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PROPOSED PROGRAMME AND BUDGET 2022–2023

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FOREWORD

The IARC Programme and Budget 2022–2023 reflects the priorities set out in the new IARC Medium-Term Strategy 2021–2025 (MTS) ([Document GC/63/6A](#)), to be endorsed by the Governing Council in May 2021.

Change to the structure of the Programme and Budget

The IARC Programme and Budget 2022–2023 is the first biennium programme and budget prepared for the implementation of the MTS. It is presented in this document in full alignment with the structure of the new Project Tree ([Information Table 2](#)). This change was made to ensure a continued link between the Agency's scientific programme, resource allocation and overall strategy and priorities as proposed in the MTS.

The IARC Project Tree provides an overall framework for the objectives of activities and outputs of the Agency. The Project Tree was revised to align with the MTS' priorities. Individual Project and Budget Proposals that collectively formed the basis for the proposed Programme and Budget 2022–2023 were positioned within this new Project Tree, allowing the Agency to report on priority objectives and investments in fundamental and emerging priorities.

Change to the organizational structure of the Agency

Aiming for a leaner and more agile organization, the IARC organizational structure was reviewed and revised to allow more flexibility in resource management and promote collaboration across the Agency. The Section and Group Structure is replaced by a Branch Structure. This is complemented by conceptual scientific 'pillars' representing IARC's four fundamental research priorities.

The IARC Programme and Budget 2022–2023

The MTS includes the associated Implementation Plans and consequently, the detail of those plans is not repeated in this document. The focus of the present document is to outline the main objectives of the Programme and highlight changes from the previous biennium.

In order to enable comparison with the previous Programme and Budget, the Project and Budget Proposals from the IARC Programme and Budget 2020–2021 were mapped to the new Project Tree structure ([Information Table 3](#)). This retrospective exercise imposed some limitation as the mapping from the old to the new Project Tree is non-linear. The previous biennium budget's figures are presented in this document according to the best corresponding objective of the new Project Tree ([Information Table 4](#)) and should be considered as indicative.

The Regular Budget and its financing

The overall level of the proposed regular budget 2022–2023 is €45.37 million, representing a 2.77% or €1.22 million increase from the approved 2020–2021 biennial budget.

The 2022–2023 budget is proposed to be financed exclusively from the assessments on Participating States. The overall assessments on existing Participating States, excluding Hungary, remain at the same level of the approved 2020–2021 budget. The budget increase will be supported by the full contributions from Hungary and will partially absorb the statutory cost increase.

The Secretariat had initially anticipated that a new Participating State would be admitted before the end of 2020 and hence included the full assessed contribution from this new admission in the planning and preparation process, leading to a higher level of the proposed budget amounting to €48.69 million, as submitted to the Scientific Council (Document SC/57/6). However, the delay in the admission of this new Group 1 Participating State resulted in a financing gap of €3.28 million. Through the financing dialogues with Governing Council representatives held in early 2021, the Secretariat was requested to prepare and submit an alternative programme and budget proposal to the Governing Council with no financing gap. This leads to the reduced proposed regular budget 2022–2023 as described in this document.

The proposed regular budget together with anticipated voluntary contributions will enable the Agency to progress on priorities outlined in the MTS during the next biennium.

1. THE IARC PROJECT TREE

The Project Tree was developed as a framework for IARC's overall objectives. The Project Tree provides a common structure linking the Programme and Budget documents, the IARC Medium-Term Strategy and the associated Implementation Plan.

The first IARC Project Tree, introduced in 2016, has been applied to the approved Programme and Budget from 2016 to 2021. This Project Tree will be replaced with a new Project Tree that aligns with the priorities of the new MTS 2021–2025. Accordingly, the Proposed Programme and Budget 2022–2023 follows the structure of this new Project Tree.

The use of a common integrated structure to present strategy, programme and budget permits a clear understanding of how IARC's strategic priorities are implemented and operationalized, both in view of the relative balance among different areas of activity and the corresponding resource allocation.

Strategic objectives

The topmost level Objective in the Project Tree is referred to as Level 1 Objective. This reflects IARC's mission, the common overarching objective of its activities: **To reduce the burden and suffering from cancer today and among future generations.**

Next, the Level 2 Objectives define the major priority objectives. These are:

- 1 - Describing the occurrence of cancer
- 2 - Understanding the causes of cancer
- 3 - Evaluating cancer prevention interventions
- 4 - Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science
- 5 - Strengthening the Agency's leadership, governance, strategic engagement, and advocacy
- 6 - Strengthening the efficiency and effectiveness of the Agency's research and collaboration

The first four objectives set the priority objectives for the IARC's scientific programme while the last two objectives provide frameworks for the leadership and enabling functions, respectively. Figure 1 below illustrates Levels 1 and 2 Objectives of the Project Tree.

Successively more detailed objectives are defined in Level 3. The summary of the IARC Project Tree structure is shown in [Information Table 2](#).

The proposed Programme described in the next Section of this document is organized around the six main objectives whereas the proposed budget is presented at both Levels 2 and 3.

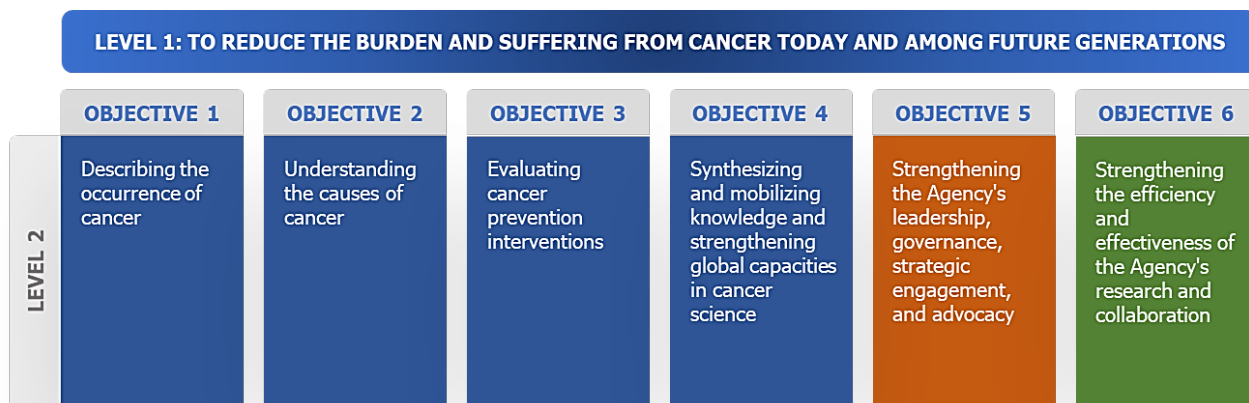


Figure 1: Levels 1 and 2 of IARC Project Tree

Fundamental and emerging priorities

IARC will continue to address its **fundamental priorities**. Many activities are a continuation or extension of projects described in the previous Programme and Budget, reflecting the medium to long-term nature of much of the research conducted at IARC.

In addition, IARC identified **three emerging priorities** that are important and evolving global issues for cancer prevention research. These emerging priorities were identified through broad stakeholder consultations, including with key experts from the international cancer control community, WHO counterparts and IARC's governing entities, who corroborated the importance of these issues for advancing cancer prevention research. These priorities are:

- Evolving cancer risk factors and populations in transition,
- Implementation research, and
- Economic and societal impacts of cancer.

Linking proposals to the Project Tree

The preparation of the proposed Programme and Budget started from the most detailed level. Individual Project and Budget Proposals are mapped to Level 3 Objectives, thereby assigning detailed scientific activities and related resources which can be summarized at the different levels of the tree.

Furthermore, each proposal also captured the proportion (in percentage) of its contribution to the fundamental and emerging priorities; in doing so the Agency can track its investment in the fundamental priorities as well as the three emerging priorities, which expect to be increasing over time ([Information Table 3](#)).

2. THE IARC PROGRAMME 2022–2023

2.1 Objective 1 – Describing the occurrence of cancer

IARC serves as a reference to the international cancer community in the provision of national cancer surveillance indicators. IARC systematically collects, analyses, interprets, and disseminates cancer data and statistics to inform global, regional, and national priorities for cancer control action. The Global Cancer Observatory (GCO) is being reconfigured as a one-stop centralized resource that provides a situation analysis of an expanded set of cancer indicators, including attributable fractions, disability adjusted life-years (DALYs), and years of life lost due to cancer.

The Agency documents the continuing cancer transitions while advocating for local data collection via population-based cancer registries (PBCR) to better inform cancer control. IARC provides the Secretariat for the IACR, the professional society dedicated to fostering the aims of PBCR worldwide. The Agency also coordinates the Global Initiative for Cancer Registry Development (GICR) which brings together stakeholders at national and international levels committed to working collaboratively to improve cancer surveillance worldwide. The GICR model will be fully implemented under a Global Fund that allows for a continuing expansion of global and regional partners, the scale-up of IARC-GICR Regional Hubs supported by IARC-GICR Collaborating Centres alongside delivery of a set of targeted actions (with a focus on technical assistance and training) in selected low- and middle-income countries (LMICs).

There will be greater integration in planning with existing international organizations through the GICR Partners Group as well as joint actions with WHO that support the development of effective policies that align with WHO cancer initiatives. One example is the continuing efforts of the WHO Global Initiative for Childhood Cancer (GICC) to produce a global information system for childhood cancer burden and expand research into the causes of childhood cancer. With marked disparities in childhood cancer incidence and survival observed between low- and high-income settings, childhood cancer surveillance activities of the Agency are increasingly embedded within the GICR programme. Equally, the Agency has a leading role in the etiology of childhood cancers, particularly studying putative environmental risk factors, including parenteral chemical exposures, and expanding consortia for better representation of under-researched regions, especially in low-income countries.

IARC is increasingly engaged in assessing and advocating the long-term public health and economic benefits of preventive interventions. Models will predict the future burden under specific scenarios of effective intervention and assess whether global targets are being met, such as the contribution of risk factors and prevention strategies in achieving SDG and other targets for cancer. Descriptive economics and interlinking areas of inequalities cross-cut these activities.

The main objectives in these areas of the IARC Project Tree are therefore:

- (1.1) Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control;
- (1.2) Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on LMICs;

- (1.3) Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to socioeconomic transitions and social inequalities;
- (1.4) Enhance understanding of the societal and economic consequences of cancer and cancer disparities – descriptive economics.

The major contribution to Objective 1 is made by Cancer Surveillance (CSU), with further contribution from Environmental & Lifestyle Epidemiology (ENV).

Resource allocation

Objective	Regular Budget 2022-2023			Increase/(Decrease) from 2020-2021		
	Staff	Non-staff	Total	Staff	Non-staff	Total
1.1	1 441 835	140 000	1 581 835	389 008	31 400	420 408
1.2	568 256	100 000	668 256	(127 298)	(83 000)	(210 298)
1.3	1 023 769	220 000	1 243 769	(141 368)	91 600	(49 768)
1.4	333 826	120 000	453 826	333 826	120 000	453 826
Total	3 367 686	580 000	3 947 686	454 168	160 000	614 168

The overall budget of 8.70% is attributed to this area, an increase from 7.55% in 2020–2021 budget; a net increase of €0.61 million. The financing of activities in this area has been complemented by the voluntary contributions and fund from unbudgeted assessment (UB) account to the extent that several core staff positions have been financed by these extrabudgetary resources. With increasing challenges on resource mobilization and limited UB fund, a strategic decision was initially made to allocate additional regular resource to secure three core staff positions to ensure sustainability of the progress of areas (1.1) and (1.2). However, this decision had to be reversed under the reduced proposed budget scenario. The Agency will need to mobilize additional extrabudgetary funds to sustain these work areas.

The Agency has invested in a Health Economist position since 2015 with a focus on prevention intervention under Objective 3. This position and related health economics works were recently transferred to CSU following the realignment of functions and are attributed to area (1.4) in this proposed Programme and Budget. Also, additional non-staff resource is allocated to support the expanded activities under areas (1.3) and (1.4) that are emerging priorities.

2.2 Objective 2 – Understanding the causes of cancer

Understanding the causes of cancer is a fundamental prerequisite for identifying suitable preventive interventions. Therefore, a significant effort continues to be placed by the Agency on studying and evaluating key risk factors, specifically those related to nutrition, environment, lifestyle, genetic, epigenetics and infections, and on understanding how these factors affect cancer development/outcome and the cancer burden.

Nutrition and Metabolism

Research into the role of nutrition and metabolism in cancer development and prevention will exploit methodological advances in nutritional epidemiology and molecular profiling techniques that integrate ‘omics’ data within population-based cohorts and intervention studies. The main objective is to identify causal links between nutrition, metabolic factors and cancer.

Within the framework of ongoing cohort studies (e.g. EPIC, UK Biobank, Japan Public Health Centre Prospective Study), priority is placed on nutritional factors, biomarkers of diet, hormones, immune and inflammatory markers, metabolic dysfunction and biomarkers of the gut microflora and their association with cancer development. Research will focus on cancers that have clear links to nutrition, alcohol and metabolic abnormalities, for which the etiology remains to be discovered, that have a high or rapidly rising incidence, and for which preventive strategies may be most effective. These include gastrointestinal cancers (colorectal, pancreas, stomach and liver) as well as hormone-sensitive cancers (breast, endometrium and thyroid).

A major focus will be to continue to expand and diversify the types of data that are available in cohorts and cancer case-control studies in different settings (e.g. Europe, Latin America, North Africa, South Africa) with a particular focus on novel indicators of diet (e.g. ultra-processed foods, contaminants, species biodiversity) and to explore their association with major cancer endpoints.

Genomic Epidemiology

IARC will continue to conduct large whole genome sequencing studies that endeavour to understand causes of cancer through the patterns of somatic changes that are left in tumours, i.e. mutational signatures. Particular studies will focus on large sequencing efforts for renal and pancreatic cancers, as well as colorectal cancer, esophageal adenocarcinoma and head and neck cancers.

Genetic instruments (Mendelian Randomization) will also be further developed using data from EPIC, UK Biobank and cohort consortia. For known causes of cancer, research will focus on emerging risk factors such as obesity, insulin resistance and alcohol consumption, aiming at identifying the mechanism by which they exert their effect, as well as whether they are involved in cancers for which their involvement has not been previously established. For novel cancer causes, research will focus on cancers for which the underlying etiology is poorly or only partially understood, e.g. pancreatic, breast, renal and colorectal cancer.

Further emphasis is placed on molecular multi-omics and genomics techniques to further elucidate the causes of cancer, and to highlight relevant mechanisms of genetic susceptibility, the role of germline and somatic variation in cancer outcome, and underlying mechanisms and consequences of specific lifestyle and environmental exposures.

IARC will expand on its earlier genetic susceptibility studies for lung cancer, head and neck cancers, renal cancer and lymphomas and seek to identify additional susceptibility variants for these cancer types and extend these studies to cover underrepresented populations.

IARC will expand upon our detailed genomic studies involving molecular characterization of a variety of cancers including neuroendocrine neoplasms, mesothelioma and head and neck cancers. These studies will build upon the extensive investment made by the Agency in high-performance computing, as well as a rich bioinformatic, computational biology and genomics expertise within the branch.

Research will continue on the identification of epigenetic biomarkers of exposures and cancer risk, with a focus on lung, head and neck, breast, colorectal, esophageal, and pediatric cancer. Furthermore, research will continue on the identification of gene expression and epigenetic alterations and molecular pathways deregulated by specific cancer-risk agents relevant to studies of cancer etiology and prevention.

IARC scientists will continue to lead projects that aim to have a real impact on early detection of cancer through the development and validation of biomarker tests using pre-diagnostic biological samples within large cohort studies. Lung cancer work will continue to focus on the potential for proteomic biomarkers to identify pre-clinical lung cancer, and their implementation within population-based screening studies that use low dose computed tomography. Similarly, studies on early detection for HPV related cancers will investigate the potential for protein biomarkers to complement HPV antibody tests for which we have already demonstrated an extremely high sensitivity and specificity. We will also investigate the potential utility of studies that focus on detection of the HPV viral genome in circulating free DNA (cfDNA). Finally, we will continue to validate the potential for the detection of *TERT* promotor mutations in urine as non-invasive biomarkers for the early detection of bladder cancer.

Environmental exposure

The Agency has a leading role in assessing environmental causes of cancer (i.e. pesticides and other chemicals, workplace hazards, ionizing and non-ionizing radiation); both the natural environment and anthropogenic environment are of concern. Distinct geographical patterns suggest a large proportion of cancers of unknown causes have in fact an environmental origin and may therefore be preventable, with a lack of sufficient scientific information for risk assessment in LMICs. Several environmental/lifestyle exposures are known to be carcinogenic but their effect at low exposure levels is unknown; as more people are usually exposed at low levels the population cancer burden can be substantial. The Agency will continue to identify environmental hazards, with a focus on under-researched risk settings.

Notably, IARC will continue studying the ill-understood belt of high incidence of esophageal cancer along the African Rift Valley, where initial studies suggest a major role of environmental pollution (from the water sources and indoor air pollutants) and certain lifestyle habits (special home brews, very hot beverage consumption, khat use). IARC will engage in fieldwork studies involving environmental and biological sampling, to establish whether there is a link between these risk factors and this highly fatal cancer. In addition, IARC will investigate the impact of heavy environmental contamination, particularly in LMICs, that often affect the most disadvantaged populations, with a focus on residential exposures to uranium and other chemicals in mine tailing regions, household air pollution from use of wood and solid fuels, contamination from electronic waste dumping, and radioactive contaminations. Alongside UNEP, IARC will study the effect of environmental oil contamination on cancer.

IARC will coordinate research on exposures of agricultural workers (mainly to pesticides) in relation to hematological malignancies, breast, prostate, testicular cancer and on the interplay of known workplace lung carcinogens, seeking to disentangle the effects of different chemicals and smoking. IARC will look at exposure levels and pathways, workers' protection measures, and age of exposure in emerging economies, where population's features often differ from the reference population in high income countries on which similar studies were conducted and which form the basis of current protection guidelines. Relevant populations will include chrysotile workers, coal miners, drivers (traffic exhaust exposure), and workers in the oil industry.

IARC will examine protracted low-dose radiation exposures in the environmental setting linked to the disposal of radioactive waste, nuclear testing, and nuclear accidents. Results from occupational

exposure research will inform relevant prevention interventions through the involvement of respective authorities in these studies, such as workers’ protection and radiation protection authorities. IARC will also continue research on the impact of exposures to wireless communications, seeking to establish whether or not heavy mobile phone use can cause brain tumours.

Estimates of attributable fraction of Epstein-barr virus (EBV) to cancer will be improved by undertaking hospital-based case series in regions of the world where data currently lack. Finally, *in vitro* and *in vivo* experimental models will help identify novel viruses that display oncogenic activities and, for viruses already associated with cancer, discover novel viral/cellular interaction mechanisms alone or in cooperation with well-known environmental risk factors.

Laboratory Support and Services

Another component under Objective 2 is the provision of *infrastructure for research* in the area of “omics” technologies. This comprises advanced technological platforms (biomarkers of nutrition and metabolism, genetics, epigenetics) and biobanking facilities.

The main aims of these broad areas from the IARC Project Tree are therefore:

- (2.1) Enhance understanding of new and known causes/risk factors for human cancer, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of epidemiological studies;
- (2.2) Enhance understanding of and elucidate biological mechanisms of carcinogenesis relevant to environmental/lifestyle factors, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of laboratory studies;
- (2.3) Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways;
- (2.4) Enhance understanding of potential risk factors, including those that accompany key cancer transitions, and those related to cancer disparities, in under-researched populations and/or in low- and middle-income countries and their interplay with the observed cancer patterns.

Major contributions to Objective 2 are made by Nutrition & Metabolism (NME), Genomic Epidemiology (GEM), Environmental & Lifestyle Epidemiology (ENV), and Epigenomics & Mechanisms (EGM). Early Detection, Prevention & Infection (EPR) and Laboratory Support and Services will further contribute to Objective 2.

Resource allocation

Objective	Regular Budget 2022-2023			Increase/(Decrease) from 2020-2021		
	Staff	Non-staff	Total	Staff	Non-staff	Total
2.1	4 325 639	528 500	4 854 139	183 048	(96 666)	86 382
2.2	2 672 419	333 200	3 005 619	(1 215 390)	(206 066)	(1 421 456)
2.3	1 091 261	110 800	1 202 061	62 692	(12 000)	50 692
2.4	1 200 607	243 000	1 443 607	198 751	36 000	234 751
Total	9 289 926	1 215 500	10 505 426	(770 899)	(278 732)	(1 049 631)

The overall resources attributed to this area is decreased from 26.17% in 2020–2021 to 23.15% in 2022–2023. Notwithstanding the net decrease of €1.05 million, the regular budget allocated to this area remains the highest amongst scientific programmes. The budget decrease reflects a shift of priorities, resulting in the transfer of some resources to Objectives 3 and 4, and the abolishment of two positions following the departure of staff who mainly supported activities in area (2.2).

This area has successfully attracted voluntary contributions, which complement the core resources. Extrabudgetary resources confirmed at the time of budget preparation have the anticipated balance of €3.45 million carried over to 2022–2023, of which €2.06 million is earmarked for area (2.1).

2.3 Objective 3 – Evaluating cancer prevention interventions

The focus runs throughout all the Agency's research areas but is most directly evidenced by studies evaluating interventions for prevention and early detection of cancers, and research on their effective implementation. The Agency has major opportunities to work in close cooperation with national cancer programmes in order to assess the factors which help or hinder the implementation of cancer control measures and to evaluate their impact on cancer burden.

IARC research on preventive interventions focuses on effective strategies for prevention and early detection of cancers with a high burden in LMICs.

The Agency will continue to evaluate the efficacy and effectiveness as well as model the long-term impact of HPV vaccination programmes in LMICs, contributing to the WHO's strategy to eliminate cervical cancer.

IARC will also evaluate the impact of preventive interventions against HBV (vaccination) and HCV (diagnosis and treatment) on liver cancer burden, with a focus on high-burden countries in Africa and Asia, thereby contributing to the WHO target for the global elimination of Hepatitis. In anticipation of results from ongoing IARC trials to establish the effectiveness of screening and treatment for *Helicobacter pylori* (*H. pylori*) on gastric cancer burden, IARC will study the implementation of *H. pylori* prevention programmes in LMICs.

Cervical cancer screening and treatment strategies will be further evaluated for LMICs, from simple screen-and-treat approaches suitable for less-resourced or settings with difficult access to care, to more complex HPV-based screening with use of novel biomarkers as triage and disease confirmation prior to treatment (i.e. ESTAMPA, CESTA studies). IARC will evaluate innovative technologies (e.g. machine learning algorithms, application of m-Health in patient navigation, use of spectroscopy for detection of HPV, thermal ablator to treat cervical precancers) and identify novel circulating early detection biomarkers that can improve the sensitivity and specificity of screening approaches (e.g. for cervical cancer and also lung cancer, gastric cancer, bladder cancer, breast cancer or anal cancer).

Implementation research involves the study of operational, cultural and socioeconomic factors affecting the successful implementation and scale-up of evidence-based interventions for prevention and early detection of cancer in routine health services at national or regional level. As an example, CBIG-SCREEN study will assess the barriers to access cervical cancer screening services by the vulnerable populations in Estonia, Romania and Spain, design context-specific

interventions to minimize the barriers in each country, implement and evaluate the outcome of these interventions using ‘theory of change’ model.

The work on implementation research has also expanded to consider the factors, both pre- and post-diagnosis which influence prognosis, treatment and quality of life. Work with national centres permits patterns of care to be evaluated, providing the evidence-base for implementation of improvements in clinical management of cancer. As a main example, the Agency strengthens its focus on the epidemiology of breast cancer in Sub-Saharan Africa (i.e. ABC-DO study), including studies of barriers, within a social and cultural context, to early presentation/diagnosis, treatment and ultimately survival.

It is notable that laboratory methods are also providing new avenues for early detection and studies of prognosis. For example, the impact of interventions (i.e. weight loss) on epigenetic biomarkers associated with breast and colorectal cancer outcomes will be evaluated. Novel molecular markers of carcinogen exposure, cancer risk and cancer formation, will be developed and validated, to be applicable to population-based studies. Furthermore, IARC research will develop novel diagnostic assays for the detection of cancer-associated infectious agents.

This area includes three broad categories of projects from the IARC Project Tree which aim to:

- (3.1) Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities;
- (3.2) Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes;
- (3.3) Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies.

A major contributor to Objective 3 is Early Detection, Prevention & Infections (EPR). Other contributors to Objective 3 are Environment & Lifestyle Epidemiology (ENV), Epigenomics & Mechanisms (EGM), Genomic Epidemiology (GEM), Nutrition & Metabolism (NME) and the Evidence Synthesis & Classification (ESC).

Resource allocation

Objective	Regular Budget 2022-2023			Increase/(Decrease) from 2020-2021		
	Staff	Non-staff	Total	Staff	Non-staff	Total
3.1	1 552 223	256 000	1 808 223	320 663	43 000	363 663
3.2	1 378 474	303 000	1 681 474	(153 752)	138 000	(15 752)
3.3	1 576 411	244 500	1 820 911	(126 273)	6 732	(119 541)
Total	4 507 108	803 500	5 310 608	40 638	187 732	228 370

The overall budget of 11.70% is attributed to this area, a slight decrease from 11.51% in 2020–2021 budget. In absolute term, however, the overall budget has a net increase of €0.23 million, which is justified by an urgent need to re-strengthen human resource capacity in area (3.1). The zero nominal growth budget imposed on the Agency resulted in a freeze of two senior scientist positions (also Section Heads) after the retirement of former staff members during the past biennium. An absence of these key positions has added burden to the remaining staff and the Secretariat proposes to refill the capacity by adding a junior scientist position.

2.4 Objective 4 – Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science

IARC will focus on expanding the knowledge base about cancer science within the international and national cancer community by providing public goods based on impartiality, scientific excellence, and high public health relevance. IARC's public goods approach to disseminating and publishing its research findings will remain a unique and sustainable means to increase equity of knowledge in cancer science among the world's nations.

An important activity under this objective is production of the 'WHO Classification of Tumours' series, representing the consensus on tumour classification among international experts in cancer pathology. The Agency will continue to produce the WHO Classification of Tumours in print and electronic versions, including the new Cytopathology series and the existing WHO Blue Books, based on timely, definitive synthesis and evaluation for tumour classification and diagnosis, based on expert consensus review of reproducible peer-reviewed published evidence. The International Collaboration for Cancer Classification and Research will further provide standards for research and appraisal of evidence for tumour classification and cancer diagnosis permitting rapid translation of tumour research into clinical diagnostic practice. This is an essential provision for cancer surveillance, for epidemiological research and more broadly for the effective clinical management of cancer.

In addition to original research on cancer prevention the Agency coordinates international expert evaluations of the published scientific evidence on the effectiveness of primary and secondary cancer prevention interventions that may be employed in cancer control. These evaluations are primarily published in the IARC Handbooks of Cancer Prevention, in an approach complementary to that of the IARC Monographs. These include interventions for primary prevention, such as with pharmacological or immunological agents, foods, behavioural changes, and public health policies, and secondary prevention (screening for cancer and precancerous lesions). An over-arching objective is to achieve the highest degree of scientific authority and trust in these evaluations and to disseminate them as widely as possible to diverse stakeholders.

In addition to original research in this area, The IARC Monographs on the Identification of Carcinogenic Hazards to Humans conducts international expert evaluations of the published scientific evidence on the carcinogenicity of potential risk factors. These include chemicals, complex mixtures, physical agents, biological agents, occupational exposures, and personal habits. National and international health agencies use the IARC Monographs to guide and support their actions to prevent exposure to known, probable, and possible carcinogens. Accordingly, an over-arching objective is to conduct evaluations of agents for which public health impact is likely to be high, to achieve the highest degree of scientific authority and trust in these evaluations, and to disseminate the evaluations as widely as possible to diverse stakeholders.

The Agency led the last update of the European Code against Cancer in 2014, producing authoritative, clear and evidence-based recommendations to promote cancer prevention. Under the overall umbrella of a World Code against Cancer, similar methodology will be used to synthesize the scientific evidence and develop Regional Codes, by facilitating ownership and political impact through the endorsement by countries of the region. The cancer prevention recommendations will be tailored to the various region-specific epidemiological, socio-economic and cultural situations. The recommendations will produce an exceptional public health tool to guide and support

governments in the implementation of their cancer control strategies, educate the population on healthy behaviours and encourage their participation in cancer prevention programmes.

Implementing programmes with quality and equity are key to the success of cancer screening programmes. The Agency will conduct a range of studies to evaluate the coverage and quality of cancer screening programmes in different countries and understand the key barriers to access such services. Building capacity to implement quality assurance in cancer screening is also a major ambition.

The development of capacity for cancer research is one of the statutory roles of IARC and thus remains a key element of its mission. IARC will therefore continue to contribute to the development of new generations of cancer researchers and health professionals skilled and competent in the areas of the Agency's expertise, contributing to the generation of additional and complementary scientific knowledge and participating in global cancer research undertakings.

One of the main components of the Learning & Capacity Building activities of IARC aims to develop knowledge and skills in cancer research with emphasis on countries where capacity remains limited. The focus of activities remains on areas of IARC expertise and they are integrated with the scientific activities (i.e. epidemiological field work, cancer registration, pathology, genomic and epigenomic techniques, bioinformatics, multivariate statistical techniques, biobanking, including quality procedures, ethics, legal and societal issues, information technologies, health economy, early detection). Structured training is provided through the IARC Research Training and Fellowship Programme, as well as through the IARC Courses Programme.

Within the IARC Research Training and Fellowship Programme, IARC Postdoctoral Fellowships will be maintained during the biennium, and a call will be launched, targeting LMICs. Complementary training models will be explored.

Within the IARC Courses Programme, the IARC Learning Portal launched in 2019 will be further developed, as a single entry point to learning and training resources/events. Most courses organized by the Agency will evolve into blended online/onsite courses, or fully online events. This will for example be the case of the IARC Summer School, hosted at IARC. A topical IARC webinar series will be further developed based on the experience acquired over the past years.

Partnerships will continue to be developed for the hosting of students and early career scientists, as well as for the production of learning material and the organization of training events, mostly with institutions from Participating States, LMICs, as well as UN agencies (e.g. WHO Academy).

The overall coordination of the formal training activities of the Agency is provided by the Learning & Capacity Building (LCB) Branch within Pillar 4. Training courses associated with specific projects are delivered by those Branches involved, with examples from Cancer Surveillance (CSU), Nutrition & Metabolism (NME), Early Detection, Prevention & Infections (EPR), Genomic Epidemiology (GEM), Epigenomics & Mechanisms (EGM), and the Laboratory Support and Services. The IARC Courses Programme will further closely collaborate with the Human Resources Office and Early Career & Visiting Scientists in the organization of generic training courses targeting early career scientists hosted at the Agency. In addition, strategic research investment is managed through the Director's Office (DIR).

The main objectives in this area of the Project Tree are therefore:

- (4.1) Strengthen global knowledge and global and national capacities in cancer research and science;
- (4.2) Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research;
- (4.3) Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions;
- (4.4) Enhance understanding of the causes of human cancer, including emerging cancer hazards, through cancer hazard evaluations of the available evidence-base by leading independent experts.

Major contributions to Objective 4 are made by Evidence Synthesis & Classification (ESC) and Learning & Capacity Building (LCB). Cancer Surveillance (CSU), Nutrition & Metabolism (NME), Environment & Lifestyle Epidemiology (ENV), Early detection, Prevention & Infections (EPR), Genomic Epidemiology (GEM), Epigenomics & Mechanisms (EGM), and the Laboratory Support and Services will further contribute to Objective 4.

Resource allocation

Objective	Regular Budget 2022-2023			Increase/(Decrease) from 2020-2021		
	Staff	Non-staff	Total	Staff	Non-staff	Total
4.1	2 106 011	843 000	2 949 011	569 374	35 000	604 374
4.2	507 042	100 100	607 142	(6 072)	(9 900)	(15 972)
4.3	759 140	242 000	1 001 140	296 722	52 000	348 722
4.4	1 505 660	325 100	1 830 760	161 262	5 100	166 362
Total	4 877 853	1 510 200	6 388 053	1 021 286	82 200	1 103 486

The overall budget attributed to this area increases from 11.97% in 2020–2021 to 14.07%; a net increase of €1.10 million.

In the previous biennium, the capacity building objective was strictly used for reporting on the activities related to the IARC Fellowships and Courses carried out by the Education and Training (ETR) Group only. This is changed in the new Project Tree whereby the various areas of capacity building are also reported under Objective 4, in particular areas (4.1) and (4.3). This resulted in the shift of budget previously reported under Objectives 2 and 3 to Objective 4.

The strategic decision was initially made to provide additional support to the IARC Handbooks (area (4.3)) and the IARC Monographs programme (area (4.4)) to reinforce their capacity. A junior scientist position was added to the IARC Handbook team that currently has only one core funded scientist position and one support staff financed from extrabudgetary resources. A mid-level scientist (Epidemiologist) position and a part-time (50%) database manager position were added to the IARC Monographs programme, replacing the senior scientist and Group Head position that was abolished during the previous biennium. Unfortunately, these two additional scientist positions had to be removed and only a part-time database manager position could be maintained in the reduced budget scenario.

The main activities under area (4.2) is the WHO/IARC Classification of Tumours (Blue Books programme) that has been increasingly reliant on the revenue from their sales and about one-third of the costs are financed from the regular budget.

2.5 Objective 5 – Strengthening the Agency’s leadership, governance, strategic engagement, and advocacy

This area comprises the activities relating to the definition and implementation of the scientific strategy and programme, supporting the fulfilment of the Agency’s objectives and its leadership in promoting and shaping cancer prevention and control internationally.

The role of the Director is to provide strategic leadership by setting priorities and implementing the Agency’s Medium-Term Strategy, within the overall framework of its mission and Statute, being supported in these functions by the Senior Advisory Team on Management (SAT), and at an operational level by the Heads and senior staff from Pillars/Branches/Teams. A new Science “Forum” composed of all scientists from the Agency will discuss new ideas/projects to foster an IARC identity around common scientific goals.

This area also includes the support to the governance structures of IARC, the management of strategic partnerships and of communications, as well as the oversight of compliance with ethical and professional standards in the Agency’s activities and research. Success depends on the further development of key strategic partnerships with WHO, other UN agencies, regional cancer networks, national cancer organizations, and non-governmental organizations.

The Agency is rightly subject to scrutiny of its policies and procedures, particularly when performing evaluation of carcinogenic agents, preventive interventions, or classification of tumours, for example. There is a need for standard, streamlined approaches to assessing perceived or real conflicts of interest among all the scientists IARC calls upon as experts as well as the potential donors to its work. The WHO Framework for Engagement with Non-State Actors and the WHO Ethics and Compliance Office provide important points of reference for the Agency in this context. Efficient and transparent ethical evaluation of all IARC projects remains an essential foundation to all research conducted by Agency scientists.

Resource mobilization remains a priority area of the Agency to maintain or expand its programmatic activities in the face of constraints in regular budget from assessed contributions and increasing competition for grant monies. A new resource mobilization strategy has been initiated to explore novel and creative fundraising for flagship projects, and to broaden and diversify IARC’s funder base to enable the Agency to continue to fulfil its mission, while ensuring independence and freedom from conflict of interest through compliance with the WHO’s Framework of Engagement with Non-state Actors. The innovative resource mobilization component is a new category that includes the Nouveau Centre campaign as well as fundraising programmes targeting private individuals and corporates.

The Director, along with senior scientists at the Agency, promotes the case of cancer research for cancer prevention worldwide through the production of scientific papers, editorials, commentaries, seminars, interviews, creation of and participation in working groups. Dissemination of IARC’s research is a foundation to translating the scientific findings into cancer control measures and also

falls under this objective. Communication activities aim at raising awareness of IARC’s work among key stakeholders include the scientific community, policy makers, the public, funders and the media. Communication activities support resource mobilization and communication needs across the Agency. Publishing, library, and web-services, under the supervision of the Director of Administration and Finance (DAF), support the production, dissemination, and preservation of the Agency’s research publications and information products, including IARC’s public website.

The main objectives in this area of the Project Tree are therefore:

- (5.1) Define the vision and implement the scientific strategy of the Agency, enabling an empowering culture, providing the framework for the fulfilment of its objectives;
- (5.2) Oversee the strategic direction of the Agency and the implementation of its programme with full respect of the Agency’s values, ethical standards, and code of conduct;
- (5.3) Create and maintain key strategic engagement with stakeholders at national and regional level, as well as with international organizations, and scale up resource mobilization activities;
- (5.4) Strengthen the Agency’s global image, communication and outreach to stakeholders.

Activities are coordinated primarily by the Office of the Director that includes also the Ethics and Compliance Office and Strategic Engagement and External Relations team, with contributions from the Services to Science and Research (SSR).

Resource allocation

Objective	Regular Budget 2022-2023			Increase/(Decrease) from 2020-2021		
	Staff	Non-staff	Total	Staff	Non-staff	Total
5.1	588 369	872 000	1 460 369	(259 945)	12 000	(247 945)
5.2	960 697	364 000	1 324 697	301 966	(111 000)	190 966
5.3	227 601	99 000	326 601	227 601	99 000	326 601
5.4	1 541 216	531 800	2 073 016	(454 641)	(10 200)	(464 841)
Total	3 317 883	1 866 800	5 184 683	(185 019)	(10 200)	(195 219)

The overall budget of 11.43% is attributed to this area, slightly decreased from 12.19% in 2020–2021 budget. In absolute terms, the budget has a net decrease of €0.20 million. The net decrease mainly represents savings from the abolishment of the previous Communication Group Head position (area (5.4)) and statutory cost increase. An increased investment initially planned in the resource mobilization and advocacy area (area (5.3)) through adding a Senior Resource Mobilization Officer and a new Communication Officer to the regular budget could not be maintained in reduced budget scenario. In 2022–2023 biennium, dedicated non-staff budget for resource mobilization activities is segregated from the Office of the Director budget allowing the tracking of the Agency’s investment in this core area.

2.6 Objective 6 – Strengthening the efficiency and effectiveness of the Agency's research and collaboration

This objective groups a broad range of activities directly supporting the scientific programmes and providing operational and general administrative support to the Agency.

Direct support enabling efficient implementation of scientific programmes includes activities in the areas of management of IARC Biobank and pre-analytical processing services, IARC histopathology laboratory, and ensuring the availability of adequate laboratory and computing infrastructure to support and enhance research.

The IARC Biobank is a key platform for cancer research maintaining biological samples from collaborative studies conducted worldwide. The integrated support is provided in specimen collections, annotation, processing and storing in appropriate conditions, pre-analytical services, and distribution worldwide.

The IARC Histopathology Laboratory provides pathology support to IARC from its pathology expertise and to house the histopathology service to other groups. This is an essential service to the laboratory groups and others involved in studies involving human tissue.

IARC's laboratory and computing activities require specialized support. The activities range from maintenance of laboratory equipment, management of specific IT platforms with specific focus on high computing capacity and data protection, to providing operational support, including shipments of materials or biological samples, to all scientific field studies conducted overwhelmingly in LMICs.

Activities in these areas are undertaken by Laboratory Support and Services within the Nutrition & Metabolism (NME), Evidence Synthesis & Classification (ESC), and Services to Science and Research (SSR) in close collaboration with all the scientific Branches.

SSR is also responsible for **the management and oversight of all operational and general administrative aspects of the Agency**, ensuring the operational effectiveness and optimal management of the Agency's human, assets and financial resources through digital transformation, continuous process improvements, and active identification of innovative ways of working. This area comprises activities such as finance, human resources, information technology, legal and administrative support.

SSR ensures that IARC accounts and Financial Statements are in compliance with International Public Sector Accounting Standards (IPSAS) and the IARC/WHO regulatory framework.

The Agency has been placing increased emphasis on diversifying its funding sources for scientific activities, in which the Agency's administration has been attributed a substantial role, inter alia identifying new funding opportunities, developing funder intelligence, conducting due diligence and risk assessments of potential funders and partners, and working closely with the Director's Office to attract new Participating States.

IARC gives priority to create a healthy, empowering, enabling and motivating working environment for IARC personnel. This includes talent acquisition and management, as well as the management of IARC's infrastructure and premises.

IARC coordinates with and assists the Métropole de Lyon in the day to day follow up of the Nouveau Centre building project, including advising on relevant evolving new technologies, as well as

keeping track of functional and technical specifications. IARC will also be required to finance and manage the physical move to the new premises, as well as cover operational infrastructure and equipment costs (i.e. security, laboratories, meeting rooms, server room, public facilities, etc.). IARC will take advantage of this important opportunity to modernize its infrastructure, in order to create a more enabling working environment at the new IARC Headquarters for its personnel. Resource mobilization efforts are underway to raise funds for these investments.

The Nouveau Centre building project is on track with the construction and fitting works scheduled for 2022. Inauguration of the new state-of-the-art building is expected at the end of 2022.

This area includes projects with the following primary objectives:

- (6.1) Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research;
- (6.2) Enable strategic vision and implementation, including management of financial, human, information, and infrastructure resources, to enable and support the effective delivery of the Agency's mandate.

Resource allocation

Objective	Regular Budget 2022-2023			Increase/(Decrease) from 2020-2021		
	Staff	Non-staff	Total	Staff	Non-staff	Total
6.1	1 915 145	2 780 671	4 695 816	55 698	405 859	461 557
6.2	7 781 728	1 557 329	9 339 057	445 664	(386 859)	58 805
Total	9 696 873	4 338 000	14 034 873	501 362	19 000	520 362

Overall, the proportion of resources assigned to this area is similar to 2020–2021 biennium (30.93% as compared to 30.61%). In absolute terms, the budget is increased by €0.52 million, representing statutory cost increases as well as an increased investment in the enabling functions, both strengthening direct scientific programme support and the general administrative aspect of the Agency.

A small net increase of staff budget allocation towards direct scientific programme support in area (6.1) reflects net effects of an additional support staff position to manage IARC's scientific computing infrastructure and the decreased allocation of other staff time to this area in order to prioritize the support needed for the Nouveau Centre project under area (6.2).

An increase of staff budget allocated to area (6.2), general administrative support, is contributed by the increased support needed for the Nouveau Centre project mentioned above and the realignment of core functions with the core budget. The latter results in the assignment of one support staff to the regular budget; the cost of this additional post is partially absorbed by the downgrade of a professional position in SSR in biennium 2022–2023.

Non-staff budget, within the same total envelope, is also allocated increasingly towards direct support to scientific programmes as compared to the previous biennium.

2.7 Fundamental and Emerging Priorities

A new dimension was introduced in the new Project Tree to enable the Agency to track its investment in the fundamental and emerging priorities. The following three emerging priorities were identified through the internal and external consultation processes:

- E01 - Evolving cancer risk factors and populations in transition
- E02 - Implementation research
- E03 - Economic and societal impacts of cancer

In the proposed Programme and Budget 2022–2023, 19% of the regular budget is attributed to emerging priorities. Emerging priorities are largely embedded within the scientific programmes under Objectives 1, 2, and 3. This share is expected to grow in future biennia.

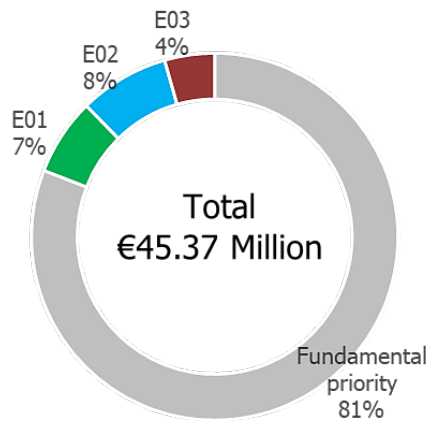


Figure 2: Regular Budget 2022–2023 attributed to fundamental and emerging priorities

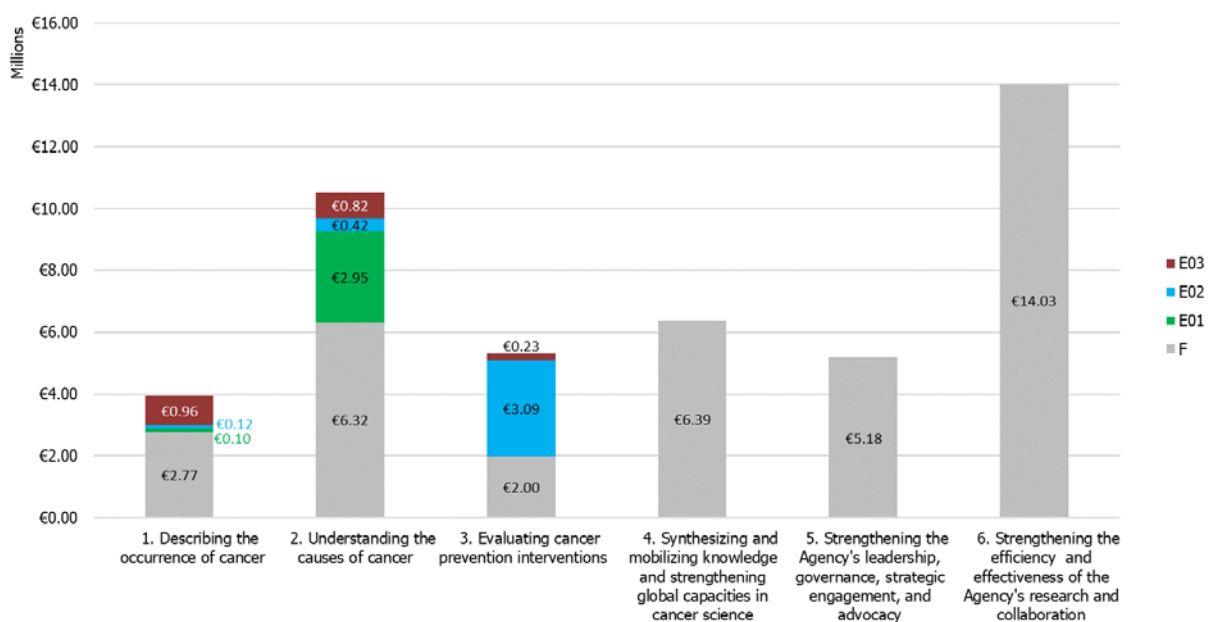


Figure 3: Fundamental and emerging priorities within the Level 2 Objectives of the Project Tree

3. PROPOSED BUDGET 2022–2023

3.1 Changes in budget presentation

The proposed budget 2022–2023 is the first biennial budget within the proposed MTS 2021–2025. As with the proposed programme, the presentation of the proposed budget follows the structure of the new IARC Project Tree. The budgetary information is displayed according to the six main Level 2 objectives with further details provided at the Level 3 objectives.

Information Tables [3](#) and [4](#) provide detailed mapping of the approved regular budget 2020–2021 into the new Project Tree. Such mapping allows the illustration of the changes proposed for 2022–2023 regular budget as shown in [Information Table 5](#), noting that they remain indicative as the retrospective mapping exercise from the old to the new Project Tree is non-linear. The previous biennium projects and the associated budget were mapped to the best corresponding objective of the new Project Tree.

3.2 Explanation of the proposed regular budget

The proposed budget 2022–2023 was prepared in euros in accordance with Article III.3.1 of the IARC Financial Regulations.

3.2.1 Overall regular budget and distribution

The regular budget proposed for the 2022–2023 biennium is **€45 371 329**. The distribution of the proposed budget reflects the prioritization of resources across the six main objectives of the Project Tree as described in [section 2](#) of this document. The table below compares the distribution of the proposed regular budget with the previous approved biennial budget.

Level 2 Objectives	2020–2021		2022–2023	
	(in euros)	%	(in euros)	%
1. Describing the occurrence of cancer	3 333 518	7.55	3 947 686	8.70
2. Understanding the causes of cancer	11 555 057	26.17	10 505 426	23.15
3. Evaluating cancer prevention interventions	5 082 238	11.51	5 310 608	11.70
4. Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	5 284 567	11.97	6 388 053	14.08
5. Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	5 379 902	12.19	5 184 683	11.43
6. Strengthening the efficiency and effectiveness of the Agency's research and collaboration	13 514 511	30.61	14 034 873	30.93
Total	44 149 793	100.00	45 371 329	100.00

One important aspect of the new Project Tree is that Objective 6 does not only include the costs of operations and administrative functions (Objective 6.2, €9.34 million) but also the costs of other enabling functions which directly contribute to IARC's scientific programmes (Objective 6.1, €4.69 million), such as scientific computing infrastructure, biobank and laboratory support, and IARC Histopathology Laboratory. The portion of operations and administrative costs only amounts to 20.58% of the total proposed budget.

Further details of the proposed budget can be found in Summary Tables [A](#), [B](#), and [C](#).

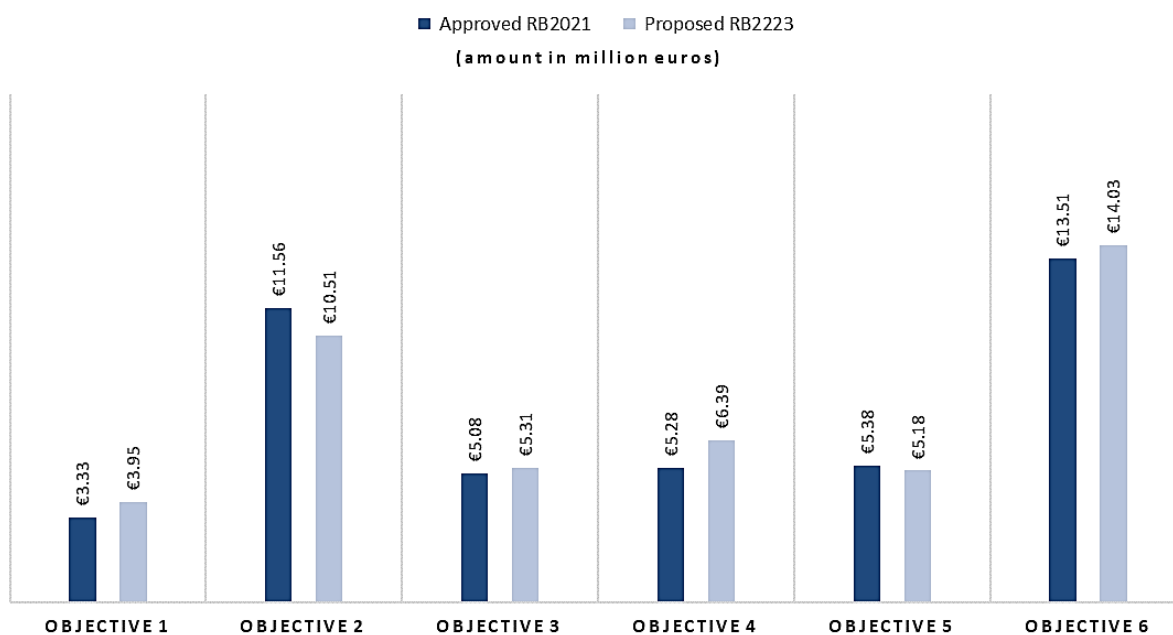


Figure 4: Comparison of proposed 2022–2023 regular budget and approved 2020–2021 regular budget

3.2.2 Staff and non-staff budget distribution

Overall budget increase in 2022–2023 is mostly attributed to the increase of staff budget while the non-staff budget is relatively stable as compared to the previous biennium as shown in the below summary table. More details of the distribution of staff and non-staff budget at objective level are available in [Summary Table C](#).

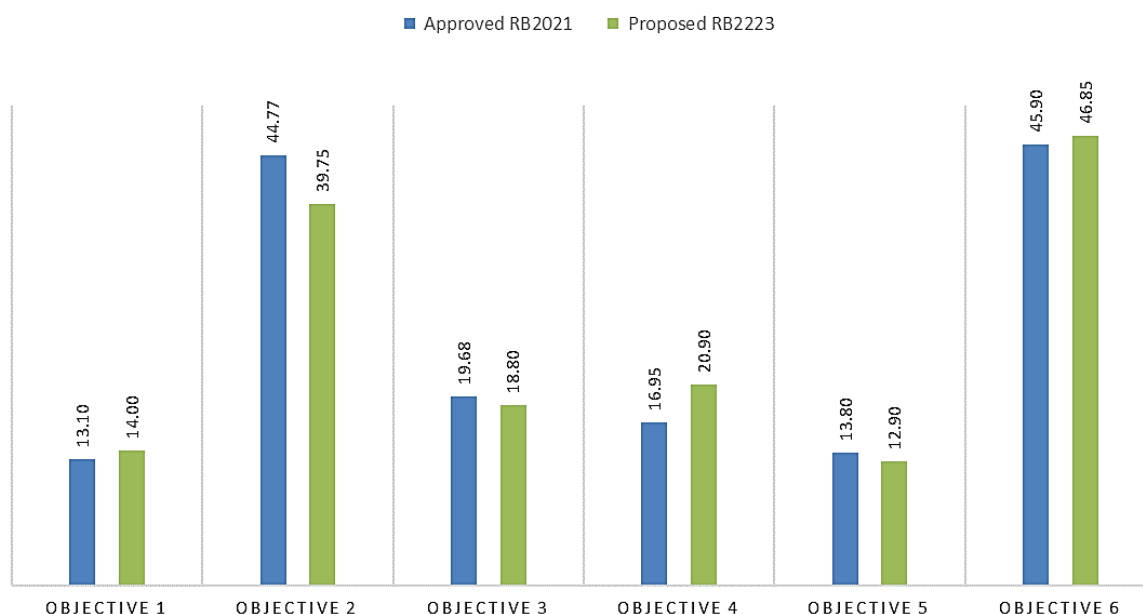
Budget category	2020–2021 (in euros)		2022–2023 (in euros)	
		%		%
Staff budget	33 995 793	77.00	35 057 329	77.27
Non-staff budget	10 154 000	23.00	10 314 000	22.73
Total	44 149 793	100.00	45 371 329	100.00

Staff budget increase reflects a combination of statutory staff cost increase and investment in further strengthening the Agency’s human resource capacity.

In May 2019, the Governing Council approved a “flat” budget for 2020–2021 biennium, i.e. the same budget level as for 2018–2019. In order to absorb the statutory cost increase and inflation, the Secretariat was forced to take the unprecedented decision to freeze and subsequently abolish several key senior scientific positions and delay some recruitments. While that was necessary given the circumstances, the Secretariat reflected on its capacity to deliver the proposed MTS 2021–2025, and also attempted to realign core positions/functions with the core budget as recommended in the External Evaluation report. As a result, the need to invest in human resources to ensure the continuation and sustainability of the Agency’s core activities became evident.

Unfortunately, additional posts intended to be included in the next biennium, designated mainly to strengthen scientific programmes, including the areas of cancer data and statistics (Objective 1.1), cancer registry (Objective 1.2), bioinformatics (Objective 2.3), prevention intervention (Objective 3.1), capacity building (Objective 4.3), Handbooks (Objective 4.3), and Monographs (Objective 4.4), could not be realized under this reduced budget scenario. Additional investments in the strategic engagement and resource mobilization area (Objectives 5.3 and 5.4) are also not possible. Figure 5 below compares the number of regular budget funded posts in the proposed budget and the approved budget 2020–2021.

Figure 5: Number of posts in the proposed 2022–2023 and approved 2020–2021 regular budget



Overall, the total number of posts to be funded from the regular budget in 2022–2023 has a net decrease of one position as compared to 2020–2021, or a net decrease of five positions when compared to 2018–2019. [Summary Table E](#) provides further details on post distribution by Objectives.

Staff category	2018–2019	2020–2021	2022–2023	Change from 2020-2021
Professional (P)	73.00	71.00	68.00	-3.00
General Service (GS)	85.20	83.20	85.20	2.00
Total number of posts	158.20	154.20	153.20	-1.00
% Distribution of P:GS	46:54	46:54	44:56	

3.2.3 Cost increase

The proposed budget is net 2.77% higher than the 2020–2021 approved budget—4.11% increase due to the statutory staff cost increases and 1.35% decrease due to programmatic changes, as summarized below.

For more details, please refer to Summary Tables [F](#) and [G](#).

Cost component	Due to programmatic changes (in euros)	Due to statutory cost changes (in euros)	Total changes (in euros)
Staff cost increase	(754 407)	1 815 943	1 061 536
Non-staff cost increase	160 000	0	160 000
Total cost increase	(594 407)	1 815 943	1 221 536
Total % increase	-1.35%	4.11%	2.77%

Non-staff cost slightly increases by €0.16 million to €10.31 million. This proposed non-staff budget level remains €2.35 million lower than the level of non-staff budget approved for 2010–2011.

The net staff cost increase foreseen over the next biennium is €1.06 million; €1.82 million increase due to statutory cost increase is offset by €0.76 million decrease due to programmatic changes.

- *Statutory cost increase:* The statutory staff cost increase is largely the result of annual step increases for all staff categories and cost adjustments for General Service staff. No cost adjustment for international staff is anticipated and therefore no provision is included in the budget.
- *Programmatic changes:* The staff cost decrease due to programmatic changes reflects the net reduction of human resource capacity as described under [section 3.2.2](#) above. It also includes the net effect of internal reorganizations resulting from the abolishment and revision in grade of existing posts.

3.3 Financing of the regular budget

The 2022–2023 regular budget is proposed to be solely funded from assessed contributions from Participating States as presented in the table below. This includes the contribution from Hungary, joining IARC in 2019. Hungary will start paying its full assessed contributions towards the 2022–2023 Programme Budget, in accordance with Governing Council Resolution [GC/61/R1](#).

Funding Source	2020–2021 (in euros)	2022–2023 (in euros)	% Change
Assessed contribution from Hungary	0	1 221 536	
Assessed contributions from other 25 Participating States	44 149 793	44 149 793	0.00%
Total regular budget	44 149 793	45 371 329	2.77%

The proposed budget represents an overall increase of €1.22 million or 2.77% from the previous biennium; this budget level will enable the Agency to partially absorb the increased statutory staff costs.

This increase of the Agency's regular budget is possible through admission of a new Participating State in biennium 2022–2023; this is an important part of the Agency's resource mobilization strategy. Consistent with the previous approved biennial budget, the Secretariat does not request an increase of the overall assessed contribution from the remaining 25 Participating States.

Assessment on Participating States:

The method of assessment on IARC Participating States is set out in Governing Council Resolution GC/15/R9, which references the group classification of countries to the WHO scale of assessment that is in turn based on the United Nations scale of assessment.

The assessments on IARC Participating States in this proposed programme budget refers to the WHO's revised scale of assessments outlined in World Health Assembly Resolution WHA72.12, which was based on the United Nations scale of assessments for the three-year period 2019–2021 consistent with United Nations General Assembly Resolution 73/271.

[Information Table 6](#) provides the details of group classification and assigning units for assessment on IARC Participating States.

Summary Tables [H](#) and [I](#) provide the details of year-on-year financing and assessments of contribution on 26 Participating States. The impact of the proposed budget on each individual Participating State as compared to the approved 2020–2021 budget is summarized in the below table.

Proposed budget 2022–2023	Approved budget 2020–2021	Amount increase/ decrease	Participating States
1 221 536	n/a	n/a	Group 5: Hungary (new)
1 221 536	1 236 194	-14 658	Group 5: Finland, Iran (Islamic Republic of), Ireland, Morocco, Qatar
1 493 764	1 501 094	-7 330	Group 4: Austria, Belgium, Denmark, India, Netherlands, Norway, Sweden, Switzerland
1 765 991	1 765 991	0	Group 3: Australia, Brazil, Canada, Italy, Republic of Korea, Russian Federation, Spain
2 310 448	2 295 788	14 660	Group 2: France, Germany, United Kingdom
3 399 360	3 355 385	43 975	Group 1: Japan, United States of America

**All amounts are in euros and for the biennium.*

3.4 Extrabudgetary resources

Secured extrabudgetary resources:

While the Governing Council is requested to approve the proposed regular budget, the Secretariat had considered all funding sources from both regular and extrabudgetary resources for implementing the proposed programme. Extrabudgetary resources included in the planning of 2022–2023 budget were €14.65 million as shown in the below table. These are the secured voluntary designated contributions at the time of budget preparation (September 2020) as well as resources from the Programme Support Cost (PSC) and the Governing Council Special Fund (GCSF) accounts.

More details are available in Summary Tables [B](#) and [D](#).

Level 2 Objectives	2020–2021		2022–2023	
	(in euros)	%	(in euros)	%
1. Describing the occurrence of cancer	342 064	2.03	405 963	2.77
2. Understanding the causes of cancer	4 548 572	26.96	3 451 987	23.56
3. Evaluating cancer prevention interventions	2 958 248	17.53	2 144 532	14.64
4. Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	3 017 611	17.89	3 238 713	22.11
5. Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	874 935	5.19	593 836	4.05
6. Strengthening the efficiency and effectiveness of the Agency's research and collaboration	5 129 482	30.40	4 816 188	32.87
Total	16 870 912	100.00	14 651 219	100.00

Overall, the secured extrabudgetary resources at the time of planning is decreased by €2.2 million or 13.16% as compared to the previous biennium. The decrease is partly due to the end of some multi-year grants whereby the funding for the next cycle has yet to be confirmed. Notwithstanding this decline, the availability of extrabudgetary resources reflects the on-going success of the Agency's scientists in obtaining competitive research funding and growing direct contributions, notably the multi-year grants supporting Objectives 2, 3 and 4, while several investments from PSC and GCSF accounts are distributed across other objectives.

Funds from the GCSF account include 75% of the revenue from publications, which are returned to the Publications programme, supporting *inter alia* the production of the WHO Classification of Tumours Series (Objective 4).

Funds in the PSC account are collected from designated voluntary contributions and are utilized mainly in Objective 6. The Agency has increased its investment of PSC funds to strengthen its operational and administrative capacity to more effectively support science and particularly in biennium 2020–2021 to support the Nouveau Centre project, i.e. preparing the move, moving to the new building, and providing the necessary double occupancy services at both locations during the anticipated six-month overlapping period. However, the delay of the Nouveau Centre building project resulted in the delay in spending of the 2020–2021 PSC budget. Hence, approximately

€1.55 million will be carried over to 2022–2023; this amount is included in the PSC budget allocated for 2022–2023 shown in the above table.

Overall budget inclusive of extrabudgetary resources:

The total resources for implementation of activities in the 2022–2023 biennium, combining the proposed regular budget and extrabudgetary resources already secured, is €60.02 million. Figure 6 provides an overview of resource distribution by the six priority objectives. This Figure reflects the resources that will be available to progress on the MTS should the proposed budget be approved. Additional extrabudgetary resources are expected to be obtained during the biennium to complement the regular budget.

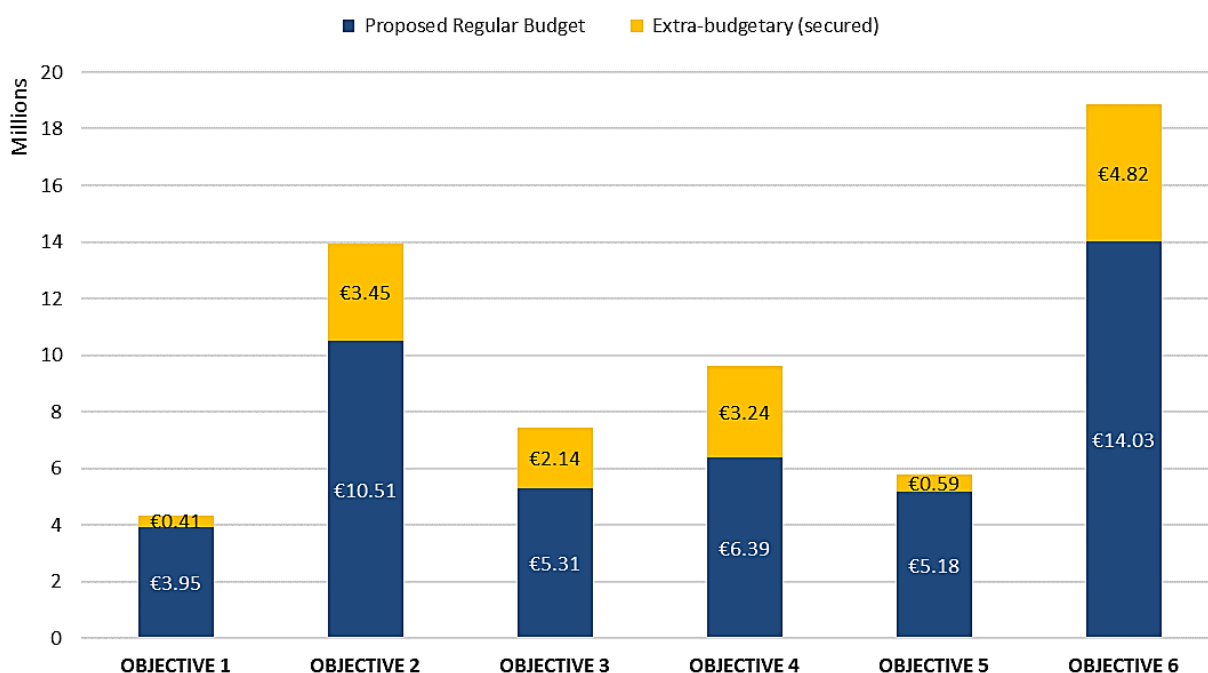


Figure 6 – Resource distribution inclusive of secured extrabudgetary

4. BUDGET TABLES

The proposed 2022–2023 budget is presented in the following nine summary tables, of which five tables include the 2020–2021 approved budget for comparison purposes.

- **Table A - Proposed regular budget for the biennium 2022–2023:** Provides the overall proposed budget including the breakdown of budget at the level 2 objectives of the IARC Project Tree for the biennium.
- **Table B - Summary of biennial resources by level 2/3 objectives and sources of fund:** Includes financial resources overview with breakdown of budget at the level 2 and level 3 objectives of the IARC Project Tree inclusive of the proposed regular budget allocations and projected extrabudgetary resources (i.e. voluntary contributions, PSC account, and GCSF). The 2020–2021 figures are also provided for comparison.
- **Table C - Summary of regular budget by level 2/3 objectives and year:** Presents further details of the proposed regular budget allocations by year, broken down by staff and non-staff budget.
- **Table D - Summary of secured extrabudgetary resources by level 2/3 objectives and year:** Presents further details of the secured extrabudgetary resources allocations by year, broken down by staff and non-staff budget.
- **Table E - Summary of regular budget funded staff by level 2/3 objectives and staff category:** Summarizes the staff in person-years funded by regular budget, allotted to each objective at the level 2 and level 3 objectives of the IARC Project Tree in comparison with the approved figures of 2020–2021. Number of staff is grouped according to staff categories, i.e. General Service and Professional and above.
- **Table F - Summary of regular budget allocated to fundamental and emerging priorities by level 2/3 objectives:** Presents the details of the proposed regular budget allocations to fundamental and three emerging priorities.
- **Table G - Summary of regular budget by component and cause of increase/decrease:** Presents the proposed budget by component of expenditure in comparison with the approved budget 2020–2021. The increases or decreases are classified based on two main criteria, i.e. programme requirement and cost changes.
- **Table H - Summary of regular budget and proposed financing:** Provides a summary of the proposed regular budget and proposed funding sources by year, in comparison with those approved for the 2020–2021 budget.
- **Table I - Summary of proposed financing from assessments on Participating States:** Provides the details of assessments on Participating States required to fund the proposed budget, including comparison with those approved for the 2020–2021 budget.

Summary Table A PROPOSED REGULAR BUDGET FOR THE BIENNIUM 2022-2023 (expressed in euros)		
LEVEL 2 OBJECTIVES	2022-2023 BUDGET	%
1. Describing the occurrence of cancer	3 947 686	8.70
2. Understanding the causes of cancer	10 505 426	23.15
3. Evaluating cancer prevention interventions	5 310 608	11.70
4. Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	6 388 053	14.08
5. Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	5 184 683	11.43
6. Strengthening the efficiency and effectiveness of the Agency's research and collaboration	14 034 873	30.93
TOTAL BUDGET	45 371 329	100.00

Summary Table B SUMMARY OF BIENNIAL RESOURCES BY LEVEL 2/3 OBJECTIVES AND SOURCES OF FUND (expressed in euros)						
Level 2 Level 3	Level 2 Objectives Level 3 Objectives	Regular Budget		Secured Extra-Budgetary Resources (see note I)		%
		2020-2021 Budget Amount	2022-2023 Budget Amount	2020-2021 Budget Amount	2022-2023 Budget Amount	
1	Describing the occurrence of cancer					
1.1	Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	1 161 427	1 581 835	10 965	226 045	
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	878 554	668 256	145 591	36 000	
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	1 293 537	1 243 769	185 508	143 918	
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	0	453 826	0	0	
		3 333 518	3 947 686	342 064	405 963	8.70
2	Understanding the causes of cancer					
2.1	Enhance understanding of new and known causes/risk factors for human cancer, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of epidemiological studies	4 767 757	4 854 139	3 433 804	2 058 200	
2.2	Enhance understanding of and elucidate biological mechanisms of carcinogenesis relevant to environmental/lifestyle factors, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of laboratory studies	4 427 075	3 005 619	684 200	326 350	
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	1 151 369	1 202 061	0	885 307	
2.4	Enhance understanding of potential risk factors, including those that accompany key cancer transitions, and those related to cancer disparities, in under-researched populations and/or in low-and middle income countries and their interplay with the observed cancer patterns	1 208 856	1 443 607	430 568	182 130	
		11 555 057	10 505 426	4 548 572	3 451 987	23.15
3	Evaluating cancer prevention interventions					
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	1 444 560	1 808 223	1 564 670	651 042	
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	1 697 226	1 681 474	485 161	787 736	
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	1 940 452	1 820 911	908 417	705 754	
		5 082 238	5 310 608	2 958 248	2 144 532	11.70
4	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science					
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	2 344 637	2 949 011	374 127	721 030	
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	623 114	607 142	2 134 225	2 205 288	
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	652 418	1 001 140	36 188	312 395	
4.4	Enhance understanding of the causes of human cancer, including emerging cancer hazards, through cancer hazard evaluations of the available evidence-base by leading independent experts	1 664 398	1 830 760	473 071	0	
		5 284 567	6 388 053	3 017 611	3 238 713	14.07
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy					
5.1	Define the vision and implement the scientific strategy of the Agency, enabling an empowering culture, providing the framework for the fulfilment of its objectives	1 708 314	1 460 369	0	0	
5.2	Oversee the strategic direction of the Agency and the implementation of its programme with full respect of the Agency's values, ethical standards, and code of conduct	1 133 731	1 324 697	0	0	
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	0	326 601	0	0	
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	2 537 857	2 073 016	874 935	593 836	
		5 379 902	5 184 683	874 935	593 836	11.43
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration					
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	4 234 259	4 695 816	938 612	855 334	
6.2	Enable strategic vision and implementation, including management of financial, human, information, and infrastructure resources, to enable and support the effective delivery of the Agency's mandate	9 280 252	9 339 057	4 190 870	3 960 854	
		13 514 511	14 034 873	5 129 482	4 816 188	30.93
TOTAL		44 149 793	45 371 329	16 870 912	14 651 219	100.00

Notes:
I. Extra-budgetary resources include Voluntary Contributions secured at the time of budget submission, funding from the Programme Support Cost Account and the Governing Council Special Fund.

Summary Table C SUMMARY OF REGULAR BUDGET BY LEVEL 2/3 OBJECTIVES AND YEAR (expressed in euros)										
Level 2 Level 3	Level 2 Objectives Level 3 Objectives	2022			2023			2022-2023		
		Staff Budget	Non-Staff Budget	Total	Staff Budget	Non-Staff Budget	Total	Staff Budget	Non-Staff Budget	Total
1	Describing the occurrence of cancer									
1.1	Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	713 340	70 000	783 340	728 495	70 000	798 495	1 441 835	140 000	1 581 835
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	277 880	50 000	327 880	290 376	50 000	340 376	568 256	100 000	668 256
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	516 890	110 000	626 890	506 879	110 000	616 879	1 023 769	220 000	1 243 769
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	166 701	60 000	226 701	167 125	60 000	227 125	333 826	120 000	453 826
		1 674 811	290 000	1 964 811	1 692 875	290 000	1 982 875	3 367 686	580 000	3 947 686
2	Understanding the causes of cancer									
2.1	Enhance understanding of new and known causes/risk factors for human cancer, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of epidemiological studies	2 154 045	286 000	2 440 045	2 171 594	242 500	2 414 094	4 325 639	528 500	4 854 139
2.2	Enhance understanding of and elucidate biological mechanisms of carcinogenesis relevant to environmental/lifestyle factors, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of laboratory studies	1 329 760	170 100	1 499 860	1 342 659	163 100	1 505 759	2 672 419	333 200	3 005 619
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	542 542	56 400	598 942	548 719	54 400	603 119	1 091 261	110 800	1 202 061
2.4	Enhance understanding of potential risk factors, including those that accompany key cancer transitions, and those related to cancer disparities, in under-researched populations and/or in low- and middle income countries and their interplay with the observed cancer patterns	597 265	121 500	718 765	603 342	121 500	724 842	1 200 607	243 000	1 443 607
		4 623 612	634 000	5 257 612	4 666 314	581 500	5 247 814	9 289 926	1 215 500	10 505 426
3	Evaluating cancer prevention interventions									
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	773 750	142 500	916 250	778 473	113 500	891 973	1 552 223	256 000	1 808 223
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	686 356	151 500	837 856	692 118	151 500	843 618	1 378 474	303 000	1 681 474
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	785 143	137 500	922 643	791 268	107 000	898 268	1 576 411	244 500	1 820 911
		2 245 249	431 500	2 676 749	2 261 859	372 000	2 633 859	4 507 108	803 500	5 310 608
4	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science									
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	1 046 606	412 000	1 458 606	1 059 405	431 000	1 490 405	2 106 011	843 000	2 949 011
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	252 764	42 550	295 314	254 278	57 550	311 828	507 042	100 100	607 142
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	378 687	115 500	494 187	380 453	126 500	506 953	759 140	242 000	1 001 140
4.4	Enhance understanding of the causes of human cancer, including emerging cancer hazards, through cancer hazard evaluations of the available evidence-base by leading independent experts	750 049	162 550	912 599	755 611	162 550	918 161	1 505 660	325 100	1 830 760
		2 428 106	732 600	3 160 706	2 449 747	777 600	3 227 347	4 877 853	1 510 200	6 388 053
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy									
5.1	Define the vision and implement the scientific strategy of the Agency, enabling an empowering culture, providing the framework for the fulfilment of its objectives	296 115	471 000	767 115	292 254	401 000	693 254	588 369	872 000	1 460 369
5.2	Oversee the strategic direction of the Agency and the implementation of its programme with full respect of the Agency's values, ethical standards, and code of conduct	478 015	183 000	661 015	482 682	181 000	663 682	960 697	364 000	1 324 697
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	113 176	49 000	162 176	114 425	50 000	164 425	227 601	99 000	326 601
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	768 923	274 900	1 043 823	772 293	256 900	1 029 193	1 541 216	531 800	2 073 016
		1 656 229	977 900	2 634 129	1 661 654	888 900	2 550 554	3 317 883	1 866 800	5 184 683
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration									
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	949 046	1 212 173	2 161 219	966 099	1 568 498	2 534 597	1 915 145	2 780 671	4 695 816
6.2	Enable strategic vision and implementation, including management of financial, human, information, and infrastructure resources, to enable and support the effective delivery of the Agency's mandate	3 864 136	694 186	4 558 322	3 917 592	863 143	4 780 735	7 781 728	1 557 329	9 339 057
		4 813 182	1 906 359	6 719 541	4 883 691	2 431 641	7 315 332	9 696 873	4 338 000	14 034 873
	TOTAL	17 441 189	4 972 359	22 413 548	17 616 140	5 341 641	22 957 781	35 057 329	10 314 000	45 371 329

Summary Table D SUMMARY OF SECURED EXTRA-BUDGETARY RESOURCES BY LEVEL 2/3 OBJECTIVES AND YEAR (expressed in euros)										
Level 2 Level 3	Level 2 Objectives Level 3 Objectives	2022			2023			2022-2023		
		Staff Budget	Non-Staff Budget	Total	Staff Budget	Non-Staff Budget	Total	Staff Budget	Non-Staff Budget	Total
1	Describing the occurrence of cancer									
1.1	Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	102 712	82 000	184 712	19 333	22 000	41 333	122 045	104 000	226 045
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	0	36 000	36 000	0	0	0	0	36 000	36 000
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	119 892	0	119 892	24 026	0	24 026	143 918	0	143 918
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	0	0	0	0	0	0	0	0	0
		222 604	118 000	340 604	43 359	22 000	65 359	265 963	140 000	405 963
2	Understanding the causes of cancer									
2.1	Enhance understanding of new and known causes/risk factors for human cancer, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of epidemiological studies	589 414	763 824	1 353 238	297 389	407 573	704 962	886 803	1 171 397	2 058 200
2.2	Enhance understanding of and elucidate biological mechanisms of carcinogenesis relevant to environmental/lifestyle factors, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of laboratory studies	130 932	137 149	268 081	44 614	13 655	58 269	175 546	150 804	326 350
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	292 337	251 201	543 538	219 376	122 393	341 769	511 713	373 594	885 307
2.4	Enhance understanding of potential risk factors, including those that accompany key cancer transitions, and those related to cancer disparities, in under-researched populations and/or in low- and middle-income countries and their interplay with the observed cancer patterns	170 365	11 765	182 130	0	0	0	170 365	11 765	182 130
		1 183 048	1 163 939	2 346 987	561 379	543 621	1 105 000	1 744 427	1 707 560	3 451 987
3	Evaluating cancer prevention interventions									
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	166 985	202 407	369 392	0	281 650	281 650	166 985	484 057	651 042
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	73 159	544 202	617 361	41 175	129 200	170 375	114 334	673 402	787 736
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	206 034	347 362	553 396	64 224	88 134	152 358	270 258	435 896	705 754
		446 178	1 093 971	1 540 149	105 399	498 984	604 383	551 577	1 592 955	2 144 532
4	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science									
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	162 506	207 438	369 944	159 646	191 440	351 086	322 152	398 878	721 030
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	708 840	372 500	1 081 340	716 448	407 500	1 123 948	1 425 288	780 000	2 205 288
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	57 195	173 200	230 395	0	82 000	82 000	57 195	255 200	312 395
4.4	Enhance understanding of the causes of human cancer, including emerging cancer hazards, through cancer hazard evaluations of the available evidence-base by leading independent experts	0	0	0	0	0	0	0	0	0
		928 541	753 138	1 681 679	876 094	680 940	1 557 034	1 804 635	1 434 078	3 238 713
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy									
5.1	Define the vision and implement the scientific strategy of the Agency, enabling an empowering culture, providing the framework for the fulfilment of its objectives	0	0	0	0	0	0	0	0	0
5.2	Oversee the strategic direction of the Agency and the implementation of its programmes with full respect of the Agency's values, ethical standards, and code of conduct	0	0	0	0	0	0	0	0	0
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	0	0	0	0	0	0	0	0	0
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	245 196	50 000	295 196	248 640	50 000	298 640	493 836	100 000	593 836
		245 196	50 000	295 196	248 640	50 000	298 640	493 836	100 000	593 836
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration									
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	175 001	406 167	581 168	181 856	92 310	274 166	356 857	498 477	855 334
6.2	Enable strategic vision and implementation, including management of financial, human, information, and infrastructure resources, to enable and support the effective delivery of the Agency's mandate	883 030	1 661 550	2 544 580	910 174	506 100	1 416 274	1 793 204	2 167 650	3 960 854
		1 058 031	2 067 717	3 125 748	1 092 030	598 410	1 690 440	2 150 061	2 666 127	4 816 188
	TOTAL	4 083 598	5 246 765	9 330 363	2 926 901	2 393 955	5 320 856	7 010 499	7 640 720	14 651 219

Summary Table E SUMMARY OF REGULAR BUDGET FUNDED STAFF BY LEVEL 2/3 OBJECTIVES AND STAFF CATEGORY (expressed in person years)							
Level 2 Level 3	Level 2 Objectives Level 3 Objectives	2020-2021 Staff Activity (person years)			2022-2023 Staff Activity (person years)		
		Professional and above	General Service	Total Staff	Professional and above	General Service	Total Staff
1	Describing the occurrence of cancer						
1.1	Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	2.00	3.00	5.00	2.90	3.20	6.10
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	1.10	2.30	3.40	1.00	1.70	2.70
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	2.80	1.90	4.70	2.10	2.00	4.10
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	0.00	0.00	0.00	1.00	0.10	1.10
		5.90	7.20	13.10	7.00	7.00	14.00
2	Understanding the causes of cancer						
2.1	Enhance understanding of new and known causes/risk factors for human cancer, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of epidemiological studies	9.29	8.40	17.69	8.90	9.50	18.40
2.2	Enhance understanding of and elucidate biological mechanisms of carcinogenesis relevant to environmental/lifestyle factors, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of laboratory studies	9.35	8.90	18.25	5.80	5.85	11.65
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	2.25	2.20	4.45	1.95	2.75	4.70
2.4	Enhance understanding of potential risk factors, including those that accompany key cancer transitions, and those related to cancer disparities, in under-researched populations and/or in low-and middle income countries and their interplay with the observed cancer patterns	2.38	2.00	4.38	2.50	2.50	5.00
		23.27	21.50	44.77	19.15	20.60	39.75
3	Evaluating cancer prevention interventions						
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	3.73	1.55	5.28	4.40	1.95	6.35
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	3.80	2.60	6.40	3.20	2.30	5.50
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	3.90	4.10	8.00	3.25	3.70	6.95
		11.43	8.25	19.68	10.85	7.95	18.80
4	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science						
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	2.45	5.05	7.50	3.85	5.80	9.65
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	0.95	0.95	1.90	0.80	1.10	1.90
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	1.35	0.45	1.80	1.95	1.10	3.05
4.4	Enhance understanding of the causes of human cancer, including emerging cancer hazards, through cancer hazard evaluations of the available evidence-base by leading independent experts	3.00	2.75	5.75	3.00	3.30	6.30
		7.75	9.20	16.95	9.60	11.30	20.90
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy						
5.1	Define the vision and implement the scientific strategy of the Agency, enabling an empowering culture, providing the framework for the fulfilment of its objectives	1.65	1.30	2.95	1.00	1.00	2.00
5.2	Oversee the strategic direction of the Agency and the implementation of its programme with full respect of the Agency's values, ethical standards, and code of conduct	1.35	1.50	2.85	1.80	2.25	4.05
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	0.00	0.00	0.00	0.30	0.55	0.85
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	5.00	3.00	8.00	4.00	2.00	6.00
		8.00	5.80	13.80	7.10	5.80	12.90
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration						
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	1.55	8.90	10.45	1.30	9.20	10.50
6.2	Enable strategic vision and implementation, including management of financial, human, information, and infrastructure resources, to enable and support the effective delivery of the Agency's mandate	13.10	22.35	35.45	13.00	23.35	36.35
		14.65	31.25	45.90	14.30	32.55	46.85
	TOTAL	71.00	83.20	154.20	68.00	85.20	153.20

<p align="center">Summary Table F SUMMARY OF REGULAR BUDGET ALLOCATED TO FUNDAMENTAL AND EMERGING PRIORITIES BY LEVEL 2/3 OBJECTIVES (expressed in person years)</p>							
Level 2	Level 3	Level 2 Objectives	Emerging Priorities				
			Fundamental Priority	Evolving cancer risk factors and populations in transition	Implementation research	Economic and societal impacts of cancer	Total Regular Budget 2022-2023
1		Describing the occurrence of cancer					
1.1		Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	1 400 472	79 092	23 179	79 092	1 581 835
1.2		Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	634 843	0	33 413	0	668 256
1.3		Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	711 971	40 611	40 611	450 576	1 243 769
1.4		Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	22 691	0	0	431 135	453 826
			2 769 977	119 703	97 203	960 803	3 947 686
2		Understanding the causes of cancer					
2.1		Enhance understanding of new and known causes/risk factors for human cancer, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of epidemiological studies	2 497 426	1 391 865	417 445	547 403	4 854 139
2.2		Enhance understanding of and elucidate biological mechanisms of carcinogenesis relevant to environmental/lifestyle factors, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of laboratory studies	2 085 283	858 412	0	61 923	3 005 618
2.3		Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	903 208	240 412	0	58 442	1 202 062
2.4		Enhance understanding of potential risk factors, including those that accompany key cancer transitions, and those related to cancer disparities, in under-researched populations and/or in low-and middle income countries and their interplay with the observed cancer patterns	834 895	459 611	0	149 101	1 443 607
			6 320 812	2 950 300	417 445	816 869	10 505 426
3		Evaluating cancer prevention interventions					
3.1		Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	177 583	0	1 405 394	225 246	1 808 223
3.2		Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	0	0	1 681 474	0	1 681 474
3.3		Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	1 820 911	0	0	0	1 820 911
			1 998 494	0	3 086 868	225 246	5 310 608
4		Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science					
4.1		Strengthen global knowledge and global and national capacities in cancer research and science	2 949 011	0	0	0	2 949 011
4.2		Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	607 142	0	0	0	607 142
4.3		Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	1 001 140	0	0	0	1 001 140
4.4		Enhance understanding of the causes of human cancer, including emerging cancer hazards, through cancer hazard evaluations of the available evidence-base by leading independent experts	1 830 760	0	0	0	1 830 760
			6 388 053	0	0	0	6 388 053
5		Strengthening the Agency's leadership, governance, strategic engagement, and advocacy					
5.1		Define the vision and implement the scientific strategy of the Agency, enabling an empowering culture, providing the framework for the fulfilment of its objectives	1 460 369	0	0	0	1 460 369
5.2		Oversee the strategic direction of the Agency and the implementation of its programme with full respect of the Agency's values, ethical standards, and code of conduct	1 324 697	0	0	0	1 324 697
5.3		Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	326 601	0	0	0	326 601
5.4		Strengthen the Agency's global image, communication and outreach to stakeholders	2 073 016	0	0	0	2 073 016
			5 184 683	0	0	0	5 184 683
6		Strengthening the efficiency and effectiveness of the Agency's research and collaboration					
6.1		Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	4 695 816	0	0	0	4 695 816
6.2		Enable strategic vision and implementation, including management of financial, human, information, and infrastructure resources, to enable and support the effective delivery of the Agency's mandate	9 339 057	0	0	0	9 339 057
			14 034 873	0	0	0	14 034 873
TOTAL			36 696 892	3 070 003	3 601 516	2 002 918	45 371 329

Summary Table G SUMMARY OF REGULAR BUDGET BY COMPONENT AND CAUSE OF INCREASE/DECREASE (expressed in euros)							
COMPONENT	2020-2021 Budget			2022-2023 Budget			BIENNIAL INCREASE/(DECREASE) 2022-2023 vs 2020-2021 <i>(see below note)</i>
	2020	2021	2020-2021	2022	2023	2022-2023	
Staff Budget:							
Professional	10 473 603	10 685 515	21 159 118	10 711 819	10 733 812	21 445 631	1 408 357
General Service	6 299 038	6 537 637	12 836 675	6 729 370	6 882 328	13 611 698	367 437
Total Staff Costs	16 772 641	17 223 152	33 995 793	17 441 189	17 616 140	35 057 329	1 815 943
Non-Staff Budget:							
Temporary assistance	40 000	43 200	83 200	54 500	54 500	109 000	25 800
Temporary advisors (experts, not coming for meetings)	102 000	107 000	209 000	55 500	55 500	111 000	(98 000)
Other contractual arrangements (APWs, SSAs and consultants)	184 900	183 400	368 300	336 500	294 500	631 000	262 700
Meetings (temporary advisors and participants)	348 500	412 500	761 000	526 000	511 500	1 037 500	276 500
Duty travel (all categories of staff including fellows)	494 500	490 500	985 000	373 100	365 100	738 200	(246 800)
Collaborative research agreements	236 500	218 500	455 000	111 000	103 000	214 000	(241 000)
Supplies	107 300	107 540	214 840	64 433	63 500	127 933	(86 907)
Equipment and furniture	170 380	134 500	304 880	162 100	114 500	276 600	(28 280)
Fellowships	656 800	564 800	1 221 600	820 500	780 500	1 601 000	379 400
Office services	133 250	133 120	266 370	106 900	106 700	213 600	(52 770)
Publications (including printing)	171 000	170 500	341 500	163 534	162 353	325 887	(15 613)
Library books & periodicals	140 230	148 490	288 720	85 431	94 617	180 048	(108 672)
Laboratory maintenance and supplies	356 250	356 250	712 500	348 250	330 250	678 500	(34 000)
IT maintenance and licences	53 200	53 950	107 150	76 635	72 230	148 865	41 715
Building services	1 627 300	1 665 640	3 292 940	1 406 176	1 951 391	3 357 567	64 627
Staff Development & Training	83 000	83 000	166 000	91 600	91 300	182 900	16 900
Director's Development Provision	170 000	170 000	340 000	170 000	170 000	340 000	0
Others	18 000	18 000	36 000	20 200	20 200	40 400	4 400
Total Non-Staff Costs	5 093 110	5 060 890	10 154 000	4 972 359	5 341 641	10 314 000	160 000
Unprogrammed reserve	0	0	0	0	0	0	0
TOTAL REGULAR BUDGET	21 865 751	22 284 042	44 149 793	22 413 548	22 957 781	45 371 329	1 815 943
							(594 407)
							-1.35%
							4.11%
							2.77%

Note: Causes of budget changes are classified into two groups i.e. due to programmatic requirements ('Programme') and due to cost changes ('Cost').

Summary Table H SUMMARY OF REGULAR BUDGET AND PROPOSED FINANCING (expressed in euros)							
LEVEL 2 OBJECTIVES	2020	2021	2020-2021	2022	2023	2022-2023	%
1. Describe the occurrence of cancer	1 647 140	1 686 378	3 333 518	1 964 811	1 982 875	3 947 686	8.70%
2. Understand the causes of cancer	5 719 344	5 835 713	11 555 057	5 257 612	5 247 814	10 505 426	23.15%
3. Evaluate and implement cancer prevention and control strategies	2 515 225	2 567 013	5 082 238	2 676 749	2 633 859	5 310 608	11.70%
4. Increase the capacity for cancer research	2 630 617	2 653 950	5 284 567	3 160 706	3 227 347	6 388 053	14.08%
5. Provide strategic leadership and enhance the impact of the Agency's contribution to global cancer research	2 675 023	2 704 879	5 379 902	2 634 129	2 550 554	5 184 683	11.43%
6. Enable and support the efficient conduct and coordination of research	6 678 402	6 836 109	13 514 511	6 719 541	7 315 332	14 034 873	30.93%
Total Regular Budget	21 865 751	22 284 042	44 149 793	22 413 548	22 957 781	45 371 329	100.00%
PROPOSED FINANCING: (see Summary Table I)							
Full financing from Participating States Assessments	21 865 751	22 284 042	44 149 793	22 413 548	22 957 781	45 371 329	100.00%

Summary Table I SUMMARY OF PROPOSED FINANCING FROM ASSESSMENTS ON 26 PARTICIPATING STATES (expressed in euros)											
Participating States	Number of units assigned (see Note 1 & 2)	YEAR 2022		YEAR 2022 30% of the assessed budget in accordance with the unit system	YEAR 2022 70% of the assessed budget borne equally	YEAR 2022 30% of the assessed budget in accordance with the unit system	YEAR 2022 70% of the assessed budget borne equally	BIENNIUM 2022-2023	BIENNIUM 2020-2021		
		70% of the assessed budget in accordance with the unit system	30% of the assessed budget in accordance with the unit system					TOTAL	TOTAL	% increase/ (decrease) (see Note 3)	Amount increase/ (decrease)
Australia	2	603 442	268 963	872 405	618 094	275 492	893 586	1 765 991	1 765 991	0.00	0
Austria	1	603 442	134 480	737 922	618 094	137 748	755 842	1 493 764	1 501 094	-0.49	(7 330)
Belgium	1	603 442	134 480	737 922	618 094	137 748	755 842	1 493 764	1 501 094	-0.49	(7 330)
Brazil	2	603 442	268 963	872 405	618 094	275 492	893 586	1 765 991	1 765 991	0.00	0
Canada	2	603 442	268 963	872 405	618 094	275 492	893 586	1 765 991	1 765 991	0.00	0
Denmark	1	603 442	134 480	737 922	618 094	137 748	755 842	1 493 764	1 501 094	-0.49	(7 330)
Finland	0	603 442	0	603 442	618 094	0	618 094	1 221 536	1 236 194	-1.19	(14 658)
France	4	603 442	537 925	1 141 367	618 094	550 987	1 169 081	2 310 448	2 295 788	0.64	14 660
Germany	4	603 442	537 925	1 141 367	618 094	550 987	1 169 081	2 310 448	2 295 788	0.64	14 660
Hungary	0	603 442	0	603 442	618 094	0	618 094	1 221 536	0	0.00	1 221 536
India	1	603 442	134 480	737 922	618 094	137 748	755 842	1 493 764	1 501 094	-0.49	(7 330)
Iran (Islamic Republic of)	0	603 442	0	603 442	618 094	0	618 094	1 221 536	1 236 194	-1.19	(14 658)
Ireland	0	603 442	0	603 442	618 094	0	618 094	1 221 536	1 236 194	-1.19	(14 658)
Italy	2	603 442	268 963	872 405	618 094	275 492	893 586	1 765 991	1 765 991	0.00	0
Japan	8	603 442	1 075 850	1 679 292	618 094	1 101 974	1 720 068	3 399 360	3 355 385	1.31	43 975
Morocco	0	603 442	0	603 442	618 094	0	618 094	1 221 536	1 236 194	-1.19	(14 658)
Netherlands	1	603 442	134 480	737 922	618 094	137 748	755 842	1 493 764	1 501 094	-0.49	(7 330)
Norway	1	603 442	134 480	737 922	618 094	137 748	755 842	1 493 764	1 501 094	-0.49	(7 330)
Qatar	0	603 442	0	603 442	618 094	0	618 094	1 221 536	1 236 194	-1.19	(14 658)
Republic of Korea	2	603 442	268 963	872 405	618 094	275 492	893 586	1 765 991	1 765 991	0.00	0
Russian Federation	2	603 442	268 963	872 405	618 094	275 492	893 586	1 765 991	1 765 991	0.00	0
Spain	2	603 442	268 963	872 405	618 094	275 492	893 586	1 765 991	1 765 991	0.00	0
Sweden	1	603 442	134 480	737 922	618 094	137 748	755 842	1 493 764	1 501 094	-0.49	(7 330)
Switzerland	1	603 442	134 480	737 922	618 094	137 748	755 842	1 493 764	1 501 094	-0.49	(7 330)
United Kingdom	4	603 442	537 925	1 141 367	618 094	550 987	1 169 081	2 310 448	2 295 788	0.64	14 660
United States of America	8	603 442	1 075 850	1 679 292	618 094	1 101 974	1 720 068	3 399 360	3 355 385	1.31	43 975
TOTAL FUNDING	50	15 689 492	6 724 056	22 413 548	16 070 444	6 887 337	22 957 781	45 371 329	44 149 793	2.77	1 221 536

Notes:

- The method of assessment of contributions of Participating States is detailed in Resolutions GC/15/R9, GC/54/R18, and GC/56/R6.
- Group classification of countries for the purpose of assigning units in accordance with the applicable GC resolutions is based on the WHO scale of assessments as adopted by the World Health Assembly in May 2019 (Resolution WHA72.12).
- Full contribution from Hungary allows 2.77% increase in the regular budget and the overall assessed contributions from Participating States for 2022-2023. The overall assessment of remaining 25 Participating States (i.e. excluding Hungary) is at the same level as 2020-2021 budget.

ANNEXES

Seven additional tables are also provided hereafter as supplementary information:

- **Information Table 1 - Total staff and non-staff budget by Branch:** Provides details of annual allocation of staff and non-staff budget by Branch.
- **Information Table 2 - IARC Project Tree structure and associated projects:** Shows the structure of the IARC Project Tree from the highest level objective (level 1) to the most detailed level objectives (level 3) and associated projects contributing to the respective Project Tree path.
- **Information Table 3 - Mapping of projects and budget proposals from 2020–2021 to the new IARC Project Tree structure:** Shows how the project and budget proposals from the IARC Programme and Budget 2020–2021 are mapped to the new Project Tree structure.
- **Information Table 4 - Approved staffing and budget 2020–2021 to the new Project Tree structure:** Presents the summary of staffing and budget funded from regular budget and secured extrabudgetary resources of the previous biennium following the new Project Tree structure.
- **Information Table 5 - Comparison of proposed regular budget 2022–2023 with approved regular budget 2020–2021 by level 2/3 objectives:** Provides supplementary information to Summary Table B for comparison of the proposed budget 2022–2023 with the approved budget 2020–2021 in equivalent categories of objectives.
- **Information Table 6 - Group classification of countries and assigning units for assessed contributions:** Provides supplementary information to the Summary Table I for comparison of the group classification and unit assignment of IARC Participating States in the proposed budget 2022–2023 with three prior approved biennial budgets.
- **Information Table 7 - United Nations accounting rates of exchange: euros to US dollars:** Contains the monthly exchange rates set by the United Nations for euros to US dollars from January 2010 to December 2020.

Information Table 1 TOTAL STAFF AND NON-STAFF BUDGET BY PILLAR AND BRANCH (REGULAR BUDGET ONLY) (expressed in euros)						
Pillar and Branch	Number of Posts	2022		2023		Total 2022-2023
		Staff Budget	Non-staff Budget	Staff Budget	Non-staff Budget	Staff Budget
SCIENTIFIC PROGRAMME						
I. Data for action						
CSU Cancer Surveillance	14.00	1 674 811	290 000	1 692 875	290 000	3 367 686
II. Understanding the causes						
GEM Genomic Epidemiology	13.80	1 657 584	210 000	1 670 152	210 000	3 327 736
NME Nutrition and Metabolism ⁽¹⁾	20.50	2 292 593	445 000	2 317 591	415 000	4 610 184
III. From understanding to prevention						
ENV Environment and Lifestyle Epidemiology	8.50	1 014 602	150 000	1 022 574	150 000	2 037 176
EGM Epigenomics and Mechanisms	10.50	1 127 735	172 500	1 140 100	127 500	2 267 835
EPR Early Detection, Prevention and Infections	18.00	2 117 423	429 500	2 134 678	400 500	4 252 101
IV. Knowledge mobilization						
ESC Evidence Synthesis and Classification	10.50	1 278 144	285 100	1 286 778	285 100	2 564 922
LCB Learning and Capacity Building	4.00	385 525	329 000	393 197	351 000	778 722
LEADERSHIP, GOVERNANCE, STRATEGIC ENGAGEMENT AND ADVOCACY						
DIR Office of the Director ⁽²⁾	7.80	994 619	573 000	996 278	501 500	1 990 897
ADMINISTRATIVE PROGRAMME						
SSR Services to Science and Research	45.60	4 898 153	2 088 259	4 961 917	2 611 041	9 860 070
TOTAL	153.20	17 441 189	4 972 359	17 616 140	5 341 641	35 057 329

Note: 1. Budget for NME includes the budget for Laboratory Support and Services (LSB) that provide supports also to other Branches.
2. Office of the Director includes also the Ethic and Compliance Office, Strategic Engagement and Outreach.

Information Table 2							
IARC PROJECT TREE STRUCTURE AND ASSOCIATED PROJECTS IN 2022-2023							
LEVEL 1 OBJECTIVE: To reduce the burden and suffering from cancer today and among future generations							
Level 2 Objectives Level 3 Objectives	Project Number	Project Title	% Contribute to Fundamental Priority	% Contribute to Emerging Priorities		Economic and societal impacts of cancer	
				Evolving cancer risk factors and populations in transition	Implementation research		
1 Describing the occurrence of cancer	PB.2223.CSU.01	Global cancer indicators: expansion and innovation	90	5	-	5	
	PB.2223.CSU.04	Childhood cancer	85	5	5	5	
	PB.2223.CSU.02	Accelerating cancer registry support and development	95	-	5	-	
	PB.2223.CSU.03	Descriptive epidemiology of cancer	85	5	5	5	
	PB.2223.CSU.06	Social inequalities and cancer	5	-	-	95	
1.4	PB.2223.CSU.05	Economics of cancer	5	-	-	95	
2 Understanding the causes of cancer							
	2.1 Enhance understanding of new and known causes/risk factors for human cancer, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of epidemiological studies	PB.2223.EGM.01	Identify epigenetic biomarkers of exposure, early detection and risk stratification in human populations	70	30	-	-
		PB.2223.EGM.05	Investigating cancer transitions and etiology through integrative molecular cancer epidemiology studies	40	50	10	-
		PB.2223.ENV.02	To study the epidemiology of cancers associated with known and suspected carcinogens in the occupational setting	50	30	-	20
		PB.2223.ENV.03	To study exposure to low doses of ionising radiation and to non-ionising radiation (electromagnetic fields)	60	30	-	10
		PB.2223.GEM.01	Understanding genetic susceptibility of cancer	50	20	20	10
		PB.2223.GEM.02	Studying causes of cancer using genomic techniques	20	35	35	10
		PB.2223.NME.03	Molecular Epidemiologic Studies of Nutrition, Obesity and Cancer	70	20	-	10
		PB.2223.NME.06	Dietary and lifestyle exposures associated with cancer co-morbidity	50	20	-	30
		PB.2223.EGM.02	Pan-cancer multi-omics identification of "driver" genes in cancer and their link to environmental carcinogens/exposures	60	40	-	-
		PB.2223.EGM.04	MutSpec2.0: Toxicogenomic impact of cancer risk agents in experimental models and humans	60	40	-	-
		PB.2223.EPR.02	Biological properties of infectious agents in vitro and in vivo experimental models	100	-	-	-
		PB.2223.GEM.05	Somatic Cancer Genomics: molecular characterization of cancer	50	40	-	10
		PB.2223.NME.01	Biomarkers of metabolism, inflammation and diet associated with cancer and intermediate end-points	70	30	-	-
		PB.2223.NME.02	Metabolomics-based development of biomarkers for dietary and lifestyle exposures and metabolism	80	20	-	-
		PB.2223.NME.04	Improved molecular tools for nutrition assessment and research in cancer epidemiology	70	20	-	10
		2.2 Enhance understanding of and elucidate biological mechanisms of carcinogenesis relevant to environmental/lifestyle factors, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of laboratory studies					
2.3 Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways							

Information Table 2 IARC PROJECT TREE STRUCTURE AND ASSOCIATED PROJECTS IN 2022-2023						
Level 2 Objectives Level 3 Objectives	Project Number	Project Title	% Contribute to Fundamental Priority	% Contribute to Emerging Priorities		
				Evolving cancer risk factors and populations in transition	Implementation research	Economic and societal impacts of cancer
2.4 Enhance understanding of potential risk factors, including those that accompany key cancer transitions, and those related to cancer disparities, in under-researched populations and/or in low- and middle income countries and their interplay with the observed cancer patterns	PB.2223.ENV.01	To investigate environmental and lifestyle causes of cancers.	60	30	-	10
	PB.2223.EPR.06	Infection-attributable cancer burden: global and local	70	30	-	-
	PB.2223.GEM.06	Understand variations in cancer incidence and survival	50	35	-	15
3 Evaluating cancer prevention interventions						
3.1 Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	PB.2223.ENV.04	To identify barriers to improving survival of common curable cancers in LMICs.	-	-	80	20
	PB.2223.EPR.04	Helicobacter pylori (HP) infection and gastric cancer (GC) – from aetiology to implementation research	-	-	100	-
3.2 Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	PB.2223.EPR.05	HIV and cancer: Epidemiology and prevention in the cART era	-	-	100	-
	PB.2223.EPR.10	Evaluation of multi-level interventions to improve cancer 'early diagnosis' in low & middle income countries (LMICs)	20	-	60	20
	PB.2223.EPR.12	Evaluating effectiveness, adoption & sustainability of innovative solutions in cancer prevention & early detection	20	-	60	20
	PB.2223.EPR.03	Evaluation of HPV vaccination impact in low and middle-income countries	-	-	100	-
	PB.2223.EPR.07	Cervical cancer screening and treatment strategies for low- and middle-income countries	-	-	100	-
3.3 Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	PB.2223.EPR.08	Implementing HPV and HBV vaccination	-	-	100	-
	PB.2223.EPR.09	Implementation research for cervical cancer elimination and prevention of other cancers	-	-	100	-
	PB.2223.EGM.03	Impact of interventions on epigenetic markers associated with cancer risk	100	-	-	-
	PB.2223.EGM.06	Biomarkers for risk stratification, cancer detection, and cancer prevention implementation	100	-	-	-
	PB.2223.EPR.01	Determine the role of infectious agents in different human cancers	100	-	-	-
	PB.2223.GEM.03	Early cancer detection to reduce mortality and morbidity	100	-	-	-
4 Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science						
4.1 Strengthen global knowledge and global and national capacities in cancer research and science	PB.2223.ESC.05	The International Collaboration for Cancer Classification and Research	100	-	-	-
	PB.2223.GEM.04	Building global capacity for cancer science	100	-	-	-
	PB.2223.LCB.01	IARC Research Training and Fellowship Programme	100	-	-	-
	PB.2223.LCB.02	IARC Courses Programme	100	-	-	-
	PB.2223.LSB.03	Biobank Research, Capacity Building and Biobank Infrastructure support globally	100	-	-	-
4.2 Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	PB.2223.NME.05	Integration of lifestyle and molecular exposures in statistical models for cancer research	100	-	-	-
	PB.2223.ESC.03	WHO classification of tumours 5th series	100	-	-	-
4.3 Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	PB.2223.ENV.05	To enable cancer prevention and control through research evidence translation.	100	-	-	-
	PB.2223.EPR.11	Strengthening national capacities to implement quality assured cancer screening programmes	100	-	-	-
	PB.2223.ESC.01	IARC Handbooks of Cancer Prevention	100	-	-	-

Information Table 2 IARC PROJECT TREE STRUCTURE AND ASSOCIATED PROJECTS IN 2022-2023						
Level 2 Objectives Level 3 Objectives	Project Number	Project Title	% Contribute to Fundamental Priority	% Contribute to Emerging Priorities		
				Evolving cancer risk factors and populations in transition	Implementation research	Economic and societal impacts of cancer
4.4 Enhance understanding of the causes of human cancer, including emerging cancer hazards, through cancer hazard evaluations of the available evidence-base by leading independent experts	PB.2223.ESC.02	IARC Monographs on the Identification of Carcinogenic Hazards to Humans	100	-	-	-
5 Strengthening the Agency's leadership, governance, strategic engagement, and advocacy						
5.1 Define the vision and implement the scientific strategy of the Agency, enabling an empowering culture, providing the framework for the fulfilment of its objectives	PB.2223.DIR.01	Direction and leadership	100	-	-	-
5.2 Oversee the strategic direction of the Agency and the implementation of its programme with full respect of the Agency's values, ethical standards, and code of conduct	PB.2223.DIR.02	Governance and Ethics	100	-	-	-
5.3 Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	PB.2223.SSR.01	Support to Governing and Scientific Council meetings and interactions with Participating States	100	-	-	-
5.4 Strengthen the Agency's global image, communication and outreach to stakeholders	PB.2223.DIR.03	Strategic partnership and resource mobilization	100	-	-	-
	PB.2223.DIR.04	Media and Communications	100	-	-	-
	PB.2223.SSR.05	Publishing, Library and Web-Services	100	-	-	-
6 Strengthening the efficiency and effectiveness of the Agency's research and collaboration						
6.1 Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	PB.2223.ESC.04	IARC Histopathology Laboratory	100	-	-	-
	PB.2223.LSB.01	Management of IARC biobank and pre-analytical processing services	100	-	-	-
	PB.2223.LSB.02	Laboratory services support	100	-	-	-
	PB.2223.SSR.04	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	100	-	-	-
6.2 Enable strategic vision and implementation, including management of financial, human, information, and infrastructure resources, to enable and support the effective delivery of the Agency's mandate	PB.2223.SSR.02	Sound management of financial, human, information and infrastructure resources	100	-	-	-
	PB.2223.SSR.03	Nouveau Centre	100	-	-	-

Information Table 3 MAPPING OF PROJECTS AND BUDGET PROPOSALS 2020-2021 TO THE NEW PROJECT TREE STRUCTURE			
New Project Tree	2020-2021		2020-2021
	Level 2	Level 3	Project Title
1	1	1.1	PB.2021.CSU.01 Global cancer indicators: innovation and dissemination
		1.2	PB.2021.CSU.02 Accelerating cancer registry support and development
		1.3	PB.2021.CSU.03 Descriptive epidemiology of cancer
2	2	2.1	PB.2021.ENV.01 Social inequalities and socio-economic transitions in cancer
		PB.2021.ENV.02 To study carcinogenic effects of exposure to protracted low doses of ionising radiation	
		PB.2021.ENV.03 To study exposure to non-ionising radiation (electromagnetic fields)	
		PB.2021.ENV.03 To study cancers with suspected environmental, occupational or lifestyle-related causes	
		PB.2021.GCS.01 Identify and understand genes involved in cancer development.	
		PB.2021.GEP.01 Epidemiology of head and neck cancers	
		PB.2021.GEP.02 Identifying causes of cancer through mutational signatures	
		PB.2021.GEP.03 Mendelian randomization studies of multiple cancers	
		PB.2021.GEP.05 Kidney cancer molecular epidemiology	
		PB.2021.MMB.02 Molecular markers of exposure, cancer risk, tumor detection and classification	
		PB.2021.NEP.01 Molecular epidemiologic studies of nutrition and metabolism and cancer	
		PB.2021.NMB.02 Dietary and lifestyle exposures associated with cancer and other non-communicable diseases	
		2.2	PB.2021.BMA.01 Metabolic and dietary biomarkers associated with cancer and intermediate end-points
		PB.2021.EGE.01 Epigenetic alterations in studies of cancer causation and prevention	
		PB.2021.EGE.02 Epigenetics-based biomarkers in exposomics	
PB.2021.GCS.02 Multiomics (genomic, transcriptomic and epigenomic) molecular characterization of rare thoracic tumors.			
PB.2021.GCS.04 Genetics Platform.			
PB.2021.ICB.01 Biological properties of infectious agents in vitro and in vivo experimental models			
PB.2021.MMB.01 Toxicogenomics of environmental, lifestyle and occupational cancer risk factors			
2.3	PB.2021.BMA.02 Metabolomics-based development of biomarkers of foods, food constituents, food contaminants and metabolism		
	PB.2021.MMB.04 The IARC TP53 Database		
	PB.2021.NEP.02 Molecular biomarkers for nutrition assessment in cancer epidemiology		
	PB.2021.ENV.04 To study unique environmental, lifestyle and occupational exposures		
2.4	PB.2021.ICE.02 Aetiology, natural history and burden of infection-associated cancers worldwide		
	PB.2021.ENV.05 To study lifestyle and environmental determinants of cancer risks, prognosis and cancer outcomes		
3	3	3.1	PB.2021.PRI.03 Epidemiology and prevention of gastric cancer
		PB.2021.SCR.01 Advancing cervical cancer elimination through improved access to screening, treatment & HPV vaccination	
		PB.2021.SCR.02 Evaluation of colorectal cancer screening	
		PB.2021.SCR.03 Improving the effectiveness of breast cancer screening, early diagnosis and treatment in LMICs	
		3.2	PB.2021.ICE.01 Evaluation of HPV vaccination impact in low and middle-income countries
		PB.2021.PRI.01 Implementation studies of HPV and EBV vaccination	
3.3	PB.2021.PRI.02 Cervical cancer screening strategies for low- and middle-income countries		
	PB.2021.EGE.03 Epigenomic profiling applicable to molecular epidemiology and carcinogen evaluation		
	PB.2021.GCS.03 Non-invasive biomarkers for early detection of cancer.		
	PB.2021.GEP.04 Biomarkers of lung cancer risk		
	PB.2021.ICB.02 Determine the role of infectious agents in different human cancers		
	PB.2021.MMB.03 Experimental and bioinformatic methodologies for molecular epidemiology and laboratory cancer research		

Information Table 3			
MAPPING OF PROJECTS AND BUDGET PROPOSALS 2020-2021 TO THE NEW PROJECT TREE STRUCTURE			
New Project Tree	2020-2021	2020-2021	
Level 2	Project Number	Project Title	
4	Level 3		
	4.1	PB.2021.ETR.01	IARC Research Training and Fellowship Programme
		PB.2021.ETR.02	IARC Courses
		PB.2021.LSB.03	Capacity Building and Biobank Infrastructure support globally, including in Low and Middle Income Countries
		PB.2021.NMB.01	Integration of lifestyle and molecular exposures in aetiological models for cancer research
		PB.2021.WCT.01	WHO classification of tumours 5th series
5	4.2	PB.2021.ENV.06	Expansion and evaluation of Cancer Prevention Recommendations
	4.3	PB.2021.IHB.01	IARC Handbooks Programme
		PB.2021.SCR.04	Reporting the cancer screening initiatives & their impact in 5 Continents (CanScreens5)
	4.4	PB.2021.IMO.01	IARC Monographs on the Evaluation of Carcinogenic Risks to Humans
	5.1	PB.2021.DIR.01	Direction and leadership
	5.2	PB.2021.DIR.03	Strategic Research Investment
6		PB.2021.DIR.02	Strategic Partnerships
	5.4	PB.2021.SSR.02	Support to Governing and Scientific Council meetings and interactions with Participating States
		PB.2021.COM.01	Information Services and Dissemination
		PB.2021.COM.02	Editing, Layout and Translation
		PB.2021.COM.03	Media Relations, Multimedia, and Web Services
	6.1	PB.2021.ENV.07	Contribute to advanced biostatistical analyses and developing biostatistical methods
		PB.2021.LSB.01	Management of IARC biobank and pre-analytical processing services
		PB.2021.LSB.02	Laboratory Services Support
		PB.2021.SSR.01	Laboratory and computing services
		PB.2021.WCT.02	Histopathology core facility
	6.2	PB.2021.SSR.03	Sound management of human and infrastructure resources
		PB.2021.SSR.04	Nouveau Centre
	PB.2021.SSR.05	Management of Agency's financial resources and resource mobilization	
	PB.2021.SSR.06	Work culture to encourage new approaches and opportunities	

Information Table 4 APPROVED STAFFING AND BUDGET 2020-2021 PRESENTED IN THE NEW PROJECT TREE STRUCTURE (Staff activity expressed in person years and budget expressed in euros)									
Level 2 Level 3	Level 2 Objectives Level 3 Objectives	STAFF ACTIVITY Professional and above	REGULAR BUDGETARY RESOURCES		EXTRA-BUDGETARY RESOURCES		Total Budget 2020-2021	Total Budget 2020-2021	Total 2020-2021
			Staff Budget 2020-2021	Non-staff Budget 2020-2021	Staff Budget 2020-2021	Non-staff Budget 2020-2021			
1	Describing the occurrence of cancer								
1.1	Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	2.00	3.00	1 052 827	108 600	1 161 427	10 965	0	10 965
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	1.10	2.30	695 554	183 000	878 554	125 591	20 000	145 591
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	2.80	1.90	1 165 137	128 400	1 293 537	30 403	155 105	185 508
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	5.90	7.20	2 913 518	420 000	3 333 518	166 959	175 105	342 064
2	Understanding the causes of cancer								
2.1	Enhance understanding of new and known causes/risk factors for human cancer, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of epidemiological studies	9.29	8.40	4 142 591	625 166	4 767 757	926 518	2 507 286	3 433 804
2.2	Enhance understanding of and elucidate biological mechanisms of carcinogenesis relevant to environmental/lifestyle factors, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of laboratory studies	9.35	8.90	3 887 809	539 266	4 427 075	99 944	584 256	684 200
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	2.25	2.20	1 028 569	122 800	1 151 369	0	0	0
2.4	Enhance understanding of potential risk factors, including those that accompany key cancer transitions, and those related to cancer disparities, in under-researched populations and/or in low-and middle income countries and their interplay with the observed cancer patterns	2.38	2.00	1 001 856	207 000	1 208 856	416 768	13 800	430 568
		23.27	21.50	10 060 825	1 494 232	11 555 057	1 443 230	3 105 342	4 548 572
3	Evaluating cancer prevention interventions								
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	3.73	1.55	1 231 560	213 000	1 444 560	449 670	1 115 000	1 564 670
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	3.80	2.60	1 532 226	165 000	1 697 226	256 051	229 110	485 161
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	3.90	4.10	1 702 684	237 768	1 940 452	85 871	822 546	908 417
		11.43	8.25	4 466 470	615 768	5 082 238	791 592	2 166 656	2 958 248
4	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science								
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	2.45	5.05	1 536 637	808 000	2 344 637	103 247	270 880	374 127
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	0.95	0.95	513 114	110 000	623 114	1 107 225	1 027 000	2 134 225
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	1.35	0.45	462 418	190 000	652 418	36 188	0	36 188
4.4	Enhance understanding of the causes of human cancer, including emerging cancer hazards, through cancer hazard evaluations of the available evidence-base by leading independent experts	3.00	2.75	1 344 598	320 000	1 664 598	327 955	145 116	473 071
		7.75	9.20	3 856 567	1 428 000	5 284 567	1 574 615	1 442 996	3 017 611
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy								
5.1	Define the vision and implement the scientific strategy of the Agency, enabling an empowering culture, providing the framework for the fulfilment of its objectives	1.65	1.30	848 314	860 000	1 708 314	0	0	0
5.2	Oversee the strategic direction of the Agency and the implementation of its programme with full respect of the Agency's values, ethical standards, and code of conduct	1.35	1.50	658 731	475 000	1 133 731	0	0	0
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	5.00	3.00	1 995 857	542 000	2 537 857	774 935	100 000	874 935
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	8.00	5.80	3 502 902	1 877 000	5 379 902	774 935	100 000	874 935
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration								
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	1.55	8.90	1 859 447	2 374 812	4 234 259	502 352	436 260	938 612
6.2	Enable strategic vision and implementation, including management of financial, human, information, and infrastructure resources, to enable and support the effective delivery of the Agency's mandate	13.10	22.35	7 336 064	1 944 188	9 280 252	1 494 401	2 696 469	4 190 870
		14.65	31.25	9 195 511	4 319 000	13 514 511	1 996 753	3 132 729	5 129 482
	TOTAL	71.00	83.20	33 995 793	10 154 000	44 149 793	6 748 084	10 122 828	16 870 912

Information Table 5 COMPARISON OF PROPOSED REGULAR BUDGET 2022-2023 WITH APPROVED REGULAR BUDGET 2020-2021 BY LEVEL 2/3 OBJECTIVES (expressed in euros)								
Level 2 Level 3	Level 2 Objectives Level 3 Objectives	REGULAR BUDGETARY RESOURCES			Increase/(Decrease) from 2020-2021	Total % Change		
		Staff Budget 2022-2023	Non-staff Budget 2022-2023	Total 2022-2023				
1	Describing the occurrence of cancer							
1.1	Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	1 441 835	140 000	1 581 835	389 008	31 400	420 408	36.20
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	568 256	100 000	668 256	(120 298)	(83 000)	(210 298)	-23.94
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	1 033 769	220 000	1 243 769	(141 368)	91 600	(49 768)	-3.85
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	333 826	120 000	453 826	333 826	120 000	453 826	0.00
		3 367 686	580 000	3 947 686	454 168	160 000	614 168	18.42
2	Understanding the causes of cancer							
2.1	Enhance understanding of new and known causes/risk factors for human cancer, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of epidemiological studies	4 325 639	528 500	4 854 139	183 048	(96 666)	86 382	1.81
2.2	Enhance understanding of and elucidate biological mechanisms of carcinogenesis relevant to environmental/lifestyle factors, including those that accompany key cancer transitions, and those related to cancer disparities, through the conduct of laboratory studies	2 672 419	333 200	3 005 619	(1 215 390)	(206 066)	(1 421 456)	-32.11
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	1 091 261	110 800	1 202 061	62 692	(12 000)	50 692	4.40
2.4	Enhance understanding of potential risk factors, including those that accompany key cancer transitions, and those related to cancer disparities, in under-researched populations and/or in low-and middle income countries and their interplay with the observed cancer patterns	1 200 607	243 000	1 443 607	198 751	36 000	234 751	19.42
		9 289 926	1 215 500	10 505 426	(770 899)	(278 732)	(1 049 631)	-9.08
3	Evaluating cancer prevention interventions							
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	1 552 223	256 000	1 808 223	320 663	43 000	363 663	25.17
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	1 378 474	303 000	1 681 474	(153 752)	138 000	(15 752)	-0.93
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	1 576 411	244 500	1 820 911	6 732	6 732	(119 541)	-6.16
		4 507 108	803 500	5 310 608	40 638	187 732	228 370	4.49
4	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science							
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	2 106 011	843 000	2 949 011	569 374	35 000	604 374	25.78
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	507 042	100 100	607 142	(6 072)	(9 000)	(15 972)	-2.56
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	759 140	242 000	1 001 140	296 722	52 000	348 722	53.45
4.4	Enhance understanding of the causes of human cancer, including emerging cancer hazards, through cancer hazard evaluations of the available evidence-base by leading independent experts	1 505 660	325 100	1 830 760	161 262	5 100	166 362	10.00
		4 877 853	1 510 200	6 388 053	1 021 286	82 200	1 103 486	20.88
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy							
5.1	Define the vision and implement the scientific strategy of the Agency, enabling an empowering culture, providing the framework for the fulfilment of its objectives	588 369	872 000	1 460 369	(259 945)	12 000	(247 945)	-14.51
5.2	Oversee the strategic direction of the Agency and the implementation of its programme with full respect of the Agency's values, ethical standards, and code of conduct	960 697	364 000	1 324 697	301 966	(111 000)	190 966	16.84
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	227 601	99 000	326 601	227 601	99 000	326 601	0.00
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	1 541 216	531 800	2 073 016	(454 641)	(10 200)	(464 841)	-18.32
		3 317 883	1 866 800	5 184 683	(185 019)	(10 200)	(195 219)	-3.63
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration							
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	1 915 145	2 780 671	4 695 816	55 698	406 859	461 557	10.90
6.2	Enable strategic vision and implementation, including management of financial, human, information, and infrastructure resources, to enable and support the effective delivery of the Agency's mandate	7 781 728	1 557 329	9 339 057	445 664	(386 859)	58 805	0.63
		9 696 873	4 338 000	14 034 873	501 362	19 000	520 362	3.85
	TOTAL	35 057 329	10 314 000	45 371 329	1 061 536	160 000	1 221 536	2.77

Information Table 6 GROUP CLASSIFICATION OF COUNTRIES AND ASSIGNING UNITS FOR ASSESSED CONTRIBUTIONS From 2016 to 2023											
GROUP CLASSIFICATION OF COUNTRIES AS PER RESOLUTION GC/15/R9											
WHO's % Contribution		IARC Group		IARC Scale (# units)		WHO's % Contribution (WHA72.12)		IARC Group		IARC Scale (# units)	
8% and above		1		8							
4% and above; below 8%		2		4							
2% and above; below 4%		3		2							
0.5% and above; below 2%		4		1							
less than 0.5%		5		0							
GROUP AND UNIT ASSIGNED TO EACH PARTICIPATING STATE											
Participating State	SCALE for 2022-2023 PROPOSED BUDGET		SCALE for 2020-2021 APPROVED BUDGET		SCALE for 2018-2019 APPROVED BUDGET		SCALE for 2016-2017 APPROVED BUDGET				
	WHO's % Contribution (WHA72.12)	IARC Group	WHO's % Contribution (WHA72.12)	IARC Group	WHO's % Contribution (WHA70.9)	IARC Group	WHO's % Contribution (WHA68.12)	IARC Group			
Australia	2.2101	3	2.2101	3	2.3371	3	2.0741	3			
Austria	0.6770	4	0.6770	4	0.7201	4	0.7981	4			
Belgium	0.8211	4	0.8211	4	0.8851	4	0.9981	4			
Brazil	2.9482	3	2.9482	3	3.8232	3	2.9342	3			
Canada	2.7342	3	2.7342	3	2.9211	3	2.9842	3			
Denmark	0.5540	4	0.5540	4	0.5840	4	0.6750	4			
Finland	0.4210	5	0.4210	5	0.4560	5	0.5190	4			
France	4.4273	2	4.4273	2	4.8592	2	5.5935	2			
Germany	6.0904	2	6.0904	2	6.3892	2	7.1416	2			
Hungary	0.2060	5	0.2060	5	0.1610	5	0.2660	5			
India	0.8341	4	0.8341	4	0.7370	4	0.6660	4			
Iran (Islamic Republic of)	0.3980	5	0.3980	5	0.4710	5	0.3560	5			
Ireland	0.3710	5	0.3710	5	0.3350	5	0.4180	5			
Italy	3.3072	3	3.3072	3	3.7482	3	4.4483	2			
Japan	8.5645	1	8.5645	1	9.6802	1	10.8338	1			
Morocco	0.0550	5	0.0550	5	0.0540	5	0.0620	5			
Netherlands	1.3561	4	1.3561	4	1.4821	4	1.6541	4			
Norway	0.7540	4	0.7540	4	0.8491	4	0.8511	4			
Oatar	0.2820	5	0.2820	5	0.2690	5	0.2090	5			
Republic of Korea	2.2671	3	2.2671	3	2.0391	3	1.9941	4			
Russian Federation	2.4052	3	2.4052	3	3.0882	3	2.4382	3			
Spain	2.1461	3	2.1461	3	2.4431	3	2.9732	3			
Sweden	0.9061	4	0.9061	4	0.9561	4	0.9601	4			
Switzerland	1.1511	4	1.1511	4	1.1401	4	1.0471	4			
United Kingdom of Great Britain and Northern Ireland	4.5673	2	4.5673	2	4.4632	2	5.1794	2			
United States of America	22.0000	1	22.0000	1	22.0000	1	22.0000	1			

Information Table 7											
UNITED NATIONS ACCOUNTING RATES OF EXCHANGE: EUROS TO US DOLLARS											
From January 2010 to December 2020											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
January	0.693	0.761	0.774	0.754	0.725	0.850	0.922	0.956	0.837	0.871	0.909
February	0.714	0.734	0.763	0.737	0.737	0.882	0.882	0.937	0.805	0.876	0.907
March	0.741	0.728	0.746	0.773	0.731	0.943	0.895	0.937	0.815	0.891	0.884
April	0.743	0.710	0.753	0.783	0.727	0.923	0.887	0.942	0.810	0.887	0.916
May	0.774	0.675	0.755	0.764	0.723	0.904	0.882	0.921	0.828	0.897	0.921
June	0.819	0.702	0.805	0.767	0.735	0.894	0.897	0.893	0.848	0.899	0.879
July	0.811	0.699	0.804	0.767	0.736	0.905	0.901	0.879	0.864	0.880	0.880
August	0.763	0.700	0.816	0.754	0.748	0.915	0.895	0.847	0.875	0.894	0.849
September	0.787	0.688	0.797	0.755	0.759	0.889	0.897	0.832	0.858	0.910	0.844
October	0.735	0.733	0.777	0.737	0.787	0.891	0.906	0.848	0.865	0.914	0.852
November	0.720	0.707	0.772	0.726	0.803	0.912	0.920	0.861	0.880	0.900	0.851
December	0.764	0.750	0.770	0.736	0.820	0.914	0.942	0.844	0.879	0.909	0.837
Annual Average	0.755	0.716	0.778	0.754	0.753	0.902	0.902	0.891	0.847	0.894	0.877
Biennial Average		0.735 2010/2011		0.766 2012/2013		0.827 2014/2015		0.897 2016/2017		0.871 2018/2019	
Budget 2010/2011 approved at 0.660 €/US\$					Budget 2014/2015 approved at 0.758 €/US\$				Budget 2018/2019 approved at 0.894 €/US\$		
Budget 2012/2013 approved at 0.675 €/US\$					Budget 2016/2017 approved at 0.729 €/US\$				Budget 2020/2021 approved at 0.819 €/US\$		