services. City Cancer Challenge is a concrete response to the Sustainable Development Goals (SDGs) specifically, to achieve the shared vision of SDG 3 (health), SDG 11 (cities) and SDG 17 (partnerships), and the urgent need to champion a new way of working that unites different sectors, diverse interests and divergent agendas.

C/Can aims to increase the number of people with access to quality cancer treatment in cities around the world through a network of motivated partners including city leaders, governments, NGOs, UN agencies, and domestic and international businesses. It will contribute to meeting the global target to reduce premature deaths from Non-Communicable Diseases (NCD) by 25% by 2025, as improvements in early detection and the quality and access of treatment will be critical.

City Cancer Challenge has mobilised a network of global and local partners to develop and implement localised action plans, tailored to the needs of each city. Through the first four Key Learning Cities alone, these plans have the potential to improve care for over 32 million people.

To that end, the City Cancer Challenge model is already changing the way stakeholders from public and private sectors cooperate and collaborate with non-governmental actors to drive political commitment to cancer control at all levels of government, and build international support for implementing effective and targeted capacity-building for the health workforce. We are now poised to apply the early learnings in our first cities to achieve a global transformation of how quality cancer treatment and care is planned and delivered; the health workforce is trained; and health financing is mobilized through cross-sector partnerships that will meet our vision and the ambition of the SDGs.

a How needs were assessed

The C/Can City Needs assessment is conducted in all cities before project plans are developed and implemented. It is a robust needs assessment that provides an accurate picture of a city's current cancer treatment and care offer is a critical step in the C/Can 2025 process. It provides data that can inform the identification of a city's key capacities, major needs, and priority actions to address these gaps.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

The goal of C/Can is to improve access to quality cancer care at the city level, thus improving care for all. As patients from low- and middle-income households have fewer alternative options, this should help address social iniquities. In particular, the outcome of improving access to quality treatment for all will contribute to addressing social inequities in access to cancer care. In addition, a significant financing gap exists for NCD treatment and care in LMICs, particularly for patients from low- and middle-income households. While the growing NCD burden drives demand for greater investment, current funding falls far short of meeting the need. Finding solutions to close the investment gap will be critical to providing sustainable, equitable, and quality NCD treatment and care. The City Health Financing Lab is being developed to support C/Can cities to access innovative financing solutions for their cancer priorities that require significant resources and novel approaches.

Local Context, Equity & Sustainability

17 Local policies, practices, and laws considered during program design

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	Yes	Implementation is a local responsibility; relevant authorities are included in City Executive Committees.
Procurement procedures	[No response provided.]	
Standard treatment guidelines	Yes	Availability and use are measured in each city, which is considered in defining and designing activities.
Quality and safety requirements	Yes	Availability and use are measured in each city, which is considered in defining and designing activities.
Remuneration scales and hiring practices	[No response provided.]	
Other, please specify	Yes	Implementation is a local responsibility; relevant authorities are included in City Executive Committees.

18 How diversion of resources from other public health priorities are avoided

Involving ministries of health ensures that activities are aligned with existing National Cancer Control and NCD plans, ensuring an integrated approach to NCD management and harnessing national efforts towards Universal Health Coverage (UHC).

19 Program provides health technologies (medical devices, medicines, and vaccines)

No.

20 Health technology(ies) are part of local standard treatment guidelines

N/A

21 Health technologies are covered by local health insurance schemes

N/A

22 Program provides medicines listed on the National Essential Medicines List

N/A

Local Context, Equity & Sustainability

23 Sustainability plan

C/Can 2025's vision for beyond 2019 is to secure the long-term sustainable impact in these cities for patients and their families while ensuring that the lessons learned are used to build an evidence base that can take this unique model to cities in all regions and resource settings. The design of the C/Can local process has been done explicitly with the goal of having local stakeholders at the core so that the impact can be carried on over time. One of the successes of C/Can to date has been its ability to bring together relevant stakeholders across the city, who may not have worked together previously, to build a common assessment of needs and priorities. In addition, the City Health Financing Lab is being developed to support C/Can 2025 cities to access innovative financing solutions for their cancer priorities that require significant resources and novel approaches. The Lab will deliver technical assistance through a series of consultations to help cities design sustainable business models and secure blended financing for some of the major priorities identified through the C/Can 2025 activity planning and categorization process.

Additional Program Information

24 Additional program information

[No response provided.]

a Potential conflict of interest discussed with government entity

[No response provided.]

25 Access Accelerated Initiative participant

Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

No.

Resources

1 IARC, World Health Organisation, 2018, Press release No. 263, https://www.who.int/cancer/PRGlobocanFinal.pdf?ua=1, accessed March 7, 2019.

2. United Nations, Department of Economic and Social Affairs, Population Division, World urbanization prospects: the 2014 revision, highlights. https://esa.un.org/unpd/wup/publications/files/wup2014-highlights.pdf Date: 2014 (accessed Jan 6, 2017).

Program Indicators

PROGRAM NAME

C/Can 2025: – City Cancer Challenge

27 List of indicator data to be reported into Access Observatory database

	INDICATOR	TYPE	STRATEGY	2017-2019
1	Reduction in premature cancer mortality by 2030	Impact	Health Service Strengthening	---
2	Delivery of quality, equitable and sustainable cancer solutions in C/Can 2025 cities – Access	Outcome	Health Service Strengthening	---
3	Delivery of quality, equitable and sustainable cancer solutions in C/Can 2025 cities – Quality	Outcome	Health Service Strengthening	---
4	Total population covered	Output	Health Service Strengthening	38,110,000 people
5	Development and strengthening of cancer policies, protocols and processes	Output	Health Service Strengthening	2 guidelines, protocols or systems drafted/ developed
6	Healthcare professionals supported with technical assistance	Output	Health Service Strengthening	680 people
7	Technical experts providing technical assistance in cancer treatment and care	Output	Health Service Strengthening	98 people
8	Development of tools, guidance and protocols for cancer treatment and care	Output	Health Service Strengthening	12 guidelines, protocols or systems drafted/ developed
9	New financial resources committed for sustainable financing of NCDs	Output	Health Service Strengthening	$0
10	Number of investment cases and/or business models for project plans finalised and approved	Outcome	Health Service Strengthening	0 tools
11	Cities collaborating to improve cancer treatment and care	Output	Health Service Strengthening	100%
12	Evidence used to support development of cancer treatment and care solutions	Output	Health Service Strengthening	---

C/CAN 2025:CITY CANCER CHALLENGE

PROGRAM NAME

C/Can 2025: – City Cancer Challenge

27 List of indicator data to be reported into Access Observatory database cont.

INDICATOR	TYPE	STRATEGY	2017-2019
13 Cities Engaged in the City Cancer Challenge	Activity	Health Service Strengthening	9 cities
14 Percentage of health facilities involved in identifying needs in cancer treatment and care	Activity	Health Service Strengthening	86.25%
15 Participation of healthcare professionals in identifying needs in cancer treatment and care	Activity	Health Service Strengthening	817 people
16 Participation of patients in identifying needs in cancer treatment and care	Activity	Health Service Strengthening	652 people
17 Needs assessment completed in cities	Activity	Health Service Strengthening	4 needs assessments
18 Technical assistance in cancer treatment and care provided	Activity	Health Service Strengthening	24 technical assistance events/ activities
19 City development of project implementation plans	Activity	Health Service Strengthening	4 cities
20 Technical support provided to facilitate sustainable financing of cancer treatment and care	Activity	Health Service Strengthening	3 cities
21 Technical experts contributing to technical support on sustainable financing for cancer treatment and care	Activity	Health Service Strengthening Financing	30 people

INDICATOR

Reduction in cancer mortality by 2030

1

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Percentage of reduction of premature mortality from cancer in C/Can 2025 cities (or countries if city data is not available) by 2030
	Method of measurement	Annual measures of premature cancer mortality reported by GLOBOCAN are subtracted from the cancer mortality at baseline (2018)
28	Data source	External public data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	GLOBOCAN (IARC)	Uses A subsection of the Global Cancer Observatory (http://gco.iarc.fr), CANCER TODAY, which provides data visualization tools to explore the current scale and profile of cancer using estimates of the incidence, mortality, and prevalence of 36 specific cancer types and of all cancer sites combined in 185 countries or territories of the world in 2018, by sex and age group, as part of the GLOBOCAN project. The methods used to estimate the sex- and age-specific mortality rates of cancer in a specific country fall into the following broad categories, in order of priority: • Observed national mortality rates were projected to 2018 (81 countries). • The most recently observed national mortality rates were applied to the 2018 population (20 countries). • Rates were estimated from the corresponding national incidence estimates by modelling, using incidence-to-mortality ratios derived from cancer registries in neighbouring countries (81 countries). • Rates were estimated as an average of those from selected neighbouring countries (3 countries). The complete sources of information and methods used to estimate the global incidence and mortality in 2018 together with their uncertainty intervals (for all ages) can be found in Ferlay et al. (2018). Please see here for further details.	Ongoing

INDICATOR **Reduction in cancer mortality by 2030**

STRATEGY HEALTH SERVICE STRENGTHENING

1

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31 Data processing	GLOBOCAN (IARC)	Please see here for further details. https://gicr.iarc.fr/	Ongoing
32 Data validation		[No response provided.]	

33 Challenges in data collection and steps to address challenges

Caution must be exercised when interpreting these estimates, given the limited quality and coverage of cancer data worldwide at present, particularly in low- and middle-income countries. International Agency for Research on Cancer (IARC) approach is not only to evaluate, compile, and use the data from the Agency's collaborators in these estimates but also to work alongside national staff to improve local data quality, registry coverage, and analytical capacity.

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort. One limitation of this indicator is that it will be difficult to attribute any changes in mortality to the program alone because there may be other factors outside the program that have contributed to change in mortality.

INDICATOR	2017-2019
1 Reduction in cancer mortality by 2030	---

Comments: N/A

INDICATOR

Delivery of quality, equitable and sustainable cancer solutions in C/Can 2025 cities - Access

2

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Percentage of cities showing progress in access to quality cancer treatment and care from the viewpoint of: i) civil society/patient advocacy organisations, patients; ii) institutional staff
	Method of measurement	Measurement against a sub-set of criteria of access (using the City Needs Assessment as a baseline) using a survey for patients and civil society and a questionnaire for institutional staff of participating health institutions. CALCULATION Number of cities showing progress in access to cancer treatment Total number of cities involved in the program
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE	DESCRIPTION	FREQUENCY
30	Data collection	Company	City Manager coordinates technical committees to collect data on the outcome indicators (focused on quality and access) from participating healthcare facilities, civil society organisations and patients using a survey. Data is collected over the months of September and October each year.	Once per year
31	Data processing	Company	A City Manager in each city coordinates the distribution and collection of the survey/questionnaire once a year. The data is then sent to the Monitoring, Evaluation and Learning (MEL) Manager who conducts the data analysis within one month by dividing the number of cities showing progress in access to quality cancer treatment and care by the total number of cities involved in the program. The MEL Manager compiles and shares the results with the City Cancer Challenge team to use in reporting as appropriate.	Once per year
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

INDICATOR

Delivery of quality, equitable and sustainable cancer solutions in C/Can 2025 cities - Access

2

STRATEGY HEALTH SERVICE STRENGTHENING

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
2 Delivery of quality, equitable and sustainable cancer solutions in C/Can 2025 cities - Access	---

Comments: Not available until September 2019.

INDICATOR

Delivery of quality, equitable and sustainable cancer solutions in C/Can cities - Quality

3

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Percentage of C/Can 2025 cities showing progress in quality related sub-criteria of 1. Health workforce 2. Data acquisition and management 3. Evidence-based protocols for care 4. Multidisciplinary treatment planning 5. Safety and occupational hazards; 6. Patient engagement 7. Care pathway
	Method of measurement	Measurement against a sub-set of criteria of quality (using the City Needs Assessment as a baseline) using a survey for patients and civil society and a questionnaire for institutional staff of participating health institutions. CALCULATION Number of cities showing progress in quality related sub-criteria ..... Total number of cities involved in the program
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	City Manager coordinates technical committees to collect data on the outcome indicators (focused on quality and access) from participating healthcare facilities, civil society organisations and patients using a survey. Data is collected over the months of September and October each year.	Once per year
31	Data processing	Company	A City Manager in each city coordinates the distribution and collection of the survey/ questionnaire once a year. The data is then sent to the Monitoring, Evaluation and Learning (MEL) Manager who conducts the data analysis within one month by dividing the number of C/Can 2025 cities showing progress in quality related sub-criteria by the total number of cities in the program. The MEL Manager compiles and shares the results with the City Cancer Challenge team to use in reporting as appropriate.	Once per year
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

INDICATOR

Delivery of quality, equitable and sustainable cancer solutions in C/Can 2025 cities - Quality

3

STRATEGY HEALTH SERVICE STRENGTHENING

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
3 Delivery of quality, equitable and sustainable cancer solutions in C/Can 2025 cities - Quality	---

Comments: Data not available until 2020.

INDICATOR **Total population covered**

STRATEGY HEALTH SERVICE STRENGTHENING

4

	ITEM	DESCRIPTION
	Definition	The total number of people benefitting from the improved quality of infrastructure and services for cancer treatment and care in cities.
	Method of measurement	Counting of populations covered by health facilities in the cities.
28	Data source	External public data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	National governments	Each city's City Manager reports the total population served by health facilities in the city as part of the City Profile document that is created in the first few months of a city's engagement with the City Cancer Challenge.	Every three months
31	Data processing	National governments	City Managers report the total population served of their city once as part of the City Profile document created at the beginning of the engagement with the City Cancer Challenge. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
4 Total population served	38,110,000 people

Comments: N/A

INDICATOR

Development and strengthening of cancer policies, protocols, and processes

5

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of policies, protocols, systems and/or processes that have been strengthened or developed as a result of dialogue, coordination and cooperation among key institutions and stakeholders through the City Cancer Challenge
	Method of measurement	Reported by each city in quarterly output reports
28	Data source	[No response provided.]
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each city's City Manager reports every three months by counting the number of policies, protocols and/or processes that have been developed or strengthened to the Monitoring, Evaluation and Learning Manager using a standard reporting template. The Monitoring, Evaluation and Learning Manager then checks the data quality and follows up with City Managers on any gaps identified. The Monitoring, Evaluation and Learning Managers records the reports in a database so the data can be analysed and aggregated globally.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
5 Development and strengthening of cancer policies, protocols, and processes	2 guidelines, protocols or systems drafted/developed

Comments: N/A

INDICATOR

Healthcare professionals supported with technical assistance

6

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of individuals supported with technical assistance through the City Cancer Challenge
	Method of measurement	Count of participants at technical assistance activities such as workshops, trainings, coaching sessions, etc
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each city's City Manager reports every three months by counting the number of individuals that have been supported by various form of technical assistance to the Monitoring, Evaluation and Learning Manager using a standard reporting template. The Monitoring, Evaluation and Learning Manager then checks the data quality and follows up with City Managers on any gaps identified. The Monitoring, Evaluation and Learning Managers records the reports in a database so the data can be analysed and aggregated globally.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017
6 Healthcare professionals supported with technical assistance	680 people

Comments: N/A

INDICATOR

Technical experts providing technical assistance in cancer treatment and care

7

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of technical experts providing technical assistance.
	Method of measurement	Count of technical experts conducting/facilitating technical assistance activities such as workshops, trainings, coaching sessions, etc.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each city's City Manager reports every three months by counting the number of individuals that have been involved in providing and/or facilitating various form of technical assistance to the Monitoring, Evaluation and Learning Manager using a standard reporting template. The Monitoring, Evaluation and Learning Manager then checks the data quality and follows up with City Managers on any gaps identified. The Monitoring, Evaluation and Learning Managers records the reports in a database, so the data can be analysed and aggregated globally.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
7 Technical experts providing technical assistance in cancer treatment and care	98 people

Comments: N/A

INDICATOR

Development of tools, guidance and protocols for cancer treatment and care

8

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of specific products (tools, processes, guidance, protocols, standards, systems) developed for cancer care and treatment as a result of technical assistance.
	Method of measurement	Count of specific products developed or under development for cancer treatment and care as a direct result of technical assistance in program activities.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each city's City Manager reports every three months by counting the number of tools that have been developed as a result of technical assistance activities to the Monitoring, Evaluation and Learning Manager using a standard reporting template. The Monitoring, Evaluation and Learning Manager then checks the data quality and follows up with City Managers on any gaps identified. The Monitoring, Evaluation and Learning Managers records the reports in a database so the data can be analysed and aggregated globally.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
8 Development of tools, guidance and protocols for cancer treatment and care	12 guidelines, protocols or systems drafted/developed

Comments: N/A

INDICATOR

New financial resources committed for sustainable financing of cancer care

9

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Total amount of new dollars (financial resources from newly identified or engaged sources) committed or forecast to be committed.
	Method of measurement	Count of total amount of sustainable financing funding committed or forecast to be committed.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each city's City Manager reports every three months by calculating the total monetary value of the commitments made or under development for the sustainable financing of NCDs to the Monitoring, Evaluation and Learning Manager using a standard reporting template. The Monitoring, Evaluation and Learning Manager then checks the data quality and follows up with City Managers on any gaps identified. The Monitoring, Evaluation and Learning Managers records the reports in a database so the data can be analysed and aggregated globally.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
9 New financial resources committed for sustainable financing of NCDs	$0

Comments: Data available from 2020 onwards.

INDICATOR

Number of investment cases and/or business models for project plans finalised and approved

10

STRATEGY HEALTH SERVICE STRENGTHENING, FINANCING

	ITEM	DESCRIPTION
	Definition	Number of sustainable financing investment cases or business models developed for cancer care activities as a result of C/Can support for project plans.
	Method of measurement	Count of number of investment cases or business models developed as a result of program activities.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each city's City Manager reports every three months by counting the number of sustainable financing mechanisms developed in the city to the Monitoring, Evaluation and Learning Manager using a standard reporting template. The Monitoring, Evaluation and Learning Manager then checks the data quality and follows up with City Managers on any gaps identified. The Monitoring, Evaluation and Learning Managers records the reports in a database so the data can be analysed and aggregated globally.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2019
10 Sustainable financing mechanisms developed for cancer care activities	0 tools

Comments: 2 investment cases are currently under development.

INDICATOR

Cities collaborating to improve cancer treatment and care

11

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Percent of C/Can 2025 cities collaborating with other cities to improve cancer care and treatment at city, regional and global levels.
	Method of measurement	Count of cities attending city-city collaboration events and desk review of case studies on collaboration reported. CALCULATION Number of cities collaborating with other cities Total number of cities involved in the program
28	Data source	Non-routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Once per year
31	Data processing	Company	Count of cities attending city-city collaboration events conducted by the Monitoring, Evaluation and Learning Manager using attendance records, participant lists and event reports. Any case studies on collaboratiom events will also be reviewed as part of the desk review.	Once per year
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR		2017-2019
11	Cities collaborating to improve cancer treatment and care	100%

Comments: Cali, Colombia; Asuncion, Paraguay; Yangon, Myanmar; Kumasi, Ghana; Porto Alegre, Brazil; Tbilisi, Georgia; Kigali, Rwanda

INDICATOR

Evidence used to support development of cancer treatment and care solutions

12

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of cancer solutions developed based on quality evidence produced by C/Can.
	Method of measurement	Count of cancer solutions reported in surveys to have been developed using evidence produced by C/Can.
28	Data source	Non-routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	The Monitoring, Evaluation and Learning Manager emails an annual anonymous online survey to all users of data sharing products such as the C/Can website and data platform. The results are then analysed by the Monitoring, Evaluation and Learning Manager.	Once per year
31	Data processing	Company	Analyzed once a year by the Monitoring, Evaluation and Learning Manager using SurveyMonkey by counting the total number of solutions reported to be developed based on C/Can provided evidence/data. The results are then recorded in a database.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort. An additional challenge could be low response rates to the survey invitation.

INDICATOR	2017-2019
12 Evidence used to support development of cancer treatment and care solutions	---

Comments: Data available from 2020 onwards.

INDICATOR

Evidence used to support development of cancer treatment and care solutions

13

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Percent of key stakeholders that agree that data produced by C/Can 2025 is useful in informing decision-making on cancer treatment and care.
	Method of measurement	Survey of city stakeholders and other decision-makers. CALCULATION Number of stakeholders that agree that C/Can data is useful in informing decision making on cancer treatment and care …… Total number of stakeholders responding to the survey
28	Data source	Non-routine and routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	The Monitoring, Evaluation and Learning Manager emails an annual anonymous online survey to all users of data sharing products such as the C/Can website and data platform. The results are then analysed by the Monitoring, Evaluation and Learning Manager.	Once per year
31	Data processing	Company	Analyzed once a year by the Monitoring, Evaluation and Learning Manager using a survey by dividing the number of key stakeholders that agree that data produced by C/Can is useful in informing decision-making on cancer treatment and care by the total number of stakeholders that respond to the survey. The results are then recorded in a database.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort. An additional challenge could be low response rates to the survey invitation.

INDICATOR	2017-2019
13 Evidence used to support development of cancer treatment and care solutions	---

Comments: Data not available until 2020.

INDICATOR **Cities engaged in the City Cancer Challenge**

STRATEGY HEALTH SERVICE STRENGTHENING

14

	ITEM	DESCRIPTION
	Definition	Number of cities engaged in the City Cancer Challenge.
	Method of measurement	Count of all cities selected to participate in the initiative.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	The Monitoring, Evaluation counts the number of cities formally engaged with the City Cancer Challenge by counting the total number of signed Memoranda of Understanding between the cities and the City Cancer Challenge.	Ongoing
31	Data processing	Company	Analyzed once a year by the Monitoring, Evaluation and Learning Manager and the results are then recorded in a database.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
14 Cities engaged in the City Cancer Challenge	9 cities

Comments: Cali, Colombia; Asuncion, Paraguay; Yangon, Myanmar; Kumasi, Ghana; Porto Alegre, Brazil; Tbilisi, Georgia; Kigali, Rwanda; Leon, Mexico; Greater Petaling, Malaysia.

INDICATOR

Percentage of health facilities involved in identifying needs in cancer treatment and care

15

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Percentage of identified cancer treatment and care facilities participating in the City Needs Assessment.
	Method of measurement	Number of health facilities participating in the needs assessment divided by the total number of identified health facilities.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each City Manager record a list of institutions that participate in the needs assessment process, which is shared in the final results document called the Situation Analysis. The Monitoring, Evaluation and Learning Manager will, every 3 months, count the total number of reported participating institutions in the Situational Analysis reports from all cities.	Ongoing
31	Data processing	Company	Analyzed once a year by the Monitoring, Evaluation and Learning Manager by summing the health facilities that participated in the needs assessment. The results are then recorded in a database.	Every three months
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
15 Participation of health facilities in identifying needs in cancer treatment and care	86.25%

Comments: N/A

INDICATOR

Participation of healthcare professionals in identifying needs in cancer treatment and care

16

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of healthcare professionals involved in needs assessment.
	Method of measurement	Count of all healthcare professionals participating in City Needs Assessment at city level.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each City Manager record a list of healthcare professionals that participate in the needs assessment process, which is shared in the final results document called the Situation Analysis. The Monitoring, Evaluation and Learning Manager will, every 3 months, count the total number of reported participating healthcare professionals in the Situational Analysis reports from all cities.	Ongoing
31	Data processing	Company	Analyzed once a year by the Monitoring, Evaluation and Learning Manager by summing the healthcare professionals that participated in the needs assessment. The results are then recorded in a database.	Every three months
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
16 Participation of healthcare professionals in identifying needs in cancer treatment and care	817 people

Comments: N/A

INDICATOR

Participation of patients in identifying needs in cancer treatment and care

17

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of patients involved in needs assessment.
	Method of measurement	Count of all patients and civil society organizations participating in City Needs Assessment at city level.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each City Manager records the number of patients that participate in the needs assessment process, which is shared in the final results document called the Situation Analysis. The Monitoring, Evaluation and Learning Manager will, every 3 months, count the total number of reported participating patients in the Situational Analysis reports from all cities.	Ongoing
31	Data processing	Company	Analyzed once a year by the Monitoring, Evaluation and Learning Manager by summing the patients that participated in the needs assessment. The results are then recorded in a database.	Every three months
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
17 Participation of patients in identifying needs in cancer treatment and care	652 people

Comments: N/A

INDICATOR **Needs assessment completed in cities**

STRATEGY HEALTH SERVICE STRENGTHENING

18

	ITEM	DESCRIPTION
	Definition	Number of cities with completed needs assessments.
	Method of measurement	Count of all participating cities that have completed the needs assessment process.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each city's City Manager reports every three months on whether the Needs Assessment Process has been completed to the Monitoring, Evaluation and Learning Manager using a standard reporting template. The Monitoring, Evaluation and Learning Manager then checks the data quality and follows up with City Managers on any gaps identified. The Monitoring, Evaluation and Learning Managers records the reports in a database so the data can be analysed and aggregated globally.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
18 Needs assessment completed in cities	4

Comments: Cali, Colombia; Asuncion, Paraguay; Yangon, Myanmar; Kumasi, Ghana

INDICATOR

Technical assistance in cancer treatment and care provided

19

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of technical assistance activities.
	Method of measurement	Count of all technical assistance related activities conducted as part of the program.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each city's City Manager reports every three months on the number of technical assistance activities that have been conducted to the Monitoring, Evaluation and Learning Manager using a standard reporting template. The Monitoring, Evaluation and Learning Manager then checks the data quality and follows up with City Managers on any gaps identified. The Monitoring, Evaluation and Learning Managers records the reports in a database so the data can be analysed and aggregated globally.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
19 Technical assistance in cancer treatment and care provided	24

Comments: Technical assistance events/activities

INDICATOR

City development of project implementation plans

20

STRATEGY HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	Number of cities with project implementation plans developed for prioritised objectives.
	Method of measurement	Count of all participating cities that have developed project implementation plans for the program activities.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Each city's City Manager reports every three months to the Monitoring, Evaluation and Learning Manager using a standard reporting template on how many of the identified priority objectives have project implementation plans. This City Manager gathers evidence from the number of project implementation plan documents are completed and available compared the total number of prioritised objectives (each objective is expected to have it's respective project implementation plan). The Monitoring, Evaluation and Learning Manager then checks the data quality and follows up with City Managers on any gaps identified. The Monitoring, Evaluation and Learning Managers records the reports in a database so the data can be analysed and aggregated globally.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
20 City development of project implementation plans	4 cities

Comments: Cali, Colombia; Asuncion, Paraguay; Yangon, Myanmar; Kumasi, Ghana

INDICATOR

Technical support provided to facilitate sustainable financing of cancer support and treatment

21

STRATEGY HEALTH SERVICE STRENGTHENING, FINANCING

	ITEM	DESCRIPTION
	Definition	Number of cities in which the City Health Financing Lab has/is facilitating sustainable financing mechanisms.
	Method of measurement	Count of all cities in which the City Health Financing Lab is facilitating sustainable financing of cancer treatment and care.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	The City Health Financing Lead counts the number of cities the City Health Financing Lab is working with, which is reported in the Annual City Health Financing Lab report. This is then used as a data source by the Monitoring, Evaluation and Learning Manager during annual data collection, in addition they all ask the City Health Financing Lead to confirm that the data is accurate.	Every three months
31	Data processing	Company	City Managers report every 3 months using a City Output Report Form. This is then aggregated globally by the Monitoring, Evaluation and Learning Manager every 3 months.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
21 Technical support provided to facilitate sustainable financing of cancer support and treatment	3 cities

Comments: Cali, Colombia; Asuncion, Paraguay; Yangon, Myanmar

INDICATOR

Technical experts contributing to technical support on sustainable financing for cancer treatment and care

22

STRATEGY HEALTH SERVICE STRENGTHENING, FINANCING

	ITEM	DESCRIPTION
	Definition	Number of relevant experts contributing to the City Health Financing Lab advisory committee.
	Method of measurement	Count of experts in the City Health Financing Lab advisory committee.
28	Data source	Routine program data.
29	Frequency of reporting	Once per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	The City Health Financing Lead counts the technical experts on the City Health Financing Lab advisory committee is working with, which is reported in the Annual City Health Financing Lab report. This is then used as a data source by the Monitoring, Evaluation and Learning Manager during annual data collection, in addition they all ask the City Health Financing Lead to confirm that the data is accurate.	Once per year
31	Data processing	Company	The City Health Financing Leads reports on the number of experts in the network once a year though the CHFL Annual Report. This is then recorded by the Monitoring, Evaluation and Learning Manager.	Ongoing
32	Data validation		Formative evaluation to be conducted in late 2019/ early 2020 and mid-term evaluation on 2021 will evaluate the fidelity to program implementation, including data collection and reporting.	

33 Challenges in data collection and steps to address challenges

Collecting robust data requires aligning with independent local stakeholders for data collection, a strong M&E framework, detailed operating processing, and training. It requires expertise, time, and effort.

INDICATOR	2017-2019
22 Technical experts contributing to technical support on sustainable financing for cancer treatment and care	30 people

Comments: N/A

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner.

(Public Sector is defined as government; Private Sector is defined as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities are avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.