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PROPOSED PROGRAMME AND BUDGET 2024–2025

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FOREWORD

The IARC Programme and Budget 2024–2025 reflects the priorities set out in the IARC Medium-Term Strategy 2021–2025 (MTS) ([Document GC/63/6A](#)), as endorsed by the Governing Council in May 2021.

The IARC Programme and Budget 2024–2025 is the second biennial programme and budget prepared for the implementation of the MTS. It is presented in this document in full alignment with the structure of the Project Tree ([Information Table 2](#)), 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, in alignment with the MTS’ priorities. Individual Project and Budget Proposals that collectively formed the basis for the proposed Programme and Budget 2024–2025 were positioned within this new Project Tree, allowing the Agency to report on priority objectives and investments in fundamental and emerging priorities.

The IARC Programme and Budget 2024–2025

The focus of the present document is to outline the main objectives of the Programme and highlight changes from the previous biennium 2022–2023.

The Regular Budget and its financing

The overall level of the proposed regular budget 2024–2025 is €51.12 million, representing a 12.67% or €5.75 million increase from the approved 2022–2023 biennial budget.

The 2024–2025 budget is proposed to be financed exclusively from the assessments on Participating States. The overall assessments on existing Participating States, excluding China, is increased by 5% over the approved 2022–2023 budget. The budget increase is supported by the full contribution from China.

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 and aligns with the priorities of the MTS 2021–2025. Accordingly, the Proposed Programme and Budget 2024–2025 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.

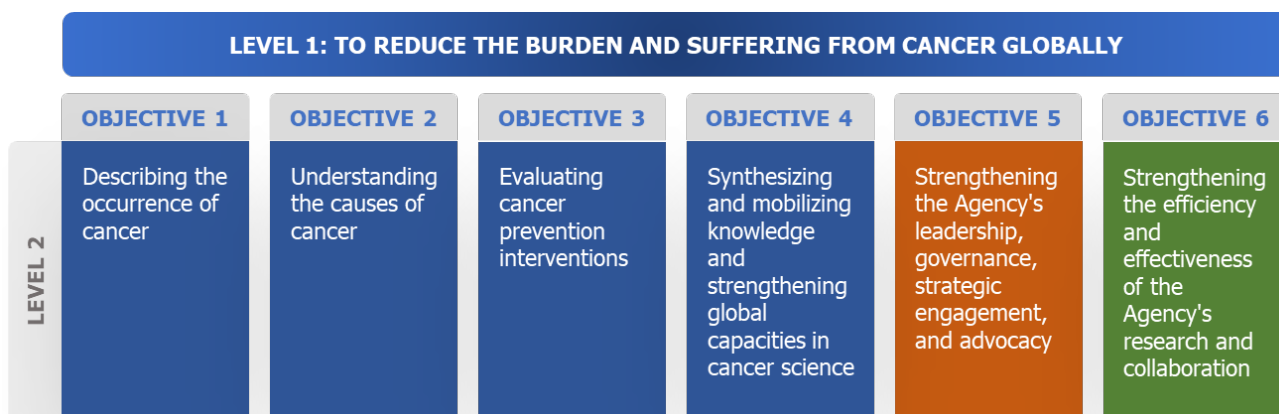


Figure 1: Levels 1 and 2 of IARC Project Tree

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 2022-2023, reflecting the medium to long-term nature of much of the research conducted at IARC.

IARC identified **three emerging priorities** that are important and evolving global issues for cancer prevention research. These emerging priorities were:

- 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 ([Budget Table F](#)).

2. THE IARC PROGRAMME 2024–2025

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) has been 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 international organizations, including joint actions with WHO that support the development of effective policies that align with the signature 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 with support from St Jude Children’s Research Hospital.

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 crosscut these activities.

The main objectives in these areas of the IARC Project Tree are therefore to:

- (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). Evidence Synthesis and Classification (ESC) will further contribute to Objective 1.

Resource allocation

Objective	Regular Budget 2024-2025			Increase/(Decrease) from 2022-2023		
	Staff	Non-staff	Total	Staff	Non-staff	Total
1.1	1 714 625	140 000	1 854 625	272 790	0	272 790
1.2	1 085 996	100 000	1 185 996	517 740	0	517 740
1.3	1 158 328	220 000	1 378 328	134 559	0	134 559
1.4	348 427	120 000	468 427	14 601	0	14 601
Total	4 307 376	580 000	4 887 376	939 690	0	939 690

The overall budget of 9.56% is attributed to this area, an increase from 8.70% in biennium 2022–2023; a net increase of €0.94 million. The financing of activities in the area of cancer registration (GICR) has been complemented by the voluntary contributions to the extent that several core staff positions have been financed by these extrabudgetary resources. With increasing challenges on resource mobilization and limited Unbudgeted Contributions (UB funds), a strategic decision has been made to allocate additional regular budget resources to secure three core staff positions and ensure sustainable progress of areas (1.1) and (1.2).

The Agency has invested in the economic consequences of cancer, with the position of Health Economist and related descriptive economics works recently transferred to CSU following the realignment of functions, attributed to area (1.4) in this proposed Programme and Budget.

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 and international consortia), 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 aetiology remains to be elucidated, 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). The acquisition of novel biomarkers, together with the availability of existing molecular data, allows candidate mechanisms of carcinogenesis to be investigated. NME is also

developing a comprehensive research programme to investigate the role of social disparity and sex in the association between nutritional and lifestyle factors and cancer development.

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, Asia, 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, and other chronic diseases to investigate cancer co-morbidity.

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. This will be completed as part of the CRUK Grand Challenge Mutographs initiative. 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 (mutographs.org). GEM scientists will initiate a new Grand Challenge project called PROMINENT (<https://cancergrandchallenges.org/teams/prominent>) that aims to understand how specific exposures can cause cancer through non-mutational pathways. In collaboration with NME, this project will also involve intervention studies that investigate genomic biomarkers for cancer among individuals who undergo weight reduction interventions as well as tobacco cessation interventions.

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, infectious and environmental exposures. A particular emphasis will be placed on studies of head and neck cancers in diverse settings, including among high-risk populations in South America.

Genomic studies will incorporate emerging exposomic techniques on the individual and population level to further understand why certain populations have higher incidence rates of specific cancers. In particular, GEM will coordinate an EC Cancer Mission project called DISCERN, that aims to understand why certain regions of Europe have higher than expected rates of renal, pancreas and colorectal cancer.

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.

IARC scientists within GEM will continue to lead projects that aim to have a real impact on early detection of cancer through the development and validation of genomic and proteomic 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. We will also investigate the potential utility of studies for head and neck cancers 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.

Epigenetic biomarkers

IARC will continue identifying epigenetic biomarkers of exposure and cancer risk (with the focus on breast, colorectal, and esophageal cancer as well as malignancies of children and young adults). These studies will capitalize on a network of international consortia and population-based studies combined with cutting edge methodologies for genome-wide profiling of epigenomic and transcriptomics alterations and robust bioinformatics and biostatistics pipelines. Finally, innovative in vitro and other experimental models will be devised and used to identify epigenetic “driver” genes in cancer and their link to selected known and emerging environmental carcinogens, and to study the mutagenic and carcinogenic potential of modifiable yet widespread lifestyle and dietary exposures (alcohol, acrylamide, nicotine-derived compounds) for which the full mechanistic understanding is incomplete or lacking. These lines of research will collectively provide biological plausibility to the associations detected in epidemiological studies.

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, petroleum industry, and radioactive contaminations.

IARC coordinates 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 infection-attributable cancer burden will continue to be improved, with a focus on the global cancer burden of Epstein-Barr virus (EBV).

Molecular tools and in vitro experimental models will be developed and applied for the detection of infectious agents in epidemiological studies and for characterization of the biological properties of well-established and emerging oncogenic viruses.

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 to:

- (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) and Environment and Lifestyle Epidemiology (ENV). Epigenomics and Mechanisms (EGM), Early Detection, Prevention, and Infections (EPR) and Evidence Synthesis and Classification (ESC) will further contribute to Objective 2.

Resource allocation

Objective	Regular Budget 2024-2025			Increase/(Decrease) from 2022-2023		
	Staff	Non-staff	Total	Staff	Non-staff	Total
2.1	3 671 675	674 100	4 345 775	(653 964)	145 600	(508 364)
2.2	3 072 147	376 900	3 449 047	399 728	43 700	443 428
2.3	1 220 939	118 000	1 338 939	129 678	7 200	136 878
2.4	722 863	152 500	875 363	(477 744)	(90 500)	(568 244)
Total	8 687 624	1 321 500	10 009 124	(602 302)	106 000	(496 302)

The overall resources attributed to this area is decreased from 23.15% in 2022–2023 to 19.58% in 2024–2025. Notwithstanding the net decrease of €0.49 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.

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 €6.5 million carried over to 2024–2025, of which €2.7 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 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. Generating evidence on the long-term efficacy of a single dose of HPV vaccine and role of prophylactic HPV vaccination for women above the catch-up age in combination with HPV-based cervical screening and treatment in both the general population and women living with HIV will be two of our major research priorities.

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 mHealth 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 lung cancer, gastric cancer, bladder cancer, breast cancer or anal 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. The overall approach is to provide a technical reference in the measurement of hepatitis mortality that will validate other modelling studies and ensure that the mortality target of the WHO hepatitis elimination initiative is achieved. 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 high gastric cancer prevalent countries within and outside Europe.

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 ACCI study will design and evaluate a contextually appropriate strategy to improve the diagnostic and treatment pathways for common cancers in India. These studies will be implemented in close collaboration with stakeholders including the policymakers.

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. This large-scale project using mHealth technology to follow women over several years has become a major information resource for WHO’s Global Breast Cancer Initiative.

CanScreen5 project will continue to work in collaboration with the Ministry of Health of different countries to build capacities to collect and use data to evaluate performance of cancer screening programmes with an ultimate goal of improving the coverage and quality of cancer screening programmes.

It is notable that laboratory research and methods are providing new avenues for early detection and studies of prognosis. Novel molecular markers of carcinogen exposure, cancer risk, formation and recurrence, will be developed and validated within molecular epidemiology studies relying on unique sample collections (the GETTEC consortium, the prospective cohorts EPIC and The Netherlands Cohort Study on Diet and Cancer (NLCS)). These biomarkers will be applicable to designs and conduct of the future population-based studies, and to monitoring of interventions carried out in high-risk regions including LMICs and in the context of emerging cancer risk factors and/or populations in transition. Furthermore, IARC research will develop novel diagnostic assays for the detection of cancer-associated infectious agents.

Finally, IARC will continue to identify molecular alterations associated with obesity and evaluate the potential reversibility of the identified molecular changes (such as epigenetic markers) associated with cancer risk after weight loss in intervention studies. The results should provide attractive molecular candidates for developing a new generation of powerful biomarkers for risk stratification and prevention of cancer/recurrence.

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 and Infections (EPR). Other contributors to Objective 3 are Environment and Lifestyle Epidemiology (ENV), Genomic Epidemiology (GEM), Epigenomics and Mechanisms (EGM), and Evidence Synthesis and Classification (ESC).

Resource allocation

Objective	Regular Budget 2024-2025			Increase/(Decrease) from 2022-2023		
	Staff	Non-staff	Total	Staff	Non-staff	Total
3.1	1 983 467	458 500	2 441 967	431 244	202 500	633 744
3.2	1 484 819	373 000	1 857 819	106 345	70 000	176 345
3.3	1 536 819	198 000	1 734 819	(39 592)	(46 500)	(86 092)
Total	5 005 104	1 029 500	6 034 605	497 997	226 000	723 997

The overall budget of 11.81% is attributed to this area, a slight increase from 11.70% in 2022–2023 budget. In absolute terms, the overall budget has a net increase of €0.72 million, which is justified by an urgent need to re-strengthen human resource capacity and strengthening research collaborations in area (3.1) with key focus on implementation science.

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 IARC Handbooks of Cancer Prevention Programme coordinates international expert evaluations of the published scientific evidence on the effectiveness of primary and secondary cancer prevention interventions, in an approach similar and complementary to that of the IARC Monographs. These include interventions and strategies 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). National and international health agencies use the IARC Handbooks to guide and support their actions for cancer control. An overarching objective is to conduct evaluations 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 them as widely as possible to diverse stakeholders.

The IARC Monographs Programme, in parallel with the conduct of evaluations of agents, actively engages with national and international organizations to also improve the science and practice of evaluating

potential carcinogens. Important initiatives, in the form of workshops or webinars, are to develop and apply tools for evaluating impacts of potential biases in human cancer studies; to refine and systematize the mechanistic evidence review according to key characteristics of carcinogens, incorporating novel scientific findings and to improve approaches for carcinogenic hazard and risk communications.

In 2022, ENV has launched the World Code against Cancer Framework, inspired by the demand of several regions of the world to develop similar sets of regional cancer prevention recommendations as Europe has done with the European Code against Cancer (ECAC). The 4th edition of the ECAC was published in 2014, producing authoritative, clear and evidence-based recommendations to promote cancer prevention, with a new rigorous methodology developed by ENV. In 2022, IARC was mandated by the European Commission to develop the 5th edition according to recommendations that IARC and partners had outlined in the “Innovative Partnership for Action against Cancer (iPAAC)”. For the World Code, the cancer prevention recommendations will be tailored to the various region-specific epidemiological, socio-economic and cultural situations. Producing 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. Current status is the development of the 1st Code for the Latin America and Caribbean (LAC), scheduled to be launched in spring 2023 followed by respective implementation research, the development for the 5th edition of the ECAC by 2026, and the planning of the 1st Code for the Asian regions which started with an assessment of the situation of cancer prevention in the region in 2022, as well as early discussions with potential African partners and from the Middle East region.

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 and 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. Funding will be identified to complement the regular budget and offer more awards. The Mid-Career Scientist Award launched in 2022 will be pursued providing an opportunity to experienced investigators from LMICs to develop a collaborative

project at IARC. Funding will be raised for the IARC Women in Cancer Programme, an initiative to accompany and support women from the beginning of their careers to their establishment in cancer research.

Within the IARC Courses Programme, and in collaboration with the WHO Academy, the IARC Learning Portal will be further developed as a global single-entry point to learning and training resources/events on cancer research for cancer prevention. In addition to linking to worldwide resources, eLearning material and courses will increasingly be developed and made available through the Portal. 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 in 2025. 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). Regional training centres will be set up to leverage the impact of IARC core courses. A first centre will be set up in partnership with the National Cancer Center of China. Plans for another centre may be made depending on resources available.

The overall coordination of the formal training activities of the Agency is provided by the Learning and Capacity Building (LCB) Branch within Pillar 4. Training courses associated with specific projects are delivered by those Branches involved, with examples from Cancer Surveillance (CSU), Nutrition and Metabolism (NME), Early Detection, Prevention and Infections (EPR), Environment and Lifestyle Epidemiology (ENV), or the Laboratory Support and Services. The IARC Courses Programme will further closely collaborate with the Human Resources Office and Early Career and Visiting Scientists in the organization of generic training courses targeting early career scientists hosted at the Agency or in the implementation of the mentoring programme. In addition, strategic research investment is managed through the Director's Office.

The main objectives in this area of the Project Tree are therefore to:

- (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 and Classification (ESC) and Learning and Capacity Building (LCB). Cancer Surveillance (CSU), Nutrition and Metabolism (NME), Environment and Lifestyle Epidemiology (ENV), Early Detection, Prevention and Infections (EPR), Genomic Epidemiology (GEM), Epigenomics and Mechanisms (EGM) will further contribute to Objective 4.

Resource allocation

Objective	Regular Budget 2024-2025			Increase/(Decrease) from 2022-2023		
	Staff	Non-staff	Total	Staff	Non-staff	Total
4.1	1 759 141	730 000	2 489 141	(346 870)	(113 000)	(459 870)
4.2	476 051	47 400	523 451	(30 991)	(52 700)	(83 691)
4.3	1 794 259	253 000	2 047 259	1 035 119	11 000	1 046 119
4.4	1 983 729	325 000	2 308 729	478 069	(100)	477 969
Total	6 013 180	1 355 400	7 368 580	1 135 327	(154 800)	980 527

The overall budget attributed to this area increased slightly from 14.08% in 2022–2023 to 14.41% in 2024–2025; a net increase of €0.98 million. A strategic decision has been made to strengthen the human resource capacity to support the IARC Handbooks (area 4.3) and IARC Monographs programme (area 4.4). Having this additional support will ascertain continuity as well as bring to full strength, the programme’s principles and processes.

2.5 Objective 5 – Strengthening the Agency’s leadership, governance, strategic engagement, and advocacy

This area comprises the activities relating to the implementation of the scientific strategy and programme, the support to the governance structures of IARC and the management of strategic partnership, 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 scientific and managerial priorities, by defining, implementing and evaluating the Agency’s Medium-Term Strategy (MTS), within the overall framework of its mission and Statute, being advised in these functions by the Senior Advisory Team (SAT) on operational policy and management matters for decision-making. In 2024, the evaluation of the MTS 2021–2025 will be conducted.

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/webinars, interviews, and participation in working groups and workshops. Dissemination of IARC’s research is a foundation to translating the scientific findings into cancer control measures and falls under this objective.

This area also includes the support to the governance structures of IARC, and the management of strategic partnerships. Success depends on the further strengthening of key strategic partnerships with WHO/HQ, WHO Regional Offices, and with governmental and nongovernmental partners in order to influence the development of cancer control policy by providing a reliable evidence base.

The Agency is rightly subject to scrutiny of its policies and procedures, particularly when performing evaluation of carcinogenic agents or preventive interventions. 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 of Engagement with Non-State Actors provides important points of reference for the Agency in this context. IARC has a duty to show leadership in ensuring that its studies are beyond ethical reproach. 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 developed to increase competitive funding, widen engagement with strategic partners for direct funding, widen membership of IARC, and explore novel fundraising for flagship projects.

Communication activities aim at raising awareness of IARC’s work among key stakeholders falls under this objective. A new communication strategy has been developed, covering three components of communication: i) the “Institutional Communication” component aims to increase the visibility of the Agency among key stakeholders through the main institutional platforms (website, IARC social media platforms); ii) the “Dissemination for impact” component aims to enhance IARC public health impact towards specific audiences (policy makers, research community, civil society organizations, etc); iii) the “fundraising and resource mobilization” component aims to increase income generated by the fundraising campaigns, events and other related activities.

The main objectives in this area of the Project Tree are therefore to:

- (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, with contributions from the Services to Science and Research (SSR).

Resource allocation

Objective	Regular Budget 2024-2025			Increase/(Decrease) from 2022-2023		
	Staff	Non-staff	Total	Staff	Non-staff	Total
5.1	544 643	907 425	1 452 068	(43 726)	35 425	(8 301)
5.2	1 028 974	382 000	1 410 974	68 277	18 000	86 277
5.3	800 413	174 800	975 213	572 812	75 800	648 612
5.4	1 121 776	495 915	1 617 691	(419 440)	(35 885)	(455 325)
Total	3 495 806	1 960 140	5 455 946	177 923	93 340	271 263

The overall budget of 10.67% is attributed to this area, showing a decrease from the 2022–23 budget at 11.43%. In absolute terms, the budget has a net increase of €0.27 million, which mainly results from the statutory staff cost increase and additional budget allocated to non-staff budget for this objective.

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 engaged 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 and Lifestyle Epidemiology (ENV), Laboratory Support and Services, Evidence Synthesis and 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, financial and physical 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, procurement, legal and administrative support.

SSR continue to anticipate IARC's scientific needs through enhanced collaboration with scientists across the Agency and externally. With specific focus on data protection and on practical and innovative use of IT resources, the emphasis is to provide IARC's scientists with the right solutions at the right time.

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 is working in collaboration with WHO on implementation of the Business Management System project (new ERP system) which will enable IARC to increase accountability and transparency while improving IARC's overall operational and scientific efficiency. This initiative will help IARC in strengthening its internal control environment through better monitoring of results and management of resources.

Following are the primary objectives of this area:

- (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 2024-2025			Increase/(Decrease) from 2022-2023		
	Staff	Non-staff	Total	Staff	Non-staff	Total
6.1	1 970 754	5 088 894	7 059 648	55 609	2 308 223	2 363 832
6.2	8 097 201	2 205 531	10 302 732	315 473	648 202	963 675
Total	10 067 955	7 294 425	17 362 380	371 082	2 956 425	3 327 507

Overall, the proportion of resources assigned to this area has increased as compared to 2022–2023 biennium (from 30.9% to 33.9%). In absolute terms, the budget is increased by €3.3 million, representing statutory staff 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 net increase in staff costs is a result of statutory staff cost increases as well as an overall reduction in the staff budget allocation for SSR. This reduction has resulted from the restructuring of its staff positions whereby 4.5 positions have been abolished and the budget has been strategically repurposed for funding 4 new positions to support the evolving needs of the Agency. Non-staff budget has been increased to meet the unprecedented increase in energy costs and to support the new ERP project, namely Business Management System (BMS), in collaboration with WHO. The budget for these two elements under Objective 6 will provide direct benefits to the scientific programmes across IARC.

2.7 Fundamental and Emerging Priorities

In 2022–2023 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 2024–2025, 17% of the regular budget is attributed to emerging priorities. Emerging priorities are largely embedded within the scientific programmes under Objectives 1, 2, and 3.

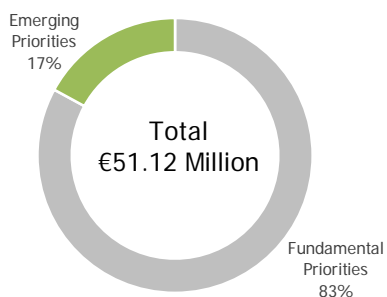


Figure 2: Regular Budget 2024–2025 attributed to fundamental and emerging priorities

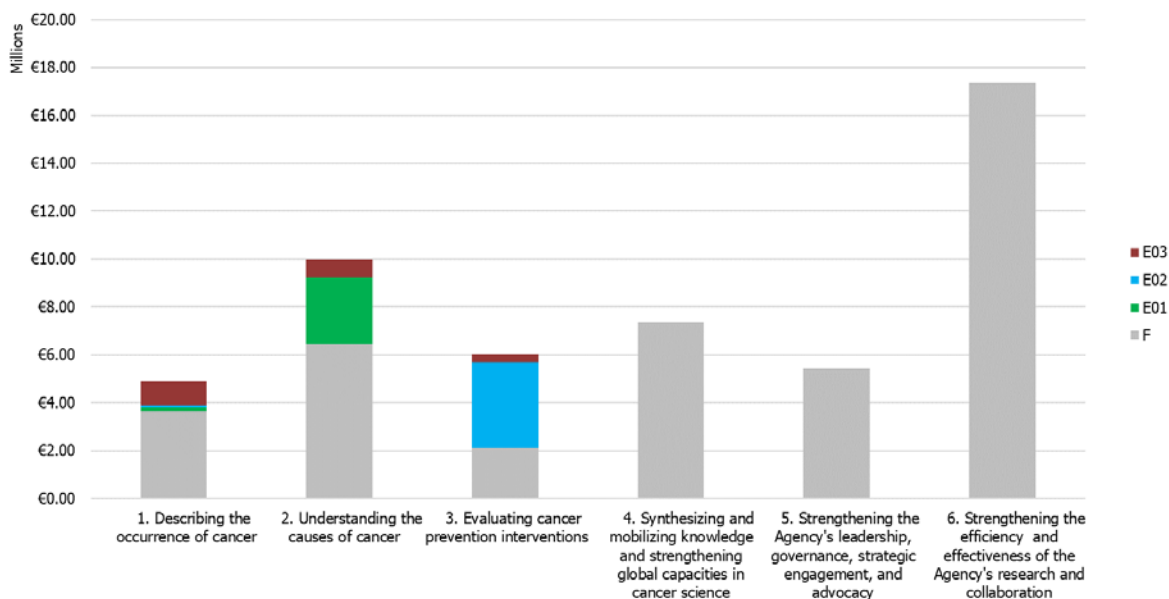


Figure 3: Fundamental and emerging priorities within the Level 2 Objectives of the Project Tree

3. PROPOSED BUDGET 2024–2025

3.1 Budget presentation

The proposed budget 2024–2025 is the second biennial budget within the approved Medium-Term Strategy 2021–2025. As with the proposed programme, the presentation of the proposed budget follows the structure of the 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.

3.2 Explanation of the proposed regular budget

The proposed budget 2024–2025 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 2024–2025 biennium is **€51 118 011**. 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	2022–2023		2024–2025	
	(in euros)	%	(in euros)	%
1. Describing the occurrence of cancer	3 947 686	8.70	4 887 376	9.56
2. Understanding the causes of cancer	10 505 426	23.15	10 009 124	19.58
3. Evaluating cancer prevention interventions	5 310 608	11.70	6 034 605	11.81
4. Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	6 388 053	14.08	7 368 580	14.41
5. Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	5 184 683	11.43	5 455 946	10.67
6. Strengthening the efficiency and effectiveness of the Agency's research and collaboration	14 034 873	30.93	17 362 380	33.97
Total	45 371 329	100.00	51 118 011	100.00

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, €10.30 million) but also the costs of other enabling functions which directly contribute to IARC's scientific programmes (Objective 6.1, €7.06 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 20.15%.**

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

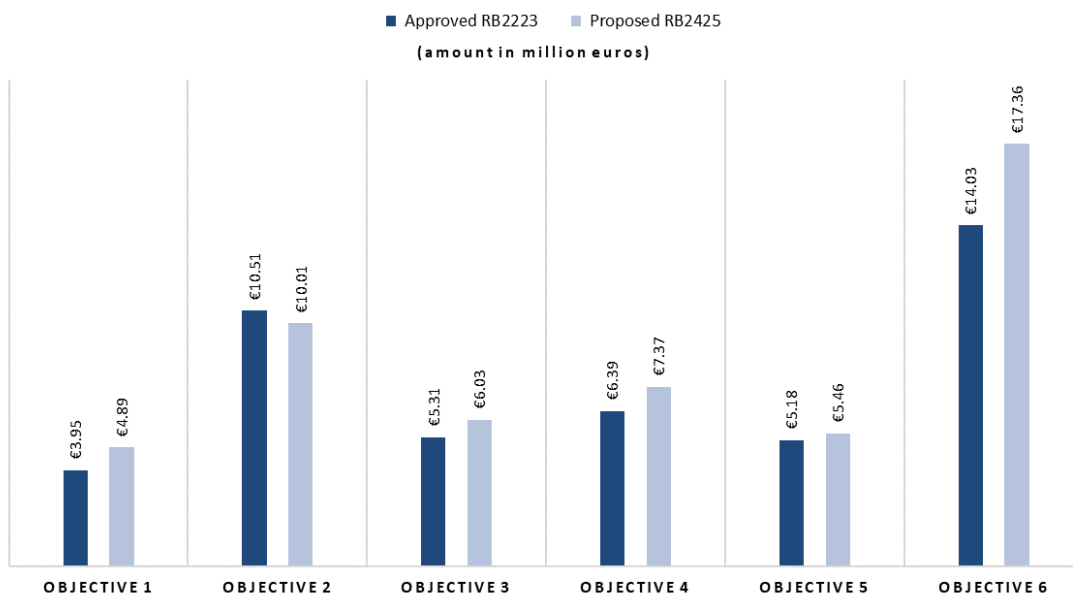


Figure 4: Comparison of proposed 2024–2025 regular budget and approved 2022–2023 regular budget

3.2.2 Staff and non-staff budget distribution

Overall budget increase in 2024–2025 is attributed to the increase of staff budget as well as the non-staff budget 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](#).

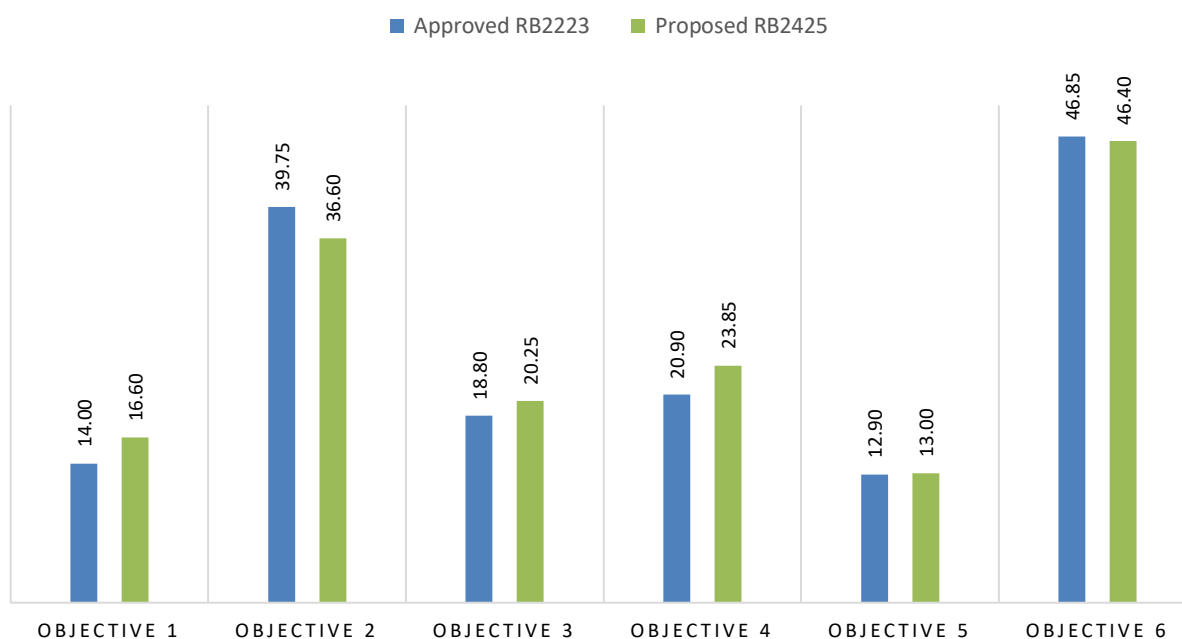
Budget category	2022–2023 (in euros)		2024–2025 (in euros)	
		%		%
Staff budget	35 057 329	77.27	37 577 046	73.51
Non-staff budget	10 314 000	22.73	13 540 965	26.49
Total	45 371 329	100.00	51 118 011	100.00

Staff budget increase reflects a combination of statutory staff cost increase and investment in further strengthening the Agency’s human resource capacity.

In May 2021, the Governing Council approved a “flat” budget for 2022–2023 biennium, i.e. the same budget level as for 2020–2021. 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 Medium-Term Strategy 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), capacity building (Objective 4.3), Handbooks (Objective 4.3), and Monographs (Objective 4.4). Additional investments are also made in the global knowledge strengthening (Objective 4.1). Figure 5 below compares the number of regular budget funded posts in the proposed budget and the approved budget 2022–2023.

Figure 5: Number of posts in the proposed 2024–2025 and approved 2022–2023 regular budget



Overall, the total number of posts to be funded from the regular budget in 2024–2025 has a net increase of 3.5 positions as compared to 2022–2023, or a net increase of 2.5 positions when compared to 2020–2021. [Summary Table E](#) provides further details on post distribution by Objectives.

Staff category	2020–2021	2022–2023	2024–2025	Change from 2022–2023
Professional (P)	71.00	68.00	72.00	4.00
General Service (GS)	83.20	85.20	84.70	-0.50
Total number of posts	154.20	153.20	156.70	3.50
% Distribution of P:GS	46:54	44:56	46:54	

3.2.3 Cost increase

The proposed budget is 12.67% higher than the 2022–2023 approved budget, 3.18% representing the statutory staff cost increases and 9.48% 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	1 075 701	1 444 016	2,519,717
Non-staff cost increase	3 226 965	0	3 226 965
Total cost increase	4 302 666	1 444 016	5 746 682
Total % increase	9.48%	3.18%	12.67%

Non-staff cost increased by €3.22 million to €13.54 million. This proposed budget level provides for a 5% increase in the non-staff budget for all scientific branches and the remaining increase allows for covering costs of inflation related to utility expenditure, budget for the Business Management System (BMS) project and for providing support to the scientific computing infrastructure, biobank and laboratory support, advanced biostatistical analyses and IARC Histopathology Laboratory.

The staff cost increase foreseen over the next biennium is €2.5 million, €1.44 million due to statutory cost increase and €1.07 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 grades of some of the existing posts.

3.3 Financing of the regular budget

The 2024–2025 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 China, joining IARC in 2021. China will start paying its full assessed contributions towards the 2024–2025 Programme Budget, in accordance with Governing Council Resolution [GC/63/R1](#).

Funding Source	2022–2023 (in euros)	2024–2025 (in euros)	% Change
Assessed contribution from China	0	3 477 618	7.67%
Assessed contributions from other Participating States	45 371 329	47 640 393	5.00%
Total regular budget	45 371 329	51 118 011	12.67%

The proposed budget represents an overall increase of €5.74 million or 12.67% 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 full assessed contribution from China leads to an increase in the proposed budget by 7.67% over the previous biennium budget. Additionally, the Secretariat requests an increase of the overall assessed contribution from the remaining 26 Participating States by 5%.

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 WHA75.9, which was based on the United Nations scale of assessments for the three-year period 2022–2024 consistent with United Nations General Assembly Resolution 76/238.

[Information Table 4](#) 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. A change in the WHO scale of assessment for the Russian Federation moved them from Group 3 to Group 4, leading to a reduction in their assessed contribution for 2024–2025 by €171 667 or 0.38% over the 2022–2023 biennium budget.

The impact of the proposed budget on each individual Participating State as compared to the approved 2022–2023 budget is summarized in the below table.

Proposed budget 2024–2025	Approved budget 2022–2023	Amount increase/ decrease	Participating States
1 325 282	1 221 536	103 746	Group 5: Finland, Hungary, Iran (Islamic Republic of), Ireland, Morocco, Qatar
1 594 324	1 493 764	100 560	Group 4: Austria, Belgium, Denmark, India, Netherlands, Norway, Sweden, Switzerland
1 594 324	1 765 991	(171 667)	Group 4 (Previously Group 3): Russian Federation
1 863 366	1 765 991	97 375	Group 3: Australia, Brazil, Canada, Italy, Republic of Korea, Spain
2 401 451	2 310 448	91 003	Group 2: France, Germany, United Kingdom
3 477 618	3 399 360	78 258	Group 1: Japan, United States of America
3 477 618	n/a	n/a	Group 1: China (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 amounted to €14.65 million as shown in the below table. These are the secured voluntary designated contributions at

the time of budget preparation (September 2022) 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	2022–2023		2024–2025	
	(in euros)	%	(in euros)	%
1. Describing the occurrence of cancer	405 963	2.77	314 358	1.35
2. Understanding the causes of cancer	3 451 987	23.56	6 452 020	27.63
3. Evaluating cancer prevention interventions	2 144 532	14.64	5 549 624	23.77
4. Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	3 238 713	22.11	5 258 655	22.52
5. Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	593 836	4.05	883 025	3.78
6. Strengthening the efficiency and effectiveness of the Agency's research and collaboration	4 816 188	32.87	4 890 665	20.95
Total	14 651 219	100.00	23 348 347	100.00

Overall, the secured extrabudgetary resources at the time of planning have increased by €8.7 million or 59.36% as compared to the previous biennium. 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 made efforts to maintain the investment of PSC funds almost at the same level as the previous biennium, to continue providing strong administrative and operational support to science and to ensure smooth functioning of the Nouveau Centre. The opening of the Nouveau Centre is an important milestone in the history of IARC and management of its operations, especially in the initial stages, is of prime importance for the Secretariat.

Overall budget inclusive of extrabudgetary resources:

The total resources for implementation of activities in the 2024–2025 biennium, combining the proposed regular budget and extrabudgetary resources already secured, is €74.46 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 Medium-Term Strategy (MTS) 2021–2025 should the proposed budget be approved. Additional extrabudgetary resources are expected to be obtained during the biennium to complement the regular budget.

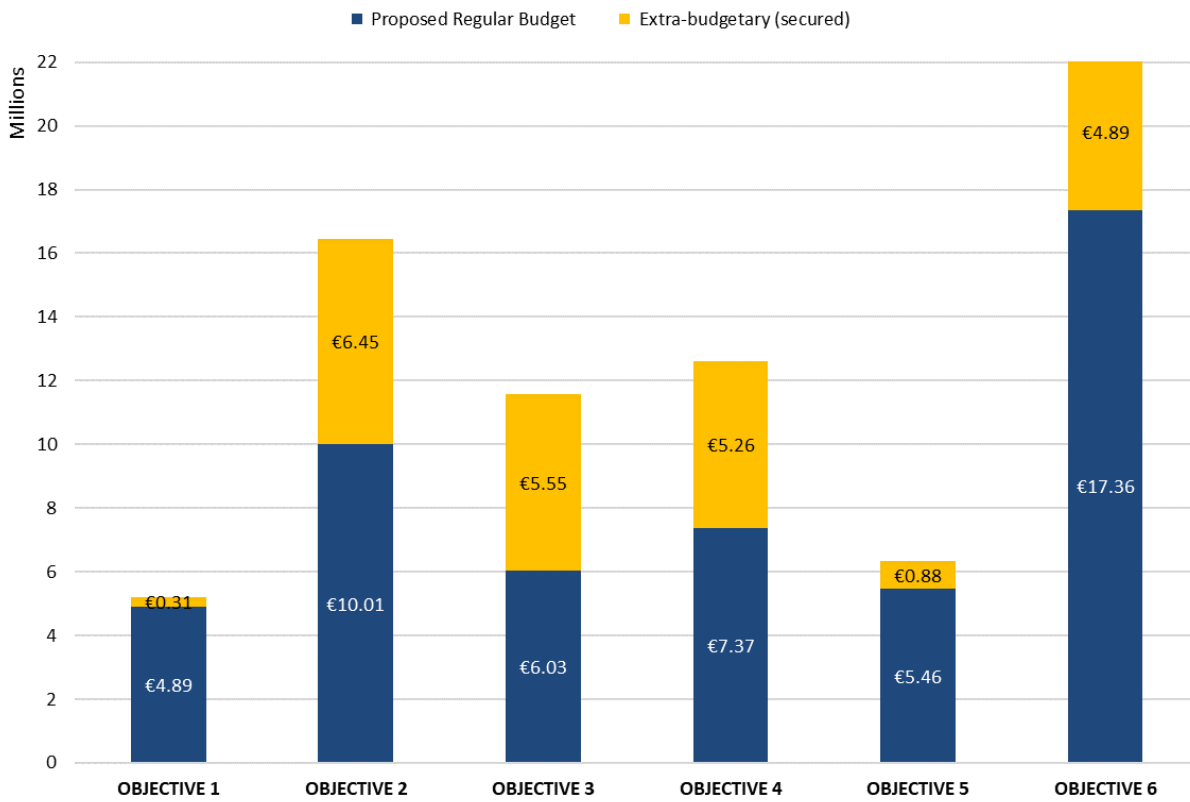


Figure 6 – Resource distribution inclusive of secured extrabudgetary resources by Objective

4. BUDGET TABLES

The proposed 2024–2025 budget is presented in the following nine summary tables, of which five tables include the 2022–2023 approved budget for comparison purposes.

- **Table A - Proposed regular budget for the biennium 2024–2025:** 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 2022–2023 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 2022–2023. 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 2022–2023. 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 2022–2023 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 2022–2023 budget.

Summary Table A - Proposed regular budget for the biennium 2024–2025:

Summary Table A		
PROPOSED REGULAR BUDGET FOR THE BIENNIUM 2024-2025		
(expressed in euros)		
LEVEL 2 OBJECTIVES	2024-2025 BUDGET	%
1. Describing the occurrence of cancer	4 887 376	9.56
2. Understanding the causes of cancer	10 009 124	19.58
3. Evaluating cancer prevention interventions	6 034 605	11.81
4. Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	7 368 580	14.41
5. Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	5 455 946	10.67
6. Strengthening the efficiency and effectiveness of the Agency's research and collaboration	17 362 380	33.97
TOTAL BUDGET	51 118 011	100.00

Summary Table B - Summary of biennial resources by level 2/3 objectives and sources of fund:

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 f)			
		2022-2023 Budget Amount	% Budget Amount	2024-2025 Budget Amount	% Budget Amount	2022-2023 Budget Amount	% Budget Amount	2024-2025 Budget Amount	% Budget Amount
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	1 581 835		1 854 625		226 045		62 871	
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	668 256		1 185 996		36 000		220 051	
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	1 243 769		1 378 328		143 918		31 436	
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	453 826		468 427		0		0	
		3 947 686	8.70	4 887 376	9.56	405 963		314 358	
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	4 854 139		4 345 775		2 058 200		2 717 041	
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	3 005 619		3 449 046		326 350		1 696 096	
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	1 202 061		1 338 940		885 307		1 705 967	
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	1 443 607		875 363		182 130		332 916	
		10 505 426	23.15	10 009 124	19.58	3 451 987		6 452 020	
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	1 808 223		2 441 967		651 042		4 450 915	
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	1 681 474		1 857 819		787 736		459 594	
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	1 820 911		1 734 819		705 754		639 115	
		5 310 608	11.70	6 034 605	11.81	2 144 532		5 549 624	
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	2 949 011		2 489 141		721 030		837 665	
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	607 142		523 451		2 205 288		2 382 220	
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	1 001 140		2 047 259		312 395		1 054 745	
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	1 830 760		2 308 729		0		984 025	
		6 388 053	14.08	7 368 580	14.40	3 238 713		5 258 655	
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy								
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	1 460 369		1 452 068		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	1 324 697		1 410 974		0		0	
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	326 601		975 213		0		428 923	
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	2 073 016		1 617 691		593 836		454 102	
		5 184 683	11.43	5 455 946	10.67	593 836		883 025	
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration								
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	4 695 816		7 059 648		855 334		988 990	
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		10 302 732		3 960 854		3 901 675	
		14 034 873	30.93	17 362 380	33.97	4 816 188		4 890 665	
	TOTAL	45 371 329	100.00	51 118 011	100.00	14 651 219		23 348 347	

Notes:
f. 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:

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	2024			2025			2024-2025				
		Staff	Non-Staff	Total	Staff	Non-Staff	Total	Staff	Non-Staff	Total		
		Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget		
1	Describing the occurrence of cancer	849 155	70 000	919 155	865 470	70 000	935 470	1 714 625	140 000	1 854 625		
1.1	Improve and expand reporting of cancer data and statistics to inform global, regional, and national priorities for cancer prevention and cancer control	536 698	50 000	586 698	549 298	50 000	599 298	1 085 996	100 000	1 185 996		
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	584 773	110 000	694 773	573 555	110 000	683 555	1 158 328	220 000	1 378 328		
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	173 942	60 000	233 942	174 485	60 000	234 485	348 427	120 000	468 427		
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	2 144 568	290 000	2 434 568	2 162 808	290 000	2 452 808	4 307 376	580 000	4 887 376		
2	Understanding the causes of cancer	1 823 863	333 650	2 157 513	1 847 812	340 460	2 188 262	3 671 675	674 100	4 345 775		
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	1 526 526	186 750	1 713 276	1 545 620	190 150	1 735 770	3 072 146	376 900	3 449 046		
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	606 812	55 600	662 412	614 128	62 400	676 528	1 220 940	118 000	1 338 940		
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	359 204	76 250	435 454	363 659	76 250	439 909	722 863	152 500	875 363		
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	4 316 405	652 250	4 968 655	4 371 219	669 250	5 040 469	8 687 624	1 321 500	10 009 124		
3	Evaluating cancer prevention interventions	985 153	229 250	1 214 403	998 314	229 250	1 227 564	1 983 467	458 500	2 441 967		
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	739 428	186 500	925 928	745 391	186 500	931 891	1 484 819	373 000	1 857 819		
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	762 505	99 500	862 005	774 314	98 500	872 814	1 536 819	198 000	1 734 819		
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	2 487 086	515 250	3 002 336	2 518 019	514 250	3 032 269	5 005 105	1 029 500	6 034 605		
4	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	873 674	345 000	1 218 674	885 467	385 000	1 270 467	1 759 141	730 000	2 489 141		
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	237 043	23 700	260 743	239 008	23 700	262 708	476 051	47 400	523 451		
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	892 778	135 000	1 027 778	901 481	118 000	1 019 481	1 794 259	253 000	2 047 259		
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	988 426	162 500	1 150 926	995 303	162 500	1 157 803	1 983 729	325 000	2 308 729		
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	2 991 921	666 200	3 658 121	3 021 259	689 200	3 710 459	6 013 180	1 355 400	7 368 580		
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	270 783	449 602	720 385	273 860	457 823	731 683	544 643	907 425	1 452 068		
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	510 139	191 000	701 139	518 835	191 000	709 835	1 028 974	382 000	1 410 974		
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	398 093	87 400	485 493	402 320	87 400	489 720	800 413	174 800	975 213		
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	558 204	257 145	815 349	563 572	238 770	802 342	1 121 776	495 915	1 617 691		
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	1 737 219	985 147	2 722 366	1 758 587	974 993	2 733 580	3 495 806	1 960 140	5 455 946		
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration	976 601	2 618 586	3 595 187	994 153	2 470 308	3 464 461	1 970 754	5 088 894	7 059 648		
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	4 017 119	1 085 136	5 102 255	4 080 082	1 120 395	5 200 477	8 097 201	2 205 531	10 302 732		
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	4 993 720	3 703 722	8 697 442	5 074 235	3 590 703	8 664 938	10 067 955	7 294 425	17 362 380		
TOTAL		18 670 919	6 812 569	25 483 488	18 906 127	6 728 396	25 634 523	37 577 046	13 540 965	51 118 011		

Summary Table D - Summary of secured extrabudgetary resources by level 2/3 objectives and year:

Summary Table D SUMMARY OF SECURED EXTRA-BUDGETARY RESOURCES BY LEVEL 2/3 OBJECTIVES AND YEAR (expressed in euros)												
Level 2	Level 3 Objectives	2024			2025			2024-2025				
		Staff Budget	Non-Staff Budget	Total	Staff Budget	Non-Staff Budget	Total	Staff Budget	Non-Staff Budget	Total		
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	31 398	0	31 398	31 473	0	31 473	62 871	0	62 871	0	62 871
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	109 894	0	109 894	110 157	0	110 157	220 051	0	220 051	0	220 051
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	15 699	0	15 699	15 737	0	15 737	31 436	0	31 436	0	31 436
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	0	0	0	0	0	0	0	0	0	0	0
		156 991	0	156 991	157 367	0	157 367	314 358	0	314 358	0	314 358
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	586 105	1 039 285	1 625 390	308 181	783 470	1 091 651	894 286	1 822 755	2 717 041		
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	617 737	404 499	1 022 236	507 805	166 055	673 860	1 125 542	570 554	1 696 096		
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	306 307	788 125	1 094 432	361 091	250 444	611 535	667 398	1 038 569	1 705 967		
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	155 906	16 419	172 325	160 591	0	160 591	316 497	16 419	332 916		
		1 666 055	2 248 328	3 914 383	1 337 668	1 199 969	2 537 637	3 003 723	3 448 297	6 452 020		
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	842 951	1 570 494	2 413 445	730 798	1 306 672	2 037 470	1 573 749	2 877 166	4 450 915		
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	47 509	249 900	297 409	48 385	113 800	162 185	95 894	363 700	459 594		
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	246 517	80 000	326 517	252 598	60 000	312 598	499 115	140 000	639 115		
		1 136 977	1 900 394	3 037 371	1 031 781	1 480 472	2 512 253	2 168 758	3 380 866	5 549 624		
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	305 555	191 116	496 671	251 994	89 000	340 994	557 549	280 116	837 665		
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	685 101	500 000	1 185 101	697 119	500 000	1 197 119	1 382 220	1 000 000	2 382 220		
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	388 948	140 304	529 252	403 603	121 890	525 493	792 551	262 194	1 054 745		
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	398 774	90 000	488 774	405 251	90 000	495 251	804 025	180 000	984 025		
		1 778 378	921 420	2 699 798	1 757 967	800 890	2 558 857	3 536 345	1 722 310	5 258 655		
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy											
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	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	0	0
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	214 206	0	214 206	214 717	0	214 717	428 923	0	428 923	0	428 923
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	175 431	50 000	225 431	178 671	50 000	228 671	354 102	100 000	454 102		
		389 637	50 000	439 637	393 388	50 000	443 388	788 025	100 000	888 025		
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration											
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructures to support and enhance research	189 760	298 019	487 779	197 168	304 043	501 211	386 928	602 062	988 990		
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	1 317 399	867 351	2 184 750	1 345 360	371 565	1 716 925	2 662 759	1 238 916	3 901 675		
		1 507 159	1 165 370	2 672 529	1 542 528	675 608	2 218 136	3 049 687	1 840 978	4 890 665		
	TOTAL	6 635 197	6 285 512	12 920 709	6 220 699	4 206 939	10 427 638	12 855 896	10 492 451	23 348 347		

Summary Table E - Summary of regular budget funded staff by level 2/3 objectives and staff category:

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	2022-2023 Staff Activity (person years)			2024-2025 Staff Activity (person years)			Total Staff	Total Staff
		Professional and above	General Service	Total Staff	Professional and above	General Service	Total Staff		
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	2.90	3.20	6.10	3.28	3.60	6.88		
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	1.00	1.70	2.70	2.43	1.70	4.13		
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	2.10	2.00	4.10	2.30	2.20	4.50		
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	1.00	0.10	1.10	1.00	0.10	1.10		
		7.00	7.00	14.00	9.00	7.60	16.60		
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	8.90	9.50	18.40	7.20	8.15	15.35		
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	5.80	5.85	11.65	6.30	6.60	12.90		
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	1.95	2.75	4.70	2.15	3.10	5.25		
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	2.50	2.50	5.00	1.30	1.80	3.10		
		19.15	20.60	39.75	16.95	19.65	36.60		
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	4.40	1.95	6.35	5.25	2.35	7.60		
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	3.20	2.30	5.50	3.00	2.70	5.70		
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through translational studies	3.25	3.70	6.95	3.10	3.85	6.95		
		10.85	7.95	18.80	11.35	8.90	20.25		
4	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science								
4.1	Strengthen global knowledge and national capacities in cancer research and science	3.85	5.80	9.65	3.70	3.90	7.60		
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	0.80	1.10	1.90	0.70	1.10	1.80		
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	1.95	1.10	3.05	4.40	2.55	6.95		
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	3.30	6.30	4.00	3.50	7.50		
		9.60	11.30	20.90	12.80	11.05	23.85		
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy								
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	1.00	1.00	2.00	1.00	0.60	1.60		
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	1.80	2.25	4.05	1.90	2.10	4.00		
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	0.30	0.55	0.85	1.30	2.10	3.40		
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	4.00	2.00	6.00	3.00	1.00	4.00		
		7.10	5.80	12.90	7.20	5.80	13.00		
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration								
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	1.30	9.20	10.50	1.00	9.60	10.60		
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	13.00	23.35	36.35	13.70	22.10	35.80		
		14.30	32.55	46.85	14.70	31.70	46.40		
	TOTAL	68.00	85.20	153.20	72.00	84.70	156.70		

Summary Table F - Summary of regular budget allocated to fundamental and emerging priorities by level 2/3 objectives:

Level 2		Level 1 Objectives		SUMMARY OF REGULAR BUDGET ALLOCATED TO FUNDAMENTAL AND EMERGING PRIORITIES BY LEVEL 2/3 OBJECTIVES (expressed in person years)				
				Fundamental Priority	Evolving cancer risk factors and populations in transition	Implementation research	Economic and societal impacts of cancer	Total Regular Budget 2024-2025
1	1.1 1.2 1.3 1.4	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 1.2 Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries 1.3 Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities 1.4 Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	1 640 293	92 731	28 869	92 731	1 854 624	
			1 126 696	0	59 300	0	1 185 996	
			883 647	46 613	0	448 068	1 378 328	
			0	0	0	468 428	468 428	
			3 650 636	139 344	88 169	1 009 227	4 887 376	
2	2.1 2.2 2.3 2.4	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 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	2 464 056	1 418 963	0	462 766	4 345 775	
			2 279 645	998 621	0	170 780	3 449 046	
			1 009 342	267 788	0	61 810	1 338 940	
			697 725	88 819	0	88 819	875 363	
			6 450 768	2 774 181	0	784 175	10 009 124	
3	3.1 3.2 3.3	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 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	373 452	0	1 717 453	351 063	2 441 968	
			0	0	1 857 819	0	1 857 819	
			1 734 817	0	0	0	1 734 817	
			2 108 269	0	3 575 272	351 063	6 034 604	
4	4.1 4.2 4.3 4.4	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 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	2 489 141	0	0	0	2 489 141	
			523 451	0	0	0	523 451	
			2 047 260	0	0	0	2 047 260	
			2 308 729	0	0	0	2 308 729	
			7 368 581	0	0	0	7 368 581	
5	5.1 5.2 5.3 5.4	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy 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 programmes 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, regional and international organizations, and scale up resource mobilization activities 5.4 Strengthen the Agency's global image, communication and outreach to stakeholders	1 452 068	0	0	0	1 452 068	
			1 410 973	0	0	0	1 410 973	
			975 213	0	0	0	975 213	
			1 617 691	0	0	0	1 617 691	
			5 455 945	0	0	0	5 455 945	
6	6.1 6.2	Strengthening the efficiency and effectiveness of the Agency's research and collaboration 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	7 059 649	0	0	0	7 059 649	
			10 302 732	0	0	0	10 302 732	
			17 362 381	0	0	0	17 362 381	
TOTAL			42 396 580	2 913 525	3 663 441	2 144 465	51 118 011	

Summary Table G - Summary of regular budget by component and cause of increase/ decrease:

Summary Table G										
SUMMARY OF REGULAR BUDGET BY COMPONENT AND CAUSE OF INCREASE/DECREASE										
(expressed in euros)										
COMPONENT	2022-2023 Budget			2024-2025 Budget			BIENNIAL INCREASE/(DECREASE) 2024-2025 vs 2022-2023 <i>(see below note)</i>			
	2022	2023	2022-2023	2024	2025	2024-2025	Programme	Cost	Total	%
Staff Budget:										
Professional	10 711 819	10 733 812	21 445 631	11 559 841	11 658 997	23 218 838	1 052 182	721 025	1 773 207	8.27%
General Service	6 729 370	6 882 328	13 611 698	7 111 078	7 247 130	14 358 208	23 519	722 991	746 510	5.48%
Total Staff Costs	17 441 189	17 616 140	35 057 329	18 670 919	18 906 127	37 577 046	1 075 701	1 444 016	2 519 717	7.19%
Non-Staff Budget:										
Temporary assistance	54 500	54 500	109 000	175 750	220 750	396 500	287 500	0	287 500	263.76%
Temporary advisors (experts, not coming for meetings)	55 500	55 500	111 000	38 000	38 000	76 000	(35 000)	0	(35 000)	-31.53%
Other contractual arrangements (APWs, SSAs and consultants)	336 500	294 500	631 000	448 451	432 325	880 776	249 776	0	249 776	39.58%
Meetings (temporary advisors and participants)	526 000	511 500	1 037 500	399 000	443 500	842 500	(195 000)	0	(195 000)	-18.80%
Duty travel (all categories of staff including fellows)	373 100	365 100	738 200	270 475	274 475	544 950	(193 250)	0	(193 250)	-26.18%
Collaborative research agreements	111 000	103 000	214 000	132 500	132 500	265 000	51 000	0	51 000	23.83%
Supplies	64 433	63 500	127 933	162 112	158 613	320 725	192 792	0	192 792	150.70%
Equipment and furniture	162 100	114 500	276 600	138 300	134 300	272 600	(4 000)	0	(4 000)	-1.45%
Fellowships	820 500	780 500	1 601 000	971 400	906 400	1 877 800	276 800	0	276 800	17.29%
Office services	106 900	106 700	213 600	127 578	129 527	257 105	43 505	0	43 505	20.37%
Publications (including printing)	163 534	162 353	325 887	165 900	171 200	337 100	11 213	0	11 213	3.44%
Library books & periodicals	85 431	94 617	180 048	85 462	95 258	180 720	672	0	672	0.37%
Laboratory maintenance and supplies	348 250	330 250	678 500	208 750	210 250	419 000	(259 500)	0	(259 500)	-38.25%
IT maintenance and licences	76 635	72 230	148 865	592 497	358 491	950 988	802 123	0	802 123	538.83%
Building services	1 406 176	1 951 391	3 357 567	2 586 244	2 712 657	5 298 901	1 941 334	0	1 941 334	57.82%
Staff Development & Training	91 600	91 300	182 900	103 150	103 150	206 300	23 400	0	23 400	12.79%
Director's Development Provision	170 000	170 000	340 000	180 000	180 000	360 000	20 000	0	20 000	5.88%
Others	20 200	20 200	40 400	27 000	27 000	54 000	13 600	0	13 600	33.66%
Total Non-Staff Costs	4 972 359	5 341 641	10 314 000	6 812 569	6 728 396	13 540 965	3 226 965	0	3 226 965	31.29%
Unprogrammed reserve	0	0	0	0	0	0	0	0	0	0.00%
TOTAL REGULAR BUDGET	22 413 548	22 957 781	45 371 329	25 483 488	25 634 523	51 118 011	4 302 666	1 444 016	5 746 682	12.67%
							9.48%	3.18%	12.67%	

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:

Summary Table H SUMMARY OF REGULAR BUDGET AND PROPOSED FINANCING (expressed in euros)							
LEVEL 2 OBJECTIVES	2022	2023	2022-2023	2024	2025	2024-2025	
			%			%	
1. Describe the occurrence of cancer	1 964 811	1 982 875	3 947 686	2 434 568	2 452 808	4 887 376	9.56%
2. Understand the causes of cancer	5 257 612	5 247 814	10 505 426	4 968 655	5 040 469	10 009 124	19.58%
3. Evaluate and implement cancer prevention and control strategies	2 676 749	2 633 859	5 310 608	3 002 336	3 032 269	6 034 605	11.81%
4. Increase the capacity for cancer research	3 160 706	3 227 347	6 388 053	3 658 121	3 710 459	7 368 580	14.41%
5. Provide strategic leadership and enhance the impact of the Agency's contribution to global cancer research	2 634 129	2 550 554	5 184 683	2 722 366	2 733 580	5 455 946	10.67%
6. Enable and support the efficient conduct and coordination of research	6 719 541	7 315 332	14 034 873	8 697 442	8 664 938	17 362 380	33.97%
Total Regular Budget	22 413 548	22 957 781	45 371 329	25 483 488	25 634 523	51 118 011	100.00%
PROPOSED FINANCING: (see Summary Table I)							
Full financing from Participating States Assessments	22 413 548	22 957 781	45 371 329	25 483 488	25 634 523	51 118 011	100.00%

Summary Table I - Summary of proposed financing from assessments on Participating States:

Summary Table I										
SUMMARY OF PROPOSED FINANCING FROM ASSESSMENTS ON 26 PARTICIPATING STATES										
(expressed in euros)										
Participating States	Number of units assigned (see Note 1 & 2)	YEAR 2024		YEAR 2025		BIENNIUM 2024-2025	BIENNIUM 2022-2023	2024-2025	2024-2025	
		70% of the assessed budget borne equally	30% of the assessed budget in accordance with the unit system	70% of the assessed budget borne equally	30% of the assessed budget in accordance with the unit system	TOTAL	TOTAL	TOTAL	% increase/ (decrease) (see Note 3)	Amount increase/ (decrease)
Australia	2	660 683	268 247	664 599	269 837	934 436	1 863 366	1 765 991	5.51	97 375
Austria	1	660 683	134 124	664 599	134 918	799 517	1 594 324	1 493 764	6.73	100 560
Belgium	1	660 683	134 124	664 599	134 918	799 517	1 594 324	1 493 764	6.73	100 560
Brazil	2	660 683	268 247	664 599	269 837	934 436	1 863 366	1 765 991	5.51	97 375
Canada	2	660 683	268 247	664 599	269 837	934 436	1 863 366	1 765 991	5.51	97 375
China	8	660 683	1 072 989	664 599	1 079 347	1 743 946	3 477 618	0	0.00	3 477 618
Denmark	1	660 683	134 124	664 599	134 918	799 517	1 594 324	1 493 764	6.73	100 560
Finland	0	660 683	0	664 599	0	664 599	1 325 282	1 221 536	8.49	103 746
France	4	660 683	536 494	664 599	539 675	1 204 274	2 401 451	2 310 448	3.94	91 003
Germany	4	660 683	536 494	664 599	539 675	1 204 274	2 401 451	2 310 448	3.94	91 003
Hungary	0	660 683	0	664 599	0	664 599	1 325 282	1 221 536	8.49	103 746
India	1	660 683	134 124	664 599	134 918	799 517	1 594 324	1 493 764	6.73	100 560
Iran (Islamic Republic of)	0	660 683	0	664 599	0	664 599	1 325 282	1 221 536	8.49	103 746
Ireland	0	660 683	0	664 599	0	664 599	1 325 282	1 221 536	8.49	103 746
Italy	2	660 683	268 247	664 599	269 837	934 436	1 863 366	1 765 991	5.51	103 746
Japan	8	660 683	1 072 989	664 599	1 079 347	1 743 946	3 477 618	3 399 360	2.30	78 258
Morocco	0	660 683	0	664 599	0	664 599	1 325 282	1 221 536	8.49	103 746
Netherlands	1	660 683	134 124	664 599	134 918	799 517	1 594 324	1 493 764	6.73	100 560
Norway	1	660 683	134 124	664 599	134 918	799 517	1 594 324	1 493 764	6.73	100 560
Oatar	0	660 683	0	664 599	0	664 599	1 325 282	1 221 536	8.49	103 746
Republic of Korea	2	660 683	268 247	664 599	269 837	934 436	1 863 366	1 765 991	5.51	97 375
Russian Federation	1	660 683	134 124	664 599	134 918	799 517	1 594 324	1 493 764	-9.72	(171 667)
Spain	2	660 683	268 247	664 599	269 837	934 436	1 863 366	1 765 991	5.51	97 375
Sweden	1	660 683	134 124	664 599	134 918	799 517	1 594 324	1 493 764	6.73	100 560
Switzerland	1	660 683	134 124	664 599	134 918	799 517	1 594 324	1 493 764	6.73	100 560
United Kingdom	4	660 683	536 494	664 599	539 675	1 204 274	2 401 451	2 310 448	3.94	91 003
United States of America	8	660 683	1 072 989	664 599	1 079 347	1 743 946	3 477 618	3 399 360	2.30	78 258
TOTAL FUNDING	57	17 838 441	7 645 047	17 944 173	7 690 350	25 634 523	51 118 011	45 371 329	12.67	5 746 682

Notes:

- The method of assessment of Participating States is detailed in Resolutions GC/15/R9, GC/54/R18, and GC/56/R6.
- 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 2022 (Resolution WHA75.9). As a result of the change in the WHO scale of assessment, the Russian Federation moves from Group 3 to Group 4 for the purpose of calculation of its assessed contribution for 2024-2025.
- Full contribution from China allows 12.67% increase in the regular budget and the overall assessed contributions from Participating States for 2024-2025. The overall assessment of remaining 26 Participating States (i.e. excluding China) increases by 5% over the 2022-2023 budget.

ANNEXES

Five 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 - Comparison of proposed regular budget 2024–2025 with approved regular budget 2022–2023 by level 2/3 objectives:** Provides supplementary information to Summary Table B for comparison of the proposed budget 2024–2025 with the approved budget 2022–2023 in equivalent categories of objectives.
- **Information Table 4 - 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 2024–2025 with three prior approved biennial budgets.
- **Information Table 5 - 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 2012 to December 2022.

Information Table 1 - Total staff and non-staff budget by Branch:

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	2024			2025			Total 2024-2025		
		Staff Budget	Non-staff Budget	Total Budget	Staff Budget	Non-staff Budget	Total Budget	Staff Budget	Non-staff Budget	Total Budget
SCIENTIFIC PROGRAMME										
I. Data for action										
CSU Cancer Surveillance	16.60	2 144 568	290 000	2 434 568	2 162 808	290 000	2 452 808	4 307 376	580 000	4 887 376
III. Understanding the causes										
GEM Genomic Epidemiology	14.00	1 735 220	273 500	2 008 720	1 755 821	273 500	2 029 321	3 491 041	547 000	4 038 041
NME Nutrition and Metabolism ⁽¹⁾	20.90	2 332 161	410 000	2 742 161	2 361 796	410 000	2 771 796	4 693 957	820 000	5 513 957
III. From understanding to prevention										
EWV Environment and Lifestyle Epidemiology	8.80	1 087 004	205 000	1 292 004	1 100 219	205 000	1 305 219	2 187 222	410 000	2 597 222
EGM Epigenomics and Mechanisms	13.00	1 405 537	167 000	1 572 537	1 427 617	166 000	1 593 617	2 833 154	333 000	3 166 154
EPR Early Detection, Prevention and Infections	13.00	1 683 118	420 000	2 103 118	1 702 046	420 000	2 122 046	3 385 164	840 000	4 225 164
IV. Knowledge mobilization										
ESC Evidence Synthesis and Classification	12.50	1 638 877	283 500	1 922 377	1 652 613	283 500	1 936 113	3 291 490	567 000	3 858 490
LCB Learning and Capacity Building	5.00	531 570	315 000	846 570	539 679	355 000	894 679	1 071 249	670 000	1 741 249
LEADERSHIP, GOVERNANCE, STRATEGIC ENGAGEMENT AND ADVOCACY										
DIR Office of the Director ⁽²⁾	7.80	1 029 355	560 002	1 589 357	1 042 605	568 223	1 610 828	2 071 959	1 128 225	3 200 184
ADMINISTRATIVE PROGRAMME										
SSR Services to Science and Research	45.10	5 083 510	3 888 567	8 972 077	5 160 923	3 757 173	8 918 096	10 244 433	7 645 740	17 890 173
TOTAL	156.70	18 670 919	6 812 569	25 483 488	18 906 127	6 728 396	25 634 523	37 577 046	13 540 965	51 118 011

Note: 1. Budget for NME includes the budget for Laboratory Support and Services (LSB) that provide supports also to other Branches.

2. Office of the Director includes also the Ethic and Compliance Office, Strategic Engagement and Outreach.

Information Table 2 - IARC Project Tree structure and associated projects:

Information Table 2 IARC PROJECT TREE STRUCTURE AND ASSOCIATED PROJECTS IN 2024-2025						
LEVEL 1 OBJECTIVE: To reduce the burden and suffering from cancer today and among future generations						
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	PB.2425.CSU.01	Global cancer indicators: expansion and innovation	90	5	-	5
	PB.2425.CSU.04	Childhood cancer	85	5	5	5
	PB.2425.CSU.02	Accelerating cancer registry support and development	95	-	5	-
	PB.2425.CSU.03	Descriptive epidemiology of cancer	90	5	-	5
	PB.2425.CSU.06	Social inequalities and cancer	10	-	-	90
	PB.2425.CSU.05	Economics of cancer	-	-	-	100
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					
	PB.2425.EGM.01	Epigenetic markers of childhood cancer risk & their environmental determinants	70	30	-	-
	PB.2425.EGM.05	Molecular epidemiology studies on mechanisms in cancer etiology & biomarkers of risk and prevention implementation	30	70	-	-
	PB.2425.ENW.01	To investigate environmental and lifestyle causes of cancer	60	30	-	10
	PB.2425.ENW.02	To study the epidemiology of cancers associated with known and suspected carcinogens in the occupational setting	50	30	-	20
	PB.2425.ENW.03	To study cancers associated with exposure to low doses of ionising radiation	60	30	-	10
	PB.2425.GEM.01	Understanding genetic susceptibility of cancer	60	40	-	-
	PB.2425.NMIE.06	Novel lifestyle exposures and interventions to enhance understanding of cancer	70	20	-	10
	PB.2425.NMIE.08	Dietary and lifestyle exposures associated with cancer co-morbidity	50	20	-	30
	PB.2425.EGM.03	Epigenetic driver genes in cancer and their link to environmental carcinogens using pan-cancer multi-omics approach	60	40	-	-
	PB.2425.EGM.04	Toxicogenomic impact and molecular markers of cancer risk agents in experimental models and humans	70	30	-	-
	PB.2425.GEM.02	Studying causes of cancer using genomic techniques	60	40	-	-
	PB.2425.GEM.05	Somatic Cancer Genomics: molecular characterization of cancer	70	10	-	20
	PB.2425.NMIE.04	Studies on the role of hormones and metabolism in cancer etiology	70	30	-	-
	PB.2425.NMIE.05	Metabolomics-based epidemiologic studies on cancer aetiology and mechanisms	80	20	-	-
	PB.2425.NMIE.09	Investigating etiological risk factors for the development of colorectal cancer	70	20	-	10
	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				
PB.2425.EPR.08		Improving estimates of infection-attributable cancer burden: a focus on Epstein-Barr virus	100	-	-	-
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	PB.2425.GEM.06	Project Title: Understand variations in cancer incidence and survival	70	15	-	15

Information Table 2									
IARC PROJECT TREE STRUCTURE AND ASSOCIATED PROJECTS IN 2024-2025									
LEVEL 1 OBJECTIVE: To reduce the burden and suffering from cancer today and among future generations									
Level 2 Objectives Level 3 Objectives	Project Number	Project Title	% Contribute to Fundamental Priority	% Contribute to 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.2425.ENV.04	To identify barriers to improving survival of common curable cancers in LMICs	-	-	80	20		
		PB.2425.EPR.01	Strengthening national capacities to improve quality assurance on cancer screening programmes	30	-	60	10		
		PB.2425.EPR.02	Evaluation of multi-level interventions to tackle inequalities on cancer	20	-	60	20		
		PB.2425.EPR.03	Evaluating implementation of innovative solutions for cancer prevention & early detection including screening for new si	20	-	60	20		
		PB.2425.EPR.09	Helicobacter pylori (HP) infection and gastric cancer (GC) – from aetiology to implementation research	-	-	100	-		
		PB.2425.EPR.04	Cervical cancer prevention in low- and middle-income countries	-	-	100	-		
		PB.2425.EPR.05	Implementation research for cervical cancer elimination and prevention of other cancers	-	-	100	-		
		PB.2425.EPR.06	Hepatitis viruses elimination and mortality impact evaluation	-	-	100	-		
		PB.2425.EPR.07	Public Health Decision Modelling (PHDM)	-	-	100	-		
4 Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	4.1	Strengthen global knowledge and application of biomarkers for early detection and outcome through translational studies							
		PB.2425.ECM.02	Epigenetic biomarkers of exposure/cancer risk in human populations and test their reversibility by changes in lifestyle	100	-	-	-		
		PB.2425.ECM.06	Role of infectious agents in human cancers	100	-	-	-		
		PB.2425.GEM.03	Early cancer detection to reduce mortality and morbidity	100	-	-	-		
		PB.2425.ESC.03	IARC Collaboration for Cancer Classification and Research	100	-	-	-		
		PB.2425.GEM.04	Building global capacity for cancer science	100	-	-	-		
		PB.2425.LCB.01	IARC Research Training and Fellowship Programme	100	-	-	-		
		PB.2425.LCB.02	IARC Courses Programme	100	-	-	-		
		PB.2425.ESC.01	WHO classification of tumours 5th series	100	-	-	-		
		PB.2425.ENV.05	Research evidence translation	100	-	-	-		
4.2 Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research		PB.2425.ESC.04	IARC Handbooks of Cancer Prevention	100	-	-	-		
	4.3 Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions		PB.2425.NME.03	Biobank Research, Capacity Building and Biobank Infrastructure support globally					
			PB.2425.NME.07	Integration of lifestyle and molecular exposures in statistical models for	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		PB.2425.ESC.05	IARC Monographs on the Identification of Carcinogenic Hazards to Humans	100	-	-	-

Information Table 2 IARC PROJECT TREE STRUCTURE AND ASSOCIATED PROJECTS IN 2024-2025						
LEVEL 1 OBJECTIVE: To reduce the burden and suffering from cancer today and among future generations						
Level 2 Objectives <i>Level 3 Objectives</i>	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
5 Strengthening the Agency's leadership, governance, strategic engagement, and advocacy						
5.1	PB.2425.DIR.01	Direction and strategic leadership	100	-	-	-
5.2	PB.2425.DIR.02	Governance and ethics	100	-	-	-
	PB.2425.SSR.01	Support to Governing and Scientific Council meetings and interactions with Participating States	100	-	-	-
5.3	PB.2425.DIR.03	Strategic engagement and external relations (SEE)	100	-	-	-
5.4	PB.2425.SSR.04	Publishing, Library and Web-Services	100	-	-	-
6 Strengthening the efficiency and effectiveness of the Agency's research and collaboration						
6.1	PB.2425.ESC.02	IARC Histopathology Laboratory	100	-	-	-
	PB.2425.NME.01	Management of IARC biobank and pre-analytical processing services	100	-	-	-
	PB.2425.NME.02	Laboratory services support	100	-	-	-
	PB.2425.SSR.03	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	100	-	-	-
6.2	PB.2425.SSR.02	Sound management of financial, human, information and infrastructure resources	100	-	-	-

Information Table 3 - Comparison of proposed regular budget 2024–2025 with approved regular budget 2022–2023 by level 2/3 objectives:

Information Table 3 COMPARISON OF PROPOSED REGULAR BUDGET 2024–2025 WITH APPROVED REGULAR BUDGET 2022–2023 BY LEVEL 2/3 OBJECTIVES (expressed in euros)									
Level 2 Level 3	Level 2 Objectives Level 3 Objectives	REGULAR BUDGETARY RESOURCES			Increase/(Decrease) from 2022-2023		% Change		
		Staff Budget 2024-2025	Non-staff Budget 2024-2025	Total 2024-2025	Staff Budget	Non-staff Budget		Total	
1	Describing the occurrence of cancer	1 714 625	140 000	1 854 625	272 790	0	272 790	17.25	
1.1	Improve and expand reporting of cancer data and statistics; to inform global, regional, and national priorities for cancer prevention and cancer control	1 085 996	100 000	1 185 996	517 740	0	517 740	77.48	
1.2	Improve coverage, quality and utility of cancer registration data worldwide, with an emphasis on low and middle-income countries	1 158 328	220 000	1 378 328	134 559	0	134 559	10.82	
1.3	Enhance understanding of global, regional, national and subnational changes in cancer risk, including in relation to ongoing socioeconomic transitions and social inequalities	348 427	120 000	468 427	14 601	0	14 601	3.22	
1.4	Enhance understanding of economic consequences of cancer and cancer disparities – descriptive economics	4 307 376	580 000	4 887 376	939 690	0	939 690	23.80	
2	Understanding the causes of cancer	3 671 675	674 100	4 345 775	(653 964)	145 600	(508 364)	-10.47	
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	3 072 146	376 900	3 449 046	399 727	43 700	443 427	14.75	
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	1 220 940	118 000	1 338 940	129 679	7 200	136 879	11.39	
2.3	Enhance understanding of exposure sources, including those related to key cancer transitions, and those related to cancer disparities, and related pathways	722 863	152 500	875 363	(477 744)	(90 500)	(568 244)	-39.36	
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	8 687 624	1 321 500	10 009 124	(602 302)	106 000	(496 302)	-4.30	
3	Evaluating cancer prevention interventions	1 983 467	458 500	2 441 967	431 244	202 500	633 744	35.05	
3.1	Enhance understanding of evidence-based interventions for cancer prevention and control to support their practical application, including those related to cancer disparities	1 484 819	373 000	1 857 819	106 345	70 000	176 345	10.49	
3.2	Enhance understanding of the efficacy and effectiveness of population-based interventions and cancer prevention programmes	1 536 819	198 000	1 734 819	(39 592)	(46 500)	(86 092)	-4.73	
3.3	Enhance understanding about the development and application of biomarkers for early detection and outcome through transitional studies	5 005 105	1 029 500	6 034 605	497 997	226 000	723 997	14.25	
4	Synthesizing and mobilizing knowledge and strengthening global capacities in cancer science	1 759 141	730 000	2 489 141	(346 870)	(113 000)	(459 870)	-15.59	
4.1	Strengthen global knowledge and global and national capacities in cancer research and science	476 051	47 400	523 451	(30 991)	(52 700)	(83 691)	-13.78	
4.2	Strengthen the understanding and use of tumour classification to underpin cancer diagnosis, management and research	1 794 259	253 000	2 047 259	1 035 119	11 000	1 046 119	104.49	
4.3	Strengthen global knowledge and global and national capacities to implement effective, quality assured, affordable interventions	1 983 729	325 000	2 308 729	478 069	(100)	477 969	26.11	
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	6 013 180	1 355 400	7 368 580	1 135 327	(154 800)	980 527	18.55	
5	Strengthening the Agency's leadership, governance, strategic engagement, and advocacy	544 643	907 425	1 452 068	(43 726)	35 425	(8 301)	-0.57	
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	1 028 974	382 000	1 410 974	68 277	18 000	86 277	6.51	
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	800 413	174 800	975 213	572 812	75 800	648 612	198.59	
5.3	Create and maintain key strategic engagement with stakeholders at national, regional and international organizations, and scale up resource mobilization activities	1 121 776	495 915	1 617 691	(419 440)	(35 885)	(455 325)	-21.96	
5.4	Strengthen the Agency's global image, communication and outreach to stakeholders	3 495 806	1 960 140	5 455 946	177 923	93 340	271 263	5.04	
6	Strengthening the efficiency and effectiveness of the Agency's research and collaboration	1 970 754	5 088 894	7 059 648	55 609	2 308 223	2 363 832	50.34	
6.1	Ensure the availability of adequate laboratory and computing/statistical infrastructure to support and enhance research	8 097 201	2 205 531	10 302 732	315 473	648 202	963 675	10.32	
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	10 067 955	7 294 425	17 362 380	371 082	2 956 425	3 327 507	24.62	
TOTAL		37 577 046	13 540 965	51 118 011	2 519 717	3 226 965	5 746 682	12.67	

Information Table 4 - Group classification of countries and assigning units for assessed contributions:

Information Table 4 GROUP CLASSIFICATION OF COUNTRIES AND ASSIGNING UNITS FOR ASSESSED CONTRIBUTIONS From 2018 to 2024												
Participating State	SCALE for 2024-2025 PROPOSED BUDGET			SCALE for 2022-2023 APPROVED BUDGET			SCALE for 2020-2021 APPROVED BUDGET			SCALE for 2018-2019 APPROVED BUDGET		
	WHO's % Contribution (WHA75.9)	IARC Group	IARC Scale (# units)	WHO's % Contribution (WHA72.12)	IARC Group	IARC Scale (# units)	WHO's % Contribution (WHA72.12)	IARC Group	IARC Scale (# units)	WHO's % Contribution (WHA70.9)	IARC Group	IARC Scale (# units)
Australia	2.111	3	2	2.2101	3	2	2.2101	3	2	2.3371	3	2
Austria	0.6790	4	1	0.6770	4	1	0.6770	4	1	0.7201	4	1
Belgium	0.8281	4	1	0.8211	4	1	0.8211	4	1	0.8851	4	1
Brazil	2.0131	3	2	2.9482	3	2	2.9482	3	2	3.8232	3	2
Canada	2.6282	3	2	2.7342	3	2	2.7342	3	2	2.9211	3	2
China	15.2550	1	8	12.0058	1	8	12.0058	1	8	7.9212	2	4
Denmark	0.5530	4	1	0.5540	4	1	0.5540	4	1	0.5840	4	1
Finland	0.4170	5	0	0.4210	5	0	0.4210	5	0	0.4560	5	0
France	4.3183	2	4	4.4273	2	4	4.4273	2	4	4.8592	2	4
Germany	6.1114	2	4	6.0904	2	4	6.0904	2	4	6.3892	2	4
Hungary	0.2280	5	0	0.2060	5	0	0.2060	5	0	0.1610	5	0
India	1.0441	4	1	0.8341	4	1	0.8341	4	1	0.7370	4	1
Iran (Islamic Republic of)	0.3710	5	0	0.3980	5	0	0.3980	5	0	0.4710	5	0
Ireland	0.4390	5	0	0.3710	5	0	0.3710	5	0	0.3350	5	0
Italy	3.1892	3	2	3.3072	3	2	3.3072	3	2	3.7482	3	2
Japan	8.0335	1	8	8.5645	1	8	8.5645	1	8	9.6802	1	8
Morocco	0.0550	5	0	0.0550	5	0	0.0550	5	0	0.0540	5	0
Netherlands	1.3771	4	1	1.3561	4	1	1.3561	4	1	1.4821	4	1
Norway	0.6790	4	1	0.7540	4	1	0.7540	4	1	0.8491	4	1
Oatar	0.2690	5	0	0.2820	5	0	0.2820	5	0	0.2690	5	0
Republic of Korea	2.5742	3	2	2.2671	3	2	2.2671	3	2	2.0391	3	2
Russian Federation	1.8661	4	1	2.4052	3	2	2.4052	3	2	3.0882	3	2
Spain	2.1341	3	2	2.1461	3	2	2.1461	3	2	2.4431	3	2
Sweden	0.8711	4	1	0.9061	4	1	0.9061	4	1	0.9561	4	1
Switzerland	1.1341	4	1	1.1511	4	1	1.1511	4	1	1.1401	4	1
United Kingdom of Great Britain and Northern Ireland	4.3753	2	4	4.5673	2	4	4.5673	2	4	4.4632	2	4
United States of America	22.0000	1	8	22.0000	1	8	22.0000	1	8	22.0000	1	8

GROUP CLASSIFICATION OF COUNTRIES AS PER RESOLUTION GC/15/R9	
WHO's % Contribution	IARC Scale (# units)
8% and above	8
4% and above; below 8%	4
2% and above; below 4%	2
0.5% and above; below 2%	1
less than 0.5%	0

