

THE DEVELOPMENT OF IARC'S DRAFT MEDIUM-TERM STRATEGY (MTS) 2021–2025

1. The aim of this document is to inform the Scientific Council about the preparation and development of the IARC Medium-Term Strategy (MTS) for 2021–2025, including the work of the Joint Governing/Scientific Council MTS Working Group.
2. Following Governing Council (GC) Resolutions [GC/60/R11](#) and [GC/61/R7](#), the Agency implemented the following activities in preparation of the development of its Medium-Term Strategy 2021–2025:
 - 2019: An evaluation of IARC activities¹ in 2019;
 - 2020: A wide external consultation² with IARC stakeholders, including cancer experts, professional groups, and societies, WHO staff and others; and
 - 2019/2020: a broad internal consultation with IARC personnel as well as discussions among the Senior Leadership Team.
3. During the 62nd session of IARC's GC, the Secretariat proposed its approach to strengthen the prioritization of IARC's activities³ to the GC, more specifically, that IARC's MTS 2021–2025 would reflect priorities that a) respond to IARC's comparative advantages, b) reflect its values and principles and c) address those areas in cancer prevention research and science that are expected to positively and notably affect people's health.
4. Furthermore, the Secretariat informed the GC about the *fundamental priorities* of the Agency as well as about the proposed *emerging* priorities for the MTS 2021–2025³. The GC took note of and appreciated that approach during its 62nd session.
5. The GC established the Joint GC/SC MTS Working Group, which comprised members from a) the Governing Council (Dr Liz Almeida (Brazil), Dr Marc Van den Bulcke (Belgium), Dr Satish Gopal (United States of America), Dr Igor Korobko (Russian Federation), Ms Elisabeth Schulte (Germany), Dr Soumya Swaminathan (WHO), Dr Kazunori Umeki (Japan)) and b) the Scientific Council (Dr Christine Friedenreich (SC Chair, Canada), Dr Janne Pitkaniemi (SC Vice-Chair, Finland), Dr Ravi Mehrotra (India), Dr Maria Sibilia (Austria)).

¹ See the Advisory Group Report on the evaluation (document [GC/62/9](#))

² See Executive Summary of the Stakeholders' Survey Report provided below as an Annex

³ See Alignment of Programme Budget 2022–2023 to the draft MTS (document [GC/62/20](#))

6. The Working Group took up its work on 16 June 2020 through a remote inception meeting. Three subsequent remote meetings were held on 4 August, 4 September and 14 October 2020, all chaired by Dr Janne Pitkaniemi (SC Vice-Chair, Finland).
7. The Working Group undertook three rounds of review and gave important strategic guidance and advice concerning the evolving draft MTS document, both in terms of overall direction as well as on specific thematic issues.
8. The Representative of the WHO Director-General ensured that the WHO reviewed the draft MTS in great detail involving all relevant Divisions and Departments and provided constructive feedback including on collaboration and cooperation opportunities.
9. The draft MTS 2021–2025 presented to the SC for discussion (see [Document SC/57/4B](#)) represents the result of productive discussions, exchange of views and a forward-looking collaboration between IARC's governing bodies and the Secretariat.
10. The Director takes this opportunity to express her appreciation and thank the members of the Working Group for the guidance and advice as well as the IARC personnel engaged in developing and formulating IARC's MTS 2021–2025.

Annex – IARC Stakeholder Survey Report – Executive Summary

The International Agency for Research on Cancer (IARC) is currently developing its new Medium-Term Strategy for 2021–2025. An online consultation was conducted throughout February 2020 to obtain complementary perspectives from pertinent external stakeholders. The overall response rate was 26.7%, representing 139 respondents out of 520 individuals contacted.

The survey results indicated that the future thematic priorities for IARC proposed by these stakeholders largely matched the priorities identified by IARC through other consultations. Stakeholders highlighted the need to focus research on cancer causes and risks related to lifestyle, socioeconomic, and environmental factors. A stronger emphasis on implementation research was prioritized by a significant share of stakeholders. Stakeholders also emphasized the need for continued scientific activities in describing cancer, understanding cancer, and building global capacity for cancer science. Support to low- and middle-income countries as well as to IARC Participating States was thought to require careful balance to ensure IARC's continued relevance within the global cancer research community.

Stakeholders confirmed several of IARC's self-identified comparative advantages, including IARC's global perspective on cancer research, its independence and neutrality, and its role as the specialized cancer research agency of the World Health Organization (WHO). The stakeholders' perception of IARC's unique activities corroborated IARC's internal views on the subject, including providing global cancer statistics, the coordination of cancer research across countries and organizations, and providing evidence for guidelines and policies on primary and secondary prevention. IARC's self-assessment of its role in cancer research, its strengths, and its comparative advantages mirrored the external stakeholders' views to a large extent. However, certain areas of IARC's engagement are less well known or understood by external stakeholders than assumed by the Agency.

Stakeholders expected the shortage of funding for cancer prevention research to continue to affect cancer research in the foreseeable future, exacerbated by the predominant public and government focus on cancer treatment rather than on prevention. Other challenges for IARC to consider are the lack of translation of research findings into practical application or impact, IARC's limited interaction with the ultimate beneficiaries of research outcomes, and the increasing number of actors involved in cancer research globally.

In addition to the existing strong collaboration with WHO, stakeholders viewed other partnership opportunities as important: with the Union for International Cancer Control (UICC) among nongovernmental organizations, the United Nations Environment Programme (UNEP) among United Nations agencies, and patient organizations among beneficiaries in a clinical and medical context. IARC's outreach and communication activities were considered to be an area for improvement, which corresponded to the perceived lack of visibility of IARC.

Technologies in three clusters were thought to be most important for the future of cancer research: computer science, bioinformatics, and biostatistics; omics; and innovative applications of traditional methods. Noteworthy was the relatively low ranking of the future importance of cutting-edge laboratory research.