

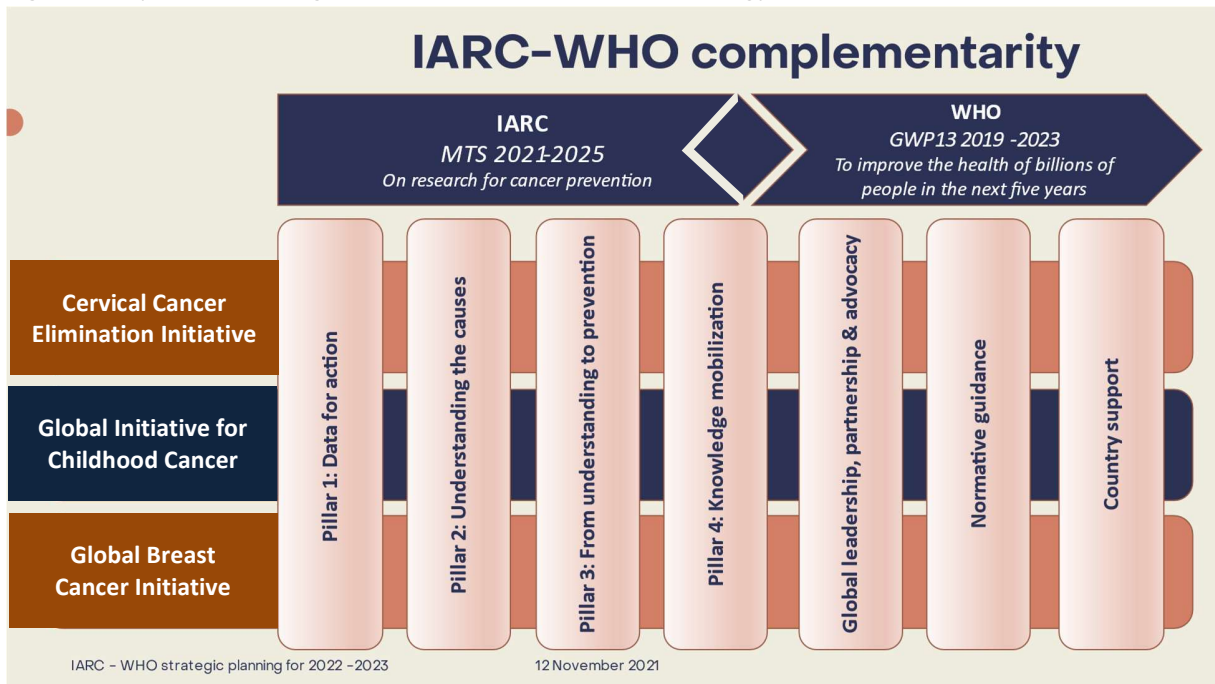
## IARC – WHO Strategic Workplan

Concept Note and Planned Activities 2023-2025

### BACKGROUND

*Rationale:* The International Agency for Research on Cancer (IARC) and the World Health Organization (WHO) have complimentary functions and mandates to advance cancer control globally. IARC was established by mandate of the World Health Assembly Resolution 18.44 (1965)<sup>1</sup>, outline the IARC objectives and Statutes. In particular, the IARC Statute places emphasis on cancer research, while WHO has the mandate in cancer control to support policy formulation and implementing programmes towards effective global cancer control. IARC and WHO collaboration has been further outlined in World Health Assembly Resolutions on cancer control (70.12)<sup>2</sup> and cervical cancer (73.4)<sup>3</sup>. This pathway of research into policies and programmes is the basis for the complementary relationship between IARC and WHO (Figure 1).

**Figure 1:** Representative alignment between IARC Mid-term strategy with WHO cancer initiatives\*



\* Activities indeed to be sample of broader activities in the programmes of work of WHO and IARC

<sup>1</sup> World Health Assembly resolution 18.44.

[https://apps.who.int/iris/bitstream/handle/10665/85780/Official\\_record143\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/85780/Official_record143_eng.pdf?sequence=1&isAllowed=y)

<sup>2</sup> World Health Assembly resolution 70.12. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\\_R12-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R12-en.pdf)

<sup>3</sup> World Health Assembly resolution 73.4. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA73/A73\\_R2-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R2-en.pdf)

The Agency comprises: (a) the Governing Council; (b) the Scientific Council; (c) the Secretariat. The Governing Council shall be composed of one representative of each Participating State and the Director-General of WHO, who may be accompanied by alternates or advisers. The Scientific Council is composed of senior scientists nominated by each Participating State, selected on the basis of their technical competence in cancer research and allied fields and appointed by the Governing Council. There are currently 27 Participating States<sup>4</sup>.

*Context:* Close collaboration between IARC and WHO is critical to the successful delivery of the respective mandates and has been strategically identified as a priority in IARC's Mid-Term Strategy 2021-2025 as well as WHO's Thirteenth Global Programme of Work (GPW). There is an intent to strengthen organizational structures of and communication between IARC and WHO Headquarters to respond to their mandates and to increasingly support Member/Participating States in a complementary manner.

*Purpose:* This workplan proposes three core elements to further strengthen collaboration: (i) creation of mechanisms to improve information sharing and knowledge with a strong focus on the WHO and IARC Global initiatives; (ii) a set of priority projects co-designed between WHO and IARC to be implemented during the proposed workplan, (iii) committees for implementation, joint communication and resource mobilization activities.

Prior mapping of existing IARC-WHO activities confirms multiple areas of collaboration that serve as the initial reference for strengthened engagement and knowledge sharing, a defined workplan focusing on co-designed initiatives (Annex 2), and a template for future opportunities that may arise. A defined workplan enabled more effective collaboration with a view to increased impact through strengthened global leadership in cancer, research and innovation and country support. Defined areas of collaboration will also enhance joint resource mobilization and communication.

Leadership oversight for implementation can build on existing structured dialogue between IARC and WHO. This includes the recent development of IARC-IAEA-WHO quarterly meeting of directors from IARC, IAEA/NAHU, IAEA/PACT and WHO Department of Noncommunicable Diseases (NCDs) supported by the technical leads from each agency. The objectives of developing two-level committee structure are to: (i) report progress and update projects as appropriate; (ii) promote areas of mutual cooperation at the leadership level.

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<sup>4</sup> *Founding states:* US, France, Italy, West Germany and UK. *Subsequent Members:* Australia, Austria, Belgium, Brazil, Canada, China, Denmark, Finland, Hungary, India, Iran (Islamic Republic of), Ireland, Japan, Morocco, Norway, the Netherlands, Qatar, Republic of Korea, Russian Federation, Spain, Sweden, and Switzerland

## **INFORMATION AND KNOWLEDGE SHARING**

From several WHO-IARC strategic planning meetings held in 2021 and 2022, three conclusions emerged:

- 1- Many interactions already exist (blue books, handbooks, special studies like ABC-DO or HPV vaccination in LMICs, ChildGICR, etc.) but these remain to some extent informal and unstructured;
- 2- Gaps in information and knowledge sharing between the two agencies remain and should be addressed to avoid duplication and miscommunication;
- 3- Maximal synergies have not been achieved and fragmentation and overlap persist.

To maximize the impact of scientific evidence-based programming, a more structured approach will be considered. To start with, a strong focus will be put on the four Global Cancer Initiatives (Global Initiative on Childhood Cancers – GICC, Cervical Cancer Elimination Initiative – CCEI, Global Breast Cancer Initiative – GBCI, and the Global Initiative for Cancer Registry Development - GICR).

IARC Teams (as defined by IARC MTS or working groups as per WHO terminology) will be developed to facilitate coordination – one for each Global Initiative (GICC, CCEI, GBCI, GICR). As a priority project in this Strategic workplan, IARC's GICR will be adapted by IARC and WHO as GICR+, upon consensus, to optimally support the provision of relevant indicators to inform and evaluate progress in scaling-up the three WHO cancer Initiatives and more broadly in the support of the implementation of NCCP. Regular meetings (at least on a quarterly basis) will be held between a designated WHO focal point and IARC Team representative for each initiative. Minutes of these meetings will be shared with the Executive Committee (see composition below) for their review. Further consideration will be made for additional cancers and/or workstream in cancers pending operationalization of four initial cancer initiatives.

*Timeline:* IARC Teams for each initiative created before end of March 2023

First meeting between IARC Team and WHO focal point for said initiative: April 2023

## **PRIORITY CO-DESIGNED PROJECTS**

Apart from the exchange of information and knowledge, there are projects that require a strengthened collaboration from IARC and WHO. These projects need to be co-designed and co-implemented by the two organizations. The three projects detailed below have been selected because of their potential to be developed through shared resource investments and resource mobilization as well as their scale, scope and potential impact.

Each of the priority projects below will have one focal point from IARC and one from WHO who will submit progress reports in quarterly meetings. An itemized budget for each project will be developed to designate contributions from IARC and WHO as well as to identify potential gaps requiring further resource mobilization. For each priority project, a result framework with clear timeline, roles and responsibilities and indicators for success will be created.

## **I. Joint project priorities:**

### **(1) GICR+**

*Description:* Building on the framework of the GICR, the GICR+ will define and delineate three work streams directly relevant to the WHO Global Cancer Initiatives:

- i) Implementation of PBCR of high-quality and monitoring of WHO cancer initiatives and/or cancer control plans, taking into consideration WHO cancer initiative and GICR Partner Countries as well as the potential to further develop regional hubs.
- ii) Building capacity building through the training material including, but not limited to, GICRNet and E-learning.
- iii) Exploring and linking, where possible, CanReg5 with DHIS2 and other facility-based data platforms.

### **(2) Cancer modelling and economics**

*Description:* Since 2018, WHO and IARC have collaborated on the development of a model that allows end users to prioritize and cost cancer control programmes and to estimate the disease burden under different scenarios. This tool allows governments to cost cancer control plans, understand impact, health system requirements and the investment case. In addition, a module has been developed to estimate the impact of COVID-19.

### **(3) IARC Handbook Supplement**

*Description:* The IARC Handbooks of Cancer Prevention Programme produces evaluations of interventions for primary and secondary cancer prevention. As an example, Handbook volume 19, on the prevention of cancer of the oral cavity, has considered the development of a Supplement. This Supplement is a set of "products", which aims to deepen the results of the Handbook and present data and knowledge that can be directly useful to governments and other decision-making bodies in the implementation of prevention strategies. These products may include: modelling, data visualization, guidance linked to policy implications and others collaborative communications. It should be noted that this Supplement will not take the form of a publication, but of products in

different formats (database, software, etc.). Collaboration between IARC and WHO will allow the development of one or more of the projects outlined below, providing the expertise and resources needed to carry out these projects.

## **II. Governance**

Three-levels of coordination will be developed to support implementation of this workplan and to strengthen broader engagement.

### ***(1) IARC-WHO Leadership Committee***

*Scope:* To promote areas of mutual cooperation and interest to WHO and IARC. The IARC-WHO Leadership committee provides advice and guidance to the IARC-WHO Executive committee on the ongoing development of joint activities within the Action Plan and reviews twice annual reports. This may include additional areas of collaboration, engagement strategies with partners and/or resource mobilization activities.

*Frequency:* Meets once per year

*Anticipated members:* IARC Director; Assistant Director-General for Communicable Diseases and Noncommunicable Diseases; Assistant Director-General for Communicable Diseases and Noncommunicable Diseases; Assistant Director-General, Universal Health Coverage, Healthier Populations; Chief Scientist

*Secretariat:* Director, Department of NCDs

### ***(2) IARC-WHO Executive Committee***

*Scope:* to review progress on current activities, especially on the three co-designed projects, to identify and manage potential bottlenecks in collaboration, to track progress and to report to Leadership committee.

*Frequency:* Meets every two months

*Anticipated members:* two or three members from each entity as agreed upon by the IARC-WHO leadership Committee (provisionally, from WHO: unit head for Management of NCDs and technical lead for cancer).

### ***(3) Global Initiatives Cross-agency Working Group***

*Scope:* each of the Global Initiatives (GICC, CCEI, GBCI, GICR) will hold regular meetings with participants from both organizations. WHO Director of NCDs will designate focal points for each of its initiatives and IARC will create cross-cutting Teams (as per IARC MTS definition), alongside the existing GICR Team. They will meet as a group on a regular basis to share information and knowledge and update each other on the latest developments. They will explore possible avenues for collaboration, define coordinated activities with timelines and benchmarks, and inform the Executive Committee on recent activities, future needs and opportunities, accordingly.

*Frequency:* to be set by leads of Cross-agency working group, anticipate at least quarterly

*Anticipated members:* WHO designated focal points for each initiative, IARC Team leaders on Global Initiatives