



**Governing Council  
Sixty-seventh Session**

**GC/67/Min.3**  
8 May 2025

**6–8 May 2025**  
*Hybrid format*

**MINUTES OF THE THIRD MEETING**  
IARC, Lyon and web conference

Thursday 8 May 2025, at 9:00 Central European Summer Time (CEST)

Chairperson: Professor Norbert IFRAH (France)

Secretary: Dr Elisabete WEIDERPASS, Director, IARC

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### Participating State Representatives

#### France

Professor Norbert Ifrah, **Chairperson**  
Mr Nicolas Albin  
Ms Aya Amour [unable to attend]  
Ms Roxane Berjaoui [remotely]  
Dr Thomas Dubois

#### Australia

Professor Dorothy Keefe, **Vice-Chairperson**  
Ms Marilyn Penn, **Rapporteur**

#### Austria

Ms Elisabeth Tischelmayer [remotely]

#### Belgium

Mr Arno De Potter  
Ms Anne Swaluë [remotely]

#### Brazil

Dr João Paulo de Biaso Viola  
Dr Ronaldo Corrêa Ferreira da Silva  
[remotely]  
Ms Livia de Oliveira Pasqualin [remotely]

#### Canada

Dr Fei-Fei Liu  
Ms Kimberley Dayman

#### China

Mr Guangming Gao  
Mr Wanqing Chen  
Professor Jie He  
Ms Ni Li  
Ms Biyue Pan  
Mr Tao Wei  
Mr Wenqiang Wei  
Ms Yawei Zhang

#### Denmark

Dr Morten Frisch [remotely]

#### Egypt

Professor Mohamad Hassany [remotely]  
Dr Hatem Amin [remotely]  
Dr Mohamed Gamal [remotely]

#### Finland

Dr Mika Salminen [unable to attend]  
Ms Tuula Helander [remotely]

#### Germany

Ms Miriam Schmidt  
Mr Chris Braun [remotely]  
Ms Barbara Lubben [remotely]

#### Hungary

Professor Gabriella Liszkay [remotely]

#### India

No Representative

#### Iran (Islamic Republic of)

No Representative

#### Ireland

Mr James Scully

#### Italy

Dr Mauro Biffoni

#### Japan

Dr Hiroyuki Mano  
Mr Motohiro Hamada [remotely]  
Mr Masato Izutsu [remotely]  
Mr Tomohiro Matsuda  
Dr Tatsuhiko Shibata  
Dr Wakako Toga

#### Morocco

Dr Loubna Abousselham  
Dr Youssef Chami Khazraji

#### Netherlands

Mr Tom Moers [remotely]  
Ms Suzanne Damman

#### Norway

Professor Tone Bjørge [remotely]  
Dr Karianne Solaas [remotely]

#### Portugal

Dr José Dinis  
Dr Rita Sá Machado [unable to attend]

**Qatar**

Dr Al-Hareth M. Al-Khater  
Dr Noora Mohammed A. Al Hammadi

**Republic of Korea**

Mr Tongryoung Jung  
Ms Hyun Jung Ho  
Mr Yeol Kim  
Ms Eunsik Shin  
Mr Han-Kwang Yang

**Russian Federation**

Mr Oleg Sonin [unable to attend]  
Ms Anastasia Badgdatyeva [unable to attend]  
Dr Aleksandr Filimonov [unable to attend]  
Ms Elena Kirsanova [unable to attend]  
Mr Anton Minaev [unable to attend]  
Dr Andrey Moskalyov [unable to attend]  
Mr Eduard Salakhov [unable to attend]  
Dr Anton Snegovoy [unable to attend]  
Mr Ivan Tarutin

**Saudi Arabia**

Professor Mushabbab Al Asiri  
Dr Ali Saeed Al Zahrani [remotely]

**Spain**

Dr Elena Doménech Cruz [remotely]

**Sweden**

Professor Madeleine Durbeej-Hjalt [unable to attend]  
Professor Jonas Oldgren [remotely]

**Switzerland**

Ms Lara Sponagel  
Ms Mari Viro Moser [remotely]

**United Kingdom of Great Britain and Northern Ireland**

Dr Mark Palmer  
Dr Isobel Atkin

**United States of America**

Dr Matthew Lim  
Dr Satish Gopal [remotely]  
Dr Maya Levine [remotely]  
Ms Lauren Mikulsky [remotely]  
Mr Lars Spjut [unable to attend]

**World Health Organization**

Mr Guy Fones  
Ms Holly Moore  
Mr Derek Walton

**Observers**

**Scientific Council**

Dr Luis Felipe Ribeiro Pinto  
Outgoing Chairperson

Dr Sirpa Heinävaara  
Incoming Chairperson

**External Audit**

Ms Ritika Bhatia [remotely]

**IARC Ethics Committee**

Dr Samar Alhomoud

**Union for International Cancer Control (UICC)**

Dr Cary Adams

### **IARC Secretariat**

Dr E. WEIDERPASS, Secretary  
Ms C. MEHTA

Dr P. BASU  
Ms A. BERGER  
Dr F. BRAY  
Dr P. BRENNAN  
Dr A. CARVALHO  
Dr V. CHAJES  
Mr C. CHAUVET  
Dr G. CLIFFORD  
Dr P. FERRARI  
Dr Z. HERCEG  
Dr M. JENAB

Ms J. JONGERIUS  
D. KAVANAGH  
Ms. A. KIRJASUO  
Dr Z. KOZLAKIDIS  
Ms N. LAMANDÉ  
Dr B. LAUBY-SECRETAN  
Dr D. LOKUHETTY  
Mr F. LOZANO  
Mr S. LUBIATO  
Dr V. McCORMACK  
Dr J. McKAY

Ms S. MOLDAN  
Ms K. MULLER  
Dr S. RINALDI  
Dr M. SCHUBAUER-BERIGAN  
Dr A. SCHMÜTZ  
Dr J. SCHÜZ  
Dr C. SCOCCIANI  
Dr I. SOERJOMATARAM  
Ms V. TERRASSE  
Ms V. VOCANSON  
Dr J. ZAVADIL

### **Interpreters**

Ms Antuanetta Arakelyan  
Ms Olga Chapou Melnikova  
Ms Lucy Patricia Corbett  
Ms Maryna Ginko  
Ms Nyssa Gregory  
Ms Antonina Guryanova

Ms Malika Kadyrova  
Ms Amandine Mouillard-Etienne  
Mr Arthur John Nagy Beard  
Ms Anne Serratrice  
Mr Adrian Tanner  
Ms Nikol Zhamal

### **Précis-writers**

Ms Michèle Abdou  
Ms Teresa Lander

**1. PROPOSED PROGRAMME AND BUDGET (2026–2027): Item 12 of the Agenda (resumed)**

(Document [GC/67/8](#) and [GC/67/8-Annexes](#))

Ms MEHTA (Director of Administration and Finance) thanked Governing Council members who had contributed to the debate on the Proposed programme and budget. The Agency delivered high-quality results, and it would continue to build on the trust placed in it by the Governing Council.

As requested by the Governing Council on the previous day, the Secretariat had submitted a revised proposal which was intended to achieve consensus by meeting the concerns of the Participating States who were bound by a zero nominal growth policy and those who had supported the budget increase as originally presented. The revised proposal would provide the time and flexibility for the Secretariat to adjust its priorities during development of the Medium-Term Strategy. The revised proposal would still allow Participating States to make voluntary contributions through the core voluntary contributions account.

Ms KIRJASUO (Administration and Finance Officer), presenting the revised budget for consideration and approval by the Governing Council, explained that it was proposed to fund the budget from assessed contributions from Participating States on a zero nominal growth basis, with the addition of a contribution of €2.06 million from the Governing Council Special Fund. Thanks to efficiency measures at the Agency, a higher revenue from interest rates due to inflation, and other miscellaneous revenue, the Governing Council Special Fund was expected to have a healthy balance in 2027, well above the minimum acceptable level of €5 million, even after the proposed deductions.

The CHAIRPERSON noted that the revised budget proposal would allow Participating States to make additional contributions over and above the level of their assessed contributions where they were in a position to do so. He asked whether Governing Council members could reflect together to achieve a positive outcome at the present juncture.

Dr LIM (United States of America) thanked the Secretariat and Participating States for their understanding of the position of the United States with respect to zero nominal growth. He supported the revised proposal as presented, including the principle of supplementing the budget with funds drawn from the Governing Council Special Fund.

Ms TISCHELMAYER (Austria), participating remotely, said that Austria could accept a zero nominal growth budget. She would need to seek the approval of her capital with respect to the proposal to take €2 million from the Governing Council Special Fund and she wished to know whether that sum would be intended to support personnel or other costs.

Ms SPONAGEL (Switzerland) said that the position of Switzerland should not be taken as a reflection on the excellent work conducted by IARC: it was due to present realities in which the national health budget of her country and the budget of many organizations working in the field of global health had been reduced. Switzerland could accept the current budget proposals.

Ms MEHTA (Director of Administration and Finance) thanked the United States, Austria and Switzerland for supporting the revised budget proposal. Every effort would be made to avoid using the funds from the Governing Council Special Fund to support staff costs, although a portion might need to be dedicated to that area. The Secretariat would also like to use the flexibility granted to the

Director to transfer credits between sections of the budget: Participating States would be kept informed through the Agency's financial reporting on how the funds had been utilized.

Ms TISCHELMAYER (Austria), participating remotely, said that she would need to consult her capital on the question of the use of funds from the Governing Council Special Fund before confirming Austria's approval.

The CHAIRPERSON proposed that the Governing Council should suspend consideration of the agenda item pending receipt of the views from the Austrian delegation.

It was so **agreed**.

## **2. TRANSFER TO THE WORKING CAPITAL FUND – REPAYMENT STATUS: Item 14 of the Agenda (resumed)**

(Document [GC/67/10](#))

Ms MEHTA (Director of Administration and Finance) said that, following further discussions with members of the Sustainable Financing Working Group, and notably the members from Canada, the Russian Federation and the United States, an amended version of the draft resolution had been developed.

The RAPPORTEUR read out the revised draft resolution, entitled "Transfer to the Working Capital Fund – Repayment status" (GC/67/R9):

The Governing Council,

Having reviewed Document [GC/67/10](#) "Transfer to the Working Capital Fund – Repayment status",

Recalling its Resolution [GC/66/R7](#),

1. THANKS the Secretariat for the report;
2. NOTES that no payments of outstanding contributions having caused the need for such transfer have been received;
3. REQUESTS the Secretariat to report on the status of any repayment of the arrears and the budgetary implications of any continued non-payments.
4. NOTES that it is a common principle in the UN system for the Working Capital Fund to be used for short term cash deficits resulting from late payments of Assessed Contributions and that it is not designed to cover chronic arrears in Assessed Contributions;
5. NOTES that Article 5 of the IARC Financial Regulations allows for the Working Capital Fund to temporarily finance appropriations pending receipt of statutory annual contributions to the budget, with interim financing reimbursed as soon as and to the extent that income is available for that purpose; and
6. REQUESTS that the Secretariat work in close consultation with the Working Group on Sustainable Financing to develop a sustainable solution to end the use of the Working Capital Fund in instances of chronic arrears starting from the Financial Year 2026, to be proposed for consideration by the Governing Council at its 68th session in 2026.

Dr LIM (United States of America) expressed gratitude to the Secretariat and to the members of the Working Group on Sustainable Financing for having worked together on the revised draft resolution, which the United States supported as currently presented.

Ms DAYMAN (Canada) thanked the members of the Working Group on Sustainable Financing for their collective work and confirmed that Canada could support the draft resolution.

Ms SPONAGEL (Switzerland) joined previous speakers in supporting adoption of the draft resolution.

The resolution, as amended, was **adopted**.

### **3. STATEMENT BY THE IARC STAFF ASSOCIATION: Item 14 of the Agenda (Document [GC/67/11](#))**

Ms COUTELIER (Chair, IARC Staff Association Committee (SAC)) said that the main role of the SAC was to assist staff working in the Agency and to represent their rights and interests to management. The SAC had been elected with only seven members and one part-time secretary in May 2023 to serve the 250 IARC staff and, despite its limited numbers, the team had worked with energy and enthusiasm to make IARC an even better place to work.

In November 2024, a representative of the SAC had attended the 23rd meeting of the Global Staff Management Council (GSMC) hosted by the Pan American Health Organization (PAHO). Topics discussed included implementation of new contractual modalities in 2025; staff health and well-being; promoting a respectful workplace at WHO; and the WHO internal justice system. Two members of the SAC had also attended the 78th Council of the Federation of the International Civil Servants' Associations (FICSA). Attending the GSMC and the FICSA Council helped the IARC SAC to maintain ties with other WHO and United Nations Staff Association Committees.

The SAC met regularly with the Human Resources officer and, until mid-September 2024, with the IARC Staff Physician. Unfortunately, there had been no IARC staff physician since September 2024, which posed a problem from a medical surveillance point of view.

The SAC communicated its actions during IARC's monthly town hall meetings, through posters displayed in the IARC building, via general communications on the intranet and by email. The SAC coordinated recreational and physical activities, including the children's Christmas party. All activities and social events were highly appreciated by IARC personnel.

Some cases of harassment had been identified in the 2024 anonymous Work Climate Survey and solutions had been sought with management to address them. Open and honest communication between the SAC and management had been instrumental in furthering and nurturing staff interests and well-being. A bilateral agreement developed by the SAC to define roles and responsibilities and to officially and sustainably confirm mutual respect and trust between the SAC and IARC management was currently under review by management.

The recent decision by the United States of America to withdraw from WHO had caused great concern among IARC staff, and the SAC counted on management to continue to provide information and to clarify the situation as regularly as possible.

In closing, she thanked her colleagues for their commitment and dedication and the Director and members of the Governing Council for the opportunity to address the Council.

Mr TARUTIN (Russian Federation) wished to learn from IARC management how the cases of harassment that had been identified were being handled and whether they had been referred to the WHO Office of Internal Oversight Services (IOS). He further wished to learn what was the general situation with respect to the protection of staff rights at IARC.

Ms MEHTA (Director of Administration and Finance) said that, depending on the case and the situation, at the first and second levels of reporting, staff were able to raise cases with their supervisors through informal channels. A human resources officer was responsible for receiving and assessing reports and, depending on the gravity of the case, referring them to the WHO IOS as needed. Staff members could reach out to the WHO IOS through an independent hotline, and they also had access to an ombudsperson for mediation purposes. As far as securing staff rights was concerned, IARC had a policy on diversity, equality and inclusion and it followed the principles of WHO in allowing all staff equal rights.

Mr KAVANAGH (Human Resources Officer), said that management worked closely with the Staff Association and with the Early Career Scientists Association organizing committee which supported early career and visiting scientists, as well as with the IARC Equity and Diversity Advisory Group, implementing surveys, organizing town hall meetings and providing a safe environment for independent staff discussions. A training programme had been devised and rolled out to address issues of harassment and inappropriate behaviour as well as anxieties concerning funding and contractual modalities. Training and workshops had been conducted on policies to address abusive conduct, whistleblowing and zero tolerance of sexual harassment. IARC worked closely with WHO to create a healthy and respectful working environment in which staff felt more secure in speaking up about their concerns.

Dr LIU (Canada) recognized the value of the Staff Association Committee's work and was pleased to learn that a Memorandum of Understanding outlining roles and responsibilities between staff and management was currently under review. Canada was concerned about the cases of harassment and encouraged IARC management and staff to work together to strengthen confidential and appropriate mechanisms for reporting and addressing harassment and implementing policies to prevent further incidents, including by increasing awareness among staff of the policies in place and the recourse available. Canada encouraged IARC to report to the Governing Council on trends of harassment in the Agency and how it was responding, sharing data on cases, the nature of issues, the category of staff involved and the disciplinary action taken. She further inquired whether the vacancy in the staff physician position was temporary or whether the role had been closed. She applauded the achievements noted in the report of the Staff Association and encouraged its efforts to support IARC staff.

Ms MEHTA (Director of Administration and Finance) said that an agreement with WHO to provide a staff physician who was present at IARC's premises on a 50% basis had been withdrawn in late 2024 when WHO had reassigned the function. Temporary support had been provided by the staff physician



at WHO and it was hoped that a more permanent arrangement would be put in place in the coming months.

The Governing Council **noted** the report by the IARC Staff Association.

**4. IARC–IRCC: IARC INITIATIVE FOR RESILIENCE IN CANCER CONTROL: Item 14 of the Agenda**  
**(Document [GC/67/12](#))**

Dr SOERJOMATARAM (Cancer Surveillance Branch (CSU)), presenting an update on the IARC Initiative for Resilience in Cancer Control (IARC–IRCC), recalled that it had been launched in 2020 with support from Australia and the United Kingdom of Great Britain and Northern Ireland; she thanked the United Kingdom for its continued funding of the Initiative. Although the crisis of coronavirus disease (COVID-19) had receded, other infectious disease outbreaks, including the spread of measles in the United States and throughout the PAHO region; climate-related disasters such as drought, heat waves and hurricanes; and financial, humanitarian and conflict-related crises continued to impact health in all countries.

Over the previous 4 years, IARC had researched data on cancer, with its most recent research paper having examined the impact of the COVID-19 pandemic on hospital systems and on the screening, diagnosis and treatment of cancer. In general, there had been a decrease in cancer-related services, with a 50% reduction in the number of people screened in 2020; one third of patients with cancer had not received surgery and almost 50% had not received chemotherapy.

Looking at population-wide data in high-income countries, there had been a drop in the diagnosis of some cancers during the pandemic, with differences noted between countries and a varied impact between some regions within countries, depending on the political decisions taken, which showed that up to 20% of cancer cases had been missed. Data were currently available up to 2023, and IARC's report in 2026 would present data from different parts of the world and cover a longer period after the COVID-19 pandemic.

Mortality figures up to 2023 had just been received, showing very little change in cancer mortality in 2020, but a rise in 2021 and 2022. The data came predominantly from high-income countries, but efforts were under way to improve the availability of data from low- and middle-income countries. Further analysis would be conducted, including an analysis of health systems organization, as well as in-country interviews to gain the perspectives of clinicians, stakeholders, governments and patients, focusing not only on the impact of COVID-19, but on that of natural disasters and other crises. The availability of universal health care and the importance of governance, including local leaders and health care workers, had been shown to have an impact. Multisectoral collaboration, such as the cooperation between health and other ministries, was also important during a crisis. In terms of maintaining their cancer control programmes, countries had been shown to have varying levels of agility and timeliness in adaptation. Health systems resilience relied on the capacity to absorb change, to adapt, transform and prepare for the future. IARC was currently working with low- and middle-income countries on collection of data from rural areas, from disadvantaged populations and from vulnerable subpopulations within a population. In-depth assessments were being conducted,

and tools had been launched, including the IRCC website (<https://ircc.iarc.who.int/>) and the Cervical Cancer Elimination Tool (EPT). IARC–IRCC would continue its work to assist countries in creating resilient cancer control.

Dr RIBEIRO PINTO (Brazil) thanked IARC for the work accomplished in the field of resilience in cancer control. Although Brazil was home to only 2.7% of the world's population, it had suffered 12% of deaths during the COVID-19 pandemic, showing that errors had been made in the management of the public health system at that time. Given that politics could change conduct within public health systems, the independent work carried out by IARC in cancer control worldwide, and particularly for low- and middle-income countries, was all the more valuable. He commended the success of the one-dose human papillomavirus vaccine programme promoted by IARC.

Dr SOERJOMATARAM (Cancer Surveillance Branch (CSU)) agreed that political investment and willingness were key to effective cancer control. Governing Council members were all ambassadors for IARC in their countries, and she thanked them for their support.

Mr DE POTTER (Belgium) commended IARC for the strong progress made through the Initiative for Resilience in Cancer Control. The COVID-19 pandemic had exposed critical vulnerabilities in cancer systems worldwide, disrupting screening, diagnosis and treatment, often with disproportionate effects in lower-resourced settings. Since COVID-19 would not be the last global crisis, strengthening resilience must become a core pillar of cancer control planning. He welcomed IRCC's work in documenting disruptions, identifying effective mitigation strategies and supporting the development of practical tools such as the EPT. Belgium particularly valued the Initiative's focus on equity and its collaborative approach with low- and middle-income countries, ensuring that lessons learned were globally relevant and inclusive. He looked forward to seeing more detailed data from IRCC studies and fully supported the continued development of the IRCC's important work and its integration in WHO and national strategies on health systems resilience.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland) thanked Dr Soerjomataram for the new and interesting information and evidence that was not being provided elsewhere. He supported the remarks made by the representatives of Belgium and Brazil. He wished to know how IARC planned to transform the data and evidence generated into constructive recommendations to policy-makers and public health officials on how to build resilience.

Dr ABOUSSELHEM (Morocco) congratulated the IRCC team for the very relevant research it had generated and for the results achieved. She hoped that future studies would focus on low- and middle-income countries and counted on the continuation of IRCC's remarkable work to provide a rounded picture of how health systems resilience performed in times of crisis and, as the representative of the United Kingdom had said, to help politicians and decision-makers to take action and define policies that would build resilient health systems.

Dr LIU (Canada) expressed appreciation for the update on IARC's Initiative for Resilience in Cancer Control: the progress made had been truly commendable as it continued to expand its data collection efforts to strengthen the resilience of cancer control systems worldwide, ensuring better preparedness and response to current and future crises. The breadth of activities, from synthesizing evidence on service disruptions and mitigation strategies, to launching comparative case studies in

low- and middle-income countries, demonstrated IRCC's commitment to equity, to data-driven policy-making and to global collaboration. Many provinces in Canada had engaged with IRCC's efforts to monitor cancer incidence, survival and mortality rates during and after crises. Canada encouraged the Secretariat to continue to leverage and coordinate with existing initiatives, including the WHO Hub for Pandemic and Epidemic Intelligence, in order to enhance collective efforts.

Dr SOERJOMATARAM (Cancer Surveillance Branch (CSU)), thanked Council members for their comments and confirmed that IARC worked closely with WHO country and regional offices, the WHO Global Hub for Pandemic and Epidemic Intelligence in Berlin and WHO headquarters. Morocco was the subject of one of IRCC's case studies and it had many stakeholders. IRCC also collaborated with the Global Initiative for Cancer Registry Development. In response to the question from the United Kingdom, IARC participated in the expert committees of some countries to assist in the development of national cancer control plans; she emphasized the importance of the timely transfer of good data as well as data security. The amount of time spent on the legal formalities for data transfer could be a distraction from the work being accomplished. She encouraged higher-income countries to continue working with data researchers worldwide.

The RAPPORTEUR read out the following draft resolution, entitled "IARC-IRCC: IARC Initiative for Resilience in Cancer Control" (GC/67/R10):

The Governing Council,  
Having reviewed Document [GC/67/12](#) "IARC-IRCC: IARC Initiative for Resilience in Cancer Control",  
Recalling its Resolutions [GC/64/R5](#), [GC/65/R4](#) and [GC/66/R11](#),

1. THANKS the Secretariat for the update on this initiative;
2. THANKS the United Kingdom of Great Britain and Northern Ireland for their voluntary contribution to support funding for this initiative; and
3. REQUESTS regular updates to the Governing Council by the IARC Secretariat on progress throughout the term of the initiative.

The resolution was **adopted**.

## **5. SHOWCASE OF IARC FLAGSHIPS: Item 17 of the Agenda**

(Document [GC/67/13](#))

The members of the Governing Council engaged in an interactive session with IARC scientists, in which the scientists presented the 10 flagship programmes of the Agency's work and answered members' questions. Both in-person and online attendees were able to participate.

**6. PROPOSED PROGRAMME AND BUDGET (2026–2027): Item 12 of the Agenda (resumed)**

(Document [GC/67/8](#) and [GC/67/8-Annexes](#))

Ms MEHTA (Director of Administration and Finance) said that consultations had taken place with the representative of Austria concerning the Proposed programme and budget.

Ms TISCHELMAYER (Austria), participating remotely, said that Austria would not oppose adoption of the proposed programme and budget 2026–2027 provided that the assessed contributions of Austria would be no higher than in the 2024–2025 biennium. Austria still had reservations concerning the decision to transfer €2 million from the Governing Council Special Fund because of the future implications: the transfer to the budget from the Fund must be an exception. Given that situation, Austria would abstain from the decision approving the Proposed programme and budget.

The CHAIRPERSON thanked the representative of Austria for her statement. Having ascertained that no other members of the Governing Council wished to make further comments, he requested the Rapporteur to read out the amended version of the draft resolution on the Proposed programme and budget.

The RAPPORTEUR read out the draft resolution, entitled “Proposed programme and budget (2026–2027)” (GC/67/R7), which had been amended following consultation with Participating States:

The Governing Council,

Having reviewed the Agency’s Proposed Programme and Budget for the biennium 2026–2027, as contained in [Document GC/67/8](#), and [Annexes](#),

Recalling Resolution GC/65/R10 approving the budget for the biennium 2024–2025,

1. APPROVES the budget for the biennium 2026–2027 at the level of €53 522 415;
2. NOTES with appreciation the efforts made to present the attribution of costs across the budget sections in a result-based budgeting approach, and the strategic priorities (IARC Flagships);
3. ACKNOWLEDGES that the presentation and priorities of the proposed budget for 2026–2027 are meant to enable the implementation of the future IARC Medium-Term Strategy for 2026–2030 currently under preparation;
4. DECIDES that the budget shall be financed primarily by annual assessments on Participating States as follows:

€25 710 696 shall be assessed on Participating States on 1 January 2026,

€25 753 861 shall be assessed on Participating States on 1 January 2027,
5. DECIDES that €2 058 554 shall be exceptionally funded from the Governing Council Special Fund;

6. RESOLVES to appropriate an amount of €53 522 415 to the six main Level 2 Pillars of the IARC Project Tree ([Document GC/67/8 Annex 2](#)) for the biennium 2026–2027 as follows:

Section	IARC Project Tree – Level 2 Pillars	Amount (€)
1.	Data for Action	5 723 200
2.	Understanding the causes	9 187 220
3.	Prevention for Impact	7 711 550
4.	Knowledge Mobilization	5 663 449
5.	Research Infrastructure	7 783 956
6.	Leadership Governance and Services to Science	17 453 041
	Total	53 522 415

7. NOTES that, to align IARC's organizational structure to the future Medium-Term Strategy for 2026–2030, the Secretariat may implement some organizational changes affecting how the individual programmes report within the pillar structure; in which case, the Secretariat will present an updated table with the new appropriations per pillar at the next Session of the Governing Council in May 2026;

8. DECIDES that the Director shall have authority under Financial Regulations Article III, Paragraph 3.3 to transfer credits between sections of the budget, provided that such transfers do not exceed 30% of the section from which the credit is transferred. Transfers in excess of 30% of the section from which the credit is transferred may be made with the prior written concurrence of the majority of the members of the Governing Council;

9. DECIDES that for the remainder of the budget for the biennium 2024–2025, the same authorization to transfer credits between sections of the budget up to 30% is hereby granted. Transfers in excess of 30% of the section from which the credit is transferred may be made with the prior written concurrence of the majority of members of the Governing Council;

10. DECIDES to grant authority to the Director to use a maximum of €500 000 in the biennium 2026–2027 from the Governing Council Special Fund to cover unforeseen budgetary costs due to currency realignments, subject to there being sufficient fund balance, noting the base rate of exchange for 2026–2027 is €0.922/US\$;

11. REQUESTS the Director to report on the use of the Fund for this purpose in future financial reports;

12. ENCOURAGES Participating States to contribute to the Core Voluntary Contribution Account to supplement the regular budget; and

13. REQUESTS the Secretariat to continue dialogue with Participating States who are amenable to providing a voluntary contribution. The Secretariat shall report back at the next Governing Council on total voluntary contributions received.

The resolution, as amended, was **adopted**.

**7. BIENNIAL REPORT OF THE IARC ETHICS COMMITTEE (IEC) 2023–2024: Item 18 of the Agenda**  
**(Document [GC/67/14](#))**

Dr ALHOMOUUD (Chair, IARC Ethics Committee) presented the report of the IARC Ethics Committee for 2023–2024. The Committee reviewed IARC projects from both a scientific and an ethical point of view in order to protect the rights and welfare of research participants and promote high-quality research.

Four members had left the Committee during the reporting period, and three new members had joined – Dr Lucivero from the United Kingdom, Professor Pimple from India and Dr Olsson, a Swedish national and IARC staff member. Ms Jongerius, the IARC Data Protection Officer, had joined the Secretariat of the Committee.

In 2023–2024, the Committee had reviewed 167 projects, of which 97 had been reviewed between its formal meetings by means of the expedited review and notification procedure. The approval rate of 80% was similar to that of the previous biennium. The Committee had updated its standard operating procedures to include new categories of studies and procedures for multicentre projects. New templates for informed consent and guidance for projects involving artificial intelligence had been added to its website. Members now submitted declarations of potential conflicts of interest on an annual basis and before each meeting. Members undertook various types of training, including the certificate on research ethics developed by the Global Health Network and WHO.

The Committee's plans for its future work included the preparation of a position statement on ways of obtaining the informed consent of minors in research settings. It would appoint a working group to consider the definition of a "minor", ethical principles including autonomy, beneficence and justice, cultural sensitivities, alignment with relevant international standards and interactions with parental/guardian regarding their consent and the potential impact on children, both positive and negative.

The CHAIRPERSON noted that obtaining informed consent from minors was a considerable challenge in view of the level of insight required for true informed consent.

The RAPPORTEUR read out the following draft resolution, entitled "Biennial report of the IARC Ethics Committee, 2023–2024" (GC/67/R11):

The Governing Council,

Having reviewed Document [GC/67/14-Rev.1](#) "Biennial Report of the IARC Ethics Committee 2023–2024",

1. WELCOMES the Biennial Report of the IARC Ethics Committee 2023–2024; and
2. REQUESTS the Director to continue reporting biennially on issues related to ethics at the Agency.

The resolution was **adopted**.

**8. ACCEPTANCE OF DONATIONS: Item 19 of the Agenda**

(Document [GC/67/15](#))

Ms MEHTA (Director of Administration and Finance) presented the report on donations made to the Agency during 2024.

The RAPPORTEUR read out the following draft resolution, entitled “Acceptance of donations” (GC/67/R12):

The Governing Council,  
Having been informed by Document [GC/67/15](#) of the unconditional donations accepted during the year 2024 under the authority vested in the Director by Resolution GC/4/R3,  
EXPRESSES its deep appreciation to the donors for their generous contribution to the research activities of the Agency.

The resolution was **adopted**.

**9. ACCEPTANCE OF GRANTS AND CONTRACTS, INCLUDING REPORT ON INTEREST APPORTIONMENT: Item 20 of the Agenda**

(Document [GC/67/16](#))

Ms MEHTA (Director of Administration and Finance) presented the report on grants and contracts obtained since the previous session of the Governing Council (document GC/67/16).

The RAPPORTEUR read out the following draft resolution, entitled “Acceptance of grants and contracts” (GC/67/R13):

The Governing Council,  
Having considered Document [GC/67/16](#) “Acceptance of grants and contracts, including report on interest apportionment”,  
In accordance with the IARC Financial Regulations,  
1. CONFIRMS the provisional approval given by the Governing Council Chair between sessions, in accordance with Resolution GC/52/R13, paragraphs 2 and 3, for the following project:  
Human Biomonitoring Health Study for Ogoniland [Federal Ministry of Environment of Nigeria, in an amount of US\$ 3 247 055.00 for 36 months];  
2. NOTES the post facto reporting of grants and contracts accepted by the Director as detailed in Document GC/67/16;  
3. NOTES the amounts of interest income apportioned; and  
4. COMMENDS the staff on its success in winning competitive research grants.

The resolution was **adopted**.

**The meeting rose at 12:55.**