



**Governing Council
Sixty-eighth Session**

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28 May 2026

27–28 May 2026
Hybrid format

MINUTES OF THE FIRST MEETING
IARC, Lyon and web conference

Wednesday, 27 May 2026, at 09:00 Central European Summer Time (CEST)

Chairperson: Professor Dorothy KEEFE (Australia)

Secretary: Dr Elisabete WEIDERPASS, Director, IARC

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Participating State Representatives

Australia

Professor Dorothy Keefe, **Chairperson**
Mr Jonathan Godin
Ms Sam Hampton
Ms Merilyn Penn [remotely]

Qatar

Dr Al-Hareth M. Al-Khater, **Vice-Chairperson**
Dr Noora Mohammed A. Al Hammadi

Japan

Mr Masato Izutsu, **Rapporteur**
Ms Miki Kunimura
Dr Hiroyuki Mano
Mr Yutaka Matsuoka
Ms Michiko Taniguchi [remotely]
Dr Wakako Toga
Mr Shohei Yamauchi [remotely]

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]
Dr Luis Felipe Ribeiro Pinto
Dr Marcia Sarpa de Campos Mello [remotely]

Canada

Dr Emma Ito
Ms Jennifer Izaguirre

China

Mr Xiaochen Yang
Mr Wanqing Chen
Dr Jie He
Ms Ni Li
Ms Wen Liu

Denmark

Dr Morten Frisch [remotely]

Egypt

[No representative]

Finland

Dr Mika Salminen [remotely]
Dr Tuula Helander [remotely]

France

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

Germany

Dr Alina Brandes
Mr Chris Braun [remotely]

Hungary

Professor Gabriella Liszkay [remotely]
Dr Eموke Soos [remotely]
Ms Nelli Benefi-Zatureczki [remotely]

India

Dr Saroj Kumar
Dr Tanvir Kaur Gandhi [remotely]

Iran (Islamic Republic of)

[No Representative]

Ireland

Mr James Scully [remotely]

Italy

Dr Mauro Biffoni [remotely]

Morocco

Dr Loubna Abousselham
Dr Youssef Chami Khazraji [unable to attend]

Netherlands (Kingdom of the)

Ms Dagmar Stolte

Norway

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

Portugal

Professor Isabel Cristina Fernandes
Dr Cristina Portugal

Republic of Korea

Dr Lee Ha Rim
Dr Sunghoo Hong

Russian Federation

Dr Eduard Salakhov [unable to attend]
Mr Anton Minaev
Mr Ivan Tarutin
Dr Elena Kirsanova [unable to attend]
Dr Maksim Kurbatov [unable to attend]

Saudi Arabia

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

Spain

[No Representative]

Sweden

Professor Madeleine Durbeej-Hjalt [remotely]

Switzerland

Mrs Mari Viro Moser
Mrs Noemi Fivat [remotely]

United Kingdom of Great Britain and Northern Ireland

Dr Mark Palmer
Dr Isobel Atkin
Dr Louisa Rahemtulla [remotely]

United States of America

Ms Julie M. Jolles
Mr Mark Daghir [remotely]
Ms Maya Levine [remotely]
Ms Lauren Mikulsky [remotely]
Mr Lars Spjut [remotely]

World Health Organization

Dr Alarcos Cieza [remotely]
Dr Andre Ilbawi [remotely]

Ms Claudia Nannini **Observers**

Scientific Council

Dr Sirpa Heinävaara
Outgoing Chairperson

Professor Young-Woo Kim
Incoming Chairperson

Union for International Cancer Control (UICC)

Mr Philippe Guinot

IARC Ethics Committee

Professor Samar Alhomoud

External Audit

Ms Ritika Bhatia [remotely]

IARC Secretariat

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Ms Galina Tarasenko
Mr Harry Owen Ungood-Thomas
Ms Charlotte Wren

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-eighth session of the Governing Council, including those participating remotely. In particular, she welcomed Dr Alarcos CIEZA and Dr Andre ILBAWI from WHO Headquarters; Ms Claudia NANNINI, WHO Legal Officer; Dr Sirpa HEINÄVAARA, outgoing Chairperson of the IARC Scientific Council and Professor Young-Woo KIM, incoming Chairperson; Mr Philippe GUINOT, Chief Operating Officer of the Union for International Cancer Control (UICC); and Ms Ritika BHATIA, External Auditor, as well as the many IARC staff members following the session in the meeting room or remotely.

There was currently no representative of Egypt, the Islamic Republic of Iran or Spain.

The SECRETARY likewise welcomed participants, thanking them for their continued engagement with and commitment to the Agency. The IARC@60 conference the previous week had marked six decades of the Agency's scientific leadership in global cancer prevention. Its value for the future lay in the generation of trusted scientific evidence, the strengthening of national capacity and the provision of a neutral platform where countries could collaborate, even in a fragmented geopolitical landscape. The draft medium-term strategy (MTS) for the period 2026–2030, submitted for the approval of the Governing Council at the current session, constituted a clear, disciplined framework creating a bridge between science and action in global cancer prevention, with an increased focus on outcomes and impact.

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

On the proposal of Professor Norbert IFRAH (France), Mr Masato IZUTSU (Japan) was elected Rapporteur, the proposal being seconded by Dr Alina BRANDES (Germany).

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda (Documents GC/68/1 (Prov.) Rev.3; GC/68/21)

The Governing Council agreed to consider a supplementary agenda item relating to the withdrawal of the Islamic Republic of Iran from membership of the Agency (see document [GC/68/21](#)).

The [agenda](#), as amended, was adopted.

4. PRESENTATION AND DISCUSSION OF THE BIENNIAL REPORT 2024–2025: Item 4 of the Agenda (Document [GC/68/2](#))

A short video was shown, highlighting the Agency's contribution to global cancer control and its close collaboration with the World Health Organization (WHO).

The SECRETARY, illustrating her remarks with slides, presented the Biennial Report for 2024–2025, structured around the four pillars of the Agency's scientific activities.

Under Pillar 1, data for action, she described the authoritative picture of the global cancer burden provided by IARC data, including the publication *Cancer incidence in 5 continents*, the GLOBOCAN database and analyses of cancer survival. The data revealed profound inequities, but also reconfirmed the crucial message that a substantial proportion of cancers was preventable, which would contribute to priority-setting and accountability at both national and global level.

IARC's work under Pillar 2, understanding the causes of cancer, included the Mutographs project, which combined large-scale genomics and epidemiology in order to establish links between environmental exposures and cancer-specific mutational signatures and strengthen the scientific basis for prevention policies.

The research conducted under Pillar 3, from understanding to prevention, had confirmed that a single dose of human papillomavirus (HPV) vaccine provided long-lasting protection against cervical cancer and had advanced the state of knowledge about *Helicobacter pylori* eradication as a potential contribution to population-level prevention of gastric cancer. The fifth edition of the *European code against cancer* translated complex science into clear, evidence-based recommendations for both individuals and policy-makers.

Under Pillar 4, knowledge mobilization, IARC produced globally recognized standards that informed diagnosis, regulation and guidelines throughout the world, including the IARC Monographs, the WHO Classification of Tumours series (the “Blue Books”) and the Handbooks of Cancer Prevention. The Agency’s learning and training programmes, now integrated with the WHO Academy, contributed to capacity-building in research and public health in low- and middle-income countries (LMICs) and supported local institutions in the Participating States.

Dr ITO (Canada) commended the Agency on the achievements described in the report and stressed the importance of its partnerships with WHO and the expanding network of Participating States. Its leadership in fostering dialogue and partnerships had been amply illustrated by the success of the IARC@60 conference. Her country supported the Agency’s efforts to diversify its funding sources to ensure its long-term sustainability.

Mr DE POTTER (Belgium) welcomed the publication of Volume 20B of the IARC Handbooks on Cancer Prevention, dealing with alcohol control policies. IARC and WHO should continue their cooperation to support implementation of those policies, while ensuring that alcohol policy development was protected from undue influence and that conflicts of interest were effectively managed. The Handbook’s finding that no evidence existed to suggest that there was any safe level of alcohol consumption should be clearly reflected in policy-setting, regardless of pressures from commercial or other interests.

Dr MANO (Japan) congratulated the Agency on the recent advances in understanding the causes of cancer through genomic epidemiology, including large-scale international studies that have identified mutational signatures and clarified the role of environmental and microbiome exposure in cancer development. The IARC@60 conference had provided a forum for high-quality scientific exchange and communication.

The SECRETARY thanked members for their comments and encouragement. She noted that the Agency was continuing to disseminate the findings of the Handbook on alcohol control policies, and acknowledged the valuable contribution of Japan to the Monographs project. She commended the IARC team that had worked so hard to make the IARC@60 conference a success.

The RAPPORTEUR read out the following draft resolution, entitled “IARC Biennial Report 2024–2025” (GC/68/R1):

The Governing Council,

Having reviewed the IARC Biennial Report for 2024–2025 (Document [GC/68/2](#)),

1. EXPRESSES its satisfaction with the work accomplished; and
2. COMMENDS the Director and her staff on the Biennial Report.

The resolution was **adopted**.

5. ADDRESS BY THE DIRECTOR-GENERAL, WHO

The DIRECTOR-GENERAL addressed the Governing Council in a prerecorded video message, commending the Agency on its excellent reputation for rigorous independent science. The partnership between IARC and WHO was strong and increasingly operational: IARC generated the evidence, while WHO translated it into guidance and supported countries in acting upon it. In a forthcoming WHO Global Status Report on Cancer 2026, WHO would show the impact of the work of WHO and IARC, but also the existing gaps in implementation.

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

6. DIRECTOR’S REPORT: Item 6 of the Agenda (Document [GC/68/3](#))

The SECRETARY, illustrating her remarks with slides, introduced her Director’s Report, covering key scientific advances since the previous session of the Governing Council, cooperation and partnerships and strategic management developments.

The integrated four-pillar scientific model provided a unifying framework for cancer prevention. Under Pillar 1, data for action, she highlighted the 2024 GLOBOCAN estimates, due to be published in the prestigious *Journal for Clinicians* on 8 July. The Agency had estimated the number of new cancer cases in 2025 at 20.6 million and the number of deaths at 9.8 million, one in nine men and one in 13 women would die from cancer. It was estimated that 37.8% of new cancer cases in 2022 (7.1 million people) were attributable to 30 modifiable risk factors that governments could act upon, including tobacco, alcohol, infections, physical inactivity, air pollution and ultraviolet A radiation exposure, showing the favourable potential return on investment in prevention policies and implementation capacity. The global loss in paid and unpaid productivity due to cancer-related mortality in 2022 was estimated at US\$ 566 billion or 0.6% of global gross domestic product, with the heaviest losses being borne by LMICs. The loss in productivity for paid activity was greater for males, while that for unpaid activity was greater for females. The findings were a direct argument for investment in cancer prevention.

Turning to Pillar 2, understanding the causes of cancer, she described evidence from a European Prospective Investigation into Cancer and Nutrition study on dietary species richness (namely, the consumption of many different types of plant-based food). Higher levels of diversity were linked with lower all-cause mortality, better nutrient adequacy and lower greenhouse gas emissions and land use, which demonstrated the potential for alignment of public health goals with environmental sustainability. Other research findings published in the *Journal of the National Cancer Institute* described the increasingly early onset of colorectal cancer among people born in the 1990s in the United Kingdom, with at least a fivefold higher risk compared with those born in the 1960s. Similar trends had been reported in many other countries.

Under Pillar 3, from understanding to prevention, the CanScreen5 project had published data on the characteristics and performance of cancer screening programmes in 106 countries. A total of 1624

users from 184 countries had completed online training programmes. The third European report on cancer screening was currently in preparation and would present data collected from all Member States of the European Union and European Economic Area in 2026 and 2027, including lung and prostate cancer screening programmes for the first time. Two recent studies conducted in collaboration with the Lung Cancer Cohort Consortium had demonstrated, respectively, that lung cancer incidence in individuals with comparable smoking histories was lower in groups with higher socioeconomic status and that a new biomarker-based risk assessment tool could identify 85% of persons likely to develop lung cancer in the future, compared with 63% using current screening criteria. Agency researchers had identified eight HPV types responsible for around 95% of cervical cancer cases and had confirmed that around 90% of the global burden of gastric cancer was attributable to infection with *H. pylori*, with future increases expected particularly in sub-Saharan Africa. Those findings supported target vaccination, screening and infection-control strategies with high population-level returns.

The fifth edition of the *European code against cancer*, launched in October 2025, provided 14 actionable, evidence-based recommendations for the general public, covering behavioural, environmental, occupational and infectious risk factors, as well as preventive interventions. Fourteen complementary recommendations aimed at policy-makers related to population-level policies that reinforced individual actions, shaped the environments that influenced choices and protected against involuntary exposures.

Other initiatives included the METHIS modelling platform, which supported local action for cervical cancer elimination through an integrated approach combining data collection, implementation research and advanced modelling, and the African Breast Cancer Disparities in Outcomes study, which had demonstrated that survival rates among women with breast cancer in sub-Saharan Africa remained low three years after their diagnosis. Achieving the WHO Global Breast Cancer Initiative targets could potentially prevent around one third of deaths among Black women in those settings. The Agency, with collaborators in Belgium, the Netherlands (Kingdom of the) and sub-Saharan countries, was collecting early-life biological samples for multi-omics and infection profiling to increase understanding of endemic Burkitt lymphoma and leukaemia, two of the most common childhood cancers in sub-Saharan Africa.

Turning to Pillar 4, knowledge mobilization, she drew attention to the publication of Vol. 20B of the Handbooks of Cancer Prevention series, dealing with alcohol policies. Kazakhstan had joined the Working Group preparing Vol. 21 on lung cancer screening, and the associated publications were due to be launched in 2026 and 2027. Other research included evidence gap maps on oral cancer prevention; the Global Cancer Update Programme global framework to evaluate the links between diet, body weight, physical activity and cancer; and cervical cancer screening recommendations prepared under the European Commission Initiative on Cervical Cancer.

In 2025, three meetings (138, 139 and 140) had been held under the IARC *Monographs* Programme – a critical resource for delivering independent, evidence-based guidance for regulatory decisions on global cancer prevention strategies. New or updated classifications had been issued for 12 agents, with automotive gasoline, hepatitis D virus and Merkel cell polyomavirus being classified as Group 1 carcinogens. In the WHO Classification of Tumours series, the sixth edition of the volume on digestive tumours had been published, as well as three fifth editions dealing, respectively, with endocrine, skin and eye tumours. The *WHO reporting system for lymph node, spleen and thymus cytopathology* had likewise been published in 2025.

Aided by generous external funding and collaboration, the Agency had hosted around 240 early-career and visiting scientists in 2025, including 90 postdoctoral researchers, and had awarded five two-year postdoctoral and three six-month mid-career fellowships. Over 80 courses had been developed or

migrated to the IARC Learning Platform under the WHO Academy, and over 7000 users had enrolled on at least one course.

With reference to publications, she reported that the Agency had published 357 scientific articles in 2025; of that number, 80% had been peer-reviewed, 67% were open-access and 99% involved international collaboration. The h-index metric for productivity and citation impact was 104. A total of 367 policy documents from 136 sources in 37 countries had cited IARC research.

Turning to cooperation, partnerships and strategic engagement, she described the evidence on cancer burden, productivity losses and cost-effective treatment options produced by the Agency to support the WHO Cervical Cancer Elimination Initiative. The standard operating procedure (SOP) governing communication between IARC and WHO headquarters on the Monographs and Handbooks programmes had now been finalized. The Agency had signed 28 collaborative research agreements, eight other agreements and three amendments to agreements in 2025. A new centre of expertise on cancer registration had been established in Angola under the Global Initiative for Cancer Registry Development (GICR). A study had been launched under the national Hydrocarbon Pollution Remediation Project in Ogoniland, Nigeria to investigate the health effects of environmental hydrocarbon pollution.

The Secretariat had undertaken various activities to increase the volume of assessed contributions, explore sources of innovative funding and expand flexible resources. The Good Venture Foundation had provided a US\$ 1 million grant to assess the efficacy of the single-dose HPV vaccine in Zambia, and the United Kingdom Medical Research Council had provided €250 000 to support the IARC Initiative for Resilience in Cancer Control (IRCC) and the IARC@60 conference. Over €20.6 million had been secured for IARC through grants and direct funding agreements under 98 contracts signed with funding partners, which was higher than the corresponding figures for both 2023 and 2024. The major funders in 2025 were the United States National Institutes of Health, the French Institut national du cancer, the Nigerian Federal Ministry of Environment and the European Commission.

The Secretariat would present the draft MTS for 2026–2023 to the Governing Council at its current session. The new strategy emphasized the comparative advantages and global value empowered by the IARC flagship initiatives and introduced the strategic prioritization framework, which operationalized ambition under constrained resources, protected core scientific functions and ensured transparent allocation of the regular budget.

The new enterprise resource planning system had gone live the previous week. Other administrative innovations included the IARC Building Operating System and the expansion of the scientific IT platform.

As at 28 February 2026, the Agency employed 429 people – 260 staff members, equally divided between professional and general-service staff, and 169 early-career and visiting scientists. The number of regular budget staff posts stood at 150.7. Women accounted for 62% of staff in the P1 to P3 categories, 43% in the P4 category and 36% in the P5 and higher categories. Two senior leadership positions were held by women from LMICs, namely herself and Ms Mehta, the Director of Administration and Finance. IARC staff came from 48 countries, with Participating States particularly well represented.

Ms LIU (China) congratulated the Director and her staff on the impressive achievements of the previous year, drawing particular attention to the Agency's academic outcomes and the key performance indicators relating to capacity-building. Training courses at the new IARC-National Cancer Center China Learning Centre had now begun. China recommended that the Agency should further consolidate its basic research into the pathogenesis and causes of cancer and promote cutting-edge technologies such as precision diagnosis and treatment, immunotherapy and intelligent screening.

Ms IZAGUIRRE (Canada) commended the Agency's efforts to enhance its meaningful engagement with WHO, including the progress made in updating the SOP governing the interactions between the two in relation to the IARC *Monographs* and WHO Handbooks of Cancer Prevention. The Agency's efforts to broaden its sources of funding, secure extrabudgetary grants and contracts and recruit new Participating States were likewise noteworthy.

Ms JOLLES (United States of America) congratulated the Agency on its scientific achievements and on the recent recruitment of Egypt, Portugal and Saudi Arabia as new Participating States. Innovation in cancer prevention must start by obtaining the best possible data: her country was using artificial intelligence (AI) to analyse high-quality data from electronic health records and clinical trials in order to address the root causes of cancer, especially in children. The United States urged IARC to remain focused on its core scientific mandate of cancer research and avoid the use of subjective or politically charged terminology, including the term "equity", in both organizational frameworks and global health reports; IARC should likewise avoid references to gender or gender ideology, and use precise terminology focused on biological sex. IARC should prioritize objective scientific research over alignment with broader WHO political agendas or the United Nations Sustainable Development Goals.

Dr VIOLA (Brazil) congratulated IARC on the successful IARC@60 conference and stressed the importance of the scientific and administrative independence of IARC, free from financial pressures and commercial interests.

Mr DE POTTER (Belgium) welcomed the emphasis in the Director's Report on cancer prevention through action on modifiable risk factors and called for the continued strengthening of cooperation between IARC and WHO, notably in support of global cancer initiatives and in reinforcing the continuum from research to policy and implementation. Given the current resource constraints and the increased reliance on voluntary budget contributions, the clarity and transparency provided by the new MTS and strategic prioritization framework were essential to safeguard IARC's core scientific functions and independence.

Professor IFRAH (France) commended the high quality and international reach of the Agency's activities, particularly those relating to modifiable risk factors, inequalities in survival rates, access to treatment and cancer screening, as well as the Secretariat's efforts to secure grant funding.

Dr BRANDES (Germany) highlighted the Agency's role in providing guidance for national health systems. For instance, the IARC *Monographs* were used as the scientific basis for regulatory decisions in Germany. IARC scientific publications and evidence synthesis supported both national and European Union guidelines for cancer screening programmes. Germany would appreciate IARC input into updating European Union guidelines on colorectal and cervical cancer and the development of a new guideline for stomach cancer screening, and looked forward to the forthcoming handbook on lung cancer screening.

In the current challenging geopolitical and financial context, diversifying the donor base, increasing voluntary contributions, strengthening predictable funding and ensuring long-term investment in cancer research were collective priorities. Accordingly, as announced at the IARC@60 conference, Germany would provide an additional €600 000 in funding for 2026.

Dr MANO (Japan) welcomed the remarkable scientific progress achieved across the four pillars of the Agency's work and the strengthening of collaboration with WHO and global partners. Japan would continue to contribute actively to global cooperation frameworks, in particular through its presidency of G7 Cancer, an international partnership to accelerate the global fight against cancer.

The SECRETARY thanked speakers for their positive comments. Belgium, Brazil, Canada, China, France and Japan had all provided very valuable support for the Agency. She welcomed the encouragement of the United States, while noting the concerns expressed, and highlighted the progress made in that country in AI applications, particularly for clinical trials and prevention strategies.

The RAPPORTEUR read out the following draft resolution, entitled “Director’s Report” (GC/68/R2):

The Governing Council,

Having reviewed the Director’s Report ([Document GC/68/3](#)),

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; and
3. EXPRESSES its satisfaction with the Director’s written and oral Reports.

The resolution was **adopted**.

7. REGULAR UPDATE ON IARC INITIATIVE FOR RESILIENCE IN CANCER CONTROL (IRCC): Item 7 of the Agenda
([Document GC/68/4](#))

Dr SOERJOMATARAM (Deputy Head, Cancer Surveillance Unit), introducing the item and illustrating her remarks with slides, said that the cost attributable to natural disasters in 2025, affecting both high-income and low-income countries, was estimated at US\$ 224 billion, roughly equivalent to the gross domestic product of Hungary or Qatar. Of particular interest to IARC was the indirect effect of natural disasters in terms of delayed diagnosis and disruption to treatment of cancer patients. The IRCC, initially launched in 2020 to assess the impact of the pandemic of coronavirus disease (COVID-19) on cancer prevention and treatment, had been expanded to collect data and provide qualitative studies of the impact of natural disasters of all kinds.

In 2025, IARC with the American Cancer Society had published the fourth edition of the *Cancer atlas*, which included a chapter on health system resilience for the first time. IARC scientists had participated in a workshop in Brazil to develop recommendations and strategies for resilient cancer control in crisis situations; a similar workshop was planned for India. A forthcoming publication provided an analysis by the International Cancer Benchmarking Partnership of data from national population-based cancer registries to show the impact of the COVID-19 pandemic on cancer diagnosis; in seven high-income countries alone, over 50 000 cases had been missed, and many patients had been diagnosed at a late stage. The Agency had established links with the International Atomic Energy Agency and other potential partners at the IARC@60 conference.

The Agency had collected data from 2022 on 250 million people living in crisis situations and was mapping those data on to the number living with cancer in the same country. It was estimated, conservatively, that 1.6 million people living with cancer were also affected by crises, including one in four children living with cancer. LMICs, especially in Africa, were disproportionately affected. Many gaps in the data persisted, however. Qualitative interviews had revealed that government policies might act to the detriment of cancer patients, for instance by restricting their access to hospital during the COVID-19 lockdowns. Civil society organizations were stepping in to fill the gaps where possible.

Future plans included the development of a national resilience platform, using quantitative data from cancer registries and qualitative data from interviews in five countries as well as data from WHO, with a “traffic light” system to show how well countries were responding to challenges in cancer control in crisis situations and where they should seek to improve. Another project aimed at the development of an app for people diagnosed with cancer to put them in touch with cancer treatment centres and bring national stakeholders together. It would begin by mapping patterns of cancer diagnosis; for instance, in the United Kingdom, it had been found that 37% of cancer cases were not initially diagnosed until the person visited an emergency room. Experience gained from past crises would then

be used to estimate the potential loss in health-care capacity and identify the optimum treatment paths.

Mr DE POTTER (Belgium) commended the achievements of the IRCC project but expressed concern about its apparent expansion beyond the original remit of the COVID-19 pandemic, which he felt did not align well with the core functions of IARC. Continuity of care and health systems strengthening were more properly matters for WHO.

Dr VIOLA (Brazil) said that the outcomes of the workshop in Brazil, now submitted for publication, had proved very useful since Brazil was one of the countries most affected by climate change; measures to increase the resilience of the health system were thus particularly important.

8. REPORT OF THE SIXTY-SECOND SESSION OF THE SCIENTIFIC COUNCIL: Item 8 of the Agenda (Document [GC/68/5](#))

9. DIRECTOR'S RESPONSE TO RECOMMENDATIONS OF THE SC/62 SCIENTIFIC COUNCIL: Item 9 of the Agenda (Document [GC/68/6](#))

Dr HEINÄVAARA (Outgoing Chairperson, Scientific Council), illustrating her remarks with slides, reported on the outcomes of the Sixty-second session of the Scientific Council, which had taken place in a hybrid format in Lyon on 11–13 February 2026. Seven new members had been elected in 2025 for four-year terms. With reference to scientific performance and visibility, the Scientific Council had commended the Director and her staff on the excellent scientific quality and impact of their work, as demonstrated in the Biennial Report 2024–2025, and on the increased visibility and outreach resulting from the IARC@60 conference and the IARC website and corporate videos. It had endorsed the efficient organization and scientific importance of the IARC@60 conference and stressed the importance of ensuring visibility in both traditional and social media.

With reference to the Agency's strategic direction, the Scientific Council had strongly endorsed the draft MTS and strategic framework. It had stressed the urgent need for sustainable financing for the IARC *Monographs* Programme and expressed its support for the IRCC, suggesting that the Agency should develop intervention packages to mitigate disruptions in cancer services.

Turning to education and training, she noted that the Scientific Council had commended the IARC Research Fellowship and Training Programme, which supported early-career and visiting scientists. Education and training programmes were now aligned with the work of the WHO Academy. It was recommended that the Agency should expand its collaboration with academic institutions in respect of course materials and resource mobilization.

In the area of data science, the Scientific Council had welcomed the significant progress in bioinformatics, digital biopathology, reproducibility and standardization, federated analysis and machine learning. It had further noted that the capacity and performance of the Scientific Information Technology Platform had been upgraded and the operational framework intended to extend the platform to external collaborators was now in development. Given the limitations of federated learning, other means of data-sharing should also be explored.

With respect to the scientific report of the Genomic Epidemiology (GEM) Branch review, the Review Panel had assessed the scientific quality of Branch's past performance as "outstanding" and its future plans as "outstanding". Concerning the relevance of its work to the mission of IARC, both its past performance and its future plans were deemed a "perfect fit". The next reviews, of the Cancer Surveillance Branch and the Environment and Lifestyle Epidemiology Branch, would take place in January 2027.

The Scientific Council had endorsed the Director's request for the use of €788 200 from the Governing Council Special Fund (GCSF) for essential equipment for biobanking and publications.

The Sixty-third session of the Scientific Council would take place, fully remotely for reasons of cost, on 10–12 February 2027. Dr Young-Woo KIM (Republic of Korea) had been elected Chairperson, and Dr Roberta De ANGELIS (Italy) had been elected Vice-Chairperson.

The SECRETARY, responding to the main recommendations of the Scientific Council, gave details of the Agency's proposed actions to ensure follow-up and accountability, given the existing resource constraints. The Scientific Council had reaffirmed the authority, independence and public health value of the *Monographs* Programme and acknowledged the long-standing contribution of the United States. The Secretariat was pursuing diversifying funding, expanding coordination with national and regional agencies to support methodological harmonization and, subject to resources, preparing for an update of the Monograph Preamble.

She acknowledged the Scientific Council's recommendations relating to the expansion of collaboration with academic institutions and international partners, and thanked Belgium and Spain, each of which had financed two postdoctoral fellowships.

She thanked the Scientific Council for its support for the Secretariat's request for funding from the GCSF for investment in the Biobanking Programme, histopathology and publications. The Secretariat would continue to monitor the scientific, regulatory and feasibility situation in clinical and policy implementation, particularly in LMICs. A patent on biomarkers on bladder cancer was currently in development, intended to protect scientific priorities and public health value rather than commercial interests.

She thanked the United Kingdom for its grant of €200 000 for the IRCC and for its support, along with the French Government, the journal *The Lancet* and the UICC, for the very successful IARC@60 conference.

In accordance with the Scientific Council's recommendations relating to the draft MTS, the Secretariat was developing a strength monitoring and evaluation framework. In relation to the discussion on policy uptake, the Secretariat reaffirmed the central role of WHO and Participating States and the importance of structural collaboration and flagship initiatives in the translation of research findings into policy.

She acknowledged the Scientific Council's remarks relating to the review of GEM and the limited opportunities for advancement for mid-career scientists at the Agency owing to budgetary constraints.

Dr VIOLA (Brazil) commended the Agency's achievements, in particular those relating to the IRCC, the Biobank, the work of GEM and education and training. Brazil would hold its first summer course in epidemiology in 2026.

Dr ITO (Canada) thanked the members of the Scientific Council for their ongoing commitment to supporting the Agency. Canada agreed that the Secretariat should enhance its coordination with national and regional agencies in hazard evaluation and continue to seek diversified, long-term funding for the *Monographs* Programme. Finally, she congratulated GEM on its very positive review.

Mr DE POTTER (Belgium) welcomed the Scientific Council's assessment of the very high scientific quality of the Agency's work including the review of GEM, the candid discussions of the structural constraints facing the Agency, and the transparent manner in which their implications for scientific organization and prioritization had been addressed. Belgium shared the Scientific Council's emphasis on the importance of the *Monographs* Programme and the *Handbooks of Cancer Prevention* and its endorsement of the draft MTS. The constructive dialogue between the Scientific Council and the

Director was key to ensuring that IARC remained a trusted, policy-relevant and scientifically excellent institution.

The RAPPORTEUR read out the following draft resolution, entitled “Report of the Scientific Council” (GC/68/R3):

The Governing Council,

Having reviewed the Report presented by the Sixty-second Scientific Council ([Document GC/68/5](#)) and the Director’s response ([Document GC/68/6](#)),

1. NOTES the Report (Document GC/68/5) 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-second Session of the Scientific Council.

The resolution was **adopted**.

10. IARC’S IMPACT IN PRACTICE SERIES: Item 10 of the Agenda

Dr SCHMÜTZ (Consultant to the Office of the Director), illustrating her remarks with slides, introduced the Impact in Practice series,¹ a collection of 30 country reports, one for each Participating State, showing the real public health impact of the Agency’s work. Impact in Practice reports were intended to serve one of the guiding principles of the new MTS, namely country ownership.

The Secretariat had conducted 51 interviews and received 12 written questionnaires from 26 Participating States in a three-stage process – building an evidence base, making that evidence visible and useable, and acting on the data.

Each report provided evidence across the dimensions of scientific collaboration and visibility; public health and policy impact; and capacity-building and training. For instance, in terms of scientific collaboration, it had been shown that co-authoring a paper with IARC was associated with a much wider international footprint for that paper. In terms of public health and policy impact, the research revealed that all Participating States could provide examples of IARC evidence being used in policy, programmes and practice not only in an academic context, but also at the point where concrete decisions were made. Even informal collaborations had been shown to influence national decisions, for instance in the design of the first lung cancer screening pilot programme in Sweden. The evidence on capacity-building and training showed that, although training programmes were open to all countries, Participating States sent more trainees, more regularly, and initiated more research projects, thereby building capacity over time. Beyond the individual scientist level, programmes such as the GICR gave countries the tools and standards they needed to generate and use their own data.

In the interests of visibility, each report presented the Agency’s research findings in a way that made clear the benefits of membership for the Participating State concerned. Governing Council or Scientific Council members could use the reports in discussions with their ministries of health or other situations where they wished to make the case for working with IARC. The reports would be updated regularly on a schedule aligned with changes in Scientific Council membership.

¹ IARC Impact in Practice: from global cancer science to national action [website]. International Agency for Research on Cancer; 2026 (<https://www.iarc.who.int/iarc-impact-in-practice-from-global-cancer-science-to-national-action/>, accessed 24 June 2026).

In the third stage, moving to action, an analysis of the data, recently described in *The Lancet*,¹ had shown that evidence was transformed into national action through four main pathways: legitimacy, such as that conferred by the Monographs; governability and surveillance systems that made the cancer burden visible enough to ensure that action was taken; training and technical support to provide the required capacity; and reciprocity, or “science diplomacy” – contributing to, influencing and shaping the evidence base in ways that came back to benefit the contributor country.

Three lessons had been drawn from the analysis. IARC research outputs were global public goods, freely available and widely cited, but the extent to which they were integrated into national planning and regulation depended on the robustness of the four pathways listed above. The enabling environment, or enabling layer, of registries, training platforms, expert participation and governance relationships was critical if evidence was to be trusted and used. That environment was slow to build, depended on continuity and was hard to rebuild if it was weakened.

Another analysis of the data, to be published shortly in the journal *Salud Pública de México*, had investigated the added value of membership of IARC, as opposed to collaboration without membership. The study compared Brazil, which had become a Participating State in 2013, with Mexico, which had enjoyed long and productive collaboration with the Agency without acceding to membership. The collaboration between Brazil and IARC had progressed from individual projects to long-term institutional relationships, facilitated by the designated focal points on the Governing Council and Scientific Council. Collaboration with Mexico, on the other hand, relied on the efforts of individual scientists with links to the Agency, and lost its momentum when the scientists concerned moved on or retired. Membership of the Agency activated all four of the essential enabling pathways.

The analysis ended with three recommendations calling for sustained support for the shared scientific infrastructure, better ways of measuring impact to show that evidence was really being used, and more meaningful, innovative and inclusive partnerships. Those recommendations had been developed into practical engagement pathways for various audiences: Participating States, countries considering closer engagement with IARC, and global health funders and partners.

Ms IZAGUIRRE (Canada), welcoming the IARC Impact in Practice series, said that her country’s report showed the breadth of collaboration between Canadian researchers, institutions, and IARC across areas such as cancer surveillance, prevention, implementation science, and capacity-building. She welcomed the commitment that the reports would be regularly updated.

¹ Schmütz A, Chajès V, Chauvet C, Keefe D, Weiderpass E. The International Agency for Research on Cancer: from global evidence to national action. *The Lancet Public Health*. 2026;11:e468–e471.

11. ADMISSION OF NEW PARTICIPATING STATES – AMENDMENT TO THE RULES OF PROCEDURE OF THE GOVERNING COUNCIL – RULE 50: Item 11 of the Agenda
(Document [GC/68/7](#))

Ms MEHTA (Director of Administration and Finance) invited the Governing Council to approve a change to Rule 50 of its Rules of Procedure, reducing the deadline for submission of applications for membership of the Agency from 90 days before the relevant Governing Council session to 60 days.

The RAPPORTEUR read out the following draft resolution, entitled “Admission of new Participating States: amendment to the Rules of Procedure of the Governing Council – Rule 50” (GC/68/R4):

The Governing Council, Having considered Document GC/68/7, “Admission of new Participating States – Amendment to the Rules of Procedure of the Governing Council – Rule 50”, Recalling its Resolution GC/67/R15 requesting the Secretariat to work with the Subcommittee on the Admission of new Participating States to develop a proposal regarding Rule 50 of the Rules of Procedure of the Governing Council to be presented for consideration at its Sixty-eighth Session, 1. NOTES the recommendation of the Subcommittee to amend the deadline for applications from at least ninety (90) to at least sixty (60) days before the opening of the Governing Council session at which such applications shall be considered; and 2. DECIDES to amend the Rules of Procedure of the Governing Council as shown in the table below, with effect from the closure of the Sixty-eighth session of the Governing Council.	
Rules of Procedure of the Governing Council – Rule 50	
Present text	Amended text
“Applications made by Members of the World Health Organization for admission as Participating States in the Agency shall be addressed to the Director-General and shall be transmitted immediately to Participating States and the Director of the Agency. Any such application shall be placed on the agenda of the next session of the Governing Council provided the application reaches the Director-General at least ninety days before the opening of such session.”	“Applications made by Members of the World Health Organization for admission as Participating States in the Agency shall be addressed to the Director-General and shall be transmitted immediately to Participating States and the Director of the Agency. Any such application shall be placed on the agenda of the next session of the Governing Council provided the application reaches the Director-General at least ninety sixty days before the opening of such session.”

The resolution was **adopted**.

12. TRANSFER TO THE WORKING CAPITAL FUND – REPAYMENT STATUS: Item 13 of the Agenda (Document [GC/68/9](#))

Ms MEHTA (Director of Administration and Finance) recalled that, in May 2024, the Governing Council had authorized a one-time transfer of €4.2 million from the GCSF to the Working Capital Fund and had requested the Secretariat to inform it of any payments of outstanding assessed contributions, which would be reimbursed to the GCSF. No such repayments had been received since the previous session of the Governing Council.

The RAPPORTEUR read out the following draft resolution, entitled: "Transfer to the Working Capital Fund – repayment status" (GC/68/R9):

The Governing Council,
Having reviewed Document [GC/68/9](#) "Transfer to the Working Capital Fund – Repayment status",
Recalling its Resolutions [GC/66/R7](#) and [GC/67/R9](#),

1. THANKS the Secretariat for the update on the repayment status;
2. NOTES that no payments of outstanding contributions having caused the need for such transfer have been received; and
3. REQUESTS the Secretariat to continue to report on the status of any repayment of the arrears and the budgetary implications of any continued non-payments, in the annual Financial Report.

The resolution was **adopted**.

Ms IZAGUIRRE (Canada) expressed concern that no repayments of outstanding assessed contributions had been made over the previous year. She acknowledged that the Secretariat was taking measures to reduce reliance on the GCSF. However, it was essential that the transfer from the GCSF should be reimbursed as soon as possible.

The meeting rose at 12:35.