International Agency for Research on Cancer

World Health Organization

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ALIGNMENT OF IARC'S PROGRAMME AND BUDGET STRUCTURE 2022–2023 WITH THE DRAFT IARC MEDIUM-TERM STRATEGY 2021–2025

1. The aim of this document is to inform the Governing Council (GC) about the preparation of the Programme and Budget 2022–2023, which is to be guided by the preparatory work of the IARC Secretariat and the early advice, by the Joint Working Group (GC/Scientific Council) on the IARC Medium-Term Strategy (MTS), on the development of IARC's Medium-Term Strategy 2021–2025 (MTS 2021–2025).

Background

2. Following Resolution GC/61/R7, the Agency initiated and implemented the activities listed hereunder in preparation of the development of its MTS 2021–2025:

- An evaluation of IARC activities by an ad hoc Advisory Group, the final report of which is presented in Document GC/62/9;
- A wide external consultation conducted with stakeholders, including cancer experts, professional groups, and societies, WHO staff and others;
- Internal consultations with IARC personnel through Agency-wide working groups and staff briefing sessions, and discussions among the Senior Leadership Team;
- Periodical reviews of research sections to ensure meeting priorities on research programme level and to define strategic adaption to a continuously growing evidence base;
- Commencing the formulation of key components of the MTS 2021–2025 based on the above.

Focusing IARC's activities on priorities

3. Taking into account the information and recommendations provided through consultations, scientific reviews and the external evaluation, and considering in particular the ad hoc Advisory Group's emphasis on the need for a stronger prioritization of IARC's activities, the Secretariat has advanced the preparation of the MTS 2021–2025, including the identification of emerging priorities.

4. The Secretariat conducted this process with the understanding that IARC would continue to pursue its scientific and research work in cancer prevention across relevant disciplines, methodologies and approaches – in alignment with its mandate. Notably, an inevitable and essential component for successful cancer prevention is to continue to build upon the pillars of the journey to cancer prevention, which are the questions i) who gets cancer (surveillance research), ii) why do we

get cancer (etiology research), iii) which measures work to prevent it (prevention implementation research), and iv) mobilizing the knowledge gained, including through capacity-building and the dissemination of information (building global capacity for cancer science). These pillars translate into the fundamental priorities of the Agency reflecting the natural course of cancer development.

5. Based on the afore mentioned consultations and discussions, a direction for IARC's future strategy – combining the existing fundamental priorities and new emerging priorities – has materialized, namely for IARC to seek the maximum impact of its work where it matters the most in terms of public health impact. More specifically, IARC should prioritize those of its efforts that respond to the most urgent and pertinent questions about cancer prevention by the international cancer control and public health community.

6. This new approach will require that IARC in the future a) consciously opts for engaging in what it is best at – by making full use of and strengthening its comparative advantages and b) intentionally pursues cancer research and science that is expected to positively and notably affect people's health.

7. During the preparatory work for the MTS 2021–2025, several topics emerged that are of particular relevance throughout the next decade for reducing cancer incidence or mortality through prevention (see Annex 1 for descriptions):

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

8. Considering its mandate, expertise and comparative advantages, IARC is well placed to significantly advance research, understanding and build capacities in relation to the fundamental and emerging priorities. As a cornerstone of the MTS 2021–2025, it is therefore suggested that IARC significantly strengthens its engagement, resources and collaboration in these areas when conducting its scientific and research work.

IARC's new Programme and Budget structure to refer to priority areas

9. It is proposed that a clear emphasis on priorities steers the design of IARC's biennial programmes and budgets during the period 2021–2025, including the related initiation and selection of projects and to present the upcoming Programme and Budget 2022–2023 with a link to priority areas.

10. The Secretariat will continue to develop the draft MTS 2021–2025 in the coming months, in close consultation with the Joint Governing and Scientific Council Working Group on the MTS (GC/SC MTS WG) that will be established during the 62nd session of the Governing Council. In particular, the Secretariat would benefit from the GC/SC MTS WG guidance to further strengthen its prioritization efforts.

Annex 1

Short description of emerging priority areas

The intention of providing the below descriptions is to facilitate a common understanding of the scope of each priority area as well as of important scientific or technical associations and concepts. The descriptions are not meant to delineate or predict IARC's potential future activities in relation to these areas.

Evolving cancer risk factors and populations in transition

The global cancer burden is affected by epidemiological transitions observed over time[1], including delayed degenerative diseases and the resurgence of infectious diseases due to globalisation described more recently[2]. The impact of these newer transitions on the causes and progression of cancer needs to be described and investigated with regard to potential preventive interventions.

Concurrently an environmental risk transition[3] occurs linked to urbanization and globalization, which impact on cancer risks due to an evolution of environmental and lifestyle carcinogens such as changing diets, increasing levels of obesity, decreasing levels of physical activity, new occupational and lifestyle hazards, exposure to industrial pollutants, changes in environmental pollutants in air, food and water. For the purpose of this document, the term also includes relevant global transitions, specifically related to climate change.

The identification and study of pertinent underlying biological mechanisms of carcinogenesis are key to understand the causal pathways as starting points for relevant and effective prevention interventions. Likewise, it is important to identify and evaluate key risk factors, in particular modifiable ones, and enhance the understanding of how these affect the cancer burden. Furthermore, potentially aggravating or alleviating conditions, including relevant cultural or social customs, need to be identified and evaluated.

Implementation research

Implementation of evidence-based interventions for cancer prevention, screening and early detection is expected to lead to a decrease in the global cancer burden in the long term, through reduced incidence and mortality.

However, successful adaptation and scaling–up of these interventions depend on the local context and health system, on adequate resources (human, financial and infrastructural) guided throughout the implementation process by good quality population-based data and research-ready samples, including cultural, social and economic determinants. The introduction of new tools, methods and approaches should be adapted to national resources and health systems to ensure equity in particular in low- and middle-income countries (LMICs).

Early translational research links basic laboratory knowledge on the causes or early sign of cancer with the development of interventions, tools or methods to target cancer prevention and its early detection. Implementation research seeks to ascertain scientific evidence for and assess strategies, including tools and methods for effective cancer prevention interventions to provide guidance on best practices. The ultimate objective is to adopt and integrate evidence-based health interventions into clinical and community settings to improve patient outcomes and benefit population health.

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[1] Omran, A.R. (2005) [1971], "The epidemiological transition: A theory of the epidemiology of population change", *The Milbank Quarterly*, **83** (4): 731–57

[2] *Mercer, A.J. (2018), "Updating the epidemiological transition model", Epidemiology and Infection, **146** (6): 680–687*

[3] *K.R. Smith and M. Ezzati, 2005, "How environmental health risks change with development: The epidemiological and environmental risk transition revisited", Annual review of Environment and Resources, Vol.30, pp. 291-333.*

Potential new evidence-based interventions must be developed considering the ultimate goal of deployment in “real world” conditions. Hence they must be adapted to fit the national context, then monitored and evaluated for their effectiveness to maximize their impact.

Economic and societal impacts of cancer

Cancer disparities are defined as the adverse differences in cancer incidence, prevalence, mortality, cancer survivorship, and burden of cancer or related health conditions that exist among specific population groups. Population groups are defined by their social, demographic, environmental, or geographic attributes. Inequalities in cancer and cancer risk factors impact every country and every citizen (gradient) but they disproportionally affect, now and even more in the future, disadvantaged individuals and social groups. These inequalities drive the public health impact of cancer along with significant economic consequences for societies.

With regard to cancer prevention, relevant inequalities may result in differences among population groups when adopting or being enabled to adopt health-promoting behaviours, or in their access to cancer care, in particular prevention and early detection programmes. As a starting point, the understanding of these interlinked issues must be deepened. For that, relevant and high-quality data and research-ready samples on population groups are required, in particular from LMICs. Targeted research can then provide scientific evidence to design or improve interventions that consider relevant inequalities in order to minimize their influence.

Countries at all income levels face considerable challenges in implementing an efficient response to the growing burden of cancer, which is threatening health budgets and economies, and causing financial catastrophe and impoverishment for individuals and families.

Many countries require information and guidance on resource allocation decisions and which cancer control policies should be prioritized and how. Estimating and projecting the economic burden of cancer at the micro- and macroeconomic level, as well as quantifying the health and economic benefits associated with investment in cancer control policies are becoming increasingly important for health care policy makers. Therefore, relevant knowledge needs to be generated, shared and applied more widely and effectively. The conduct of evidence-based cancer prevention interventions needs to be supported through appropriate guidance.

In this context, and where appropriate, economic analysis should support decision-making, such as conducting cost-of-illness and economic evaluation studies in different settings.