

# International Agency for Research on Cancer

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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 SC/57/4B](#)), 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 €48.69 million, representing a 10.28% or €4.54 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 was expected to be supported by the full contributions from Hungary and another new Participating State anticipated to join the Agency in 2020.

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 processes, leading to the current level of the proposed budget. It became certain just before finalizing this document that the admission could not take place in 2020. The absence of this new Group 1 Participating State leaves a financing gap of €3.28 million in the current proposed regular budget 2022–2023.

This regular budget level 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 globally.**

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.

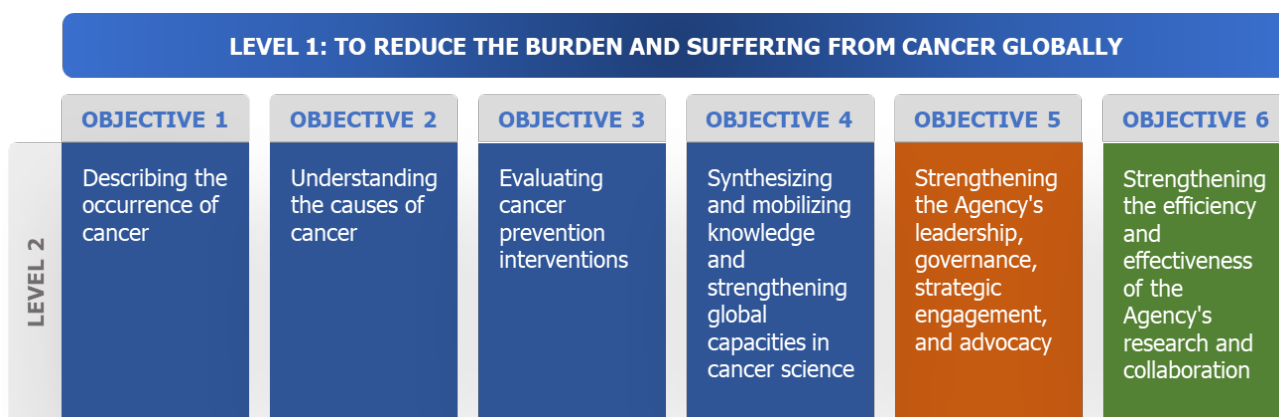


Figure 1: Levels 1 and 2 of IARC Project Tree

### *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 impact 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	1 621 084	140 000	1 761 084	568 257	31 400	599 657
1.2	1 210 564	100 000	1 310 564	515 010	(83 000)	432 010
1.3	1 098 456	220 000	1 318 456	(66 681)	91 600	24 919
1.4	333 826	120 000	453 826	333 826	120 000	453 826
<b>Total</b>	<b>4 263 930</b>	<b>580 000</b>	<b>4 843 930</b>	<b>1 350 412</b>	<b>160 000</b>	<b>1 510 412</b>

The overall budget of 9.95% is attributed to this area, an increase from 7.55% in 2020–2021 budget; a net increase of €1.51 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 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).

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 and 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	4 349 641	528 500	4 878 141	207 050	(96 666)	110 384
2.2	2 720 424	333 200	3 053 624	(1 167 385)	(206 066)	(1 373 451)
2.3	1 247 277	110 800	1 358 077	218 708	(12 000)	206 708
2.4	1 200 607	243 000	1 443 607	198 751	36 000	234 751
<b>Total</b>	<b>9 517 949</b>	<b>1 215 500</b>	<b>10 733 449</b>	<b>(542 876)</b>	<b>(278 732)</b>	<b>(821 608)</b>

The overall resources attributed to this area is decreased from 26.17% in 2020–2021 to 22.04% in 2022–2023. Notwithstanding the net decrease of €0.82 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	1 726 039	256 000	1 982 039	494 479	43 000	537 479
3.2	1 618 498	303 000	1 921 498	86 272	138 000	224 272
3.3	1 576 411	244 500	1 820 911	(126 273)	6 732	(119 541)
<b>Total</b>	<b>4 920 948</b>	<b>803 500</b>	<b>5 724 448</b>	<b>454 478</b>	<b>187 732</b>	<b>642 210</b>

The overall budget of 11.76% 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 €0.64 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 50% of a senior scientist position and 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 (LCA) 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 (LCA). 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	2 118 012	843 000	2 961 012	581 375	35 000	616 375
4.2	507 042	100 100	607 142	(6 072)	(9 900)	(15 972)
4.3	1 172 980	239 000	1 411 980	710 562	49 000	759 562
4.4	1 804 408	325 100	2 129 508	460 010	5 100	465 110
<b>Total</b>	<b>5 602 442</b>	<b>1 507 200</b>	<b>7 109 642</b>	<b>1 745 875</b>	<b>79 200</b>	<b>1 825 075</b>

The overall budget attributed to this area increases from 11.97% in 2020–2021 to 14.59%; a net increase of €1.83 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 also 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 is 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 are added to the IARC Monographs programme, replacing the senior scientist and Group Head position that was abolished during the previous biennium.

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 Leadership Team (SLT), 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, including 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	574 486	872 000	1 446 486	(273 828)	12 000	(261 828)
5.2	960 697	364 000	1 324 697	301 966	(111 000)	190 966
5.3	948 965	99 000	1 047 965	948 965	99 000	1 047 965
5.4	1 541 216	531 800	2 073 016	(454 641)	(10 200)	(464 841)
<b>Total</b>	<b>4 025 364</b>	<b>1 866 800</b>	<b>5 892 164</b>	<b>522 462</b>	<b>(10 200)</b>	<b>512 262</b>

The overall budget of 12.10% is attributed to this area, at a similar proportion of 12.19% as in 2020–2021 budget. In absolute terms, the budget has a net increase of €0.51 million. The net increase mainly represents savings from the abolishment of the previous Communication Group Head position (area (5.4)) and an increased investment 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. Dedicated non-staff budget for resource mobilization activities is also 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 biostatistical analyses and developing biostatistical methods, management of IARC Biobank and pre-analytical processing services, IARC histopathology laboratory, and

ensuring the availability of adequate laboratory and computing/statistical 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 bioinformatics 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 Environmental & Lifestyle Epidemiology (ENV), Laboratory Support and Services, 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	2 262 777	2 783 671	5 046 448	403 330	408 859	812 189
6.2	7 781 728	1 557 329	9 339 057	445 664	(386 859)	58 805
<b>Total</b>	<b>10 044 505</b>	<b>4 341 000</b>	<b>14 385 505</b>	<b>848 994</b>	<b>22 000</b>	<b>870 994</b>

Overall, the proportion of resources assigned to this area is slightly decreased as compared to 2020–2021 biennium (29.55% as compared to 30.61%). In absolute terms, the budget is increased by €0.87 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.

The increase of staff budget allocation towards direct scientific programme support in area (6.1) comprises the increased allocation of staff time and an additional support staff position to manage IARC's scientific computing infrastructure. Non-staff budget, within the same total envelope, is also allocated increasingly towards direct support to scientific programmes as compared to the previous biennium.

Non-staff resources allocated to area (6.2), general administrative support, is decreased due to the shift of demand towards direct scientific programmes. An increase of staff budget in this area is contributed by the realignment of core functions with the core budget, resulting in the assignment of one support staff to the regular budget. The cost of this additional post to the regular budget is partially absorbed by the downgrade of a professional position in SSR in biennium 2022–2023.

## 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.

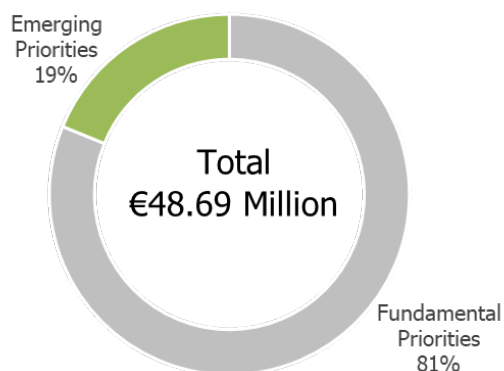


Figure 2: Regular Budget 2022–2023 attributed to fundamental and emerging priorities

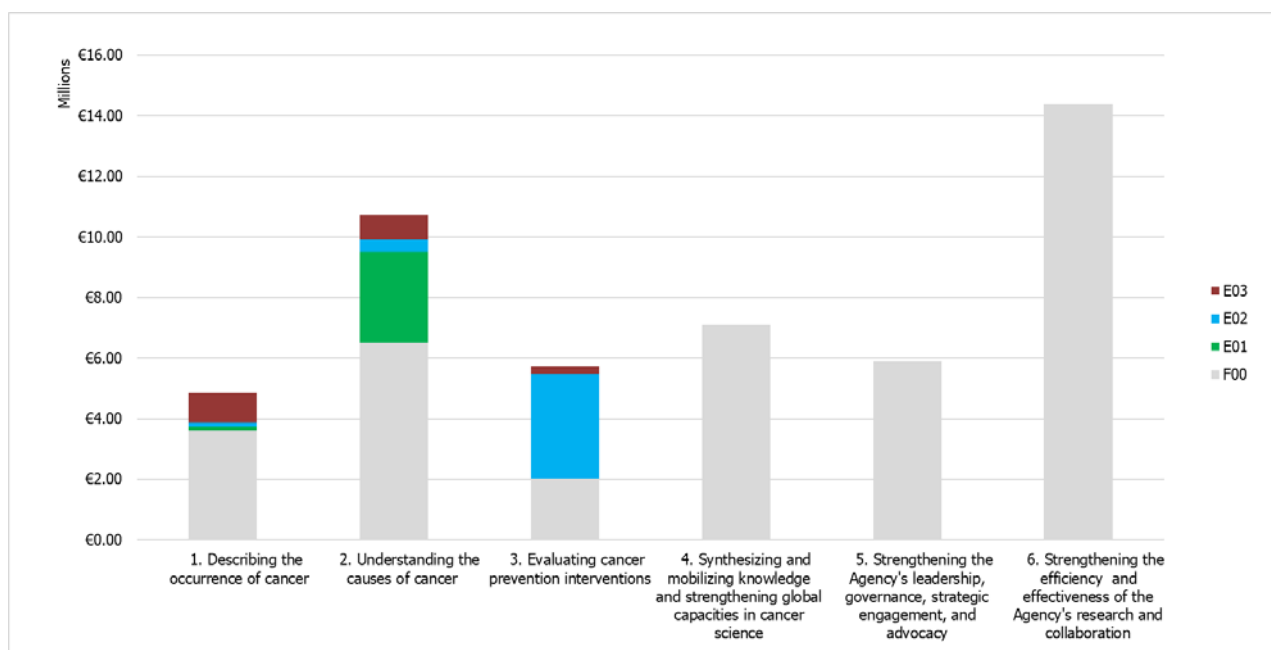


Figure 3: Fundamental and emerging priorities within the Level 2 Objectives of the Project Tree

### 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 **€48 689 138**. 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	4 843 930	9.95
2. Understanding the causes of cancer	11 555 057	26.17	10 733 449	22.04
3. Evaluating cancer prevention interventions	5 082 238	11.51	5 724 448	11.76
4. Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	5 284 567	11.97	7 109 642	14.59
5. Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	5 379 902	12.19	5 892 164	12.10
6. Strengthening the efficiency and effectiveness of the Agency's research and collaboration	13 514 511	30.61	14 385 505	29.55
<b>Total</b>	<b>44 149 793</b>	<b>100.00</b>	<b>48 689 138</b>	<b>100.00</b>

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, €5.05 million), such as scientific computing infrastructure, biobank and laboratory support, advanced biostatistical analyses and IARC Histopathology Laboratory. The portion of operations and administrative costs only amounts to 19.18%.

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

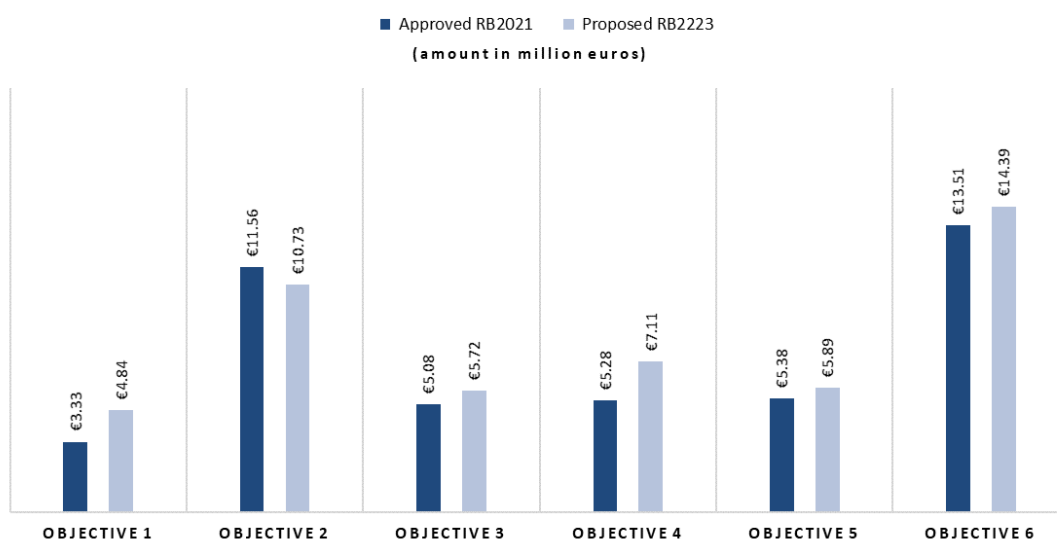


Figure 4: Comparison of proposed 2022–2023 regular budget and approved 2020–2021 regular budget

### 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		2022–2023	
	(in euros)	%	(in euros)	%
Staff budget	33 995 793	77.00	38 375 138	78.82
Non-staff budget	10 154 000	23.00	10 314 000	21.18
<b>Total</b>	<b>44 149 793</b>	<b>100.00</b>	<b>48 689 138</b>	<b>100.00</b>

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.



Therefore, the Secretariat proposes to include additional posts 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). Additional investments are also made in the strategic engagement and resource mobilization area (Objectives 5.3 and 5.4) and the core operational and administrative area (Objective 6.2). Figure 5 below compares the number of regular budget funded posts in the proposed budget and the approved budget 2020–2021.

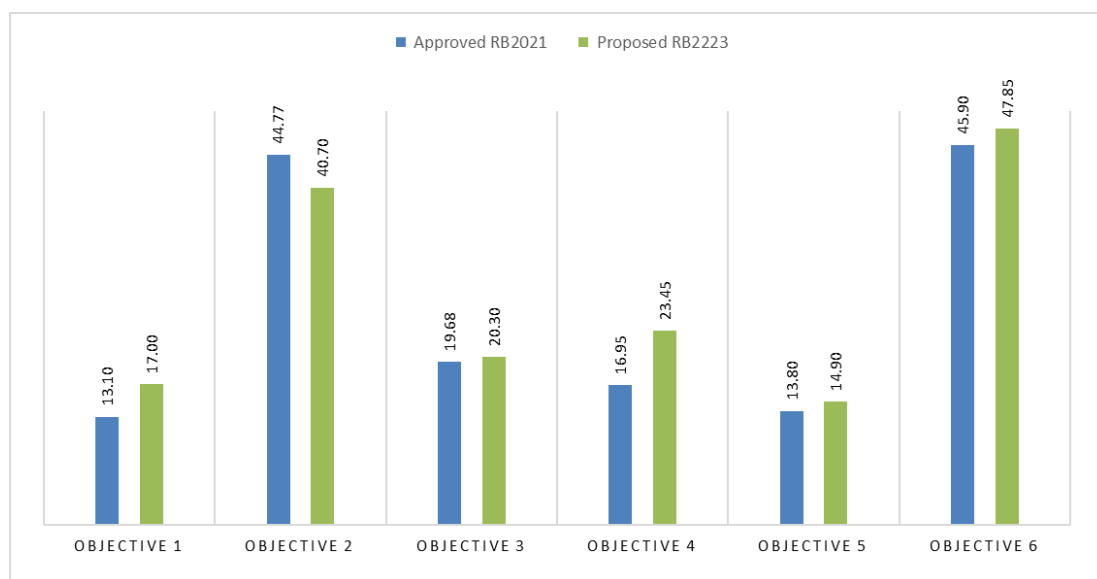


Figure 5: Number of posts in the proposed 2022–2023 and approved 2020–2021 regular budget

Overall, the total number of posts to be funded from the regular budget in 2022–2023 has a net increase of ten positions as compared to 2020–2021, or a net increase of six 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	79.00	8.00
General Service (GS)	85.20	83.20	85.20	2.00
<b>Total number of posts</b>	<b>158.20</b>	<b>154.20</b>	<b>164.20</b>	<b>10.00</b>
% Distribution of P:GS	46:54	46:54	48:52	

### 3.2.3 Cost increase

The proposed budget is 10.28% higher than the 2020–2021 approved budget, 4.11% representing a portion of the statutory staff cost increases and 6.17% 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	2 563 402	1 815 943	4 379 345
Non-staff cost increase	160 000	0	160 000
<b>Total cost increase</b>	<b>2 723 402</b>	<b>1 815 943</b>	<b>4 539 345</b>
Total % increase	6.17%	4.11%	10.28%

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

The staff cost increase foreseen over the next biennium is €4.38 million, €1.82 million due to statutory cost increase and €2.56 million 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 increase due to programmatic changes reflects the investment in 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](#). As IARC anticipated the admission of a new Participating State (Group 1) in 2020, the Agency included the full contribution from this country in the planning and preparation processes, leading to the below proposed budget envelop.

Funding Source	2020–2021 (in euros)	2020–2021 (in euros)	% Change
Assessed contribution from Hungary	0	1 262 311	2.86%
Assessed contribution from an anticipated new PS (Group 1)	0	3 277 034	7.42%
Assessed contributions from other 25 Participating States	44 149 793	44 149 793	0.00%
<b>Total regular budget</b>	<b>44 149 793</b>	<b>48 689 138</b>	<b>10.28%</b>

The proposed budget represents an overall increase of €4.54 million or 10.28% from the previous biennium; this budget level will enable the Agency to strengthen its human resource capacity and absorb the increased statutory staff costs.

The Secretariat expects to increase the Agency's regular budget through admission of two new Participating States 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.

With respect to the two new Participating States mentioned, besides Hungary, 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 processes, leading to the current level of the proposed budget. It became certain just before finalizing this document that the admission could not take place in 2020. The absence of this new Group 1 Participating State leaves a financing gap of €3.28 million in the current proposed regular budget 2022–2023.

#### *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 27 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
1 262 311	n/a	n/a	Group 5: Hungary (new)
1 262 311	1 236 194	26 117	Group 5: Finland, Iran (Islamic Republic of), Ireland, Morocco, Qatar
1 514 150	1 501 094	13 056	Group 4: Austria, Belgium, Denmark, India, Netherlands, Norway, Sweden, Switzerland
1 765 993	1 765 991	2	Group 3: Australia, Brazil, Canada, Italy, Republic of Korea, Russian Federation, Spain
2 269 673	2 295 788	-26 115	Group 2: France, Germany, United Kingdom
3 277 034	3 355 385	-78 351	Group 1: Japan, United States of America
3 277 034	n/a	n/a	Group 1: Anticipated new PS joining in 2020 (new)

*\*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 (in euros)		2022–2023 (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
<b>Total</b>	<b>16 870 912</b>	<b>100.00</b>	<b>14 651 219</b>	<b>100.00</b>

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 €63.34 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.

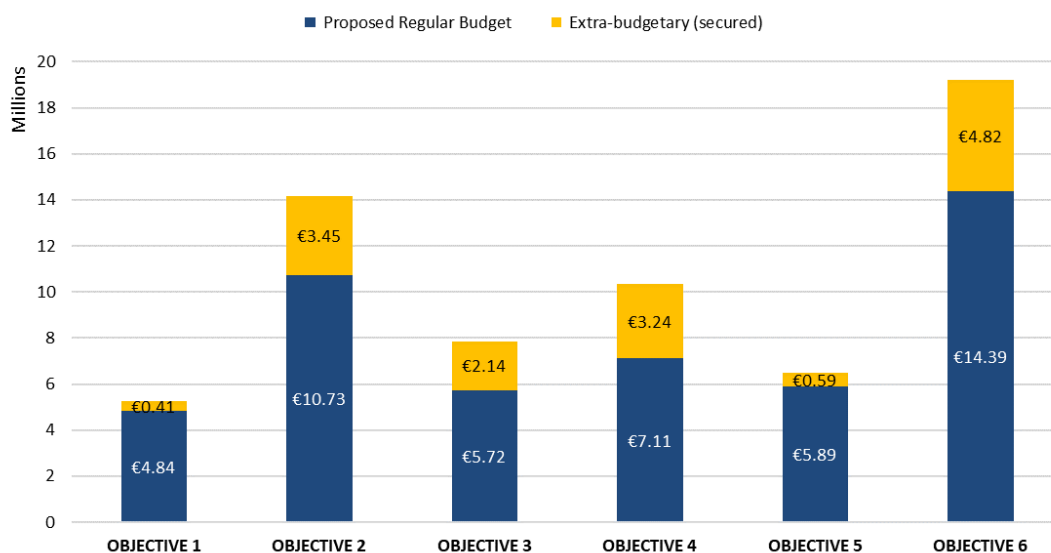


Figure 6 – Resource distribution inclusive of secured extrabudgetary

#### 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.

<b>Summary Table A</b> <b>PROPOSED REGULAR BUDGET FOR THE BIENNIUM 2022-2023</b> (expressed in euros)		
LEVEL 2 OBJECTIVES	2022-2023 BUDGET	%
1. Describing the occurrence of cancer	4 843 930	9.95
2. Understanding the causes of cancer	10 733 449	22.04
3. Evaluating cancer prevention interventions	5 724 448	11.76
4. Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	7 109 642	14.60
5. Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	5 892 164	12.10
6. Strengthening the efficiency and effectiveness of the Agency's research and collaboration	14 385 505	29.55
<b>TOTAL BUDGET</b>	<b>48 689 138</b>	<b>100.00</b>

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 1)		%
		2020-2021 Budget Amount	2022-2023 Budget Amount	2020-2021 Budget Amount	2022-2023 Budget Amount	
<b>1</b>	<b>Describing the occurrence of cancer</b>					
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	1 761 084	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	1 310 564	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	1 318 456	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	4 843 930	342 064	405 963	9.95
<b>2</b>	<b>Understanding the causes of cancer</b>					
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	4 878 141	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	3 053 624	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	1 358 077	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	10 733 449	4 548 572	3 451 987	22.04
<b>3</b>	<b>Evaluating cancer prevention interventions</b>					
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	1 982 039	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	1 921 498	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	5 724 448	2 958 248	2 144 532	11.76
<b>4</b>	<b>Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science</b>					
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	2 344 637	2 961 012	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	1 411 980	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	2 129 508	473 071	0	
		5 284 567	7 109 642	3 017 611	3 238 713	14.59
<b>5</b>	<b>Strengthening the Agency's leadership, governance, strategic engagement, and advocacy</b>					
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	1 446 486	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	1 047 965	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	5 892 164	874 935	593 836	12.10
<b>6</b>	<b>Strengthening the efficiency and effectiveness of the Agency's research and collaboration</b>					
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	4 234 259	5 046 448	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	14 385 505	5 129 482	4 816 188	29.55
		44 149 793	48 689 138	16 870 912	14 651 219	100.00
	<b>TOTAL</b>					

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	
<b>1</b>	<b>Describing the occurrence of cancer</b>										
1.1	Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	802 875	70 000	872 875	818 209	70 000	888 209	1 621 084	140 000	1 761 084	
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	598 714	50 000	648 714	611 850	50 000	661 850	1 210 564	100 000	1 310 564	
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	554 196	110 000	664 196	544 260	110 000	654 260	1 098 456	220 000	1 318 456	
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	
		2 122 486	290 000	2 412 486	2 141 444	290 000	2 431 444	4 263 930	580 000	4 843 930	
<b>2</b>	<b>Understanding the causes of cancer</b>										
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	2 166 034	286 000	2 452 034	2 183 607	242 500	2 426 107	4 349 641	528 500	4 878 141	
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	1 353 738	170 100	1 523 838	1 366 686	163 100	1 529 786	2 720 424	333 200	3 053 624	
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	620 473	56 400	676 873	626 804	54 400	681 204	1 247 277	110 800	1 358 077	
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	
		4 737 510	634 000	5 371 510	4 780 439	581 500	5 361 939	9 571 949	1 215 500	10 733 449	
<b>3</b>	<b>Evaluating cancer prevention interventions</b>										
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	860 571	142 500	1 003 071	865 468	113 500	978 968	1 726 039	256 000	1 982 039	
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	806 248	151 500	957 748	812 250	151 500	963 750	1 618 498	303 000	1 921 498	
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	
		2 451 962	431 500	2 883 462	2 468 986	372 000	2 840 986	4 920 948	803 500	5 724 448	
<b>4</b>	<b>Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science</b>										
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	1 052 600	412 000	1 464 600	1 065 412	431 000	1 496 412	2 118 012	843 000	2 961 012	
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	585 401	114 000	699 401	587 579	125 000	712 579	1 172 980	239 000	1 411 980	
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	899 274	162 550	1 061 824	905 134	162 550	1 067 684	1 804 408	325 100	2 129 508	
		2 790 039	731 100	3 521 139	2 812 403	776 100	3 588 503	5 602 442	1 507 200	7 109 642	
<b>5</b>	<b>Strengthening the Agency's leadership, governance, strategic engagement, and advocacy</b>										
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	282 232	471 000	753 232	292 254	401 000	693 254	574 486	872 000	1 446 486	
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	473 499	49 000	522 499	475 466	50 000	525 466	948 965	99 000	1 047 965	
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	
		2 002 669	977 900	2 980 569	2 022 695	888 900	2 911 595	4 025 364	1 866 800	5 892 164	
<b>6</b>	<b>Strengthening the efficiency and effectiveness of the Agency's research and collaboration</b>										
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	1 122 689	1 213 673	2 336 362	1 140 088	1 569 998	2 710 086	2 262 777	2 783 671	5 046 448	
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	
		4 986 825	1 907 859	6 894 684	5 057 680	2 433 141	7 490 821	10 044 505	4 341 000	14 385 505	
<b>TOTAL</b>		19 091 491	4 972 359	24 063 850	19 283 647	5 341 641	24 625 288	38 375 138	10 314 000	48 689 138	

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
<b>1</b>	<b>Describing the occurrences of cancer</b>									
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
<b>2</b>	<b>Understanding the causes of cancer</b>									
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
<b>3</b>	<b>Evaluating cancer prevention interventions</b>									
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
<b>4</b>	<b>Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science</b>									
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
<b>5</b>	<b>Strengthening the Agency's leadership, governance, strategic engagement, and advocacy</b>									
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 programme 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
<b>6</b>	<b>Strengthening the efficiency and effectiveness of the Agency's research and collaboration</b>									
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
	<b>TOTAL</b>	4 083 598	5 246 765	9 330 363	2 926 901	2 393 985	5 320 886	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
<b>1</b>	<b>Describing the occurrence of cancer</b>						
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	3.50	3.20	6.70
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	3.15	1.70	4.85
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	2.35	2.00	4.35
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	10.00	7.00	17.00
<b>2</b>	<b>Understanding the causes of cancer</b>						
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	9.00	9.50	18.50
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	6.00	5.85	11.85
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	2.60	2.75	5.35
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	20.10	20.60	40.70
<b>3</b>	<b>Evaluating cancer prevention interventions</b>						
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	4.90	1.95	6.85
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	3.80	2.60	6.40	4.20	2.30	6.50
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	12.35	7.95	20.30
<b>4</b>	<b>Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science</b>						
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	2.45	5.05	7.50	3.90	5.80	9.70
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	3.45	1.10	4.55
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	4.00	3.30	7.30
		7.75	9.20	16.95	12.15	11.30	23.45
<b>5</b>	<b>Strengthening the Agency's leadership, governance, strategic engagement, and advocacy</b>						
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	2.30	0.55	2.85
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	9.10	5.80	14.90
<b>6</b>	<b>Strengthening the efficiency and effectiveness of the Agency's research and collaboration</b>						
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	1.55	8.90	10.45	2.30	9.20	11.50
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	15.30	32.55	47.85
	<b>TOTAL</b>	71.00	83.20	154.20	79.00	85.20	164.20

<p align="center"><b>Summary Table F</b> <b>SUMMARY OF REGULAR BUDGET ALLOCATED TO FUNDAMENTAL AND EMERGING PRIORITIES BY LEVEL 2/3 OBJECTIVES</b> (expressed in person years)</p>							
Level 2	Level 3 Objectives	Level 2 Objectives	Emerging Priorities				Total Regular Budget 2022-2023
			Fundamental Priority	Evolving cancer risk factors and populations in transition	Implementation research	Economic and societal impacts of cancer	
<b>1</b>		<b>Describing the occurrence of cancer</b>					
1.1		Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	1 554 328	88 054	30 648	88 054	1 761 084
1.2		Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	1 245 036	0	65 528	0	1 310 564
1.3		Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	775 454	44 346	44 346	454 310	1 318 456
1.4		Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	22 691	0	0	431 135	453 826
			3 597 509	132 400	140 522	973 499	4 843 930
<b>2</b>		<b>Understanding the causes of cancer</b>					
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	2 514 228	1 396 665	417 445	549 803	4 878 141
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	2 118 887	872 814	0	61 923	3 053 624
2.3		Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	1 026 820	271 615	0	59 642	1 358 077
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
			6 494 830	3 000 705	417 445	820 469	10 733 449
<b>3</b>		<b>Evaluating cancer prevention interventions</b>					
3.1		Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	212 346	0	1 509 684	260 009	1 982 039
3.2		Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	0	0	1 921 498	0	1 921 498
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
			2 033 257	0	3 431 182	260 009	5 724 448
<b>4</b>		<b>Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science</b>					
4.1		Strengthen global knowledge and global and national capacities in cancer research and science	2 961 012	0	0	0	2 961 012
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	1 411 980	0	0	0	1 411 980
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	2 129 508	0	0	0	2 129 508
			7 109 642	0	0	0	7 109 642
<b>5</b>		<b>Strengthening the Agency's leadership, governance, strategic engagement, and advocacy</b>					
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	1 446 486	0	0	0	1 446 486
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	1 047 965	0	0	0	1 047 965
5.4		Strengthen the Agency's global image, communication and outreach to stakeholders	2 073 016	0	0	0	2 073 016
			5 892 164	0	0	0	5 892 164
<b>6</b>		<b>Strengthening the efficiency and effectiveness of the Agency's research and collaboration</b>					
6.1		Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	5 046 448	0	0	0	5 046 448
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
			14 385 505	0	0	0	14 385 505
		<b>TOTAL</b>	39 512 907	3 133 105	3 989 149	2 053 977	48 689 138

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	Programme	Cost	Total	%
<b>Staff Budget:</b>										
Professional	10 473 603	10 685 515	21 159 118	12 362 121	12 401 319	24 763 440	2 195 965	1 408 357	3 604 322	17.03%
General Service	6 299 038	6 537 637	12 836 675	6 729 370	6 882 328	13 611 698	367 437	407 586	775 023	6.04%
Total Staff Costs	16 772 641	17 223 152	33 995 793	19 091 491	19 283 647	38 375 138	2 563 402	1 815 943	4 379 345	12.88%
<b>Non-Staff Budget:</b>										
Temporary assistance	40 000	43 200	83 200	54 500	54 500	109 000	25 800	0	25 800	31.01%
Temporary advisors (experts, not coming for meetings)	102 000	107 000	209 000	55 500	55 500	111 000	(98 000)	0	(98 000)	-46.89%
Other contractual arrangements (APWs, SSAs and consultants)	184 900	183 400	368 300	336 500	294 500	631 000	262 700	0	262 700	71.33%
Meetings (temporary advisors and participants)	348 500	412 500	761 000	526 000	511 500	1 037 500	276 500	0	276 500	36.33%
Duty travel (all categories of staff including fellows)	494 500	490 500	985 000	373 100	365 100	738 200	(246 800)	0	(246 800)	-25.06%
Collaborative research agreements	236 500	218 500	455 000	111 000	103 000	214 000	(241 000)	0	(241 000)	-52.97%
Supplies	107 300	107 540	214 840	64 433	63 500	127 933	(86 907)	0	(86 907)	-40.45%
Equipment and furniture	170 380	134 500	304 880	162 100	114 500	276 600	(28 280)	0	(28 280)	-9.28%
Fellowships	656 800	564 800	1 221 600	820 500	780 500	1 601 000	379 400	0	379 400	31.06%
Office services	133 250	133 120	266 370	106 900	106 700	213 600	(52 770)	0	(52 770)	-19.81%
Publications (including printing)	171 000	170 500	341 500	163 534	162 353	325 887	(15 613)	0	(15 613)	-4.57%
Library books & periodicals	140 230	148 490	288 720	85 431	94 617	180 048	(108 672)	0	(108 672)	-37.64%
Laboratory maintenance and supplies	356 250	356 250	712 500	348 250	330 250	678 500	(34 000)	0	(34 000)	-4.77%
IT maintenance and licences	53 200	53 950	107 150	76 635	72 230	148 865	41 715	0	41 715	38.93%
Building services	1 627 300	1 665 640	3 292 940	1 406 176	1 951 391	3 357 567	64 627	0	64 627	1.96%
Staff Development & Training	83 000	83 000	166 000	91 600	91 300	182 900	16 900	0	16 900	10.18%
Director's Development Provision	170 000	170 000	340 000	170 000	170 000	340 000	0	0	0	0.00%
Others	18 000	18 000	36 000	20 200	20 200	40 400	4 400	0	4 400	12.22%
Total Non-Staff Costs	5 093 110	5 060 890	10 154 000	4 972 359	5 341 641	10 314 000	160 000	0	160 000	1.58%
Unprogrammed reserve	0	0	0	0	0	0	0	0	0	0.00%
<b>TOTAL REGULAR BUDGET</b>	21 865 751	22 284 042	44 149 793	24 063 850	24 625 288	48 689 138	2 723 402	1 815 943	4 539 345	10.28%
							6.17%	4.11%	10.28%	

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	1 795 693	1 837 530	3 633 223	8.23%	2 412 486	2 431 444	4 843 930	9.95%
2. Understand the causes of cancer	5 927 078	6 045 493	11 972 571	27.12%	5 371 510	5 361 939	10 733 449	22.04%
3. Evaluate and implement cancer prevention and control strategies	2 056 552	2 096 598	4 153 150	9.41%	2 883 462	2 840 986	5 724 448	11.76%
4. Increase the capacity for cancer research	5 014 406	5 089 389	10 103 795	22.89%	3 521 139	3 588 503	7 109 642	14.60%
5. Provide strategic leadership and enhance the impact of the Agency's contribution to global cancer research	2 488 551	2 518 252	5 006 803	11.34%	2 980 569	2 911 595	5 892 164	12.10%
6. Enable and support the efficient conduct and coordination of research	4 583 471	4 696 780	9 280 251	21.02%	6 894 684	7 490 821	14 385 505	29.55%
Total Regular Budget	21 865 751	22 284 042	44 149 793	100.00%	24 063 850	24 625 288	48 689 138	100.00%
<b>PROPOSED FINANCING:</b> (see Summary Table I)								
Full financing from Participating States Assessments	21 865 751	22 284 042	44 149 793	100.00%	24 063 850	24 625 288	48 689 138	100.00%

Summary Table I SUMMARY OF PROPOSED FINANCING FROM ASSESSMENTS ON 25 PARTICIPATING STATES (expressed in euros)									
Participating States	Number of units assigned (see Note 1 & 2)	YEAR 2022		YEAR 2022		BIENNIUM 2022-2023 TOTAL	BIENNIUM 2020-2021 TOTAL	2022-2023 2020-2021	
		70% of the assessed budget borne equally	30% of the assessed budget with the unit system	70% of the assessed budget borne equally	30% of the assessed budget with the unit system			% increase/ (decrease) (see Note 3)	Amount increase/ (decrease)
Australia	2	623 878	248 936	638 433	254 746	1 765 993	1 765 991	0.00	2
Austria	1	623 878	124 468	638 433	127 371	1 514 150	1 501 094	0.87	13 056
Belgium	1	623 878	124 468	638 433	127 371	1 514 150	1 501 094	0.87	13 056
Brazil	2	623 878	248 936	638 433	254 746	1 765 993	1 765 991	0.00	2
Canada	2	623 878	248 936	638 433	254 746	1 765 993	1 765 991	0.00	2
Denmark	1	623 878	124 468	638 433	127 371	1 514 150	1 501 094	0.87	13 056
Finland	0	623 878	0	638 433	0	1 262 311	1 236 194	2.11	26 117
France	4	623 878	497 872	638 433	509 490	2 269 673	2 295 788	-1.14	(26 115)
Germany	4	623 878	497 872	638 433	509 490	2 269 673	2 295 788	-1.14	(26 115)
Hungary <sup>3</sup>	0	623 878	0	638 433	0	1 262 311	0	0.00	1 262 311
India	1	623 878	124 468	638 433	127 371	1 514 150	1 501 094	0.87	13 056
Iran (Islamic Republic of)	0	623 878	0	638 433	0	1 262 311	1 236 194	2.11	26 117
Ireland	0	623 878	0	638 433	0	1 262 311	1 236 194	2.11	26 117
Italy	2	623 878	248 936	638 433	254 746	1 765 993	1 765 991	0.00	2
Japan	8	623 878	995 744	638 433	1 018 979	3 277 034	3 355 385	-2.34	(78 351)
Morocco	0	623 878	0	638 433	0	1 262 311	1 236 194	2.11	26 117
Netherlands	1	623 878	124 468	638 433	127 371	1 514 150	1 501 094	0.87	13 056
Norway	1	623 878	124 468	638 433	127 371	1 514 150	1 501 094	0.87	13 056
Qatar	0	623 878	0	638 433	0	1 262 311	1 236 194	2.11	26 117
Republic of Korea	2	623 878	248 936	638 433	254 746	1 765 993	1 765 991	0.00	2
Russian Federation	2	623 878	248 936	638 433	254 746	1 765 993	1 765 991	0.00	2
Spain	2	623 878	248 936	638 433	254 746	1 765 993	1 765 991	0.00	2
Sweden	1	623 878	124 468	638 433	127 371	1 514 150	1 501 094	0.87	13 056
Switzerland	1	623 878	124 468	638 433	127 371	1 514 150	1 501 094	0.87	13 056
United Kingdom	4	623 878	497 872	638 433	509 490	2 269 673	2 295 788	-1.14	(26 115)
United States of America	8	623 878	995 744	638 433	1 018 979	3 277 034	3 355 385	-2.34	(78 351)
Anticipated new PS (Group 1) <sup>3</sup>	8	623 878	995 744	638 433	1 018 979	1 657 412	0	0.00	3 277 034
TOTAL FUNDING	58	16 844 706	7 219 144	17 237 691	7 387 597	48 689 138	44 149 793	10.28	4 539 345

Notes:

1. The method of assessment of contributions of Participating States is detailed in Resolutions GC/15/R9, GC/54/R18, and GC/56/R6.
2. 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).
3. Contributions from Hungary and a new Participating State (Group 1, anticipated to join in 2020) are included in the 10.28% increases in the overall assessment on Participating States for 2022-2023. Overall assessment of remaining 25 Participating States is at the same level as 2020-2021 budget.

## ANNEXES

Six 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	Total Budget	Staff Budget	Non-staff Budget	Total Budget	Staff Budget	Non-staff Budget	Total Budget
<b>SCIENTIFIC PROGRAMME</b>										
<b>I. Data for action</b>										
CSU Cancer Surveillance	17.00	2 122 486	290 000	2 412 486	2 141 444	290 000	2 431 444	4 263 930	580 000	4 843 930
<b>II. Understanding the causes</b>										
GEM Genomic Epidemiology	13.80	1 657 584	210 000	1 867 584	1 670 152	210 000	1 880 152	3 327 736	420 000	3 747 736
NME Nutrition and Metabolism	15.50	1 858 145	225 000	2 083 145	1 873 288	195 000	2 068 288	3 731 433	420 000	4 151 433
LSB Laboratory Support and Services	6.00	554 340	220 000	774 340	564 435	220 000	784 435	1 118 775	440 000	1 558 775
<b>III. From understanding to prevention</b>										
ENV Environment and Lifestyle Epidemiology	9.50	1 188 245	150 000	1 338 245	1 196 563	150 000	1 346 563	2 384 808	300 000	2 684 808
EGM Epigenomics and Mechanisms	10.50	1 127 735	172 500	1 300 235	1 140 100	127 500	1 267 600	2 267 835	300 000	2 567 835
EPR Early Detection, Prevention and Infections	20.00	2 410 958	429 500	2 840 458	2 428 799	400 500	2 829 299	4 839 757	830 000	5 669 757
<b>IV. Knowledge mobilization</b>										
ESC Evidence Synthesis and Classification	12.50	1 547 261	285 100	1 832 361	1 556 433	285 100	1 841 533	3 103 694	570 200	3 673 894
LCA Learning and Capacity Building	4.00	385 525	329 000	714 525	393 197	351 000	744 197	778 722	680 000	1 458 722
<b>LEADERSHIP, GOVERNANCE, STRATEGIC ENGAGEMENT AND ADVOCACY</b>										
DIR Office of the Director*	9.80	1 341 059	573 000	1 914 059	1 357 319	501 500	1 858 819	2 698 378	1 074 500	3 772 878
<b>ADMINISTRATIVE PROGRAMME</b>										
SSR Services to Science and Research	45.60	4 898 153	2 088 259	6 986 412	4 961 917	2 611 041	7 572 958	9 860 070	4 699 300	14 559 370
TOTAL	164.20	19 091 491	4 972 359	24 063 850	19 283 647	5 341 641	24 625 288	38 375 138	10 314 000	48 689 138

\*Note: Office of the Director includes also the Ethic and Compliance Office, Strategic Engagement and Outreach.

IARC PROJECT TREE STRUCTURE AND ASSOCIATED PROJECTS IN 2022-2023							
Information Table 2							
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	
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	90	5	-	5	
		PB.2223.CSU.01 Global cancer indicators: expansion and innovation					
		PB.2223.CSU.04 Childhood cancer	85	5	5	5	
	1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	95	-	5	-	
	1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	85	5	5	5	
		PB.2223.CSU.03 Descriptive epidemiology of cancer					
		PB.2223.CSU.06 Social inequalities and cancer	5	-	-	95	
	1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	5	-	-	95	
		PB.2223.CSU.05 Economics of cancer					
	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	70	30	-	-
			PB.2223.EGM.01 Identify epigenetic biomarkers of exposure, early detection and risk stratification in human populations				
			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 ENV.04 Mutspec2.0: Toxicogenomic impact of cancer risk agents in experimental models and humans					
		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	
		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	
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	50	20	20	10	
			20	35	35	10	
2.3		Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	50	20	20	30	
			60	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	60	30	-	10	
			70	30	-	-	

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		
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.ENW.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	-		
		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	-	100	-		
		PB.2223.EPR.07	Cervical cancer screening and treatment strategies for low- and middle-income countries	-	100	-		
		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	-	-		
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.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	-	-		
		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.LCA.01	IARC Research Training and Fellowship Programme	100	-	-		
		PB.2223.LCA.02	IARC Courses Programme	100	-	-		
		PB.2223.LSB.03	Biobank Research, Capacity Building and Biobank Infrastructure support globally	100	-	-		
		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	-	-		
4.2 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	PB.2223.ENW.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	-	-		
		PB.2223.ESC.02	IARC Monographs on the Identification of Carcinogenic Hazards to Humans	100	-	-		
		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	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					

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
<b>5 Strengthening the Agency's leadership, governance, strategic engagement, and advocacy</b>	PB.2223.DIR.01	Direction and leadership	100	-	-	-
	PB.2223.DIR.02	Governance and Ethics	100	-	-	-
	PB.2223.SSR.01	Support to Governing and Scientific Council meetings and interactions with Participating States	100	-	-	-
	PB.2223.DIR.03	Strategic partnership and resource mobilization	100	-	-	-
	PB.2223.DIR.04 PB.2223.SSR.05	Media and Communications Publishing, Library and Web-Services	100 100	-	-	-
<b>6 Strengthening the efficiency and effectiveness of the Agency's research and collaboration</b>						
6.1 Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	PB.2223.ENV.06	Contribute to advanced biostatistical analyses and developing biostatistical methods	100	-	-	-
	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	-	-	-
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.04	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	100	-	-	-
	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	Project Number	Project Title	
1	1.1	Global cancer indicators: innovation and dissemination	
	1.2	Accelerating cancer registry support and development	
	1.3	Descriptive epidemiology of cancer Social inequalities and socio-economic transitions in cancer	
2	2.1	To study carcinogenic effects of exposure to protracted low doses of ionising radiation To study exposure to non-ionising radiation (electromagnetic fields) To study cancers with suspected environmental, occupational or lifestyle-related causes Identify and understand genes involved in cancer development. Epidemiology of head and neck cancers Identifying causes of cancer through mutational signatures Mendelian randomization studies of multiple cancers Kidney cancer molecular epidemiology Molecular markers of exposure, cancer risk, tumor detection and classification Molecular epidemiologic studies of nutrition and metabolism and cancer Dietary and lifestyle exposures associated with cancer and other non-communicable diseases	
	2.2	Metabolic and dietary biomarkers associated with cancer and intermediate end-points Epigenetic alterations in studies of cancer causation and prevention Epigenetics-based biomarkers in exposomics Multiomics (genomic, transcriptomic and epigenomic) molecular characterization of rare thoracic tumors. Genetics Platform. Biological properties of infectious agents in vitro and in vivo experimental models Toxicogenomics of environmental, lifestyle and occupational cancer risk factors Metabonomics-based development of biomarkers of foods, food constituents, food contaminants and metabolism The IARC TP53 Database Molecular biomarkers for nutrition assessment in cancer epidemiology	
	2.3	To study unique environmental, lifestyle and occupational exposures Aetiology, natural history and burden of infection-associated cancers worldwide To study lifestyle and environmental determinants of cancer risks, prognosis and cancer outcomes Epidemiology and prevention of gastric cancer Advancing cervical cancer elimination through improved access to screening, treatment & HPV vaccination Evaluation of colorectal cancer screening Improving the effectiveness of breast cancer screening, early diagnosis and treatment in LMICs Evaluation of HPV vaccination impact in low and middle-income countries Implementation studies of HPV and EBV vaccination Cervical cancer screening strategies for low- and middle-income countries Epigenomic profiling applicable to molecular epidemiology and carcinogen evaluation Non-invasive biomarkers for early detection of cancer. Biomarkers of lung cancer risk Determine the role of infectious agents in different human cancers Experimental and bioinformatic methodologies for molecular epidemiology and laboratory cancer research	
	2.4		
	3	3.1	
		3.2	
		3.3	

Information Table 3			
MAPPING OF PROJECTS AND BUDGET PROPOSALS 2020-2021 TO THE NEW PROJECT TREE STRUCTURE			
New Project Tree	2020-2021		
	Project Number	Project Title	
4	4.1	IARC Research Training and Fellowship Programme IARC Courses Capacity Building and Biobank Infrastructure support globally, including in Low and Middle Income Countries Integration of lifestyle and molecular exposures in aetiological models for cancer research WHO classification of tumours 5th series	
	4.2		
	4.3	Expansion and evaluation of Cancer Prevention Recommendations IARC Handbooks Programme Reporting the cancer screening initiatives & their impact in 5 Continents (CanScreen5)	
	4.4	IARC Monographs on the Evaluation of Carcinogenic Risks to Humans	
	5	5.1	Direction and leadership Strategic Research Investment Strategic Partnerships
		5.2	Support to Governing and Scientific Council meetings and interactions with Participating States
5.4		Information Services and Dissemination Editing, Layout and Translation Media Relations, Multimedia, and Web Services	
6.1		Contribute to advanced biostatistical analyses and developing biostatistical methods Management of IARC biobank and pre-analytical processing services Laboratory Services Support Laboratory and computing services Histopathology core facility	
6		6.2	Sound management of human and infrastructure resources
			Nouveau Centre
		Management of Agency's financial resources and resource mobilization	
		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 Objectives	2020 STAFF ACTIVITY		2021 STAFF ACTIVITY		REGULAR BUDGETARY RESOURCES		EXTRA-BUDGETARY RESOURCES				
		Professional and above	General Service	Professional and above	General Service	Staff Budget 2020-2021	Non-staff Budget 2020-2021	Total 2020-2021	Staff Budget 2020-2021	Non-staff Budget 2020-2021	Total 2020-2021	
<b>1</b>	<b>Describing the occurrence of cancer</b>											
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	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	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	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	5.90	7.20	2 913 518	420 000	3 333 518	166 959	175 105	342 064	
<b>2</b>	<b>Understanding the causes of cancer</b>											
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	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	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	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	2.38	2.00	1 001 856	207 000	1 208 856	416 768	13 800	430 568	
		23.27	21.50	23.27	21.50	10 060 825	1 494 232	11 555 057	1 443 230	3 105 342	4 548 572	
<b>3</b>	<b>Evaluating cancer prevention interventions</b>											
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	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	3.90	2.60	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	3.80	4.10	3.90	4.10	1 702 684	237 768	1 940 452	85 871	822 546	908 417	
		11.43	8.25	11.43	8.25	4 466 470	615 768	5 082 238	791 592	2 166 656	2 958 248	
<b>4</b>	<b>Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science</b>											
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	2.45	5.05	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	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	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	3.00	2.75	1 344 398	320 000	1 664 398	327 955	145 116	473 071	
		7.75	9.20	7.75	9.20	3 856 567	1 428 000	5 284 567	1 574 615	1 442 996	3 017 611	
<b>5</b>	<b>Strengthening the Agency's leadership, governance, strategic engagement, and advocacy</b>											
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	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	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	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	8.00	5.80	3 502 902	1 877 000	5 379 902	774 935	100 000	874 935	
<b>6</b>	<b>Strengthening the efficiency and effectiveness of the Agency's research and collaboration</b>											
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	1.55	8.90	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	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	14.65	31.25	9 195 511	4 319 000	13 514 511	1 996 753	3 132 729	5 129 482	
	<b>TOTAL</b>	71.00	83.20	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 Staff Budget 2022-2023	Non-staff Budget 2022-2023	Total 2022-2023	Increase/(Decrease) Staff Budget Non-staff Budget from 2020-2021	Total 2020-2021 Total	% Change
<b>1</b>	<b>Describing the occurrence of cancer</b>						
1.1	Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	1 621 084	140 000	1 761 084	568 257	599 657	51.63
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	1 210 564	100 000	1 310 564	515 010	432 010	49.17
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	1 098 456	220 000	1 318 456	(66 681)	24 919	1.93
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	333 826	120 000	453 826	333 826	453 826	0.00
		4 263 930	580 000	4 843 930	1 350 412	1 510 412	45.31
<b>2</b>	<b>Understanding the causes of cancer</b>						
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	4 349 641	528 500	4 878 141	207 050	110 384	2.32
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	2 720 424	333 200	3 053 624	(1 167 365)	(1 373 451)	-31.02
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	1 247 277	110 800	1 358 077	218 708	206 708	17.95
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	234 751	19.42
		9 517 949	1 215 500	10 733 449	(542 876)	(821 608)	-7.11
<b>3</b>	<b>Evaluating cancer prevention interventions</b>						
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	1 726 039	256 000	1 982 039	494 479	537 479	37.21
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	1 618 498	303 000	1 921 498	86 272	224 272	13.21
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	(126 273)	(119 541)	-6.16
		4 920 948	803 500	5 724 448	454 478	642 210	12.64
<b>4</b>	<b>Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science</b>						
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	2 118 012	843 000	2 961 012	581 375	616 375	26.29
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)	(15 972)	-2.56
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	1 172 980	239 000	1 411 980	710 562	759 562	116.42
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	1 804 408	325 100	2 129 508	460 010	465 110	27.94
		5 602 442	1 507 200	7 109 642	1 745 875	1 825 075	34.54
<b>5</b>	<b>Strengthening the Agency's leadership, governance, strategic engagement, and advocacy</b>						
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	574 486	872 000	1 446 486	(273 828)	(261 828)	-15.33
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	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	948 965	99 000	1 047 965	948 965	1 047 965	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)	(464 841)	-18.32
		4 025 364	1 866 800	5 892 164	522 462	512 262	9.52
<b>6</b>	<b>Strengthening the efficiency and effectiveness of the Agency's research and collaboration</b>						
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	2 262 777	2 783 671	5 046 448	403 330	812 189	19.18
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	58 805	0.63
		10 044 505	4 341 000	14 385 505	848 994	870 994	6.44
	<b>TOTAL</b>	38 375 138	10 314 000	48 689 138	4 379 345	4 539 345	10.28



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)		IARC Group		IARC Scale (# units)		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		IARC Scale (# units)	IARC Scale (# units)	IARC Scale (# units)
	WHO's % Contribution (WHA 72.12)	IARC Group	WHO's % Contribution (WHA 72.12)	IARC Group	WHO's % Contribution (WHA 70.9)	IARC Group	WHO's % Contribution (WHA 68.12)	IARC Group			
Australia	2.2101	3	2.2101	3	2.3371	3	2.0741	3	2	2	
Austria	0.6770	4	0.6770	4	0.7201	4	0.7981	4	1	1	
Belgium	0.8211	4	0.8211	4	0.8851	4	0.9981	4	1	1	
Brazil	2.9482	3	2.9482	3	3.8232	3	2.9342	3	2	2	
Canada	2.7342	3	2.7342	3	2.9211	3	2.9842	3	2	2	
Denmark	0.5540	4	0.5540	4	0.5840	4	0.6750	4	1	1	
Finland	0.4210	5	0.4210	5	0.4560	5	0.5190	4	1	1	
France	4.4273	2	4.4273	2	4.8592	2	5.5935	2	4	4	
Germany	6.0904	2	6.0904	2	6.3892	2	7.1416	2	4	4	
Hungary	0.2060	5	0.2060	5	0.1610	5	0.2660	5	0	0	
India	0.8341	4	0.8341	4	0.7370	4	0.6660	4	1	1	
Iran (Islamic Republic of)	0.3980	5	0.3980	5	0.4710	5	0.3560	5	0	0	
Ireland	0.3710	5	0.3710	5	0.3350	5	0.4180	5	0	0	
Italy	3.3072	3	3.3072	3	3.7482	3	4.4483	2	4	4	
Japan	8.5645	1	8.5645	1	9.6802	1	10.8338	1	8	8	
Morocco	0.0550	5	0.0550	5	0.0540	5	0.0620	5	0	0	
Netherlands	1.3561	4	1.3561	4	1.4821	4	1.6541	4	1	1	
Norway	0.7540	4	0.7540	4	0.8491	4	0.8511	4	1	1	
Oatar	0.2820	5	0.2820	5	0.2690	5	0.2090	5	0	0	
Republic of Korea	2.2671	3	2.2671	3	2.0391	3	2.0391	3	1	1	
Russian Federation	2.4052	3	2.4052	3	3.0882	3	2.4382	3	2	2	
Spain	2.1461	3	2.1461	3	2.4431	3	2.9732	3	2	2	
Sweden	0.9061	4	0.9061	4	0.9561	4	0.9601	4	1	1	
Switzerland	1.1511	4	1.1511	4	1.1401	4	1.0471	4	1	1	
United Kingdom of Great Britain and Northern Ireland	4.5673	2	4.5673	2	4.4632	2	5.1794	2	4	4	
United States of America	22.0000	1	22.0000	1	22.0000	1	22.0000	1	8	8	

<b>Information Table 7</b>											
<b>UNITED NATIONS ACCOUNTING RATES OF EXCHANGE: EUROS TO US DOLLARS</b>											
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 2012/2013	approved at 0.675 €/US\$										
Budget 2014/2015	approved at 0.758 €/US\$										
Budget 2016/2017	approved at 0.729 €/US\$										
Budget 2018/2019	approved at 0.894 €/US\$										
Budget 2020/2021	approved at 0.819 €/US\$										