



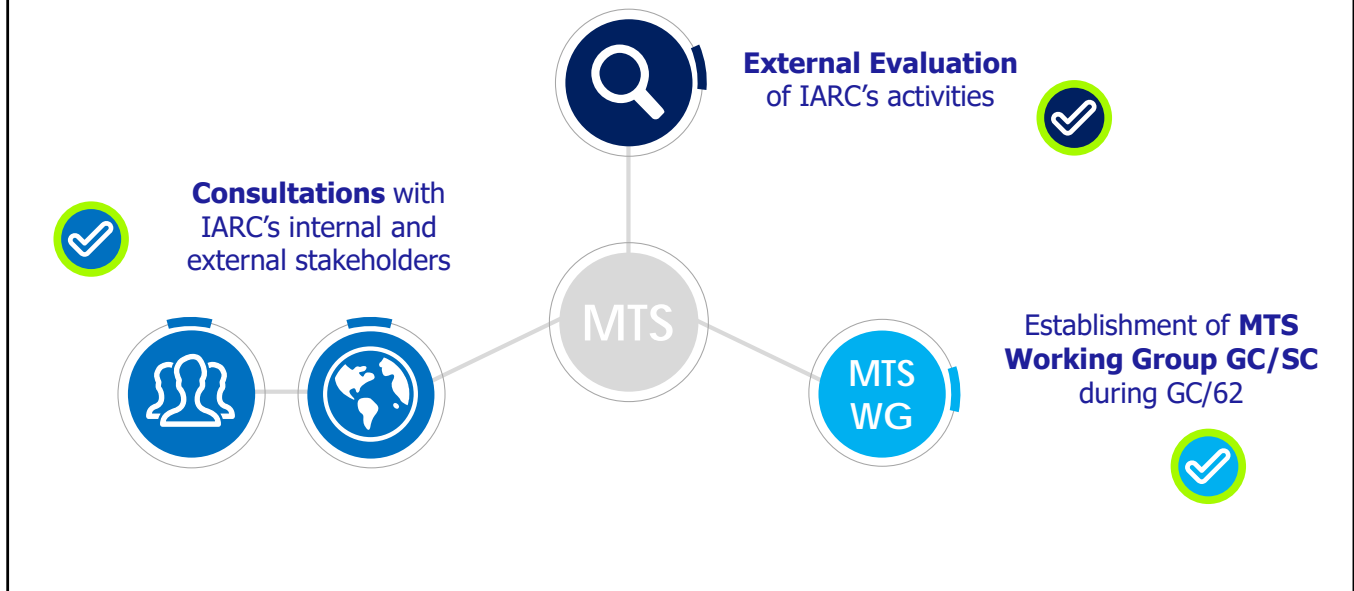
IARC Medium-Term Strategy (MTS) for 2021–2025

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Medium-Term Strategy 2021–2025

Preparatory work



In May 2018, IARC's Governing Council requested that an **external evaluation** of IARC activities be included in the development of the IARC Medium-Term Strategy for 2021–2025

In May 2019, the Governing Council established **an ad hoc Advisory Group** to conduct the evaluation. The Advisory Group included cancer experts, professional groups, and societies, WHO staff and others, to cover the following six areas:

- the alignment of IARC's activities with its mandate, as described in the Statute and the prioritization of different areas;
- the collaboration between IARC and other parts of WHO to ensure clear definition of roles and effective cooperation and coordination;
- the contribution of multi-disciplinary research to IARC's strategy, including the balance of laboratory equipment in-house and accessed through external collaboration;
- the role and infrastructure for the biobank in IARC's research strategy;
- mechanisms to ensure the financial sustainability of IARC's research including the laboratory research and biobank; and
- approaches to maximize the value and impact of IARC's work.

In February 2020, the Scientific Council nominated 4 Scientific Council members to join the Medium-Term Strategy Working Group (WG). In May 2020, the Governing Council nominated Governing Council members to join the Working Group to oversee the Medium-Term Strategy's development.

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Preparatory work: External Evaluation



**Recommendations
informed MTS discussions**



Inclusive, transparent and focused strategic prioritization process



Strengthened collaboration with WHO (Science Division)



Future-focused balance between in-house and external laboratory capacities



Additional laboratory, bioinformatics, and other expertise through collaboration, Visiting Scientists, and secondments from Participating States


What did we learn from the External Evaluation?

A detailed analysis of the external evaluation's findings and recommendations has revealed topics of relevance for the Medium-Term Strategy:

- Prioritization of IARC's activities
- Strengthened cooperation between IARC and WHO
- Balanced laboratory capacities between in-house services and services provided by external collaborations
- Enhanced collaboration and sharing of resources with Participating States

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Preparatory work: Stakeholders' consultation – Conclusions



Conclusions informed MTS discussions

- On strategic priorities
 - Continue focus on **IARC's fundamental priorities**
 - Strengthen engagement in **emerging priorities**, emphasize **implementation research**
- On positioning IARC:
 - Communicate **IARC's mandate and role** more effectively
 - Highlight IARC's **public health impact**
 - Enhance **IARC's visibility in non-scientific** cancer community
- On strategic partnerships:
 - Explore **strategic engagement** with non-traditional partners
 - Seek **Cooperation Agreements and specific collaboration projects**

The identified strategic priorities for IARC are:

- To continue scientific activities in **describing cancer, understanding the causes of cancer and building global capacity in cancer science.**
- To gradually **strengthen IARC's engagement** in the three emerging priorities identified, with a stronger emphasis on **implementation research.**

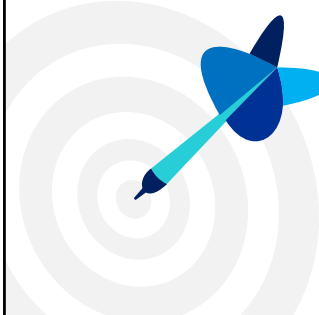
Regarding the strategic positioning of IARC:

- **Clearly and effectively communicate IARC's mandate, role and position** to relevant stakeholders and the lay audience.
- Strengthen targeted outreach efforts and enhance IARC's visibility.

Regarding strategic partnerships:

- **Evaluate** new partnership opportunities from a strategic perspective,
- **Pursue the conclusion of Cooperation Agreements,**
- **and** translate these into **actual collaborative projects** and programmes.

Medium-Term Strategy 2021–2025
Preparatory work: A new Mission for IARC



Cancer Research that Matters

- Research that ultimately makes a difference in people's lives. Research that positively affects life expectancy
- *How?*
Intentionally pursue cancer research and science that is expected to positively and notably affect people's health
- Strengthen engagement, resources and collaboration in priority areas when conducting scientific and research work

IARC will focus its scientific research work on areas where it has the **greatest public health impact and where it matters most to the beneficiaries**, i.e. individual human beings.

Cancer research that matters - what does that mean?

Research that ultimately makes a difference in people's lives. As a UN Agency, the human being is at the centre of our work.

IARC has a pathway from science to policy to impacting people's lives.

And I would like to see it further strengthened by building a better bridge between research and public health priorities related to cancer.

How can we achieve this?

By:

- intentionally pursuing research in the three priority areas and by
- enhancing our collaboration and engagement with this in mind.

This will happen as a gradual shift rather than an abrupt change in course.

For example, in the first years we may only have the opportunity to conduct 10% of our work in areas identified as emerging priorities.

In five-year's time, I expect a greater proportion of our work to be focused on these priorities. This will of course vary for each scientific discipline depending on the relevance.

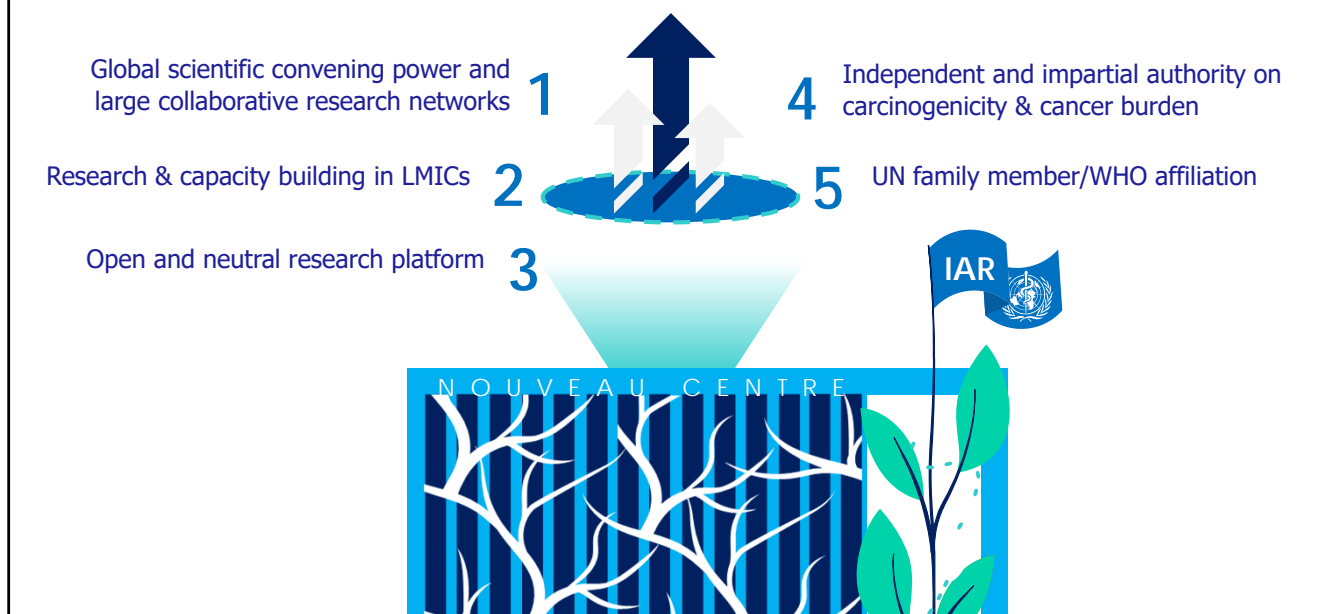
IARC is ideally positioned to identify and understand the cancer research questions coming from national health systems. IARC is also ideally positioned to design and initiate research projects in response to those public health questions.

IARC is best positioned to independently and authoritatively respond to public health questions on cancer prevention and to facilitate the application of relevant new knowledge.

To fulfil this role IARC must establish an effective and judicious equilibrium between cancer research driven by opportunities and investigative interests and research driven by strategic intent and public priorities.

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Preparatory work : IARC's Comparative Advantages



IARC's comparative advantages have been identified:

- Global scientific convening power and large collaborative research networks:

IARC is recognized for its global convening power across all research areas that revolve around cancer prevention.

Moreover, IARC is at the centre of an unrivalled and vast collaborative research network, which effectively covers five continents. This network enables and empowers IARC to launch, and lead with authority, collaborative scientific projects in cancer prevention.

- Research and capacity building in LMICs

IARC occupies a unique position in successfully coordinating research and delivering sustainable capacity-building activities in LMICs.

IARC has developed a unique and broad network of collaborators and partners throughout the world and has acquired long-lasting expertise with regard to resource settings, and the situational context of cancer research in LMICs.

- Open and neutral research platform

IARC provides its scientific collaborators with access to a research platform that is unique in its reach, impartiality, and neutrality.

IARC's dual position as an international research institute and as an autonomous, specialized cancer research agency of WHO enables it to facilitate cancer research across national borders and political fault lines.

- Independent and impartial authority on carcinogenicity and cancer burden

IARC is the global authority and the definitive and independent reference source for global cancer indicators, providing policy-makers with a reliable evidence base for decision-making.

IARC enables the global cancer community to know the current trends in cancer incidence and mortality at the regional, national and global levels.

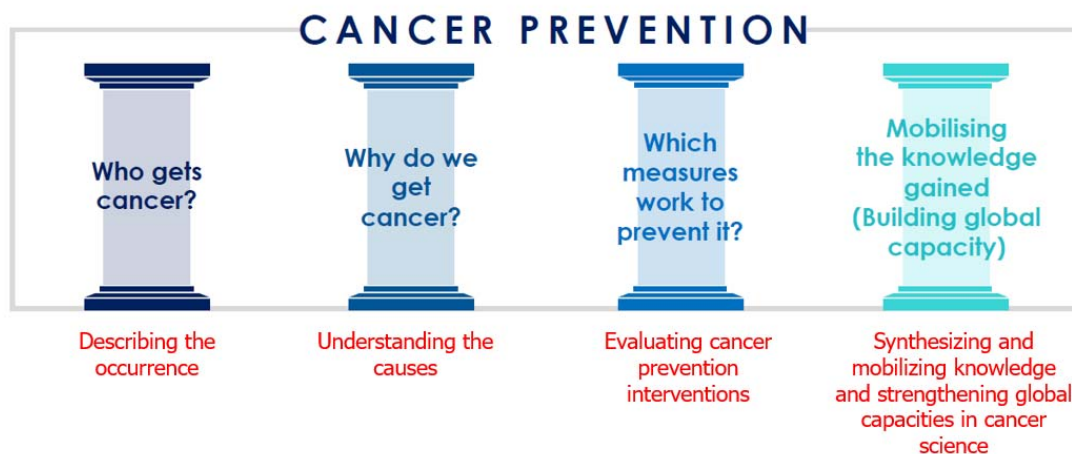
- UN family member/WHO affiliation

Given the complementary nature of IARC's and WHO's missions and their contributions to shared goals, IARC has a very close relationship with WHO.

As a member of the UN family, IARC cooperates effectively with many relevant UN agencies, benefiting, where suitable, from their presence in the field.

Medium-Term Strategy 2021–2025

Results: Fundamental Priorities



The Secretariat considers it essential to continue to build on the pillars of cancer prevention, which correspond to the following fundamental questions: who gets cancer? (surveillance research), Why do we get cancer? (etiology research), which measures work to prevent it? (prevention implementation research), and how to share our knowledge, expertise, and results? (mobilizing the knowledge gained, including through capacity-building and the dissemination of information (building global capacity for cancer science)).

These pillars translate into the fundamental priorities of the Agency and address the key cancer prevention questions.

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Results: Emerging priorities



Three areas of emerging priorities were identified throughout the preparatory work. These are areas where IARC can significantly advance research, understanding and build capacity (and have an impact) considering its mandate, expertise, and comparative advantages.

- Evolving cancer risk factors and populations in transition

Epidemiological transitions are key drivers for the increase in the global burden of cancer. Examples include:

The transition from infectious/communicable diseases to noncommunicable diseases delayed degenerative diseases and the resurgence of infectious diseases due to globalization. Concurrently an environmental and lifestyle risk transition is occurring linked to urbanization and globalization. Cancer risk factors linked to this transition include: changing diets, increasing levels of obesity, decreasing levels of physical activity, new occupational and lifestyle hazards, exposure to industrial pollutants, changes in environmental pollutants in air, food and water.

- Implementation research

Implementation research seeks to ascertain scientific evidence for effective cancer prevention interventions as well as assessing strategies, tools and methods for effective interventions in order to develop guidelines for best practice.

The ultimate objective is to integrate evidence-based health interventions into clinical and community settings to improve patient outcomes and benefit population health.

Potential new evidence-based interventions must be developed considering the ultimate

goal of deployment in “real world” conditions.

- Economic and societal impacts of cancer

Cancer disparities refer to adverse differences in cancer incidence, prevalence, mortality, cancer survivorship, and burden of cancer among specific population groups.

Inequalities in cancer and cancer risk factors disproportionately affect, now and even more in the future, disadvantaged individuals, and social groups. These inequalities drive the public health impact of cancer along with significant economic consequences for societies.

Many countries require information and guidance on resource allocation decisions and about which cancer control policies should be prioritized and how.

Estimating and projecting the economic burden of cancer at the micro- and macroeconomic level, as well as quantifying the health and economic benefits associated with investment in cancer control policies are becoming increasingly important for health care policy makers.

Therefore, relevant knowledge needs to be generated, shared and applied more widely and effectively. The conduct of evidence-based cancer prevention interventions needs to be supported through appropriate guidance.

Medium-Term Strategy 2021–2025

Joint GC/SC Working Group on the MTS



- Strategic guidance and advice on IARC’s new MTS 2021–2025
- Four remote Working Group meetings and three reviews of the draft MTS
 - Including two comprehensive reviews through all relevant WHO Divisions and Departments
- Draft MTS 2021–2025 represents the result of productive discussions, exchanges of views and a forward-looking collaboration between IARC’s governing bodies and the Secretariat

Feedback, initial findings and expert recommendations from consultations and the external evaluation support the following **intended direction of IARC’s future strategy**:

IARC is to seek the maximum impact of its work, i.e. where it matters the most to its ultimate beneficiaries.

IARC is to prioritize the efforts that respond to the most urgent and pertinent questions in cancer prevention asked by the international cancer control and public health communities.

How can IARC achieve this? IARC will strengthen its engagement, resources and collaboration in **priority areas** when conducting its scientific research work.

Medium-Term Strategy 2021–2025 Finalization



The draft MTS 2021–2025 has been presented, discussed and endorsed by the Scientific Council in February 2021.

Implementing the Medium-Term Strategy 2021–2025 A gradual approach

- **Prioritization of IARC activities: a gradual approach**
- IARC will continue **strategic fundamental activities** in:
 - Describing the cancer burden
 - Understanding the causes of cancer
 - Evaluating cancer prevention interventions
 - Synthesizing and mobilizing knowledge and strengthening global capacities for cancer
- IARC will gradually **strengthen IARC's engagement** in the **three emerging priorities identified**, with a stronger emphasis on **implementation research**
 - Evolving cancer risk factors and populations in transition
 - Implementation research
 - Economic and societal impacts of cancer

As spelled out in the MTS 2021–2025 ([Document GC/63/6A](#)), the strategic priorities for IARC are:

- **Continue the four fundamental priorities of cancer prevention research**, namely:
 - Data for Action (describe the occurrence)
 - Understanding the Causes
 - From Understanding to Prevention (Implementation of Cancer Research)
 - Knowledge Mobilization
- **Gradually strengthen IARC engagement in the three emerging priorities identified, with a stronger emphasis on implementation research:**
 - Evolving cancer risk factors and populations in transition
 - Implementation research
 - Economic and societal impacts of cancer

Implementing the Medium-Term Strategy 2021–2025 will facilitate the transition towards a stronger IARC

- Global hub for open science for cancer prevention
- Leader in prevention research
- Recognized for public health impact
- Global capacity builder for cancer science and research



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Implementing the new MTS will facilitate the transition towards a stronger IARC, with the following ambition:

- IARC will be the global Hub for open science for cancer prevention
- IARC is the leader in prevention research
- IARC is recognized for public health impact
- IARC is the global capacity builder for cancer science and research

IARC's move to its new building, the "Nouveau Centre" – scheduled for 2022 – will enable IARC to fulfil its mandate within a state-of-the-art, eco-friendly Agency, embracing and living the concept of Open Science.

The smart building will provide an inspiring environment to foster scientific collaboration and advance global cancer research.

Its physical structure will reflect our principles of independence and transparency and echo our strategy for Open Science.

A "Nouveau Centre" for "Cancer Research that Matters"