

MINUTES OF THE FIRST MEETING

IARC, Lyon and web conference

Monday 17 May 2021, at 12:05 Central European Summer Time (CEST)

Chairperson: Dr Stephen M. Robbins (Canada)

Secretary: Dr Elisabete Weiderpass, Director, IARC

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Participating State Representatives

Dr Stephen M. ROBBINS, <i>Chairperson</i>	Canada
Ms Lucero HERNÁNDEZ	
Ms Jennifer IZAGUIRRE	
Ms Johanna KRÜGER	
Mr William WANG	
Professor Pål Richard ROMUNDSTAD, <i>Vice-Chairperson</i>	Norway
Dr Karianne SOLAAS (<i>unable to attend</i>)	
Dr Diane STEBER BÜCHLI <i>Rapporteur</i>	Switzerland
Professor Dorothy KEEFE	Australia
Mr Agastya BHARADWAJ	
Dr David MEREDYTH	
Mr Jeff ROACH	
Ms Christine STURROCK	
Ms Elisabeth TISCHELMAYER	Austria
Mr Lieven DE RAEDT	Belgium
Dr Marc VAN DEN BULCKE	
Dr Ana Cristina PINHO MENDES PEREIRA	Brazil
Mr Igor BARBOSA	
Dr Livia DE OLIVEIRA PASQUALIN	
Dr João Ricardo RODRIGUES VIEGAS	
Professor JIE HE	China (People's Republic of)
Dr MIN DAI	
Dr WEI WANG	
Dr XIAOCHEN YANG	
Dr ZE CONG	
Professor Anders HVIID	Denmark
Dr Markku TERVAHAUTA	Finland
Ms Tuula HELANDER	
Dr Eero LAHTINEN	
Professor Norbert IFRAH	France
Dr Jocelyne BÉRILLE	
Ms Christine BERLING	
Mr Bernard DEREBERGUE	
Mr Thomas DUBOIS	
Mr Jérémie PETIT	
Mr François RIVASSEAU	
Mr Serge TOMASI	

Ms Elisabeth SCHULTE Dr Chris BRAUN Mr Thomas IFLAND	Germany
Professor Ildikó HORVÁTH Dr Péter NAGY	Hungary
Mr Vishal CHAUHAN Mr Vimarsh ARYAN Dr Pradeep KHASNOBIS Dr Rupinder Singh DHALIWAL	India
Professor Reza MALEKZADEH (<i>unable to attend</i>) Mr Ciarán MURPHY (<i>unable to attend</i>)	Iran (Islamic Republic of) Ireland
Professor Silvio BRUSAFERRO Dr Mauro BIFFONI	Italy
Dr Kazunori UMEKI Dr Kenji FUJITA Dr Hisayo HORIUCHI Dr Masahiro KAMINOTA Dr Takato KOIZUMI Dr Tomohiro MATSUDA Dr Hitoshi NAKAGAMA Ms Kay OHARA Dr Yukio SAITA Dr Tatsuya SUZUKI	Japan
Dr Latifa BELAKHEL Dr Loubna ABOUSSELHAM	Morocco
Ms Florian VAN DER WINDT Mr Jeroen HULLEMAN	Netherlands
Dr Al-Hareth M. AL-KHATER Ms Maha Ahmad AL-ANSARI	Qatar
Dr Sangkyun HAN Dr Jaekwan JUN Dr Jinhyuk YANG Dr Chongwoo YOO	Republic of Korea
Dr Igor KOROBKO Dr Sergey MURAVIOV Dr Eduard SALAKHOV Dr Oleg SONIN	Russian Federation
Dr Gonzalo AREVALO NIETO Dr Maria José GONZÁLEZ DE SUSO (<i>unable to attend</i>)	Spain

Professor Madeleine DURBEEJ-HJALT Dr Karin SCHMEKEL	Sweden
Dr Mark PALMER Dr Mariana DELFINO-MACHIN Ms Esther LAWRENCE	United Kingdom of Great Britain and Northern Ireland
Dr Mara BURR Ms Ann BLACKWOOD Ms Tracy CARSON Dr Ann CHAO Ms Carrie DENVER Dr Satish GOPAL Ms Brittany HAYES Ms Gabrielle LAMOURELLE Mr Gilbert MORTON Dr Amy NORRIS Ms Kristen PISANI Mr Phillip RIBLETT Ms Marie RICCIARDONE Mr James P. SHUSTER Mr Howard SOLOMON	United States of America

World Health Organization

Dr Agnès BUZYN, Director-General's Envoy for Multilateral Affairs

Ms Sigrid KRANAWETTER, Principal Legal Officer, Office of the WHO Legal Counsel

Dr Bente MIKKELSEN, Director, Noncommunicable Diseases Department

Observers Scientific Council

Dr Christine FRIEDENREICH, Outgoing Chairperson, Scientific Council

Dr Janne PITKÄNIEMI, Incoming Chairperson, Scientific Council

IARC Ethics Committee

Dr Samar AL-HOMOUD, Chairperson, IARC Ethics Committee

Union for International Cancer Control (UICC)

Dr Sonali JOHNSON, Head, Knowledge, Advocacy and Policy, Union for International Cancer Control (UICC)

External Audit

Mr Krishnaraju SUBRAMANIAM, Director of External Audit (WHO), Office of the Comptroller and Auditor General of India

Secretariat

Dr E. WEIDERPASS,
Secretary
Dr T. LANDESZ

Dr M. ALMONTE
Dr P. BASU
Ms A. BERGER
Dr F. BRAY
Dr P. BRENNAN
Dr V. CHAJES
Mr C. CHAUVET

Dr G. CLIFFORD
Dr I. CREE
Mr O. EXERTIER
Dr P. FERRARI
Ms E. FRANÇON
Dr M. GUNTER
Dr Z. HERCEG
Mr D. KAVANAGH
Dr Z. KOZLAKIDIS
Dr B. LAUBY-SECRETAN
Dr T. LEE

Mr F. LOZANO
Dr V. MCCORMACK
Dr J. MCKAY
Dr S. RINALDI
Ms A. SANTHIPRECHACHIT
Dr M. SCHUBAUER-BERIGAN
Dr J. SCHÜZ
Dr I. SOERJOMATARAM
Dr M. TOMMASINO
Dr J. ZAVADIL

1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The CHAIRPERSON welcomed participants to the Sixty-third session of the Governing Council, held by web conference for the second time in response to the ongoing pandemic of coronavirus disease (COVID-19). In particular, he welcomed Dr Christine Friedenreich, Outgoing Chairperson, and Dr Janne Pitkaniemi, Incoming Chairperson, of the Scientific Council, Dr Samar Al-Homoud, Chairperson of the IARC Ethics Committee, Dr Agnès Buzyn, the WHO Director-General's Envoy for Multilateral Affairs and Dr Sonali Johnson of the Union for International Cancer Control (UICC).

The SECRETARY welcomed all participants and drew attention to her pre-recorded introductory statement, available on the Governing Council website.

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

On the proposal of Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Dr Steber Büchli (Switzerland) was elected Rapporteur, the proposal being seconded by Dr Karin SCHMEKEL (Sweden).

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda (Documents GC/63/1 (Prov.) and GC/63/1 (Prov.) Add.1)

The CHAIRPERSON drew attention to a supplementary agenda item proposed by the United States of America, to be considered immediately after the adoption of the agenda. If he saw no objection, he would take it that the Governing Council wished to consider the supplementary item immediately.

It was so agreed.

The CHAIRPERSON suggested that item 20, Proposed amendments to Article XIII of the IARC Statute, should be discussed earlier than scheduled, namely after item 11. Items 12, 13 and 14 would then be discussed after item 19. The change was necessary to ensure that all members of the Subcommittee on the Admission of new Participating States could contribute fully to the discussion.

It was so agreed.

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

4. PROPOSAL REQUESTING PARTICIPATING STATES TO EMPHASIZE THE IMPORTANCE OF SCIENTIFIC RESEARCH AND COLLABORATION ON CANCER IN THE MIDST OF THE COVID-19 PANDEMIC: Supplementary agenda item 1

Dr BURR (United States of America) introduced a draft resolution emphasizing the continued importance of scientific research and collaboration on cancer during the COVID-19 pandemic. Cancer continued to be a major source of health problems and deaths throughout the world, and

it was essential that all Participating States should continue their collaboration and coordination in cancer research. The draft resolution was a call to Participating States to keep international collaboration in cancer research as a priority and ensure that all parties that could contribute constructively on cancer research were allowed to do so.

The RAPPORTEUR read out the following draft resolution, entitled "Emphasize the importance of scientific research and collaboration on cancer in the midst of the COVID-19 pandemic" (GC/63/R17):

The Governing Council,

Acknowledging that since its foundation in 1965 the International Agency for Research on Cancer (IARC) has been making important contributions to the global fight against cancer, notably through its capacity to bring together people and organizations from across the world that share common values and objectives,

Reaffirming its resolve to maintain IARC as a centre of scientific excellence fostering peaceful worldwide collaboration and progress on cancer research,

Acknowledging the importance of the work of IARC in international collaboration and technical cooperation with scientists and partners globally, including the sharing of data, contributions to publications on cancer epidemiology and supporting cancer registries,

1. REAFFIRMS that the objective of IARC, as stated in Article I of its Statute, is to promote international collaboration in cancer research, serving as a means through which Participating States and the World Health Organization, in liaison with the Union for International Cancer Control and other interested international organizations, may cooperate in the stimulation and support of all phases of research related to the problem of cancer;

2. RECOGNIZES the importance of maintaining and enhancing existing, as well as supporting future, technical cooperation with scientists and partners globally, regardless of whether they are located in Participating States of IARC or elsewhere;

3. COMMITS to promote inclusive international collaboration in cancer research and scientific cooperation with governments, national agencies and other institutions;

4. REQUESTS the IARC Secretariat:

4.1 to continue catalysing international collaboration, including through joint publication with international collaborators, and seeking opportunities to develop research collaborations with governments, national agencies and other entities including individual researchers and scientists that adhere to the goals and values of IARC, including by upholding the highest standards in transparency, data quality, and transmission;

4.2 to this end, to maintain and enhance the existing, as well as support future, participation of scientists and partners globally, regardless of whether they are located in Participating States of IARC or elsewhere;

4.3 to report to the Governing Council on any proposal to alter IARC documents and publications regarding the reference to any academic or research institute with which IARC maintains collaboration, or the reference to the affiliation of any individual collaborator.

The resolution was **adopted**.

5. **ADMISSION OF A NEW PARTICIPATING STATE – CHINA: Item 4 of the Agenda (Document GC/63/2)**

The CHAIRPERSON recalled that consideration of the application of China to become a Participating State of the Agency had been deferred from the previous session of the Governing Council.

The RAPPORTEUR read out the following draft resolution, entitled “Admission of a Participating State – the People’s Republic of China” (GC/63/R1):

The Governing Council,

Having examined the request from the Government of the People’s Republic of China for admission as a Participating State in the International Agency for Research on Cancer ([Document GC/63/2](#)),

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

The resolution was **adopted**.

Professor JIE HE (China) took his place at the virtual Governing Council table. He thanked the Governing Council for admitting China as a Participating State. China, like all countries of the world, faced major challenges related to cancer: its membership would enhance the long-standing collaboration and technical and political exchanges between Chinese experts and their international counterparts in cancer prevention and control. He noted that China was joining the Agency in the 50th anniversary year of United Nations General Assembly resolution A/RES/2758 (XXVI), which had restored the lawful rights of the People’s Republic of China in the United Nations.

The CHAIRPERSON welcomed the representative of China and his delegation and commended them on their country’s accession as a Participating State of IARC and on China’s continued interest in and support for the Agency. The formal ceremony to raise the flag of China at the Agency’s headquarters would take place as soon as the Governing Council was next able to meet in person.

Dr BURR (United States of America) expressed her hopes for a productive and constructive partnership between China and the Agency. She hoped that China would contribute its valuable data, knowledge and expertise to the work of the Agency, in line with the Agency’s principles of shared scientific values, transparency and timely submission of data. The United States National Cancer Institute already enjoyed good working relations with China. She welcomed China to membership of the Agency.

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

The DIRECTOR-GENERAL addressed the Governing Council in a pre-recorded video message. Cancer affected almost 20 million people every year and caused 10 million deaths annually, imposing an immense human, social and economic burden and jeopardizing sustainable

development and economic prosperity. The COVID-19 pandemic had had a devastating impact on cancer services and had exacerbated many cancer risk factors. The Agency's research for the prevention, detection and understanding of cancer complements WHO's role in translating evidence into action. The intensified collaboration in recent years between the two agencies had led to increased global capacity for surveillance and monitoring, cost-effective interventions as part of universal health coverage, and specific initiatives on childhood, cervical and breast cancer. He looked forward to the Agency's move to its new premises in 2022, close to the new WHO Academy training facility, and wished the Governing Council success in its deliberations.

The CHAIRPERSON noted that two representatives of WHO headquarters, Dr Agnès Buzyn (a former member of the Governing Council) and Dr Bente Mikkelsen, were present at the current session.

7. DIRECTOR'S REPORT, INCLUDING MAJOR SCIENTIFIC HIGHLIGHTS: Item 6 of the Agenda (Document GC/63/3)

The CHAIRPERSON invited the Governing Council to discuss the Director's report which, with an introductory presentation, had been made available on the Governing Council website before the session.

A short film was shown, detailing the Agency's response to the COVID 19 pandemic in addition to its scheduled projects and international commitments. The *World cancer report: cancer research for cancer prevention*, published in February 2020, had been complemented by a series of webinars. The WHO Classification of Tumours series ("*Blue Books*") had been put online, and 2020 estimates of the global cancer burden were available on the website of the Global Cancer Observatory. A ceremony to mark the laying of the first stone of the Nouveau Centre construction project had taken place on 6 February 2020, attended by members of the Scientific Council. Construction of the Agency's new headquarters had continued in spite of the pandemic restrictions, and the Agency had launched a fundraising campaign to equip the new building.

Dr BURR (United States of America) expressed her Government's appreciation of the Agency's contribution to cancer prevention and control. Her Government welcomed the updated organizational structure of the Agency, its efforts to document the impact of the COVID-19 pandemic on cancer surveillance and outcomes and its effective coordination with WHO, particularly in respect of the *IARC Handbooks of Cancer Prevention* and the *IARC Monographs*. She asked for more details about the Agency's data protection and data security plans, and about progress in the discussions about data-sharing with the European Commission. She also wished to know more about any plans to increase outreach that had been drawn up by the new unit responsible for strategic engagement and external relations, about the findings of the survey on relations with non-Participating States and, in general, about measures to make membership of the Agency more attractive to potential new Participating States, while maintaining the accessibility of its research findings.

Dr LANDESZ (Director of Administration and Finance) said that the Agency had hired two consultants in 2021 to consolidate its data protection measures, which needed to be valid for all countries, not merely those covered by the European General Data Protection Regulation. IARC

had signed up to the United Nations Personal Data Protection and Privacy Principles. The current priorities were information technology (IT) security, optimization of data security procedures and the legal aspects of data-sharing. A scientific IT platform was under construction, which would enable data-sharing with external collaborators via a well-protected private cloud server.

The SECRETARY added that the Agency worked with Participating and non-Participating States alike. New staff were recruited entirely on merit, without consideration of their citizenship. Nevertheless, Participating States had expressed a wish for greater involvement of the Agency at a national level, and she had accordingly increased the frequency of update sessions for Participating State missions in Geneva, as well as training courses and professional exchanges with researchers.

In a new type of engagement, a joint research team was being set up on a cost-sharing basis, working partly in Lyon and partly in Japan, to improve the research conducted at a national level. The team would be led by a senior Japanese visiting scientist, and the project would run for two to three years in the first instance and could then be renewed if necessary. The long-term aim of the project was to create a platform to study individuals' lifestyles after a cancer diagnosis.

Mr CHAUVET (Strategic Engagement and Resource Mobilization Officer) said that the Agency aimed to create strategic partnerships with Participating States, non-Participating States and other stakeholders, including the private sector. Although it had strengthened its links with Participating States, it was fully committed to the principle of open science.

Dr UMEKI (Japan) commended the Agency on the flexibility it had shown in coping with the pandemic. He welcomed its willingness to evaluate all scientific projects rigorously and its inclusive and transparent review of the Medium-Term Strategy. Japan would continue to cooperate with its Asian neighbours to further the Agency's work.

Ms HERNÁNDEZ (Canada) noted that the new ways of working imposed on the Agency by the pandemic had had some positive effects, such as the increased accessibility and collaboration made possible by virtual platforms and the reduction in travel costs. She hoped that those positive practices would continue even when the situation returned to normal. Online courses and other training, including the IARC Summer School on cancer epidemiology, had improved outreach and accessibility and should continue in that form. Her country welcomed the final draft of the Medium-Term Strategy, which incorporated meaningful key performance indicators and sought to generate a sense of ownership among the staff. However, flexibility would be needed to prevent the creation of "silos" and promote collaboration and interaction. She called for regular updates on the implementation of the Strategy. She further welcomed the good relations between the Agency and WHO headquarters, and the three joint initiatives, which could help to mobilize resources to combat childhood, breast and cervical cancer. In closing, she noted that there were still fewer women than men in senior management, at P4 and P5 level, and called for greater efforts to mitigate the impact of the pandemic, particularly on female staff, and for a continued focus on equity, diversion and inclusion in the Agency's operations.

Dr GUNTER (Head, Nutrition and Metabolism Branch) said that, as the leader of the Lyon-based group of the new joint IARC-Japanese research team, he welcomed the exciting opportunity to work on a population-based platform that would study the impact of modifiable cancer risk factors,

lifestyle, obesity and metabolic health after a cancer diagnosis, using data from Japanese cancer registries and cohort studies and the European Prospective Investigation into Cancer and Nutrition (EPIC) study in Europe. The data generated by the platform would be particularly useful given the growing number of cancer survivors worldwide.

Dr BRAY (Head, Cancer Surveillance Branch) cited other collaborative projects with Asian countries, including Japan, Thailand and China, which had been organized through the IARC regional hub in Mumbai, India.

The SECRETARY acknowledged the remarks of the representative of Canada and undertook to document and share the lessons the Agency had learned from its enforced move to largely online operations. The IARC Summer School would run entirely online in 2021, and further teaching in that format was planned for the future, including massive open online courses (MOOCs).

Owing to the budget freeze which had been in force for several years, there had been no recruitment to senior posts, and she had, accordingly, been unable to correct the prevailing unfavourable gender balance in senior management. However, the changes in the organizational structure of the Agency, intended to achieve better alignment with the new Medium-Term Strategy, would bring the senior management much closer to gender parity.

Responding to a question from Dr FRIEDENREICH (Outgoing Chairperson, Scientific Council), Dr BRAY (Head, Cancer Surveillance Branch), illustrating his remarks with slides, described the Agency's response to the COVID-19 pandemic. The Agency had relied on its collaboration with existing partners, including WHO, and networks of experts, and had sought to create an evidence base to help countries to recover and "build back better" in both the short and the long term.

The COVID-19 pandemic had not only caused a huge number of deaths in itself (currently estimated at approximately 3.4 million worldwide); it had also exacerbated the challenges already facing hospitals and other health services and had led to poorer health outcomes and higher cancer mortality. For example, the International Cancer Benchmarking Partnership had calculated that a three-month delay in diagnosis of colorectal cancer, attributable to the pandemic, had reduced the one-year survival rate by 5–8% and led to some 13 000 excess deaths.

The Agency was a founder member of the COVID-19 and Cancer Taskforce, which brought together 72 leading cancer specialists from 47 countries to predict the risks and long-term impact of the pandemic. It was also involved in the COVID-19 and Cancer Modelling Consortium, which provided informed advice for governments, particularly in low- and middle-income countries, on the likely long-term impact on cancer outcomes, inequalities and research.

The Agency now proposed to introduce the COVID-19 and Cancer Initiative: a four-year programme to monitor national policies and their impact on cancer services and cancer outcomes and supply the evidence needed to support decision-making in cancer control, both during and after the pandemic. Its key objectives were to strengthen data collection systems, improve health systems resilience and ensure knowledge dissemination and transfer to gain the support of national stakeholders. The information gathered by the programme would be disseminated to policy-makers, other stakeholders and civil society organizations and would contribute to the policy guidance developed by WHO headquarters.

The RAPPORTEUR read out the following draft resolution, entitled "Director's Report" (GC/63/R2):

The Governing Council,

Having reviewed the Director's Report ([Document GC/63/3](#)),

1. THANKS the Director for the Report and for the Key Performance Indicators (KPIs) provided therein;
2. NOTES that additional Specific, Measurable, Achievable, Relevant and Time-bound (SMART) KPIs are being developed and will be communicated to the Scientific and Governing Councils at their next respective sessions;
3. NOTES with satisfaction the continued efforts made towards further strengthening coordination and communication between IARC and WHO;
4. THANKS the Secretariat for its report on IARC engagement under the Framework of Engagement with Non-State Actors (FENSA) as part of the Director's Report, in accordance with Resolution GC/60/R17; and
5. EXPRESSES its satisfaction with the Director's written and oral Reports.

The resolution was **adopted**.

8. REPORT OF THE FIFTY-SEVENTH SESSION OF THE SCIENTIFIC COUNCIL: Item 7 of the Agenda (Document GC/63/4)

DIRECTOR'S RESPONSE TO RECOMMENDATIONS FROM THE FIFTY-SEVENTH SESSION OF THE SCIENTIFIC COUNCIL: Item 8 of the Agenda (Document GC/63/5)

The CHAIRPERSON noted that the report of the Scientific Council and the Director's response had been posted on the Agency's website for the consideration of Participating States.

Ms HERNÁNDEZ (Canada) thanked the Scientific Council for its report and noted with satisfaction that the Section of Genetics/Genomic Epidemiology Branch had been ranked as outstanding. She asked for more details of the action taken by senior management to mitigate the uncertainty among the staff arising from the organizational restructuring of the Agency and the forthcoming move to the Nouveau Centre.

Dr FRIEDENREICH (Outgoing Chairperson, Scientific Council) said that the Scientific Council had noted many positive changes at the Agency, including the new Medium-Term Strategy, and the high level of satisfaction among the staff.

Mr EXERTIER (Consultant, Office of the Director) said that the new organizational structure, based on scientific "branches" linked by cross-cutting teams, was aligned with the Medium-Term Strategy, which was due to be adopted by the Governing Council at the current session. The new structure gave all staff and all branches the opportunity to contribute to WHO initiatives, including the three new initiatives on childhood, breast and cervical cancer. Monitoring of the Strategy would be based on an evaluation framework with key performance indicators measuring inputs, outputs, outcomes and impacts.

Dr JUN (Republic of Korea) drew attention to a potential Asian Code Against Cancer, a collaborative project that could be developed jointly by the Agency and the Asian National Cancer Centers Alliance, and to the HELPER study on *Helicobacter pylori* testing and treatment to prevent gastric cancer, which was currently undertaking its follow-up assessment phase and was due to finish in 2029.

Dr PITKÄNIEMI (Incoming Chairperson, Scientific Council) paid tribute to the sterling work done by Dr Friedenreich during the latter's term of office as Chairperson of the Scientific Council.

The RAPPORTEUR read out the following draft resolution, entitled "Report of the Scientific Council" (GC/63/R3):

The Governing Council,

Having reviewed the Report presented by the Fifty-seventh Scientific Council ([Document GC/63/4](#)) and the Director's response ([Document GC/63/5](#)),

1. NOTES the Report (Document GC/63/4) with great interest;
2. CONGRATULATES the members of the Scientific Council for their supportive and excellent work; and
3. COMMENDS the Director for her constructive responses to the recommendations of the Fifty-seventh Session of the Scientific Council.

The resolution was **adopted**.

9. IARC MEDIUM-TERM STRATEGY (MTS) FOR 2021–2025: Item 9 of the Agenda (Documents GC/63/6A and GC/63/6B)¹

The CHAIRPERSON recalled that the presentation illustrating the item had been made available on the INDICO platform with the opportunity to ask questions and make comments until 10 May 2021. In line with prior years' practice, the Secretariat was planning to make a proposal for an evaluation approach to the Medium-Term Strategy 2021–2025 (MTS) with a report to the Scientific and Governing Councils in 2022.

Ms HERNÁNDEZ (Canada) recognized the comprehensive work that had gone into the development of both the Medium-Term Strategy and the corresponding implementation plan. She was pleased with the broad consultations that had informed the process and, considering that the MTS would be a guiding document for the work of the Agency, had been encouraged to note IARC's comparative advantages. She supported the organizational changes to accommodate new areas of focus. To avoid the risk of silos, IARC should take advantage of established inter- and intra-branch teams to ensure cooperation.

¹ Document GC/63/6B corresponds to the IARC Medium-Term Strategy (MTS) for 2021–2025 in a "classic" layout, available upon request. NB: French version available in classic format only as Document GC/63/6.

IARC should continue to strengthen collaboration with WHO given the complementarity of roles in cancer research and to leverage its position within the United Nations system to increase visibility and reach. She strongly supported the plan to establish a formal engagement structure between IARC and WHO.

She was pleased to note that a conceptual framework was being developed to implement the Strategy and supported the use of key performance indicators based on the SMART principles to measure implementation progress. She looked forward to receiving updates on the process.

Professor KEEFE (Australia) welcomed the progress made in finalizing the Medium-Term Strategy. The Strategy articulated a clear vision, mission statement and strategic priority areas. She endorsed strengthened collaboration with WHO and supported the proposed formal engagement structure. She noted inclusion in the Strategy of the need to increase IARC's funding by 25% over the next 10 years, mostly through a significant increase in direct funding. She would welcome further information from the Secretariat on whether the increase was a feasible expectation given that there had been zero nominal growth in assessed contributions over the past decade. Many Participating States were experiencing challenging fiscal environments as a result of the COVID-19 pandemic and therefore any increases in assessed contributions should not exclusively inform the Agency's revenue targets; to that end, she also encouraged IARC's resource mobilization agenda.

The SECRETARY thanked representatives for their comments. The new Medium-Term Strategy had four fundamental and three emerging priorities focusing on beneficial effects on the ground, with excellent research that made a great public health impact. Increased collaboration with WHO was a fundamental part of the Strategy and she noted with satisfaction the participation at the Governing Council meeting of Dr Agnès Buzyn, formerly a cancer scientist, as the WHO Director-General's Envoy for Multilateral Affairs.

The aim was also to consolidate the leading role of the Agency as a global cancer prevention authority. In that context, she was pleased to welcome the People's Republic of China as a Participating State. China had some 20% of the world's cancer burden and it was expected that the country's participation in activities within IARC would continue to grow in future years.

The fundamental priorities were: describing the burden of cancer; understanding the causes; evaluating cancer prevention interventions; and synthesizing and mobilizing knowledge and strengthening global capacity for cancer research. The three emerging priorities were: evolving cancer risk factors and populations in transition; implementation research; and economic and societal impacts of cancer.

Mr EXERTIER (Consultant, Office of the Director) said that defining the MTS was a collaborative and long-term process. The overriding goal of the MTS was to reduce the burden of cancer, based on the mission of IARC: "cancer research that matters". The four fundamental and three emerging priorities would play a complementary role in implementing the MTS. The fundamental priorities were linked to the branches within the Agency and the emerging priorities would contribute to transversal collaboration between projects on the identification of cancer risk factors, economic and social impacts and implementation research.

Collaboration with WHO was a major part of the Strategy: IARC already contributes to WHO's global initiatives on cervical, breast and childhood cancers. IARC research provides the evidence base for cancer prevention that is readily translated by WHO into policy recommendations to its Member States.

The MTS is ambitious and would require additional means to achieve implementation. It reflects new ways of working, based on open science, with more capacity-building and new partnerships with international consortia. With that support, IARC would be able to implement its mission with its new biobank at its new premises.

Following discussions with the Chairpersons of the Governing Council and the Scientific Council, a Working Group will be set up to develop the evaluation framework and KPIs. The results of this Working Group would be presented to the Governing Council in 2022.

Mr CHAUVET (Strategic Engagement and External Relations Officer) confirmed that, as part of the resource mobilization strategy, a 25% increase in funding was planned over the next 10 years, through a variety of streams. While it was acknowledged that assessed contributions had been subject to zero nominal growth, assessed contributions could be increased through the admission of new Participating States. Existing Participating States were requested to champion the Agency to States that were on the verge of completing their application to join, including but not limited to: Portugal, South Africa, Kazakhstan or Luxembourg.

The second income stream was through an increase in direct funding. The Agency focused on low- and middle-income countries and had set up a number of projects for vulnerable groups in those countries. A portfolio of 10 different projects had been developed for which funding could be sought from the medical research ecosystem as well as from development agencies. Once again, Governing Council representatives could assist by putting IARC in touch with relevant ministry and development agency contacts.

Strengthening the relationship with WHO should also open up new opportunities for joint resource mobilization, including through IARC's role in the Global Breast Cancer Initiative. Innovative resource mobilization, involving non-State actors, would provide further income streams.

Ms SCHULTE (Germany) echoed the comments by the representative of Australia with regard to funding and resource mobilization. She would welcome regular updates to the Governing Council on progress in resource mobilization. She congratulated IARC on the broad consultation process and the intensive work conducted on the MTS, which had become a concise and visionary document. She thanked the Scientific Council and IARC personnel for their input. She welcomed the increased cooperation with WHO.

Dr GOPAL (United States of America) expressed appreciation to the Director and the joint Governing Council and Scientific Council Working Group for the collaborative process undertaken in developing the MTS, for the consultation which had taken place with external cancer experts including the National Cancer Institute of the United States and for the evaluation conducted with support from WHO. He valued IARC's continued focus on its four fundamental scientific priorities and commended the recognition of three emerging research priorities. He would welcome learning more about IARC's time frame for addressing the emerging research priorities which had the potential to catalyse significant advances in cancer prevention in low-resource settings.

He appreciated the Agency's responsiveness to the 2019 external evaluation of IARC's activities and specifically its efforts to focus on fundamental scientific priorities, strengthening coordination and cooperation with WHO, balancing internal and external laboratory capacities and enhanced collaboration with strategic partners.

The SECRETARY said that the emerging priorities would be addressed in a progressive and modest process given the limited budget which had been further decreased at the request of Participating States. It was hoped that resources would be mobilized over time. In the five years of the new MTS IARC would dedicate a gradually increasing proportion of its budget to emerging priorities between 10% to 20% depending on additional funding. Changes had been made to the organizational structure in order to match the MTS and were part of an ongoing process that would continue throughout 2021 in consultation with staff and in tandem with the Staff Association. The major structural change centred on the creation of four pillars which were conceptual frameworks to better communicate and position IARC within the international cancer research landscape. The pillars were: "data for action"; "understanding the causes of cancer"; "from understanding to prevention"; and "knowledge mobilization". Eight scientific branches were established organized under four pillars to manage the Agency's scientific work. The branches are led by a head and deputy head and progress had been made with respect to gender parity in leadership positions. Scientific teams were set up within and across branches, thereby limiting any tendency to operate in silos. Extensive reporting on finances was provided to the Governing Council and updated information could be provided on resource mobilization efforts.

Mr CHAUVET (Strategic Engagement and External Relations Officer) said that it was understood that zero nominal growth was currently applied to assessed contributions but that Participating States could support resource mobilization through other means such as voluntary contributions to different projects. He expressed gratitude to Norway for its financial contribution to the Nouveau Centre project. The Government of Japan had assisted IARC by opening the doors to private sector entities and other non-State actors. The IARC Secretariat would be able to provide regular updates to Participating States on resource mobilization.

The RAPPORTEUR read out the following draft resolution, entitled "IARC Medium-Term Strategy 2021–2025" (GC/63/R4):

The Governing Council,

Having considered [Document GC/63/6A¹](#): "IARC Medium-Term Strategy 2021–2025",

1. COMMENDS the Director and her staff on the document which clearly benefited from the wide and transparent process of consultation with stakeholders and experts;
2. THANKS the Secretariat and the Working Group, composed of members of the Governing and Scientific Councils, and a Representative of WHO, for considering and finalizing the draft Medium-Term Strategy document;
3. THANKS the Scientific Council for reviewing the draft Medium-Term Strategy (Document SC/57/4B) and for its comments and recommendation for approval by the Governing Council;

4. ADOPTS the Agency's Medium-Term Strategy for 2021–2025, as contained in Document GC/63/6A; and
5. REQUESTS the Director to make a proposal for an evaluation approach of the Medium-Term Strategy 2021–2025 to the next Governing Council session in 2022.

¹ Document GC/63/6B corresponds to the IARC Medium-Term Strategy (MTS) for 2021–2025 in a “classic” layout, available upon request.

The resolution was **adopted**.

10. ANNUAL FINANCIAL REPORT, REPORT OF THE EXTERNAL AUDITOR AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020: Item 10 of the Agenda (Documents GC/63/7 and GC/63/Inf.Doc.No.4)

The CHAIRPERSON recalled that the presentation illustrating the item had been made available on the INDICO platform with the opportunity to ask questions or make comments until 10 May 2021. The Secretariat had organized two Question and Answer (Q&A) sessions in April 2021, a summary of which had been made available on the platform.

Mr SUBRAMANIAM (Director of External Audit (WHO)) said that the Office of the Comptroller and Auditor General of India had been appointed as External Auditor from 2020 to 2023. Due to the COVID-19 pandemic, the external audit to IARC's Financial Statements for the year ended 31 December 2020 had been conducted in remote access mode. Several recommendations had been made in order to enhance the quality and transparency of the financial statements to which IARC management had agreed and subsequent adjustments had been made. An unqualified audit opinion had been issued confirming that the financial statements had been prepared in accordance with International Public Sector Accounting Standards (IPSAS). The five outstanding recommendations made by previous external auditors had been fully implemented by IARC. No other significant observations or recommendations had been made as a result of the current audit. He expressed appreciation for the cooperation provided by IARC management during the audit.

Mr MORTON (United States of America) thanked the External Auditor for his work. He was pleased to note that an unqualified opinion had been retained and that no significant internal control issues had been identified.

Ms HERNÁNDEZ (Canada) expressed concern that, with the exception of 2017, IARC had run a deficit since 2015, with a deficit of €5.06 million in 2020. She requested that IARC share with the Governing Council the observations and recommendations of the External Auditor on the overall management of risks and the Secretariat's risk mitigation strategies in order to gain a full picture of the Agency's financial situation. She noted with satisfaction that no significant issues had been identified with regard to internal controls however, for 2021, she encouraged the Director to provide more detail on observations made during the audit process. She recognized that the issue of the After-Service Health Insurance (ASHI) affected the United Nations System more widely and that the associated liabilities were long-term and did not need to be fully funded at the present time. Nevertheless, it was not a healthy financial practice for IARC to run consecutive deficits;

moreover, the financial gap to meet ASHI liabilities had risen exponentially, raising doubts on the ability of the Agency to fully fund the liability by 2035 as initially expected. She recommended that IARC should increase its budget line for that liability in the next biennium. She wished to know whether the Agency had an adequate buffer in the Working Capital Fund in the event that it experienced delays in receiving assessed contributions due to the pandemic. She encouraged payment of assessed contributions on time and in full in order to support the Agency in delivering its scientific programme.

Mr SUBRAMANIAM (Director of External Audit (WHO)) said that, given the exceptional circumstances, the external audit for 2020 had comprised only the financial statements. Taking a cue from the comments made, a more comprehensive review of IARC's financial management and operations could be conducted for 2021 and recommendations could be made. A previous audit had contained the recommendation that IARC's internal control system should be aligned with the COSO framework and the present audit had concluded that the recommendation had been fulfilled. The new system would be reviewed and reported on as part of the External Audit for 2021.

Ms SANTHIPRECHACHIT (Administration and Finance Officer) said that observations were ordinarily issued during the audit process and addressed by the Agency. The report of the External Auditor, including its audit opinion, was included in the Financial Report shared with the Governing Council. Since there had been no significant findings issued in the audit for 2020, the External Auditor had not issued the long form of the report to the Governing Council or to the Agency. As indicated by the External Auditor, a previous audit had not determined that IARC was not compliant with COSO but had highlighted areas where the Agency could further enhance and strengthen its internal control frameworks. No issues with internal controls had been found. The Agency had implemented an internal controls checklist and had addressed the points highlighted by the previous auditor. The External Auditor had confirmed that all previous recommendations had been addressed.

Concerning the deficit, as outlined in two Q&A sessions with Participating States in April 2021, the deficit was mainly caused by the portion of cost related to unfunded ASHI liabilities included under the staff cost line as required by IPSAS. Excluding the portion of unfunded ASHI liabilities of €11.5 million, the Agency would have reported a surplus in 2020. The Agency was also concerned by the long-term and increasing ASHI liability but saw no way to counter it immediately since it would not be possible to request the Governing Council or any donor or to generate income to fill the gap. Therefore, the Agency had developed a long-term solution to fund the sum in question and it was committed to achieving that objective. It would be difficult to allocate other funds to the ASHI liability since the Agency was struggling to use its resources to fund current activities. The Working Capital Fund was used to fill gaps where Participating States had not paid their assessed contributions on time and approximately €1.2 million had been used for that purpose in recent years. She echoed the remarks of the representative of Canada that Participating States could greatly assist the Agency by paying their contributions on time. If payments were not made on time, the Agency might have to request the Governing Council to approve a temporary transfer of funds to the Working Capital Fund.

Responding to a further query from Professor KEEFE (Australia), Ms SANTHIPRECHACHIT clarified that any request for transfer of existing funds to the Working Capital Fund in 2022, as per the Agency's financial regulations, would be to fill a gap due to a delay in payment of assessed contributions by a Participating State. It was not proposed to request that the Working Capital Fund should be used to cover any of the ASHI liabilities. ASHI contributions were invested by WHO and a target return on investment was 4.5% over a long-time horizon. As a result of the strong return on investment and accelerated contributions, the assets with respect to ASHI had increased by €10 million over the previous five years. WHO had also negotiated a decrease in costs with the health care providers. The most recent actuarial projection indicated that ASHI would be fully funded by 2035 although a new actuarial projection expected in 2021 might be altered as a result of the effects of COVID-19.

Dr LANDESZ (Director of Administration and Finance) assured the representatives of Canada, Australia and other Participating States that IARC took risk management and the Agency's financial health very seriously; it reported transparently to the Governing Council and engaged in a participatory dialogue. Cashflow was healthy and the Agency was working closely with WHO on managing future ASHI liabilities. For the next biennium, the Working Capital Fund would be able to support contributions from up to two Participating States that were unable to pay.

The RAPPORTEUR read out the following draft resolution, entitled "Annual Financial Report, Report of the External Auditor and Financial Statements for the year ended 31 December 2020" (GC/63/R5):

The Governing Council,

Having examined [Document GC/63/7](#) "Annual Financial Report, Report of the External Auditor and Financial Statements for the year ended 31 December 2020",

1. THANKS the External Auditor for his Report and "unqualified" audit opinion;
2. THANKS the Secretariat for providing supplementary information on the After-Service Health Insurance (ASHI) long-term liabilities and related funding gap ([Document GC/63/Inf.Doc. No.4](#)); and
3. APPROVES the Report of the Director on the financial operations of the Agency.

The resolution was **adopted**.

11. PROPOSED PROGRAMME AND BUDGET (2022–2023): Item 11 of the Agenda (Documents GC/63/8 and GC/63/8 Corr. 1&2)

The CHAIRPERSON recalled that the presentation illustrating the item had been made available on the INDICO platform with the opportunity to ask questions or make comments until 10 May 2021. The Secretariat had organized two financing dialogue sessions in February 2021, following which the proposed programme budget had been modified as presented in documents GC/63/8 and GC/63/8 Corr. 1&2. The Secretariat had also organized two Question and Answer (Q&A) sessions in April 2021, a summary of which had been made available on the platform.

Ms SANTHIPRECHACHIT (Administration and Finance Officer), illustrating her remarks with slides, recalled that, in the period 2012–2020, 58% of IARC's activities had been funded through assessed contributions. A further 31% had been generated in voluntary contributions, with significant resource mobilization efforts mobilizing some €92 million during the same period. During discussions two years ago on financing of IARC's programme and budget, representatives of some Participating States had warned against over-reliance on voluntary contributions, favouring the more stable and predictable income derived from assessed contributions in order to fund long-term research projects. The Agency subscribed to that view, while at the same time seeking to explore how to increase streams of predictable funding.

In the 2010–2011 biennium, some 21 Participating States had financed the Agency's regular budget. Between 2012 and 2017, the Governing Council Special Fund had been used to subsidize contributions from Participating States. Contributions had also increased over the period as a result of the admission of new Participating States. Given the zero nominal growth policy in place with respect to assessed contributions over the previous decade, the only way to grow the regular budget would be to keep admitting new Participating States. The Agency was grateful for the assistance of Participating States in encouraging new members to join.

During the period 2011–2019, the Agency's regular budget had grown by 16% while world GDP had grown by 25%. The contribution of the 21 Participating States had been static during that period, and therefore growth in the budget had only been achieved through the admission of new Participating States. The question was whether further growth could be achieved by lifting the zero nominal growth policy.

Following the financing dialogue, the proposed programme and budget 2022–2023 had been revised down by €3.3 million in accordance with the wishes of Participating States, resulting in the scaling-down of scientific programmes. With careful considerations, the Director had made a decision to cut across all areas. In 2019, the Governing Council had approved the creation of the Core Voluntary Contributions Account (CVCA) and Participating States could consider funding the €3.3 million gap or the activities in the Medium-Term Strategy either through the CVCA or through more voluntary contributions for specific projects. As things stood, the €3.3 million cut would necessitate the removal of 11 staff posts from the initial proposed Programme and Budget. The current 153 staff positions reflected exactly the same staffing capacity as in 2012. In order to deliver the Medium-Term Strategy, the Agency needed to strengthen its capacity rather than to undergo further cuts.

Professor KEEFE (Australia) praised the work accomplished in the financing dialogue and welcomed the strategic distribution of the cuts across the entire portfolio which prevented any one area from being unduly affected. The position was difficult for IARC but not an unusual one given the current world situation. She encouraged IARC to maintain a neutral budget position.

Dr FRIEDENREICH (Outgoing Chairperson, Scientific Council) recalled that the Governing Council had requested an extensive external evaluation of the strategic plans of the Agency and that there had been an extensive engagement process concerning the new Medium-Term Strategy. The Scientific Council felt that the Agency had done a remarkable job in planning its work for the next five years, setting out new directions and emerging priorities globally for cancer control. She encouraged Governing Council members to consider how Participating States could support the Agency in reaching its goals and objectives: it would be difficult to make the changes proposed in the Agency without additional revenue.

The RAPPORTEUR read out the following draft resolution, entitled “Proposed Programme and Budget 2022–2023” (GC/63/R6):

The Governing Council,

Having reviewed the Agency's Proposed Programme and Budget for the biennium 2022–2023, as contained in [Document GC/63/8](#) and [Document GC/63/8 Corr.1](#),

1. APPROVES the budget for the biennium 2022–2023 at the level of €45 371 329;
2. ACKNOWLEDGES that the presentation and priorities of the proposed budget for 2022–2023 are aligned with the IARC Medium-Term Strategy for 2021–2025 ([Document GC/63/6A](#));
3. DECIDES that the budget shall be financed solely by annual assessments on Participating States as follows:
 - (1) €22 413 548 shall be assessed on Participating States on 1 January 2022,
 - (2) €22 957 781 shall be assessed on Participating States on 1 January 2023,
4. RESOLVES to appropriate an amount of €45 371 329 to the six main Level 2 objectives of the IARC Project Tree (Document GC/63/6A Annex 2) for the biennium 2022–2023 as follows:

Section	IARC Project Tree – Level 2 Objectives	Amount (€)
1.	Describing the occurrence of cancer	3 947 686
2.	Understanding the causes of cancer	10 505 426
3.	Evaluating cancer prevention interventions	5 310 608
4.	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	6 388 053
5.	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	5 184 683
6.	Strengthening the efficiency and effectiveness of the Agency's research and collaboration	14 034 873
	Total	45 371 329

5. DECIDES that the Director shall have authority under Financial Regulations Article III, Paragraph 3.3 to transfer credits between sections of the budget, provided that such transfers do not exceed 15% of the section from which the credit is transferred. Transfers in excess of 15% of the section from which the credit is transferred may be made with the prior written concurrence of the majority of the Members of the Governing Council;
6. DECIDES to grant authority to the Director to use a maximum of €500 000 in the biennium 2022–2023 from the Governing Council Special Fund to cover unforeseen budgetary costs due to currency realignments, subject to availability of cash balances in the Fund, noting the base rate of exchange for 2022–2023 is €0.907/US\$;
7. REQUESTS the Director to report on the use of the Fund for this purpose in future financial reports; and
8. ENCOURAGES Participating States to contribute to the Core Voluntary Contribution Account to supplement the regular budget.

The resolution was **adopted**.

The meeting rose at 16:00 (CEST).