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World Health Organization

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Thursday, 28 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
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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 Emoke 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
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Switzerland
Mrs Mari Viro Moser
Mrs Noemi Fivat [remotely]

United Kingdom of Great Britain and Northern Ireland
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Dr Louisa Rahemtulla [remotely]

United States of America
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Mr Mark Daghir [remotely]
Ms Maya Levine [remotely]
Ms Lauren Mikulsky [remotely]
Mr Lars Spjut [remotely]

World Health Organization
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Dr Andre Ilbawi [remotely]
Ms Claudia Nannini

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Scientific Council
Dr Sirpa Heinävaara
Outgoing Chairperson

Professor Young-Woo Kim
Incoming Chairperson

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Mr Philippe Guinot

IARC Ethics Committee
Professor Samar Alhomoud

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Ms Michèle Abdou
Ms Teresa Lander

1. ANNUAL FINANCIAL REPORT, REPORT OF THE EXTERNAL AUDITOR AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025: Item 16 of the Agenda (Document GC/68/11)

Ms BHATIA (Director of External Audit (WHO)), participating remotely, said that the objectives of the External Auditor had been to assess: whether the financial statements complied with International Public Sector Accounting Standards (IPSAS) and presented a true and fair view of IARC's operations; whether IARC operations had been conducted economically, effectively and efficiently, in line with the IARC Financial Regulations, and the WHO Financial Regulations and Rules; and whether internal controls were adequate and effective, providing reasonable assurance that material financial risks had been mitigated. It was the audit opinion that the financial statements presented a true and fair view, and an unqualified opinion had been given on the 2025 financial statements. Concerning the status of implementation of recommendations, there had been only two outstanding recommendations, and both had been implemented by IARC.

Regarding the financial audit, it had been found that cash flow presentation was not fully aligned with IPSAS 2: the statement of cash flows did not show separately the effects of exchange rates on cash balances. The unrealized foreign exchange gain of €8.23 million included in operating activities reduced the transparency of cash reconciliation. The recommendation was to revise Statement IV to present exchange-rate effects separately.

With respect to the Compliance Audit, the Working Capital Fund continued to be used to bridge delayed assessed contributions. Outstanding assessed contributions had risen to €10.16 million, while the collection rate had fallen to 84.32%. Arrears were primarily concentrated in two Participating States. Voluntary contributions exceeded assessed contributions, but they were largely earmarked. The recommendation was to strengthen integrated financial planning for taking informed decisions.

Concerning vendor performance, there had been 1251 procurements in total. Of the 70 cases sampled, 33 procurement cases had met the prescribed thresholds for vendor performance evaluation, with 20 cases recorded as not eligible for evaluation and 13 cases for which no information on evaluation was available. In nine out of 25 procurement cases of goods, delivery had taken place beyond the prescribed 50-day period. Existing practice did not fully meet procurement policy requirements. The recommendation was to ensure vendor performance evaluations were formally conducted and documented in accordance with the procurement policy.

In the case of Global Initiative for Cancer Registry Development (GICR) Marketing Agency Procurement, the contract had been awarded to the higher-priced bidder without full comparative evaluation evidence. Technical scoring records and supporting documentation were incomplete. The scope had been changed during evaluation. The issues identified had weakened transparency of the procurement process. The recommendation was to ensure clear evaluation criteria, full documentation and use of procurement modalities suited to the nature of the requirement to ensure transparency and objectivity in the procurement process.

Concerning project management, a delay had been found in project closures, with 22 of 23 pending closures delayed for administrative reasons, of which five projects had been pending for more than two years. There was no formal closure manual or standard operating procedure to define timelines

and responsibilities for project closure activities. The recommendation was to develop and implement a formal project closure framework with clear timelines, accountabilities and monitoring. She thanked IARC staff and management for their cooperation and assistance.

Ms JOLLES (United States of America) said that the External Auditor played an important role in examining the transparency of international organizations. With respect to the After Service Health Insurance (ASHI) scheme, she requested an explanation for the decrease in liabilities from €70.4 million to €5.0 million in 2024: it did not seem likely that such a massive shift could be the result of changes in actuarial projections alone, and she sought assurance that it did not signal any other underlying problems.

Mr TARUTIN (Russian Federation) thanked the IARC Secretariat and the External Auditor for preparing the document. While noting the high level of detail in the statement on internal controls, in particular the list of risk descriptions and risk response actions it contained, he requested that, in the future, the degree of risk likelihood be indicated in a separate column in the list.

He welcomed the continued practice of providing an overview of innovations in IPSAS. He asked the External Auditor to clarify the degree of impact on IARC's financial statements of the new IPSAS standard on climate-related disclosures, introduced from January 2026.

Despite the comparatively stable financial situation of IARC, he still believed that it was necessary for the External Auditor to conduct regular audits of IARC's financial performance and for the outcomes to be considered by the IARC Budget and Administration Committee.

Dr BRANDES (Germany) was pleased to note that the Regular Budget for 2024–2025 had been fully utilized and that no significant internal control issues had been reported. Germany appreciated the Agency's continued efforts to maintain sound internal controls, strengthen risk management and ensure effective use of available resources. At the same time, the report pointed to financial risks that required close attention, in particular the increase in arrears of assessed contributions to €10.2 million at the end of 2025; the collection rate of assessed contributions had also declined since the previous year. Timely payment of assessed contributions was essential for IARC's liquidity, budget planning and programme implementation. Persistent arrears should not undermine the Agency's ability to deliver its core scientific functions, nor should they create additional pressures on reserves or on the Working Capital Fund. Germany encouraged IARC to continue active engagement with Participating States in arrears in order to maintain full transparency on the status of collection of assessed contributions and to provide the Governing Council with regular updates.

Germany supported the continuation of zero nominal growth as an important budgetary discipline measure. The risks identified in the internal control statement further underlined the importance of realistic budgeting, strong prioritization and sustainable financing. Germany welcomed IARC's commitment to continuous improvement in financial management, internal controls and risk mitigation. She supported acceptance of the annual financial report and encouraged the Agency to continue strengthening transparency, budget realism and accountability.

Ms IZAGUIRRE (Canada) said that she was pleased to note that the External Auditor had once again issued an unqualified opinion on IARC's financial statements and that no significant issues had been

identified with respect to internal controls in 2025. Recognizing the complex environment in which the Agency was operating, she welcomed the Secretariat's efforts to identify actions to respond to risks with a severe inherent risk qualification, and strongly encouraged the Director to continue to share progress made in that regard. Canada was encouraged by IARC's implementation of internal control self-assessment in 2025, which had concluded that internal controls remained strong overall. She looked forward to learning more about the Agency's review of opportunities for improvement and the action plans developed to address them.

It was encouraging that IARC had reported a surplus for 2025, although a substantial proportion of it was attributable to unrealized exchange rate gains. It was concerning that the Agency's cash flow had declined by €8.5 million since 2024, as the significant reduction constrained the Agency's capacity to advance its work. Canada was also concerned by the continued decline in the collection rate for assessed contributions and encouraged Participating States' efforts to pay assessed contributions on time and in full, to keep supporting the Agency's financial health and its ability to deliver on its scientific mandate.

Ms KIRJASUO (Administration and Finance Officer) responding to the question concerning actuarial valuation of the ASHI scheme, said that there had been a major change in the financial reporting of IARC's long-term commitments and liabilities, which had been carried out by WHO in accordance with the IPSAS international accounting standards. The Agency was too small to conduct certain functions on its own and it relied on WHO to carry out an external and unbiased valuation of actuarial liabilities. In the past, WHO had conducted one valuation for the region of Europe which had combined the liabilities of the Agency with those of WHO in Geneva. From 2025, the external assessor had separated liabilities in the Eurozone (including those of IARC) from those of WHO in Switzerland. The new method of assessment had led to a completely different set of figures for IARC. When she had first seen the new figures herself, she had queried them and had been informed by the actuary that liabilities in the Eurozone were lower, since both the rate of inflation and salaries were lower than in Switzerland. In addition, IARC's pensions and salaries were calculated in United States dollars and the significant depreciation of the dollar against the euro had also impacted the figures. It should be recalled that the ASHI liabilities themselves would not materialize for another 20 or 30 years. She believed that the new method of reporting the figures gave a better picture of IARC's true future liabilities because the Agency's financial reporting was no longer intertwined with developments in the Swiss franc or Geneva prices. The United States dollar exchange rate would also negatively impact IARC's reporting in the following year, since all of its savings in dollars would also depreciate.

As highlighted by the speaker from Canada, the Agency's revenue had diminished by approximately €8 million and the reduction in cash flow was a much more serious concern. The External Auditor had noted the reliance on the Working Capital Fund and the approximately €10 million that was owed, mainly from two Participating States. Based on the budget proposal agreed in 2025, IARC had already undertaken a prioritization round. The Agency was still able to function but, if the situation continued, more drastic measures would have to be taken. As requested by the Russian Federation, improvements would be made to the risk matrix.

Ms BHATIA (Director of External Audit (WHO)), responding to the question from the Russian Federation concerning climate-related disclosures, said that she would report back to the Governing Council following a detailed examination of the impact of IPSAS 47 and IPSAS 48.

The RAPPORTEUR read out the following draft resolution, entitled "Annual financial report, report of the External Auditor and financial statements for the year ended 31 December 2025" (GC/68/R10):

The Governing Council, Having examined Document GC/68/11 "Annual Financial Report, Report of the External Auditor and Financial Statements for the year ended 31 December 2025", 1. THANKS the External Auditor for their Report; 2. NOTES the "unqualified" audit opinion; and APPROVES the Report of the Director on the financial operations of the Agency.

The resolution was **adopted**.

2. REQUESTS FOR SUPPORT FROM THE GOVERNING COUNCIL SPECIAL FUND: Item 17 of the Agenda (Document GC/68/12)

Dr LE CALVEZ-KELM, Chair of the IARC Laboratory Steering Committee, presented a request for support that would enable the IARC Biobank to attain the highest international standard: ISO20387 "Biotechnology — Biobanking" by the end of 2026. Reaching the international standard would allow the IARC Biobank to provide biological materials and associated data of high quality for trusted, reproducible research and development. The requested financial support would enable the Agency to overcome major operational issues identified in full digital life-cycle traceability with respect to the in-house informatics system (SAMI), which had reached its limits in terms of volume, real-time sample management and interoperability with associated biobank equipment. An audit had also identified potential preanalytical errors during sample management; labelling and aliquoting were highly time-consuming activities and it was proposed to replace the current in-house Laboratory Information Management System (LIMS) with a dedicated commercial biobank system that would enable effective tracking and management of the entire workflow of sample processes, ensuring that each step was digitally monitored and documented. It was further proposed to purchase a robotic system capable of printing and labelling thousands of tubes per year. Funds from the sale of a liquid nitrogen tank to the University of Luxembourg would be used to purchase a new liquid nitrogen tank. The Histopathology Laboratory was a core IARC research facility, supporting many different IARC branches, and funding was requested to purchase a dedicated LIMS that would support coordinated, standardized and traceable histopathology workflows across the Agency.

Dr SCHUBAUER-BERIGAN (Head, Evidence Synthesis and Classification (ESC) Branch) presented a request from the IARC publications group concerning automated tools for cleaning, ordering,

structuring and converting text and images. The current software, eXtyles, which assisted with a range of tasks, including reference verification and styling, tagging content and verification of URLs, would be discontinued in August 2026. It was proposed to customize a new software that would produce an estimated six-fold increase in efficiency for all steps in existing workflows. The new software would be used across the Agency, including in the three Flagship publications in ESC: the IARC Monographs, IARC Handbooks and WHO Classification of Tumours, as well as for other IARC publications.

Mr IZUTSU (Japan) said that, in principle, Japan was of the view that foreseeable expenditures should be addressed through planned allocation under the Regular Budget, while the Governing Council Special Fund should be used to respond to requirements that were not fully accommodated within existing budgetary planning. The current proposals concerned challenges related to the processing capacity and ageing of scientific equipment and were, to a certain extent, foreseeable. Japan hoped that the Governing Council Special Fund would be used in a manner consistent with the Agency's efforts to align activities with available resources and to maintain a coherent and sustainable allocation of funding.

Professor IFRAH (France) said that France was aware of the importance of the information that had been presented: at a time when Participating States were confronting the emergence of new cancers with an increasing number of markers, biobanks, including the IARC Biobank, played an unprecedented role in identifying new cancers and determining whether changes in classification were required. It was evident that systems would become outdated, even as the amount of data and samples increased. While the Governing Council must decide from which source the funds should be taken to replace existing systems, the necessity of replacing them was without question.

Dr RIBEIRO PINTO (Brazil) said that it was his understanding that the Governing Council Special Fund could be used for the purchase of essential or updated software and equipment that was vital to the work of IARC. The IARC Biobank held samples representing decades of work within Europe and worldwide, with data that was essential for decision-making. Maintenance of the proper functioning of the IARC Biobank was vital to the Agency's role. The software required for the IARC Monographs was also essential. Brazil nevertheless acknowledged the view of Japan that, in the future, foreseeable replacement of software and equipment should be planned in advance.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland) agreed with the view expressed by France and Brazil and with the recommendation by the Scientific Council, that it was essential that the IARC Biobank should be maintained in an up-to-date and functional manner. He supported the recommendation that resources from the Governing Council Special Fund should be used for that purpose.

The CHAIRPERSON said that all appeared to be in agreement that there was a great need for the resources requested, although very good note was taken of the comments by Japan that, where possible, provision for items that must be replaced on a regular basis should be included in the Regular Budget.

The RAPPORTEUR read out the following draft resolution, entitled "Requests for support from the Governing Council Special Fund" (GC/68/R11):

The Governing Council,

Having reviewed Document GC/68/12 "Request for support from the Governing Council Special Fund: A. Scientific equipment and B. Automation software for IARC publications" and Document GC/68/Inf.Doc. No.2 "Projection of Governing Council Special Fund Account for 2026–2029",

Noting the support from the Scientific Council (as contained in Document GC/68/5),

AUTHORIZES the Director to use up to a maximum of €788 200 from the Governing Council Special Fund, subject to there being sufficient fund balance, for the items and amounts detailed below:

	Approximate cost (€)
Dedicated biobanking LIMS system	€335 449
Automated tube labelling and aliquoting system	€230 950
Laboratory Information Management System (LIMS) for Histopathology	€103 401
Liquid Nitrogen (LN) tank and related costs	€48 350
Sub-total for equipment	*€718 200*
Automation software for IARC publications	
Sub-total for non-scientific equipment	*€70 000*
Total requested budget	**€788 200**

The resolution was **adopted**.

3. ROUNDTABLE DISCUSSIONS: "CO-CREATING THE FUTURE OF CANCER RESEARCH" (themes 1 & 2) (themes 3 & 4): Item 18 of the Agenda

Governing Council members met in two roundtable groups to consider the following themes: early-onset colorectal cancer; planetary health; artificial intelligence; and lung cancer prevention and control. Summaries of the roundtable discussions are annexed to the minutes of the current session.

4. IARC MEDIUM-TERM STRATEGY (MTS) FOR 2026–2030: Item 19 of the Agenda

(Document GC/68/13 and annexes)

The SECRETARY said that the medium-term strategy (MTS) for 2026–2030 came at a time when the global cancer burden continued to grow and expectations from Participating States were higher than ever while, at the same time, the global health and financing environment was becoming increasingly uncertain. The MTS sought to ensure that IARC could deliver the greatest possible impact for cancer prevention worldwide.

The purpose of the Agency was defined through its vision for a world free from preventable cancer, with better outcomes for all: it was ambitious, but grounded in evidence. Prevention worked and many cancers could be avoided. Participating States could move forward together to achieve that vision. IARC's mission was to bridge research and action for global cancer prevention, both as a research institute and as a normative agency setting policy. IARC generated trusted, independent evidence that was translated into useable tools and standards and helped countries and partners to turn the evidence into action.

The Agency had approached the design of the MTS in the same way that it approached its science: evidence-based and collaboratively. Learning collectively from the previous five-year cycle, IARC defined where it could have the greatest impact over the next five years. A strong evidence base had been grounded in the independent evaluation of the MTS 2021–2025 (which had been endorsed by the Governing Council in 2025) and in an analysis of the evolving global landscape, speaking directly with high-level stakeholders to understand where IARC could add the most unique value. Working closely with staff and governance, the evidence had been translated into a results-based strategy that could produce science and deliver measurable outcomes and impact. During the consultative phase, interviews had been conducted with Governing Council and Scientific Council members, WHO colleagues, Participating States and potential new ones, national agencies, research leaders and funders, including those working in low- and middle-income (LMIC) settings. IARC staff had contributed through workshops, surveys, interviews and open-door sessions. Continuous guidance had been provided by one internal and one external advisory group and through regular engagement with the IARC Senior Advisory Team. The result was a strategy shaped by those who used, funded and depended on IARC's work. She thanked all those who had contributed to the process.

The evaluation had confirmed that IARC's scientific foundations were strong and remained highly relevant. The new Strategy retained the prevention-focused direction and the four-pillar model which, together, covered the full continuum of cancer prevention research. The emerging priorities had been retained and fully embedded within the pillars as core drivers of the Agency's work. The comparative advantages of the Agency had also been retained, but they had been translated into clearer and more concrete modes of engagement. There would be a sharper focus on the areas where IARC brought the greatest global value, scaling its work through flagship initiatives. There would be an acceleration of translation of research into measurable outcomes. Structures and partnerships would be modernized. The ambition was to produce excellent science that moved policy and improved public health faster, and at scale.

The MTS mattered for countries, partners and populations because the world was shifting quickly and fundamentally across science, health systems, economics and geopolitics. The Agency had identified seven major trends that would shape cancer prevention and control in the coming decade. The megatrends were: a growing and shifting cancer burden; a growing and ageing population and widening inequalities; digital transformation and artificial intelligence (AI); climate and environmental pressures; economic volatility; commercial determinants of health; and the spread of misinformation. The analysis had brought the important and encouraging message that cancer prevention worked. It was one of the smartest investments countries could make: it was a high-return investment.

The Agency played a unique role in the global cancer ecosystem: IARC's mandate, independence and scientific credibility positioned it in a way no other institution could fully replicate. The Agency's impact was expressed through eight "strengths of engagement": a global cancer data compass; an independent authority on cancer risks; a catalyst for global collaboration; contributing to science diplomacy; supporting the translation of knowledge into policy and practice; a laboratory of innovation, piloting new methods and approaches; curating trusted knowledge; and building capacity and resilience, especially in LMICs. Those strengths helped explain why IARC's impact was both global and lasting.

One of the most important evolutions in the MTS 2026–2030 was the shift to results-based management. The Agency no longer focused only on activities or outputs, but on outcomes with clear targets, measurable results and the ability to demonstrate direct impact on public health worldwide. Three outcome-level results had been identified where IARC could systematically scale up its impact: policy relevance, ensuring that the Agency's research informed WHO guidance and national cancer control policies; equity, making sure that science benefited all populations, especially in LMICs; and future preparedness, building the capacity, systems and knowledge needed to respond to emerging risks and new challenges.

IARC could not achieve those outcomes alone: the MTS was built on the principle of shared responsibility: IARC delivered its part, working closely with partners to ensure impact at scale. The Agency's part included commitments that; 100% of IARC's research outputs would be policy-relevant; its projects would embed equity by design; and its science and governance would be future-ready. Those commitments aligned with the Agency's scientific priorities, built directly on its comparative advantages and had the greatest potential to reduce the global cancer burden.

The first step in operationalizing the MTS was to build on one of IARC's greatest strengths: its integrated four-pillar model of cancer prevention, from understanding who got cancer, to identifying causes, to testing solutions, to translating knowledge into standards and policy. The four pillars spanned data, discovery, implementation and knowledge and each was reinforced by flagship programmes.

Pillar I, Data, was underpinned by the Global Cancer Observatory and the Global Initiative for Cancer Registry Development; under Pillar II, Discovery, IARC generated definitive scientific evidence on risk factors and mechanisms through large international cohorts like the European Prospective Investigation into Cancer and Nutrition and integrative resources such as the Mutographs; under Pillar III, Implementation, evidence became practice – IARC scaled implementation research, validated early detection biomarkers and tested prevention and screening strategies. Two Flagships under Pillar III were the World Code Against Cancer Framework and Cancer Screening in Five Continents (CanScreen5). In Pillar IV, Knowledge, IARC translated complex science into authoritative public goods that were used worldwide, providing reference standards through the IARC Monographs, the Handbooks of Cancer Prevention, the WHO Classification of Tumours and IARC Learning. The four Pillars formed a chain, in which the results from implementation, evaluation and country experiences continuously fed into the Agency's data systems, refining surveillance, sharpening research questions and helping to adapt priorities.

In addition to the scientific focus of each pillar, the Agency had identified three cross-cutting priorities where coordinated action was most urgently needed: the WHO global initiatives on cancer, where IARC provided the independent evidence base that underpinned WHO and country action on breast, cervical and childhood cancers; lung health, which remained a leading cause of cancer deaths, driven largely by preventable risks like tobacco, air pollution and occupational exposures; and planetary health, where cancer risks were evolving with climate and environmental change. IARC anticipated emerging threats, studied environmental and chemical determinants and embedded sustainability and resilience into prevention strategies.

The Agency had defined five bridges to help take IARC's science beyond publication and into impact, strengthening how it worked internally and engaged externally: bridges that made IARC work smarter, including improving internal effectiveness, organizational synergies and operational excellence; bridges that drove the science-policy interface, innovative governance, transformative partnerships and science for society.

The MTS was anchored in a results-based management approach. IARC worked with clear, outcome-level results and commitments, all supported by measurable targets. Dashboards and key performance indicators (KPIs) tracked progress consistently, qualitative assessments helped understanding of how and why change happened across diverse country contexts, and there had been investment in tools to track where and how IARC's work was reflected in policy documents and national strategies. A country-level report had been prepared for each Participating State, demonstrating IARC's contribution and impact in their specific national context, thereby supporting the Agency's commitment to policy relevance and country ownership.

While needs were growing, IARC must protect what mattered the most, delivering impact when resources were constrained. The question was how to prioritize deliberately or reactively. In order to ensure transparent and strategic choices, the Agency had put in place prioritization framework development: a stepwise, transparent and consultative process, carefully adapted to IARC's specific context as an independent, not a donor-driven, organization. More than 40 criteria had been defined and shared with governance, building on IARC's distinctive strengths and making use of limited resources where they delivered the greatest impact. All projects planned for the period 2026–2030 had been placed in the framework and assigned a score based on the ranking assigned by governance and on the priorities of the new MTS. Based on their score, projects had been grouped into five tiers which reflected their relative strategic priority and added value to the Agency. While tier classification signalled strategic priority, it did not guarantee funding and was not an entitlement system. The tier system did, however, provide a clear order of protection and focus when choices were required.

The new framework allowed the portfolio to evolve deliberately, concentrating effort on fewer, higher-impact activities, not through abrupt cuts, but because the Agency had planned ahead: that was the true value of the prioritization exercise.

The CHAIRPERSON welcomed the clear presentation of the new MTS provided by the Secretary, praising the structure of the Strategy and the way in which the activities of IARC were explained within it.

Dr ITO (Canada) commended IARC on the development of the new MTS, which represented a clear and forward-looking vision focused on bridging the gap between science and action to advance global cancer prevention and control. Canada had been pleased to see that the new MTS built strongly on the achievements and lessons from the 2021–2025 Strategy, including integrating the 31 evaluation recommendations and further strengthening IARC's four-pillar scientific model and strategic focus. Canada welcomed the Strategy's sharpened emphasis on delivering measurable outcome-level results, including the 100% commitments, which enhanced policy relevance, embedded equity and strengthened future preparedness across all IARC activities.

Canada supported the identification of the key global megatrends shaping cancer prevention and commended the introduction of the bridge mechanism, alongside the continued evolution of the four-pillar model, which together provided a strong and coherent framework to ensure IARC's work remained responsive to a rapidly evolving global context while strengthening the translation of evidence into policy and practice and maximizing real-world impact.

Canada was encouraged by IARC's strengthened collaboration with WHO and the broader United Nations system, including renewal of the joint WHO IARC strategic workplan for 2026–2030 and deeper coordinated efforts to advance global cancer control and prevention. Canada recognized the current environment of fiscal constraints and uncertainty and welcomed IARC's strategic prioritization framework alongside its enhanced focus on results-based management monitoring and evaluation, and sustainable financing, as critical mechanisms to guide decision-making, ensure accountability and adaptability, focus efforts on areas of greatest impact, and support the effective implementation of the Strategy, while safeguarding the core functions with limited resources. Canada strongly encouraged continued transparent and rigorous prioritization activities, including clear communication to Participating States on how priorities were balanced and decisions were made, and how resources were aligned with the areas of highest value and global public health impact. Canada endorsed the draft MTS 2026–2030 and its strong commitments to policy relevance, equity and future preparedness.

Ms JOLLES (United States of America) supported IARC's foundational mission to generate rigorous, independent, epidemiological and laboratory evidence on cancer risks. As the Secretary had noted, IARC's commitment to produce 100%-policy-relevant outputs must be grounded in ideological neutrality and strict scientific objectivity. IARC should remain focused on its core mandate as an evidence generator, leaving normative policy prescriptions and standard-setting to national governments. More specifically, she reiterated the United States' opposition to integrating non-universally-agreed political frameworks, including those labelled under equity and gender mainstreaming.

The United States shared a focus on cancer prevention and early interception, and one of its key priorities centred on addressing the root causes of disease and environmental toxins. The United States looked forward to aligning its research with that of IARC to identify and mitigate the chemical and environmental exposures that drove cancer risk in communities. While investigating environmental carcinogens was a core IARC function, she urged the Agency to ensure that its research into environmental exposures, such as air pollution or chemical disruptors, was strictly linked to direct oncological risk: resource allocation must not be diverted to generalized climate-change advocacy,

which fell outside IARC's highly specialized mandate. She welcomed IARC's commitment to modernization and digital transformation but, as the global cancer burden continued to grow, the United States urged a fiscally responsible approach to training the future cancer workforce.

Mr TARUTIN (Russian Federation) said that the Russian Federation appreciated the integrated approach to strategic planning as well as the more detailed presentation of the results framework compared with the previous Strategic plan. He supported the inclusion of KPIs. He expected that, in the future, IARC reports would be prepared based on those indicators. Further, it would be advisable to include in the annex to the MTS the baseline values for the indicators, which would allow for a clearer assessment of the Agency's progress. He requested the Secretariat's comments on the absence in the Annexes of specific initiatives to enhance IARC's accountability, despite the fact that the topic of accountability was mentioned repeatedly throughout the draft MTS itself. The final indicators and targets of Programme 4 Multimorbidity and mortality did not provide for a comprehensive improvement of the Secretariat's accountability system.

In connection with plans to transition to results-based budgeting, he asked the Secretariat to take into account the recommendations of the United Nations Joint Inspection Unit contained in the report *Budgeting in organizations of the United Nations system*. Providing comprehensive budget information was the foundation of accountability and transparency of an organization's work. He welcomed the inclusion of a monitoring and evaluation system in the draft MTS. Against the backdrop of implementing a results-based management system, he asked the Secretariat to pay additional attention to evaluation issues: those matters could be considered within the framework of the IARC Budget and Administration Committee, with a subsequent report to the Governing Council. It would be important to involve IARC stakeholders in discussions on evaluation activities to allow for a comprehensive analysis of the Agency's performance, taking into account the views of Participating States. Finally, it would be helpful to add to the Strategy the estimated financial requirements of the Agency for the period 2026–2030 in order to ensure the sustainable financing of IARC.

Mr DE POTTER (Belgium) thanked the Secretariat for the extensive work undertaken on the MTS and for the transparency of the reprioritization process. Belgium fully recognized the value of a consultative approach and the need to balance diverse national perspectives, societal concerns and financial realities. At the same time, Belgium attached great importance to ensuring that the final prioritization remained firmly anchored in scientific evidence and expected public health impact, which was central to IARC's mandate and credibility. Some prioritization outcomes set out in the annexes appeared difficult to reconcile with an evidence-based hierarchy of cancer risk and prevention potential, with some research areas characterized by limited or uncertain mechanistic evidence receiving a higher level of protection than established high-burden carcinogenic exposures and their prevention, including tobacco, nicotine and lifestyle-related risk factors and related biomarkers. Belgium fully supported IARC's role in addressing emerging topics, but believed that it was essential that the Agency's prioritization framework should continue to clearly distinguish between scientific uncertainty and established causal evidence. The question of prioritization could not be viewed in isolation from the underlying funding model, and activities identified as highest priority must be safeguarded through the alignment of strategic prioritization and financial stability. There was currently a misalignment between the strategic prioritization framework and the

underlying funding model. Tier 1 programmes, such as the IARC *Monographs* Programme, which represented core public goods, constituted a particularly strong case for stable and predictable funding arrangements, thereby helping to strengthen the overall framework and preserve IARC's role as a global reference authority for evidence-based cancer research and prevention.

Dr BRANDES (Germany) supported the overall direction of the draft MTS: its focus on policy relevance, equity and future preparedness provided the right foundation for IARC's work in the coming years. The global cancer burden was growing and shifting. At the same time, a significant share of cancers could be prevented through action on known risk factors and through effective evidence-based intervention, making IARC's mission, in bridging research and action for global cancer prevention more important than ever. Germany welcomed the international four-pillar model of the draft MTS, which reflected IARC's unique added value. The integrated model was one of IARC's core strengths, which should be protected and strengthened. In particular, IARC's independent scientific role and its capacity to provide high-quality evidence for WHO guidance for national cancer policies and regulatory decision-making remained essential.

She welcomed the stronger focus on equity. Strengthening cancer registries, implementation, research and capacity-building in LMICs was not only a matter of fairness, it was also essential for better global evidence and better prevention. At the same time, the draft MTS rightly recognized that admission must be matched with resources. Germany therefore welcomed the structured approach to strategically prioritize the operationalization of the Strategy, focusing available resources on IARC's core scientific functions and areas where it had the strongest comparative advantage. She encouraged IARC to further strengthen monitoring and evaluation under the new MTS. Germany stood ready to contribute constructively to the implementation of the MTS: its success would depend on collective ownership, sustainable financing, and a clear focus on IARC's unique mandate.

Mrs MOSER (Switzerland) welcomed the draft MTS 2026–2030, which was based on the fundamentals of the preceding Strategy and on the four scientific pillars on which IARC's reputation for excellence had been built. Given the current pressure on financial resources, she welcomed the strategic prioritization undertaken and encouraged the Agency to continue its efforts to break down silos in order to ensure that IARC's scientific activities, and the five bridges that provided an interface between science and policy, were not expanded to the detriment of IARC's mandate. She welcomed the integrated model of cancer prevention defined in the four pillars, emphasizing the importance of the core activities of Data and Discovery, which were at the heart of the Agency's mandate as an institution devoted to research.

Among the megatrends identified, Switzerland was aware of the importance of digital transformation and the rise of AI; during the roundtable discussions earlier that day, IARC's teams had shared the excellent work accomplished in those domains, but also the challenges with respect to global, sustainable governance, including on health research and cancer prevention policy, that would be further explored at the World Summit on Artificial Intelligence to be held in Geneva in 2027. It was essential to support the Flagship projects, including GLOBOCAN and the *Monographs* Programme, which made a significant contribution to IARC's worldwide reputation, and which provided the data that helped in identifying where additional research was needed and which supported national

policies. She supported the remarks of Belgium concerning the need for sustainable financing of the *Monographs* Programme.

The GICR was also key for prevention, early detection and treatment of cancer and it was crucial to continue efforts to register all cancer cases at the national level in order to build large-scale and comprehensive databases. Switzerland supported Canada's remarks on the importance of collaboration and synergy with the World Health Organization and international partners. Switzerland supported IARC in its crucial work in understanding, prevention and the fight against cancer and was pleased to continue its collaboration through implementation of the new MTS.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland) welcomed the draft MTS and endorsed the comments made by Canada. He sought clarification on the strategy relating to AI over the coming five years and whether the Agency had the technical expertise and the resources to remain at the forefront in that domain: many research laboratories were introducing AI as part of their research workflow to help define and prioritize research programmes and AI could help IARC to achieve its objective of increasing cross-Pillar collaboration. He wondered to what extent AI could be used as a research tool internally as well as in diagnosis and clinical applications.

Ms TISCHELMAYER (Austria), participating remotely, congratulated IARC on the development of the new MTS and appreciated the discussion on prioritization of topics owing to expected budgetary constraints.

Ms KUNIMURA (Japan) welcomed the draft MTS 2026–2030 and commended the Secretariat for presenting a clear and forward-looking vision to bridge science and action for global cancer prevention. Japan supported the integrated four-pillar model (Data, Discovery, Implementation, and Knowledge) as a unique strength of IARC that connected research with real-world impact. In particular, Japan welcomed: the expansion of global cancer surveillance through the Global Cancer Observatory and the GICR; the advancement of large-scale international cohorts and omics research; the scaling of implementation research; and the provision of authoritative global public goods such as the IARC *Monographs* Programme and the WHO Blue Books. She also appreciated the introduction of the bridges, which would further strengthen the science–policy interface and accelerate the translation of evidence into practice. Japan fully agreed with the three outcome-level priorities: evidence-based policy; equity; and future preparedness. Those directions were both timely and essential in addressing the growing global cancer burden.

Mr YANG (China) thanked the Secretary for her presentation of the MTS and expressed appreciation for the Strategy's transparency and for the vision set out. As the Secretary had mentioned, 70% of new cancer cases would occur in LMICs by 2050. China commended the Strategy's sharp focus on equity and the continuity from the previous MTS, including the focus on prevention and the four pillars. More effort should be made to ensure that policy recommendations were identified and developed in line with different geographical and cultural settings in accordance with scientific evidence and with appropriate technologies that were suitable for LMICs. He requested the Secretary to have more interaction with the regional offices and with the offices of WHO Representatives in different countries.

Dr CIEZA (Representative of the Director-General, WHO), speaking remotely, expressed WHO's strong support for the new IARC MTS. WHO welcomed the ambitious and forward-looking Strategy, which had been developed through a highly collaborative and inclusive process. She commended the leadership of IARC's Director and Secretariat, as well as the engagement of Participating States, experts and partners in shaping a strategy that was responsive to current and emerging global health challenges.

The Strategy clearly articulated IARC's unique role within the global cancer ecosystem, generating independent, high-quality scientific evidence that transformed into globally shared public goods that informed policy and practice. WHO particularly welcomed the strong emphasis on translating research into impact, equity, capacity strengthening and support for countries.

Importantly, the draft MTS demonstrated the complementarity between IARC and WHO, with IARC's mandate to generate and synthesize evidence on cancer causes, prevention and control, and WHO's role to translate that evidence into normative guidance, policies and support for implementing at country level. Together, they formed a continuum from science to policy to public health action. The close collaboration between WHO and IARC was reflected throughout the MTS, and WHO looked forward to continuing to work closely with IARC and all partners to advance prevention, reduce inequalities and improve health outcomes worldwide. WHO had also taken note of the comments from Participating States.

The SECRETARY, responding to comments, thanked Canada for their reflections and comments and for their support throughout the process of development of the Strategy. She thanked the United States of America for their pertinent comments which she had noted and on which she would follow through, including on the necessity to keep the cancer relevance clearly described and measured throughout the evaluation process.

She thanked the Russian Federation for their detailed and pertinent recommendations concerning metrics, evaluation and how accountability could be incorporated with more precise definitions for each of the KPIs in the MTS. She had further noted the recommendation that IARC should base its results-based evaluation on the guidance of the United Nations Joint Inspection Unit. She suggested that the Russian Federation should speak further with the Department of Administration and Finance regarding the very relevant points put forward. Concerning the suggestion that IARC should match its ambitions with its budgetary planning over a 10-year period, currently, the budgetary cycle was biannual, and it depended on the composition of the Governing Council, on its budgetary appetite and the different circumstances affecting it.

With respect to the comments of Belgium, Switzerland and others on how to progress from the Strategy to the budgeting exercise that would be presented to the Governing Council in 2027, the senior leadership team would take the Flagship projects and its top-level priorities and design the core functions necessary to achieve its goals over the coming five years. After the exercise had been completed, the Agency would match and adapt its human and financial resources, in the best possible way, in order to deliver the most with the limited resources available. The first part of the exercise was currently under way and a detailed budgeting exercise would begin in December. While it was

difficult to predict the circumstances at play in 10 years' time, it was reasonable to envisage a five-year exercise.

Belgium had identified some information about risk factors for cancer that were extremely important, including tobacco and nicotine addiction, for example, and about reconciling them with the prioritization and the Flagships. The prioritization process had been a collective exercise involving the classification of different projects according to 40 criteria and their sub-criteria, and the results, as set out in the Annex to the Strategy, were the result of a very thorough evaluation. The output results were subject to small changes in what was an evolving process in which new projects were also incorporated. The Agency was fairly confident concerning the categorizations made to date although, as identified, the IARC Monographs were not fully funded from the Regular Budget: it was hoped that the situation would be improved somewhat in the forthcoming budgeting exercise.

She thanked Germany for their comments and support and for the emphasis on the need for high-quality monitoring and evaluation of the MTS and for having offered help in that regard, as had the Russian Federation. IARC would certainly revert to Participating States that were willing to help in finetuning the monitoring and evaluation exercise. She further thanked Switzerland for having pointed out that, since resources were extremely limited, the Agency should avoid dispersing its energy and resources too broadly in a way that might distract it from delivering the public global goods that were its priorities, including megatrends.

The questions raised concerning AI by the United Kingdom; IARC would be attending the World Summit on Artificial Intelligence and learning from it, even as it designed its own AI strategy. The Agency was very conscious that AI was a challenge that must be fully addressed. She noted the request that the Flagship programmes, in particular GLOBOCAN, the *Monographs* Programme and GICR, must be prioritized, and the request for continued coordination with WHO and other international institutions. Thanking both Austria and Japan for their comments, she acknowledged the importance of research areas such as omics and the Flagships such as the *Monographs* Programme and the WHO Blue Books, which would need to be sustained throughout the five-year cycle. China had made the very important comment that 70% of all cancers in the world would occur in LMICs and that policy work must be adapted in accordance with the different phases of economic transformation in those countries. She took note that terminology must be utilized carefully and adapted to changing circumstances. She further noted that the Agency must work interactively with WHO headquarters and regional and country offices.

Ms MEHTA (Director of Administration and Finance), responding to the comments from the Russian Federation, fully acknowledged and agreed with the suggestion that IARC should refer to the relevant report of the United Nations Joint Inspection Unit when implementing results-based budgeting and, given time constraints, that it should at least follow the principles contained therein. The Agency would follow a blank-page exercise in taking a fresh look at its organization both in terms of human and financial resources, examining strategically how it could remain fit for purpose over the coming five years; IARC's scientists would contribute to that discussion with a view to achieving effective conclusions. Concerning the question of allocating resources to the priorities, as mentioned by some Participating States, it should be noted that some shifts had already been made in the Regular Budget from Pillars II and III to Pillars I and IV.

The CHAIRPERSON noted the very interesting comments and responses concerning the MTS, with the clear message that IARC was an apolitical and fully evidence-based agency which had to adapt to regional situations, as well as to innovations and megatrends, with the goal of improving cancer outcomes for all people affected by cancer. The MTS was a strategy and the budget a more concrete document; therefore, although both were interactive and iterative, they could not be developed in parallel. AI was a vital and ongoing phenomenon that was developing everywhere, although few were ready for it to be decisively explained.

Further to an intervention by Mr TARUTIN (Russian Federation), the CHAIRPERSON drew attention to the amendment incorporated in paragraph 4 of draft resolution GC/68/R12 concerning the United Nations Joint Inspection report 2024/3.

The RAPPORTEUR read out the following draft resolution, entitled "IARC Medium-Term Strategy 2026–2030" (GC/68/R12):

> The Governing Council,
>
> Having considered Document GC/68/13: "IARC Medium-Term Strategy 2026–2030" and its Annexes,
>
> 1. COMMENDS the Director and her staff on the document which clearly benefited from the wide and transparent process of consultation with relevant stakeholders and experts;
>
> 2. THANKS the Secretariat and the Working Group established for the purpose of preparing the new IARC Medium-Term Strategy 2026–2030;
>
> 3. THANKS the Scientific Council for reviewing the IARC Medium-Term Strategy 2026–2030 and for its comments and recommendation for approval by the Governing Council;
>
> 4. REQUESTS the Secretariat to consider the Joint Inspection Unit report 2024/3 Budgeting in Organizations of the UN System when implementing results-based budgeting to ensure best practices in the area; and
>
> 5. ADOPTS the IARC Medium-Term Strategy for 2026–2030, as contained in Document GC/68/13.

Ms JOLLES (United States of America) said that she could not endorse the MTS owing to concerns with respect to the use of the terms "equity" and "gender mainstreaming".

The CHAIRPERSON explained that the term "gender mainstreaming" did not appear in the MTS document. She believed that there might be a difference in interpretation and use of the word "equity" since, within IARC, it did not describe political representations or activities, but rather the wish that every person in the world should have the ability to access the best outcomes for cancer.

The SECRETARY said that she took very good note of the comment by the United States and wondered if a compromise might be found by including a footnote or glossary in the Strategy, explaining that the terms were non-political and clearly measurable.

The CHAIRPERSON said that she believed a footnote explaining the IARC interpretation of the word "equity" would be required rather than changing any terms in the Strategy document.

The resolution was **adopted**.

The meeting rose at 13:45.