



Governing Council
Sixty-seventh Session

GC/67/Min.1
8 May 2025

6–8 May 2025
Hybrid format

MINUTES OF THE FIRST MEETING
IARC, Lyon and web conference

Tuesday 6 May 2025, at 14:00 Central European Summer Time (CEST)

Chairperson: Professor Norbert IFRAH (France)

Secretary: Dr Elisabete WEIDERPASS, Director, IARC

CONTENTS

	Page
1. Opening of the session	5
2. Election of Rapporteur	5
3. Adoption of the agenda	5
4. Admission of a new Participating State – Portugal	5
5. Address by the Director-General, WHO	6
6. Director's report	7
7. Report of the 61st session of the Scientific Council	11
8. Director's response to recommendations from the 61st session of the Scientific Council	11
9. Annual financial report, report of the External Auditor and financial statements for the year ended 31 December 2024	16

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 Liskay [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 Tatsuhiro 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
Dr 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. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The CHAIRPERSON welcomed participants to the Sixty-seventh session of the Governing Council, including those participating remotely. In particular, he welcomed Mr Guy Fones, Director a.i., Noncommunicable Diseases, WHO headquarters, representing the Director-General of WHO; Dr Luis Felipe Ribeiro Pinto, Outgoing Chairperson of the Scientific Council; Dr Sirpa Heinävaara, Incoming Chairperson of the Scientific Council; Dr Samar Al-Homoud, Chair of the IARC Ethics Committee; Mr Derek Walton, WHO Legal Counsel; Ms Holly Moore, Senior Legal Officer, WHO headquarters; Dr Cary Adams, Chief Executive Officer of the Union for International Cancer Control; and Ms Ritika Bhatia, External Auditor. There was currently no representative of India or the Islamic Republic of Iran in the Governing Council.

The SECRETARY likewise welcomed participants, including the representatives of Portugal, which was due to be formally admitted as the 30th IARC Participating State at the current session. The Agency's scientific achievements in 2024 had been both diverse and impactful, although the current pressing challenges, including the announcement by the Government of the United States of America of its intention to withdraw from WHO, posed a threat to its future operations. However, she was convinced that, through collective commitment and constructive dialogue, the Participating States could preserve and strengthen their invaluable partnership and collaboration, as the Agency prepared to celebrate the 60th anniversary of its foundation.

2. ELECTION OF RAPPORTEUR: Item 2 of the Provisional Agenda

On the proposal of Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Ms Merilyn PENN (Australia) was elected Rapporteur, the proposal being seconded by Dr DUBOIS (France).

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda

([Document GC/67/1-Rev.1 \(Prov.\)](#))

The CHAIRPERSON suggested that the Governing Council should consider an additional agenda item, dealing with the application of Portugal for membership of the Agency, even though the application had been received after the statutory 90-day deadline.

The agenda, as orally amended, was adopted.

4. ADMISSION OF A NEW PARTICIPATING STATE – PORTUGAL: Item 4 of the Agenda

([Document GC/67/18](#) and [Appendix](#))

The CHAIRPERSON said that the Subcommittee on the Admission of new Participating States had recommended that Portugal should be admitted as a Participating State (see document [GC/67/18- Appendix](#)).

The RAPPORTEUR read out the following draft resolution, entitled “Admission of a Participating State – Portugal” (GC/67/R1):

The Governing Council,

Having examined the request from the Government of Portugal for admission as a Participating State in the International Agency for Research on Cancer ([Document GC/67/18](#)),

1. DECIDES pursuant to Article XII of the Statute of the Agency, that Portugal be admitted as a Participating State in the Agency; and
2. EXPRESSES great satisfaction at the admission of this new Participating State.

The resolution was **adopted**.

The representatives of Portugal took places at the Governing Council table.

The CHAIRPERSON, supported by Dr LIU (Canada) and Dr DE BIASO VIOLA (Brazil), welcomed the accession of Portugal.

Dr DINIS (Portugal) addressed the Governing Council, noting that Portugal already contributed data to the IARC GLOBOCAN database, took part in knowledge transfer and collaborative research endeavours and conducted evidence-based interventions to reduce cancer incidence across all segments of society, including free and universal vaccination against human papillomavirus (HPV) for both girls and boys. Membership of IARC would give his country's researchers and policy-makers greater access to cutting-edge research findings and international best practices. The country's existing links with Portuguese-speaking African countries would open up new areas for collaboration with IARC in the strengthening of cancer registries, the implementation of evidence-based strategies and the development of tailored cancer control programmes.

The SECRETARY paid tribute to Portugal's strong tradition of medical research, vibrant scientific community and deep commitment to public health, and welcomed the country's accession to IARC as a testament to the collective commitment to combating cancer through research, knowledge exchange and evidence-based action.

Mr IZUTSU (Japan), participating remotely, likewise welcomed the accession of Portugal, noting that the country's application had been considered and accepted even though it had been submitted after the deadline of 90 days before the Governing Council session specified in Rule 50 of the Rules of Procedure. He asked for the Secretariat's views on a possible change to that deadline.

The CHAIRPERSON said that a change to the deadline was indeed under consideration.

During the Governing Council session, the flag of Portugal was raised outside the IARC headquarters building.

5. ADDRESS BY THE DIRECTOR-GENERAL, WHO: Item 5 of the Agenda

Mr FONES (Representative of the Director-General, WHO) addressed the Governing Council on behalf of the Director-General. He paid tribute to the leadership of the Director and the support provided by the Governing Council in IARC's 60th anniversary year. WHO and IARC had worked together to lay the foundations for the response to emerging crises in cancer control, basing their efforts on the World Code Against Cancer Framework and the WHO best buys for the prevention and control of noncommunicable diseases.

In the WHO European Region alone, just four industries [tobacco, ultra-processed foods, fossil fuels and alcohol] caused 2.7 million deaths each year. Early detection of cancer was progressing rapidly, thanks to liquid biopsy and advanced imaging techniques: however, only a small percentage of the world's population could access screening services. WHO and IARC were collaborating on the forthcoming Vol. 21 of the *IARC Handbooks of Cancer Prevention* series, on lung cancer screening. Finally, it was essential to develop a research agenda that met the needs of all populations, with an emphasis on implementation research and the opportunities and risks posed by artificial intelligence. In September 2025, WHO and IARC would reveal a new cancer agenda in the second *WHO Report on cancer*, in the run-up to the 4th High-Level meeting of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases and the Promotion of Mental Health and Well-being.

The Governing Council took note with appreciation of the Director-General's address.

6. DIRECTOR'S REPORT: Item 6 of the Agenda

[\(Document GC/67/2\)](#)

A short video was shown, presenting some of the highlights of the Director's Report.

The SECRETARY, illustrating her remarks with slides, presented her Director's Report, covering the period since the previous session of the Governing Council and complementing the full report, which had been made available online.

Under Pillar 1, data for action, she noted that the *Nature Portfolio* series of journals had recognized IARC as the leading source of cancer data for action, and that two IARC publications on global cancer statistics had been ranked among the top 10 most-cited scientific papers of the 21st century. An IARC study published in *The Lancet Respiratory Medicine* had analysed the global variations in lung cancer incidence in 2022 and over time according to histological subtype, identifying lung adenocarcinoma as the predominant subtype of lung cancer. A new modelling study using population-level data had shown that prohibiting the sale of tobacco to people born between 2006 and 2010 could prevent 1.2 million lung cancer deaths by 2095. Another study had shown that one in 20 women worldwide would be diagnosed with breast cancer over their lifetime. Breast cancer cases and deaths were projected to rise by 40% by 2050, with low Human Development Index countries bearing the heaviest burden: urgent and coordinated action was crucial to improve prevention, early detection and access to treatment. Almost one in three cases of oral cancer globally were attributable to the consumption of smokeless tobacco and areca nut, with 90% of cases occurring in low- and middle-income countries. There was no global regulatory framework for areca nut; control measures and global policies to address its use were urgently required.

Turning to Pillar 2, understanding the causes of cancer, she highlighted the *Mutographs* study, which investigated the underlying causes of five major cancer types across five continents by generating mutational signature profiles using comprehensive whole-genome sequencing. A paper to be published in the journal *Nature* showed that the colibactin signature, resulting from exposure to pks+ *Escherichia coli*, was strongly associated with colorectal cancer tumorigenesis, particularly in younger people. IARC data had also shown that consumption of ultra-processed food was associated with all-cause mortality and mortality from circulatory diseases and, in a new discovery, Parkinson disease.

With reference to Pillar 3, from understanding to prevention, she highlighted IARC research findings that had identified epigenetic markers in blood samples from neonates that could indicate a heightened risk of childhood leukaemia and open up new possibilities for early detection and targeted interventions. A study on smokeless tobacco (snuff) use among non-smoking Black women in South Africa had shown an increased risk for cervical, vulval and eye and adnexa cancer. The Modelling Elimination Tool for HPV-associated Disease (METHIS) played a critical role in supporting the WHO initiative to eliminate cervical cancer as a public health issue. In Rwanda, the tool had been used to provide evidence for a proposed switch from a quadrivalent (4-valent) vaccine against HPV to a nonavalent (9-valent) vaccine. IARC had convened a working group of 32 leading experts from 21 countries to provide expert guidance on the strategic rollout of population-based *Helicobacter pylori* screen-and-treat programmes under the Accelerating Gastric Cancer Reduction in Europe through *Helicobacter Pylori* Eradication (EUROHELICAN) project. A related project, TOwards GAstric Cancer Screening Implementation in the European Union (TOGAS), would deliver critical insights into both primary and secondary preventive strategies against gastric cancer in Europe. Both projects would contribute to the European Commission's new initiative on gastric cancer.

Under Pillar 4, knowledge mobilization, she noted that two meetings, Nos. 136 and 137, had been held in 2024 under the *IARC Monographs Programme*. Four agents (acrylonitrile, hydrochlorothiazide, tacrolimus and voriconazole) had been classified in Group 1 (carcinogenic to humans), and a fifth agent, talc, in Group 2A (probably carcinogenic to humans).

The outcome of the evaluation on automotive gasoline and some oxygenated gasoline additives (Monograph meeting No. 138) had been published in *The Lancet Oncology*. Automotive gasoline had been classified in Group 1, and the additives methyl tertiary butyl ether and ethyl tertiary butyl ether had been classified in Group 2B (possibly carcinogenic to humans), although the evidence relating to cancer in humans was inadequate. The Advisory Group to Recommend Priorities for the *IARC Monographs* during 2025–2029 had nominated over 220 agents for evaluation.

In the *IARC Handbooks of Cancer Prevention* series, Vol. 20B, on alcohol policies, had been completed and a summary published in the *New England Journal of Medicine*. The Evidence Gap Map project on oral cancer prevention, developed in collaboration with Newcastle University, United Kingdom of Great Britain and Northern Ireland, and the University of Campinas (Brazil), built on systematic reviews from Vol. 19 of the *Handbooks* series to identify knowledge gaps and guide future research on oral cancer prevention.

Two new volumes had been published in the WHO Classification of Tumours (“Blue Books”) series, 5th edition: haematolymphoid tumours (Vol. 11, Part A) and head and neck tumours (Vol. 9, Part A), as well as seven published studies, one editorial on WHO classification moving towards the 6th edition of the Blue Books and one review on tumour pathology research reporting. The 12th volume of *Cancer incidence in five continents* provided high-quality, comparable data on cancer incidence across various populations.

Turning to education and training, she reported that more than 220 early-career and visiting scientists, including more than 90 postdoctoral scientists, had been hosted at IARC in 2024. IARC and the WHO Academy had collaborated on the development of the WHO Academy Learning Experience Platform, with a dedicated IARC learning space providing access to 22 of the Agency’s existing training courses as well as resources for specific projects.

In the field of publications, IARC scientists had published 327 articles in 166 journals in 2024, 82% of which were peer-reviewed publications. A total of 71% of the 2024 publications were open access (gold or hybrid) and 95% of them involved international co-authorship. The Agency’s scientific output had achieved an h-index of 16, indicating that 16 articles had been cited at least 16 times each. The average number of citations for each article was 18.08.

IARC maintained close links with WHO. The scientific findings generated by IARC and its partner institutions provided a robust evidence base for WHO recommendations, for instance through the evaluation and promotion of cost-effective prevention strategies and the development of modelling tools for the WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem. A recent analysis by IARC of key performance indicators for the WHO Global Breast Cancer Initiative in Africa had delivered important data for tracking progress in breast cancer control.

Although substantial progress had been made in the revision of the standard operating procedures (SOP) governing communication and coordination between IARC and WHO, the process had been temporarily deprioritized in January 2025 in the light of shifts in the broader political context, and the original deadline for completion of March 2025 was no longer feasible. Nevertheless, the process would continue, with a deadline for formal adoption of the new SOP in 2026. Revised clauses on which a consensus had been reached would be applied immediately.

Since the previous session of the Governing Council, IARC had signed seven memorandums of understanding and 28 collaborative research agreements. Key partnerships included EUROHELICAN, the European Commission Initiative on Cervical Cancer, and the Targeting Childhood Cancer collaboration with St Jude’s Hospital in the United States.

Turning to resource mobilization, she summarized the efforts to strengthen and diversify the IARC funding base. One priority was to increase assessed contributions through the development of tailored cases for investment addressed to high-priority countries, as evidenced by the accession of Portugal

to the Agency and the positive discussions under way with Algeria, Indonesia, Kuwait and Mexico. IARC had successfully engaged with several high-net-worth individuals, whose philanthropic commitments reinforced the international trust and credibility enjoyed by the Agency. Direct and flexible funding was being expanded through engagements with the private sector that contributed to innovation and shared ownership as well as financial sustainability. Examples of successful resource mobilization initiatives included the CanScreen5 global data repository, supported by the Sabin Vaccine Institute, the forthcoming *Handbook* on lung cancer screening, developed with the support of the Union for International Cancer Control, and the RESET Gulf Project, supported by the Gulf Center for Disease Prevention and Control.

The Agency had obtained grants and direct funding agreements to the value of over €17.6 million in 2024, in 99 new contracts and amendments to existing contracts. The United States Institutes of Health was the highest donor, at €4.24 million, followed by the French *Institut national du cancer* [National Cancer Institute] and the European Commission. IARC applied two levels of due diligence under the WHO Framework of Engagement with Non-State Actors, with the simplified procedure as the default. The due-diligence register now included over 1500 non-State actor profiles dating back to 2017.

With reference to key developments in IARC management, she noted that the development of the next medium-term strategy, 2026–2030 was guided by a “learn to adapt” framework which emphasized continuous learning, institutional agility and evidence-based adaptation. An internal working group was developing the strategy, with the expert guidance and oversight of the advisory group established by the Governing Council. The Agency’s organizational structure and external engagement mechanisms would be reviewed in the interests of greater agility, stronger partnerships and better translation of scientific findings into public health action, and its identity as a trusted and transparent institution would be enhanced.

Initial plans to adopt the WHO Business Management System had been abandoned owing to delays, cost concerns and technical challenges. IARC was now discussing with the United Nations Development Programme the possibility of adopting Quantum, an Oracle-based enterprise resource planning (ERP) system: a request for funding from the Governing Council Special Fund for that project would be considered later in the session. The new Building Operating System would optimize utilities usage within the IARC building to improve efficiency and sustainability. The scientific information technology (IT) infrastructure would be strengthened to support advanced analytics, comply with global data protection standards and allow external collaborators to assess sensitive scientific data securely without transferring individual-level data. Again, a request for funding from the Governing Council Special Fund would be considered later in the session.

Turning to staffing, she noted that, as at 28 February 2025, IARC had a total of 403 staff, comprising 250 staff members and 153 early-career and visiting scientists. Of the 232 fixed-term staff, 47% were in the Professional category; 150.7 full-time equivalent posts were funded from the regular budget. In grade P1-P3, 70% of staff were women, while the equivalent figure for grade P4 was 43% and grade P5 and above was 36%, including the two most senior leadership posts, namely herself as Director and Ms Charu Mehta as Director of Administration and Finance – both nationals of a low- or middle-income country. IARC staff came from 48 nationalities in total, and 88% of fixed-term staff came from Participating States.

Dr LIU (Canada) congratulated IARC on its major scientific accomplishments over the past year. Her country considered the SOP governing communication and coordination between IARC and WHO to be a vital tool for ensuring that hazard and risk assessments were conducted in a coordinated, transparent manner with clearly defined responsibilities. She asked for details of the progress already made in the revision process and any likely challenges.

Ms SPONAGEL (Switzerland) commended the Agency on its excellent work.

Ms SCHMIDT (Germany) commended the Agency's leadership in breast and cervical cancer research, in support of the relevant WHO flagship initiatives, and its focus on innovation and equity. In the current challenging context, her country reiterated its commitment to the Agency's scientific independence and operational stability and stressed the need for predictable and sustainable funding. It looked forward to the new medium-term strategy.

Mr DE POTTER (Belgium) welcomed the emphasis in the Director's Report on lifestyle-related cancer risks, including breast cancer, and cancers related to tobacco use and consumption of ultra-processed foods. His country supported the Agency's work at the intersection of science, prevention and equity, and looked forward to contributing to the development of the new medium-term strategy.

Dr MANO (Japan), commending the Agency on its achievements over the past year, called upon the Secretariat to proceed as swiftly as possible with the revision of the SOP governing communication and coordination between IARC and WHO and to organize information sessions on the progress of the revision. Hazard identification – the responsibility of IARC – and risk assessment – the responsibility of WHO – were the subject of great public interest in his country, and coordination between the two agencies in communicating the relevant information to the public was of the greatest importance.

Dr DE BIASO VIOLA (Brazil) congratulated the Agency on its excellent work, particularly in cancer control and surveillance in low- and middle-income countries.

Mr GAO (China) welcomed the Agency's analysis of the global burden of and variations in breast and lung cancer and its findings on waist circumference and physical activity in relation to cancer risk. Overdiagnosis of thyroid and prostate cancer was an emerging public health problem that deserved further attention.

Dr ABOUSSELHAM (Morocco) congratulated the Agency on its work and called for an increased focus on tools for screening and prevention, which were of particular relevance for low- and middle-income countries.

The SECRETARY thanked members for their positive comments and paid tribute to the commitment and hard work of her staff, particularly the early-career scientists and the branch heads and deputy heads. In particular, she wished to thank Dr Schubauer-Berigan, Head of the *Monographs* Programme, Dr Lokuhetty, Head of the WHO Classification of Tumours Programme, Dr Lauby-Secretan, Deputy Branch Head, Evidence Synthesis and Classification, and Ms Berger, Branch Head, Learning and Capacity-Building.

Dr SCHUBAUER-BERIGAN (Head, *Monographs* Programme) summarized the revisions that had been made thus far to the SOP governing communication and coordination between IARC and WHO. The scope of the SOP had been restricted to the *Monographs* and *Handbooks*, with a separate annex of the SOP for each. The SOP emphasized the fact that the *Monographs* and *Handbooks* were developed using a precise methodology and transparent procedures. The final decision on the agents to be evaluated and the timeline lay with the Director of IARC, but consultations with WHO headquarters ensured that, where possible, IARC and headquarters meetings would complement one another. A single focal point, namely Dr Jérôme Salomon, Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases, WHO headquarters, had been appointed for general communications between IARC and WHO. Consultations with the Joint Food and Agriculture Organization of the United Nations (FAO)/WHO Expert Committee on Food Additives and the Joint FAO/WHO Meeting on Pesticide Residues would involve only the WHO staff members involved in those programmes, not FAO staff. WHO headquarters staff participating in *Monographs* or *Handbooks* meetings would have the status of Secretariat staff. Purely internal details, such as those relating to WHO travel policies, had been removed.

The RAPPORTEUR read out the following draft resolution, entitled “Director’s Report” (GC/67/R2):

The Governing Council,

Having reviewed the Director’s Report ([Document GC/67/2](#)),

1. THANKS the Director for the Report and for the highlights provided therein;
2. NOTES with satisfaction the continued strengthening of coordination and communication between IARC and WHO;
3. THANKS the Secretariat for the update on IARC’s engagement under the Framework of Engagement with Non-State Actors (FENSA) as part of the Director’s Report, in accordance with Resolution [GC/60/R17](#);
4. TAKES NOTE that no further allocations will be made from the unbudgeted assessments of new Participating States with respect to the modernization of IARC’s administrative management system or the strengthening of IARC’s data protection framework and scientific data management systems, and that separate requests will be submitted for use of the Governing Council Special Fund; and
5. EXPRESSES its satisfaction with the Director’s written and oral Reports.

The resolution was **adopted**.

7. REPORT OF THE SIXTY-FIRST SESSION OF THE SCIENTIFIC COUNCIL: Item 7 of the Agenda ([Document GC/67/3](#))

8. DIRECTOR’S RESPONSE TO THE RECOMMENDATIONS FROM THE SIXTY-FIRST SESSION OF THE SCIENTIFIC COUNCIL: Item 8 of the Agenda ([Document GC/67/4](#))

The CHAIRPERSON said that items 7 and 8 of the Agenda would be covered together, with consideration of the report of the sixty-first session of the Scientific Council, held remotely between 12 and 14 February 2025, being followed directly by the Director’s response.

Dr RIBEIRO PINTO (Outgoing Chairperson, Scientific Council) said that the Scientific Council had provided highly positive feedback on the flash talks delivered by IARC scientific staff during its remote session: the talks had provided clear and comprehensive overviews of the scientific activities and organizational structure of the branches, with presentations being rated as excellent to outstanding. The studies presented demonstrated a consistently high level of scientific quality, with strong relevance for – and impact on – public health outcomes. The Scientific Council noted the innovative approaches and pioneering nature of research projects, with activities showing a high level of alignment with IARC’s Medium-Term Strategy. There was robust collaboration with international partners and key stakeholders and the diversity in professional and disciplinary backgrounds was appreciated, with a noteworthy attention to gender balance.

In preparation for the in-person flash talk sessions scheduled for 2026, the Secretariat had been requested to develop and provide Scientific Council members with a standardized template to facilitate a more consistent and harmonized evaluation process.

Concerning the Director’s Report, the Scientific Council had extended sincere congratulations to the Director and her team for the notable scientific achievements of the previous year. IARC’s scientific contributions in 2024 had been wide-ranging and impactful, reinforcing the Agency’s pivotal role in advancing global cancer prevention and control strategies. The accomplishments reflected the continued excellence, innovation and dedication of IARC staff in addressing the global cancer burden

through high-quality research and international collaboration. The Scientific Council noted the 2023–2024 Biennial Report of the IARC Ethics Committee with satisfaction.

The implementation of the Medium-Term Strategy 2021–2025, structured around four fundamental priorities or pillars, was a highly relevant and effective model that aligned closely to the value chain of cancer research and to the prevention continuum. The Scientific Council reaffirmed the Agency's strong scientific and operational performance and the global impact of its research activities which had laid a solid foundation for the development of the medium-term strategy 2026–2030. The Scientific Council commended the Director and IARC staff for their dedication and for their outstanding contributions to advancing the Agency's mission.

After careful review, the Scientific Council recommended that the Governing Council approve the three requests for support from the Governing Council Special Fund for allocation of funds to: purchase new computer servers for the scientific IT platforms; cover the shortfall in the staff budget for the biennium 2024–2025; and invest in the new ERP project. The investments were essential to strengthening the Agency's computational capacity and operational efficiency, ensuring that it remained at the cutting edge of cancer research and data analysis.

The Scientific Council had expressed concern regarding the current funding model of the IARC *Monographs* Programme, which remained heavily dependent on a single grant from the United States which accounted for approximately 60% of the programme's total budget. In light of the growing uncertainty around future United States funding, the dependency presented a significant risk to the sustainability of the programme. The Scientific Council had urged its members to engage with their respective Governing Council representatives to explore viable, sustainable and multi-annual funding solutions. While direct contributions from alternative funders were welcome, they did not represent a stable or long-term solution: efforts to secure support for the *Monographs* from the European Union had faced significant challenges. The Scientific Council strongly encouraged further exploration of the core voluntary contribution mechanism, which could serve as a complementary funding option, allowing Participating States to provide targeted contributions, alongside broader strategic efforts to ensure the long-term viability and independence of the flagship Monograph initiative.

In order to address crises in a broader sense, the scope of activities planned within the IARC Initiative for Resilience in Cancer Control (IRCC) had been expanded to encompass both natural and human-made disasters. The expanded mandate included: monitoring the impact of crises on cancer incidence and outcomes; examining disruptions to cancer prevention, diagnosis and treatment services resulting from crisis situations; and developing tools to model cancer outcomes, including expanding the Cervical Cancer Elimination Planning Tool. The Scientific Council recommended that expansion of those activities be prioritized in countries with limited data, thereby ensuring that vulnerable populations were not left behind in crisis preparedness and response efforts, while reinforcing IARC's commitment to equitable cancer control and to the resilience of health systems in the face of global challenges.

IARC was preparing to embark on a year-long campaign to celebrate its 60th anniversary, culminating in the organization of a grand scientific conference in May 2026. The Scientific Council would support the Secretariat in making IARC@60 a success. The anniversary would provide a unique opportunity to highlight the Agency's achievements, affirm its global leadership and chart an ambitious course for the future of cancer research and prevention.

The Scientific Council had expressed interest in the presentation in the IARC-led programme on oesophageal cancer, a long-neglected but significant public health challenge, and acknowledged that implementation would require a budget of €700 000 that would be sought from IARC Participating States that were interested in investing in the programme. The Genomic Epidemiology (GEM) Branch, led by Dr Paul Brennan, would be reviewed remotely over five half days on 12–16 January 2026.

The Scientific Council recommended that the Governing Council approve the Proposed programme and budget 2026–2027, including the regular budget of €53.5 million. The funding was crucial for the successful and effective implementation of IARC's core programmes and the 10 IARC flagships, which were key to advancing global cancer research and prevention efforts. The Director had extended her sincere gratitude to members of the Scientific Council for their unwavering support and commitment to the continued success of IARC's mission.

With respect to the scientific report of the Epigenomics and Mechanisms (EGM) Branch Review, the Review Panel had assessed the scientific quality of the EGM's past performance as "Outstanding" and its future plans as "Outstanding/Forefront". Concerning the relevance of EGM's work to the mission of IARC, both its past performance and future plans were deemed a "Perfect Fit".

With respect to the review of the Scientific Report of the Early Detection, Prevention and Infections (EPR) Branch, the scientific quality of both past performance and future plans was assessed as "Outstanding". The relevance of EPR's work to the mission of IARC with respect to both past performance and future plans was assessed as a "Perfect Fit".

The sixty-second session of the Scientific Council would take place in Lyon on 11–13 February 2026, Dr Sirpa Heinävaara (Finland) having been elected as Chairperson and Dr Young-Woo Kim (Republic of Korea) as Vice-Chairperson.

The SECRETARY, sharing her responses to the main recommendations of the Scientific Council, noted the concern expressed with respect to the sustainable funding of the *Monographs* Programme. The Secretariat had considered diversifying sources of funding for the Programme and was actively developing tailored funding packages designed to align with the specific interests of potential donors and to attract support for defined programmatic areas, although the most sustainable and strategic option remained an increase in voluntary contributions from Participating States. Such a collective commitment would secure the financial stability of the Programme, preserve its independence and safeguard against potential conflicts of interest.

The evaluation of the Medium-Term Strategy 2021–2025 would be presented on the following day. Health economics was a key research focus for IARC. The Scientific Council had recommended that IARC explore alternative funding sources and global collaborations with centres specializing in micro- and macroeconomic expertise. The Scientific Council had proposed the creation of a working group composed of interested Scientific Council members and IARC staff to develop efficient models for capacity-building through international partnerships. In response, the Secretariat would explore various options, including establishing a working group on health economics to strengthen research in that vital area, in alignment with IARC's Medium-Term Strategy priorities.

The Scientific Council had emphasized the critical role of implementation research, particularly in areas such as HPV vaccination and screening strategies, and recommended strengthening that focus in the next medium-term strategy. She confirmed that implementation research would be a priority for IARC and integrated into Pillar 3 of the medium-term strategy 2026–2030.

The Scientific Council had asked about potential new research areas for inclusion in the next medium-term strategy: new research programmes would be based on the conclusions of the evaluation of the current Strategy and on recommendations from stakeholders, advisory groups and IARC branches. New research programmes, such as One Health and the impact of climate change on cancer, aligned with the Sustainable Development Goals, in particular Goal 13 (climate action) and Goal 3 (good health and well-being) would be considered for inclusion in the medium-term strategy 2026–2030.

The Scientific Council had recommended that the Governing Council approve the allocation of €6.7 million from the Governing Council Special Fund: for the purchase of new computer services for the scientific IT platform; to cover the shortfall in the staff budget for the biennium 2024–2025; and

to invest in the new ERP project. IARC had actively explored participation in the ERP being implemented by WHO. Since WHO had advised that IARC should not be included in the first phase of the rollout and IARC's core business systems were reaching the end of their operational life cycle, further delays to ERP implementation were no longer feasible. A budget of about €5 million was required to implement the new ERP.

In response to the Scientific Council's inquiry concerning IARC's plan for future pandemics or crises, the Agency would collaborate closely with WHO headquarters and the regional offices to develop a comprehensive framework of tailored recommendations, ensuring a swift and effective response to local contexts and needs. She thanked the Scientific Council for its support for the Agency's requests and for the celebration of IARC's 60th anniversary. The Scientific Council had recognized the necessary increase of €1.9 million in the assessed contributions for the year 2026–2027 to address rising statutory staff costs. The Scientific Council had expressed concern over the proposed €1.5 million reduction in the activity budget and the potential impact on IARC if the budget increase was not approved, leading to further streamlining of scientific priorities and deprioritizing of certain programmes. The Scientific Council had recommended that the Governing Council approve the Proposed programme and budget 2026–2027, including the assessed contributions of €53.5 million, as it was vital for successful implementation of the core programmes as well as the 10 flagships.

The Scientific Council had raised concerns about the underfunding of Pillar 1, data for action, a core IARC programme. Competitive grant funding was difficult to secure, as Pillar 1 outputs were global public goods that often fell outside typical funding criteria. The Secretariat was committed to working with the Governing Council to identify sustainable solutions. In the previous decade, two of the 10 most impactful papers had come from the Cancer Surveillance Unit (CSU), and she thanked Dr Bray and the CSU team for their tremendous achievement and their exceptional impact globally.

Core voluntary contributions were a flexible and transparent funding mechanism providing vital support that could be rapidly mobilized to address strategic priorities. In the light of current challenges, IARC extended a special call for support from Participating States, inviting them to consider core voluntary contributions to sustain and advance the Agency's critical work. Participating States were invited to become IARC flagship champions by supporting flagship initiatives that aligned with their national strategies and public health priorities, including the Global Initiative for Cancer Registry Development, the Global Cancer Observatory, the *Mutographs* study, the European Prospective Investigation into Cancer and Nutrition, CanScreen5, the Codes Against Cancer, the *IARC Monographs* Programme, the *IARC Handbooks* Programme, the WHO Classification of Tumours and the IARC Learning Programme. Support from Participating States would strengthen global cancer control and highlight their leadership and commitment to cancer research and prevention.

The Scientific Review Panel had completed its review of EGM, evaluating the scientific quality of its work and its alignment with the mission of IARC, rating its past performance as "Outstanding" and its future plans as "Outstanding" and at the forefront of the field. The Review Panel had encouraged the development of a comprehensive prioritization framework to guide EGM's future work. She congratulated the EGM teams and their leaders, Dr Herceg and Dr Zavadil, for their achievements. The Review Panel had assessed the past performance and future plans of EPR as "Outstanding" and the relevance of EPR's work to the mission of IARC for both past performance and future plans to be a "Perfect Fit". She commended the Branch Head, Dr Basu, and the Deputy Branch Heads, Drs Carvalho and Clifford, as well as the members of EPR, for their outstanding work. The Secretariat was committed to addressing the Panel's recommendations and would report on progress and action taken at the 2026 session of the Scientific Council.

She extended her sincere thanks to the Scientific Council and the Scientific Review Panel for the exceptional quality of their evaluations and for their thoughtful recommendations.

Dr LIU (Canada) thanked Scientific Council members for their dedication and commitment to IARC and for their timely and crucial input to the Agency's operations and future planning. She was pleased to note that EPR had received outstanding reviews and was grateful for the insightful and constructive feedback provided by the review panels. She noted the concerns raised by the Scientific Council regarding the sustainability of funding for the *IARC Monographs* Programme and she strongly supported IARC's efforts to seek additional sources of funding to diversify support and ensure that the programme retained its independence and was sustained as a critically important and globally unique health resource. She noted the Scientific Council's recommendation to strengthen IARC's work in health economics, implementation research, and exploration of new research themes for the medium-term strategy 2026–2030. Given current fiscal uncertainty and budget constraints, Canada urged IARC to ensure that any mandate-expanding activities remained conditional on available funding and emphasized the potential need to prioritize efforts based on future budget developments.

Mr DE POTTER (Belgium) thanked the Scientific Council for its report and the Director for her clear and forward-looking response. He shared the concern expressed regarding the future of the *IARC Monographs* Programme, which was a cornerstone of IARC's global credibility. Continued financial stability was necessary to preserve the Programme and he supported the Director's efforts to secure diversified and sustainable funding. He commended the implementation of the current Medium-Term Strategy and strongly supported the recommendation to strengthen work in health economics and implementation research; they were areas that were essential to turning science into practical cancer control. He also welcomed early reflections on the next medium-term strategy, including the potential to integrate topics such as climate change and a One Health approach, where resources allowed. Belgium remained fully committed to supporting IARC's strategic direction and its mission in global cancer prevention.

Professor JIE HE (China) endorsed the report of the sixty-first session of the Scientific Council and agreed that the alarming cancer statistics and projections highlighted the growing need for collaboration between IARC and WHO. In order to assess the impact of ultra-processed foods on cancer risk and to research the links between them, it would be particularly important for IARC to remain free from industry influence and maintain its independence. China encouraged IARC to consider the recommendation to strengthen the field of health economics research, perhaps by finding other sources of funding or establishing global collaborations with centres that had micro- and macroeconomic expertise. He expressed appreciation for the IRCC and agreed with the Scientific Council's suggestion to expand IRCC's efforts to countries with limited data on cancer mortality. China congratulated EPR on the evaluation of its "Outstanding" performance by the Review Panel.

Dr MANO (Japan) expressed appreciation for the report of the Scientific Council and agreed that health economics was a crucial research project for which alternative funding sources should be found. Without that research, it was not possible to take the cost-effective decisions needed to maintain and explore cancer control activities. Japan and the National Cancer Centre Japan would be pleased to support the celebration of IARC's 60th anniversary.

The SECRETARY thanked members of the Governing Council who had expressed their support and gave assurance that the Secretariat would act in accordance with the recommendations made.

The RAPPORTEUR read out the following draft resolution, entitled “Report of the Scientific Council” (GC/67/R3):

The Governing Council,

Having reviewed the Report presented by the Sixty-first Scientific Council (Document GC/67/3) and the Director’s responses ([Document GC/67/4](#)),

1. NOTES the Report ([Document GC/67/3](#)) with great interest;
2. CONGRATULATES the members of the Scientific Council for their supportive and excellent work; and
3. COMMENDS the Director for her constructive responses to the recommendations of the Sixty-first Session of the Scientific Council.

The resolution was **adopted**.

9. ANNUAL FINANCIAL REPORT, REPORT OF THE EXTERNAL AUDITOR AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2024: Item 9 of the Agenda

([Document GC/67/5](#))

Ms BHATIA (Director of External Audit (WHO)), participating remotely, said that the objectives of the External Auditor had been: to examine the financial statements to derive reasonable assurance that they reflected a true and fair view of IARC’s operations; ascertain whether transactions and the financial statements had been presented or disclosed in accordance with International Public Sector Accounting Standards (IPSAS); to determine whether internal controls were adequate and effective and justified the extent of reliance placed on them; to decide whether accounting policies were consistent and in compliance with IPSAS; and whether transactions and activities were in compliance with WHO’s financial regulations and financial rules. Having audited IARC’s financial statements I to V, the External Auditor had concluded that they presented fairly the financial position of IARC as at 31 December 2024, in accordance with IPSAS. The basis for that opinion was that the audit had been conducted in accordance with the International Standards on Auditing; the audit had been independent of IARC in accordance with ethical requirements; and the audit evidence had been sufficient and appropriate to provide a basis for opinion.

A general review of the financial systems and internal controls had been undertaken, as well as a test examination of the accounting records and other supporting evidence. The transactions of IARC that had come to the attention of the External Auditor had been found to be in accordance with IARC’s Financial Regulations. A long-form report on the audit had been issued. There were only three outstanding recommendations and all of them had been implemented by IARC. There was some scope for improvement in the area of compliance with IPSAS, where there had been some non-review of accounts receivable in respect of doubtful voluntary contributions and non-creation of an allowance: one voluntary contribution of €0.19 million had been pending for more than 365 days. IARC had accepted in principle that net receivables in respect of doubtful voluntary contributions should be reviewed and an allowance for doubtful receivables provided. Appreciation was expressed for the cooperation and assistance provided by IARC’s financial staff and management.

Ms DAYMAN (Canada) was pleased to note that the External Auditor had once again issued an unqualified opinion on the financial statements of IARC for 2024. She further noted with satisfaction that no significant issues had been identified. The Agency was operating in a very complex environment; she continued to welcome the Secretariat’s efforts to identify the actions needed to

respond to the increasing number of severe risks and she strongly encouraged the Director to continue to share the progress made in that regard. She noted with appreciation that IARC had implemented an internal control self-assessment in 2024 which had found internal controls to be strong overall. She looked forward to learning more about the Agency's efforts to develop action plans to address opportunities for improvement.

It was encouraging that IARC had reported a surplus for 2024, although she noted that only 86% of IARC's activities had been financed from assessed contributions and voluntary contributions compared with 97% in 2023, leading to an increased reliance on financing from the Governing Council Special Fund and the Special Account for Programme Support Costs. She would welcome an explanation from the Secretariat on the risks associated with an increased reliance on other sources of funding and what measures could be taken to mitigate them. Noting that the collection rate of assessed contributions for 2024 was lower than in previous years, she urged Participating States to pay their assessed contributions on time and to keep supporting the Agency's financial health and its ability to deliver on its scientific programme.

Dr LIM (United States of America) thanked the Comptroller and Auditor General of India for their work on the financial statements and was pleased to note the unqualified opinion returned by the External Auditor. It was a matter of concern that IARC had moved from a positive balance to a negative balance of net assets by over €11 million, although it was noted that it was mainly due to a large increase in after-service health insurance (ASHI) liabilities. He looked forward to future reporting on the funding of the ASHI liability. It was appreciated that investments had been separated out from cash in the financial statements. He sought further comments on the decision to move €11 million from long-term to short-term investments: it would be helpful to learn whether it was part of a broader investment strategy.

Ms KIRJASUO (Administration and Finance Officer), participating remotely and responding to the question raised by Canada regarding the increased reliance on the Special Account for Programme Support Costs and the Governing Council Special Fund, said that programme support costs were the indirect costs that were taken from grants. Since there had been an increase in the number of grants received in recent years, there had been a corresponding increase in the indirect costs arising from administrative and other services related to grant-funded project management. The Governing Council Special Fund was a standing fund that could be used to pay for items in accordance with requests made to the Governing Council. The requests were made within a single year and did not represent an ongoing risk.

Within the broader picture, the portion of funding received from assessed contributions was diminishing and different types of funding were being used to cover IARC's activity portfolio, which was expanding and changing.

With respect to the question raised by the United States on the decision to move €11 million from long-term to short-term investments, she explained that the investments had been placed in the same two-year term account, but that in 2023 there had been more than one year left of the term and by 2024 there had been less than one year remaining. It made sense to allow the account to run to the end of its two-year term since interest rates elsewhere were falling. IARC cash funds were always kept in 30-day accounts so that they could be accessed when required.

The RAPPORTEUR read out the following draft resolution, entitled “Annual financial report, report of the External Auditor and financial statements for the year ended December 2024” (GC/67/R4):

The Governing Council,

Having examined [Document GC/67/5](#) “Annual Financial Report, Report of the External Auditor and Financial Statements for the year ended 31 December 2024”,

1. THANKS the External Auditor for their Report;
2. NOTES the “unqualified” audit opinion; and
3. APPROVES the Report of the Director on the financial operations of the Agency.

The resolution was **adopted**.

The meeting rose at 17:30.