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PROPOSED PROGRAMME AND BUDGET 2026-2027
ANNEXES

Annex 1

Programme Tree structure and related projects

An overview of the Programmes within each of the six Objectives is provided below, with the Programme Tree structure and associated projects detailed in **Table 1**.

Objective 1: Data for action

The three Programmes within Objective 1 of the IARC Programme Tree are:

1.1. Cancer data and statistics

1.2. Cancer registration

1.3. Descriptive epidemiology

1.1. Cancer data and statistics

Programme 1.1 seeks to make available global cancer indicators via web-based platforms. Such data and tools are in increasing demand among a global community seeking to better understand the shifting scale and profile of cancer worldwide. The aim is to provide quality-assured data and statistics freely available as public goods, via the Global Cancer Observatory (GCO), among other platforms. The generation and dissemination of global cancer indicators provides countries with data for action to reduce the cancer burden and improve cancer outcomes. Placing social inequalities and economics lenses on this data expands the vision to increase equity in cancer control and support sustainable cancer control planning.

1.2. Cancer registration

IARC works in close partnership with population-based cancer registries (PBCR) worldwide and has as a focus a measurable improvement in registry coverage, quality, and networking capacity in transitioning countries. As a key partner of the Global Initiative for Cancer Registry development (GICR), coordination with the International Association for Cancer Registries (IACR) is important to reduce duplication, to provide clarity to members and to achieve the mutual goal of sustainable expansion of high-quality.

1.3. Descriptive epidemiology

IARC conducts international research that illustrates the transitional nature of cancer profiles in person, place and time, and has as a focus the health, social, and economic benefits of preventative interventions via a systematic quantification of their future impact. Indicators developed through our research, based on support and collaboration of PBCR worldwide, are showcased through the GCO, illustrating the cyclical and complementary nature of the three programmes.

Objective 2: Understanding the causes

The four Programmes within Objective 2 of the IARC Programme Tree are:

2.1. Causes of cancer & omics

2.2. Mechanisms of etiology/carcinogenesis

2.3. Biomarkers for early detection

2.4. Multimorbidity and mortality

Understanding the causes of cancer is essential for identifying effective preventive strategies. Accordingly, IARC continues to prioritize research on key (new) risk factors and underlying mechanisms, particularly those related to nutrition, environment, lifestyle, genetics, and infections.

2.1. Causes of cancer & omics

About 4 out of 10 cancers globally can be attributed to known risk factors linked to lifestyle and environmental exposures. However, large international differences and changes over time indicate that many carcinogens remain to be discovered. Programme 2.1 seeks to discover new causes of cancer by leading epidemiological and molecular studies across multiple populations. It will combine novel genomic techniques with large scale population studies and focus on cancers for which the underlying etiology is poorly understood and/or changes in incidence are occurring. It will include a particular focus on cancers in younger adults that have been recently increasing, as well as enhancing research in understudied populations in low- and middle-income countries. It aims to explore the complex relationships between diet, lifestyle, cancer, human health, and environmental sustainability. Additionally, it seeks to enhance our understanding of pediatric cancer etiology by identifying novel biomarkers and causal factors, providing a foundation for effective cancer prevention strategies.

2.2. Mechanisms of etiology/carcinogenesis

Programme 2.2 will seek to enhance the understanding of the genomic and biological mechanisms of carcinogenesis in relation to environmental, dietary and lifestyle factors to uncovering how these external influences trigger cancer development. Carcinogenesis involves complex interactions between individuals' genetic makeup and exposures such as chemicals, pollutants, dietary and lifestyle habits. Genomic studies explore how environmental, and lifestyle factors induce genetic mutations in normal tissue, and how these combine with non-genetic changes in the tumour micro-environment to drive cells toward malignant transformation. Meanwhile, lifestyle factors, such as obesity and alcohol consumption, can influence hormonal and metabolic pathways that promote cancer growth. By examining these mechanisms, Programme 2.2 aims to identify specific genetic and molecular changes that link environmental and lifestyle factors to cancer risk.

2.3. Biomarkers for early detection

Biomarkers hold the promise of reducing cancer incidence and mortality through earlier and more personalized prevention. Biomarkers can enhance risk assessment and early detection of cancer and contribute to screening and other cancer prevention programmes. Programme 2.3 will seek to improve the precision of cancer risk assessment and early detection, thus leveraging large spectra of molecular data to have insights about cancer development and to identify tools for early detection.

2.4. Multimorbidity and mortality

By deepening our understanding of how environmental, nutritional and lifestyle causes of cancer intersect with multi-morbidity, Programme 2.4 seeks to develop integrated prevention and management approaches that address the full spectrum of a patient's health, reducing both mortality and the long-term disease burden. It will focus on investigating the co-occurrence of cancer, cardiovascular diseases, and type 2 diabetes, as these are the most common clusters of multimorbidity and are among the leading causes of morbidity and mortality worldwide.

Objective 3: Prevention for impact

The four Programmes within Objective 3 of the IARC Programme Tree are:

3.1 Environment, occupation & lifestyle

3.2 Improving early detection and survival

3.3 Infection and cancer

3.4 Implementation for impact

3.1 Environment, occupation & lifestyle

An estimated half of all cancers are preventable through modification of lifestyle, environmental and occupational risk factors, yet only half of the causes of cancer are known. Further modifiable risk factors are likely yet to be identified, thus a strong lifestyle, occupation and environmental program of research is at the heart of informing "Prevention for Impact". These include the natural environment and anthropogenic environment, spanning enviroment, radiation, occupation and lifestyle factors.

3.2 Improving early detection and survival

Programme 3.2 aims to assess the efficacy, effectiveness, and cost-effectiveness of emerging technologies and approaches for cancer early detection, as well as the organization and performance of cancer screening programs. It seeks to identify common barriers and facilitators to improving the quality and accessibility of early detection services. This includes examining factors such as socioeconomic disparities, healthcare infrastructure, patient awareness, and cultural attitudes that impact access to these critical services.

Within IARC's role as central coordinator of the ABC-DO (African Breast Cancer Disparities in Outcomes) cohort study, Programme 3.2 aims to gain insight into improving breast cancer survival rates in the African setting. IARC will assist WHO and WHO-AFRO in using ABC-DO to inform the Global Breast Cancer Initiative Technical documents, by assessing the reasons for low survival amongst particularly young (<40 women). Within a newly developing program on cancer survivorship, IARC will comprehensively characterize the quality of life of breast cancer survivors in Africa, including their determinants, longitudinal profiles and by phase of care including during the end-of-life phase.

3.3 Infection and cancer

Oncogenic infections are particularly amenable to both primary and secondary prevention. Programme 3.3 focuses on generating evidence regarding the etiology, epidemiology, and prevention of a wide range of infection-related cancers, which disproportionately affect low- and middle-income countries (LMICs). The programme will evaluate the global cancer burden attributable to infections, examine the burden of gastric cancer linked to *Helicobacter pylori* infection and assess the preventable fraction and cost-effectiveness of eradication strategies. Additionally, it will investigate the incidence of anal cancer, particularly among HIV-positive males, and evaluate the long-term immune response following a single-dose vaccination.

The link between infections and microbiota is a relatively novel area of research. Programme 3.3 aims to generate novel insights into how HPV infection influences microbiota composition across various body sites. It will also examine the microbial community profiles of HIV-infected and uninfected individuals, offering valuable data on how HIV status affects the human microbiome. Collectively, these findings will establish a foundational baseline for future studies exploring the intricate relationship between the microbiome and infections.

3.4 Implementation for impact

Programme 3.4 aims to bridge the gap between evidence and practice in healthcare and other sectors. This involves investigating how successful interventions from trials and pilot studies can be adapted, implemented, and scaled in real-world settings. Additionally, field studies will be conducted to evaluate the real-world impact of these interventions, generating valuable data to refine predictive models and deliver context-specific recommendations for effective cancer control.

IARC is the founder and leader of the World Code Against Cancer Framework, which includes two main types of activities to be carried out in 2026-2027. Regional Codes will be developed, with the Asian Code Against Cancer divided by two sub-regions. Furthermore, a conceptualization exercise will be conducted to decide the sub-regions and countries included in future Codes by regions of the world.

Objective 4: Knowledge Mobilization

The five Programmes within Objective 4 of the IARC Programme Tree are:

4.1 Monographs on carcinogenic hazards to humans

4.2 Handbooks of Cancer Prevention

4.3 Classification of tumours

4.4 Research training & fellowships

4.5 IARC Learning Programme

4.1 Monographs on carcinogenic hazards to humans

The *IARC Monographs* programme (IMO) is one of the flagship programmes of IARC, playing a critical role in identifying the environmental causes of human cancer—a key component of its primary cancer prevention mission. Although IARC does not make implementation recommendations because of *Monographs* evaluations, other programmes of WHO, as well as national and international health agencies use the *IARC Monographs* to guide and support their actions to prevent exposure to known, probable, and possible carcinogens.

4.2 Handbooks of Cancer Prevention

The *IARC Handbooks* Programme is designed to provide comprehensive reviews and consensus evaluations on cancer prevention strategies. The primary objective is to assess the efficacy and/or effectiveness of various preventive measures, from lifestyle changes to community-wide interventions.

Results are used by international and national research institutes and scientists, WHO, UN agencies, multinational and nongovernmental organizations, and national health authorities. We help governments to set up recommendations and policies; guide development in cancer research; and inform the public about cancer prevention.

4.3 Classification of tumours (WCT)

WCT aims to provide internationally recognized and globally applicable evidence-based classification for tumours (blue books) and Cytopathology reporting systems, the standards against which all tumours including cancers are correctly diagnosed underpinning the treatment, prognosis/prediction, optimal patient management, and research. IC3R aims to promote evidence-based practice in Pathology, to set standards for tumour classification and research harmonization, and to underpin successful translation of tumour pathology research into clinical practice. An EU Horizon grant has funded the innovative Evidence Gap Map project (EVI MAP) and includes an international group of European and International partner institutions, coordinated by the WCT programme, aiming to identify evidence gaps in tumour classifications, and to build a solid framework for future evidence-based pathology practice and research on tumour classification.

4.4 Research training & fellowships

Training is an important part of IARC's mission, as described in the Agency's Statutes. Beneficiaries of the IARC Research Training & Fellowship Programme represent over one third of the whole personnel of the Agency, and highly contribute to IARC's scientific production, and therefore impact.

Programme 4.4 seeks to contribute to the development of the next generation of cancer prevention researchers through training at IARC at different levels of their career, as well as participation in collaborative research projects.

In addition to monitoring the use of and identifying improvements for the IARC Postdoctoral Charter allowing a structured approach to postdoctoral training at IARC, career management activities launched in previous years will be expanded. The IARC mentoring programme will be relaunched, in collaboration with the Early Career Scientists Association and similar projects/partners (e.g. DKFZ, US-NCI, Lyon University).

As a complement to the experience and competence acquired through the scientific projects and as part of the IARC Postdoctoral Fellowship Charter, IARC will continue to develop the programme of internal generic skills courses, in close collaboration with HRO and with professionals from IARC or from collaborating institutions. Those learning activities will be developed in the following cross-cutting skills categories: Research development, Responsible conduct of research, Leadership and management, Communication and Writing, IT tools, Career Management/Development.

IARC Postdoctoral Fellowships will be maintained. Funding will be identified to complement the regular budget and offer more awards. Complementary models will be explored. A call will be launched during the biennium, targeting LMICs and other countries in the world, as external funding will permit.

4.5 IARC Learning Programme

The objective of Programme 4.5 is to contribute to lifelong learning of researchers and health professionals worldwide, to stimulate research in cancer epidemiology, as well as develop capacities in priority areas of the Agency, such as cancer surveillance, cancer early detection, implementation research or cancer epidemiology.

In collaboration with the WHO Academy, the IARC Learning Portal will be further developed as a global single entry point to learning and teaching resources on cancer research for cancer prevention. eLearning material will be further developed and made available through the IARC Learning Portal.

The IARC Summer School (IARC flagship project) aims to improve the methodological and practical skills of cancer researchers and health professionals. In 2027, two modules – Introduction to Cancer Epidemiology, and Implementing Cancer Prevention and Early Detection – will be held in a blended format, combining an online session and a one-week face-to-face session. Lecture sessions will be recorded and published on the IARC Learning Portal.

Building on the webinar series run in the frame of the partnership with ESMO since 2020, and the series organised in the frame of IARC 60th anniversary, a cancer research for cancer prevention webinar series will be further developed.

To leverage the impact of IARC's learning events and resources, existing regional centres, namely the IARC-NCC China Learning Centre et the IARC-Brazil Learning Centre, respectively set up in 2023 and 2024, will be maintained and further developed beyond the organisation of the IARC Summer School modules in the respective regions.

Objective 5: Research infrastructure

The five Programmes within Objective 5 of the IARC Programme Tree are:

5.1 Biobank

5.2 Histopathology laboratory

5.3 Laboratory services

5.4 Scientific IT platform

5.5. Digital Research Support: Publishing, Library, and Web Services

5.1 Biobank

The IARC Biobank provides a key platform for cancer research maintaining biological samples from collaborative studies conducted worldwide. Large scale collections are the cornerstone of cancer prevention. IARC is actively engaged in such collections and, when required, acts as custodian for samples from multicenter studies in a safe and secure environment.

The general objective of Programme 5.1 is three-fold: firstly, to develop and manage the IARC Biobank according to best practice principles and achieve ISO accreditation as an internationally recognized mark of guaranteed quality; Secondly, to ensure the legal compliance of the existing and future collections and laboratory activities according to the latest requirements; and thirdly, to ensure the linking of the provided biobanking services with the wider services environment at IARC, e.g., other laboratory services, as well as capacity building activities in biobanking for IARC international partners.

5.2 Histopathology laboratory

The histopathology laboratory is critical for the function of WHO classification of tumours (WCT), the gold standard tumour classification. The preparation of tissue sample is also critical to the genomic projects of the Agency, with the success of the genomic analysis reliant on the successful assessment, dissection and preparation of the somatic tissues for analysis.

5.3 Laboratory services

Genomic applications are becoming an important component of many of the IARC studies. The Genetics Platform technically supports IARC's genomic related projects. The Genetics Platform consists of the genomic related equipment, technical and bioinformatics applications. It also contains the relevant scientific expertise in laboratory methods, pathology and bioinformatics for the integration of cutting edge, medium throughput genomic techniques into IARC projects.

The Metabolomics Platform is involved in a high number of studies, and this is expected to continue. Through these studies, the laboratory enables several collaborating institutes and large consortia to expand from traditional methodology to modern omics applications in cancer research. It is also among the few experts globally with experience to perform large-scale metabolomics studies with thousands of biospecimens. The laboratory is also taking part in an increasing number of projects across the agency, providing an important technology platform for IARC. The availability of a world-class metabolomics analysis to internal research has enabled rapid execution of important pilot studies, especially when using samples already stored at IARC.

IARC research across different Branches has focused on developing novel multiplex assays based on Luminex technology to detect a broad spectrum of viruses, parasites, and bacteria. The virology Platform provides an

important platform technology for the Agency. The Luminex platform have been used in many collaborative epidemiological studies with IARC as well as research institutes in South and North America, Canada, Europe, Africa and Asia for projects focused om prevalence determination on human cancers. In addition, the in-house HPV genotyping Luminex-based assay plays an important role in monitoring different HPV vaccination programs due its ultrasensitive feature.

Single cell transcriptomics and epigenomics analyses is becoming an increasingly important analyses to understand the mechanisms of cancer. Single-cell omics is dedicated to complete analyses of all individual cells in tissues, organs, in vitro models, etc. The single cell multi-omics Platform is used for projects aimed to understand mechanisms of cancer and the response to environmental exposures.

5.4 Scientific IT platform

The IARC scientific IT (SIT) platform was developed with the ambition to provide IARC investigators with a centralized and secure platform to store and analyze scientific data. The platform also aims to facilitate remote access to IARC-held scientific data to external investigators without necessitating transfer of individual-level data. The SIT platform allows storage of confidential data in a secure fashion that is compliant with worldwide data protection standards.

DAF has been formally designated as the governing authority for the SIT platform, with the IARC Data Science Steering Committee (DSSC) serving in an advisory capacity, providing strategic guidance on key decisions.

5.5. Digital Research Support: Publishing, Library, and Web Services

Publishing, Library, and Web Services enable the dissemination of research findings and support ongoing knowledge-sharing within the scientific community. The library provides access to the latest scientific journals and resources, while the publishing services facilitate the production of high-quality research outputs. The web services team ensures that the agency’s online presence is professional, informative, and accessible to both the scientific community and the public. Together, these integrated services foster a collaborative and efficient research environment, enabling the agency to advance cutting-edge cancer research and drive progress in the fight against cancer.

Objective 6: LEADERSHIP, GOVERNANCE AND SERVICES TO SCIENCE

The main objectives in these areas of the IARC Programme Tree are:

6.1 Governance, direction & strategic leadership

6.2 Strategic engagement and external relations

6.3 Secretariat for Governance, and Strategic Support to Scientific Programme

6.4 Integrated Services to Science and Research

6.1 Governance, direction & strategic leadership

Programme 6.1 includes the support to the governance structures of IARC, and the management of strategic partnerships with Participating States, as well as WHO and UN entities. This programme also comprises 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. Success of the public health impact of the Agency depends on the further strengthening of key strategic partnerships with WHO/HQ, WHO Regional Offices, UN entities and with governmental and nongovernmental partners in order to influence the development of cancer control policy by providing a reliable evidence base.

6.2 Strategic engagement and external relations

Programme 6.2 focuses on strengthening the Agency's engagement with a wide range of stakeholders, including but not limited to the scientific community, donors, partners, governments, public health decision makers, other relevant entities in cancer research and public health, the media, and the general public. The main objective is to position IARC as the leading agency for cancer prevention research, thus ensuring the possibility to mobilize more sustainable resources for the Agency to deliver on its mandate.

6.3 Secretariat for Governance, and Strategic Support to Scientific Programmes

Programme 6.3. seeks to ensure effective governance and strategic alignment of IARC's scientific initiatives. The programme provides essential support to the Governing Council and Scientific Council, facilitating meetings, advising on governance matters, and ensuring compliance with organizational policies. It further aims to integrate legal and data protection considerations into research activities, safeguard the organization from risks, and promote efficient administrative processes. Ultimately, the programme helps align scientific programmes with broader organizational goals while advancing IARC's mission.

6.4 Integrated Services to Science and Research

Integrated Services to Science and Research are essential for the efficient operation and success of scientific programmes within a cancer research agency. These services encompass a broad range of functions designed to create a seamless and collaborative environment for researchers and scientific staff. The Human Resources (HR) team plays a crucial role in recruiting and retaining top talent, managing staff development, and ensuring that personnel needs are met in line with the agency's scientific goals. The Budget and Finance Office (BFO) is responsible for the effective allocation and management of resources, ensuring that research projects are adequately funded, and financial operations remain transparent and compliant with regulations.

Through careful financial planning and oversight, this office helps maximize the impact of the agency's research investments. The IT Services department supports the agency's scientific programmes by providing robust technological infrastructure, managing data systems, and ensuring cybersecurity, which is crucial in a research environment dealing with sensitive data. Administrative and security services are also fundamental, ensuring smooth operational workflows, safeguarding facilities, and providing logistical support to research activities and personnel.

Table 1: IARC Programme Tree structure and related projects

IARC Flagships
High potential/emerging projects

IARC Programme Tree 2026-2027		
Level 1 Objective: To put an end to cancer before it begins		
	Project Plan Path	Project title
Level 2 Objectives Level 3 Objectives		
Objective 1: Data for action		
1.1. Cancer data and statistics		
	1.1.1	Global Cancer Observatory
	1.1.2	Global burden estimates - GLOBOCAN
	1.1.3	CHILDCAN
	1.1.4	Cancer survival in transitioning countries (SURVCAN-4)
	1.1.5	NORDCAN
1.2. Cancer registration		
	1.2.1	Global Initiative for Cancer Registry development - GICR
	1.2.2	Targeting Childhood Cancer through the GICR - ChildGICR
	1.2.3	Cancer Incidence in Five Continents Vol. XIII (CI5-XIII)
	1.2.4	International Incidence of Childhood Cancer Vols. 3/4 (IICC-3/4)

	1.2.5	IACR
	1.2.6	CanReg5/6
	1.2.7	International Classification of Diseases for Oncology, 4th Ed (ICD-O-4)
	1.2.8	International Classification of Childhood Cancer 4th Ed (ICCC-4)
	1.2.9	Cancer staging tools (STAGING)
1.3. Descriptive epidemiology		
Providing an evidence base for cancer prevention	1.3.1	SURVMARK-3
	1.3.2	PREVENT 2.0
	1.3.3	Resilience
	1.3.4	CRICCS
	1.3.5	PAF/ALMACAN
	1.3.6	DATA-TO-PREVENTION
	1.3.7	HEALTH ECONOMICS
	1.3.8	SOCIAL INEQUALITIES
Objective 2: Understanding the causes		
2.1. Causes of cancer & omics		
	2.1.1	Mutational signatures of specific cancers, focus on renal, colorectal, and breast: the Mutographs
	2.1.2	OPICO
	2.1.3	Open Science in genomic epidemiology
	2.1.4	Integrating dietary and lifestyle factors for cancer prevention to promote global health and environmental sustainability (EPIC)
	2.1.5	Investigating etiological risk factors of early onset cancers (EPIC)
	2.1.6	Breast cancer in low- and middle-income countries (LMIC)
	2.1.7	Epigenetic markers of early-life factors in association with paediatric leukaemia (EpiPediac)

	2.1.8	A molecular diary of tobacco forms in early and adult life to map mechanisms of cancer (DIALCT)
2.2. Mechanisms of etiology/carcinogenesis		
	2.2.1	Unraveling Molecular Triggers of Aggressive Cancer Progression
	2.2.2	Exposomics studies of cancer (DISCERN/PROMINENT)
	2.2.3	Genetics of lymphoma
	2.2.4	Hormone-related cancers: integrative molecular tools to identify the underlying causal pathways.
	2.2.5	Exploring the role of metabolic factors in gastrointestinal cancer development
	2.2.6	Data federation for cancer epidemiology
	2.2.7	Epigenetic drivers of cancer and their link to environmental exposures (ExpoDrivers)
	2.2.8	Lifestyle & biological determinants of oral cancer formation
	2.2.9	Toxicogenomics of priority chemical and microbial cancer risk agents (ToxEpiGen+)
2.3. Biomarkers for early detection		
	2.3.1	Multi-cancer risk assessment for primary and secondary prevention
	2.3.2	Lung cancer biomarkers and risk prediction
	2.3.3	Urine Biomarkers for early detection of Bladder cancer
	2.3.4	Biomarkers for HPV driven cancers
	2.3.5	Biomarkers of lifestyle exposures and cancer risk
2.4. Multimorbidity and mortality		
	2.4.1	Genomic and behavioural markers of Head and Neck cancer survival
	2.4.2	Modifiable risk factors at the intersection of cancer and cardiometabolic diseases

Objective 3: Prevention for impact		
3.1. Environment, occupation & lifestyle		
	3.1.1	Tattooing and cancer
	3.1.2	Non-ionizing Radiation
	3.1.3	Squamous Cell Esophageal Cancer: ESCCAPE
	3.1.4	Epidemiology of Childhood Cancer
	3.1.5	Occupational cancers: Prevention
	3.1.6	Occupational cancer: Asbestos
	3.1.7	Occupational cancer: Agricultural exposures
	3.1.8	Radiation from nuclear accidents and testing
	3.1.9	Industry-linked environmental contamination
	3.1.10	Climate change: a focus on cancer-vulnerable populations
	3.1.11	Epigenetic signatures, infections, early life mechanisms in Burkitt Lymphoma (EpiBurkitt)
3.2. Improving early detection and survival		
	3.2.1	Improving the breast cancer outcomes in the African setting
	3.2.2	HPV self-sampling in the general population in France: Efficacy, feasibility, acceptability and cost-effectiveness (MIRABELLE)
	3.2.3	Cervical cancer Screening and triage in women living with HIV in Cameroon: a cross-sectional study nested in OptiTri cohort study (STRING)
	3.2.4	A novel, one stop, affordable, point of care and artificial intelligence supported system of screening, triage, and treatment selection for cervical cancer and precancer in the LMICs (EASTER)
	3.2.5	Effectiveness of artificial intelligence-assisted decision-making to improve vulnerable women's participation in cervical cancer screening in France: a cluster randomized controlled trial (AppDate-You)

	3.2.6	A novel AI-based tool deployed via a federated learning platform to assist in the screening, diagnosis, prevention and therapy evaluation of breast cancer (CERN)
	3.2.7	Triaging the population as per the exposure profile to risk factors; a proof-of-concept study with a novel risk-stratification tool for oral cancer early detection
	3.2.8	Multicentric pilot programme for lung cancer screening (BELUNGS, UY-LUNGS)
	3.2.9	Improving Cancer Screening, Surveillance and Communication in the Gulf Region - a collaboration between IARC and the Gulf CDC (RESET-Gulf)
	3.2.10	INTERVENER: a web-based tool that matches barriers to cancer screening to interventions that can potentially overcome these barriers
	3.2.11	3rd EU SCREENING REPORT
	3.2.12	Strengthening information system for monitoring of cervical cancer screening programmes and establishing linkage with HPV vaccination programme in Argentina (INSTINCT)
	3.2.13	Cancer Screening in 5 Continents (CanScreen5)
	3.2.14	The development and evaluation of an artificial intelligence (AI) image recognition device to improve cervical pre-cancer screening and management in low- and middle-income countries (SaveCervix)
	3.2.15	Assessment of regional colorectal cancer screening programmes in Spain
	3.2.16	HBOC syndrome and early detection of ovarian cancer: a revolutionary approach in diagnosis for women's health
	3.2.17	Mapping cancer inequalities by migration background in Europe (Cancer RADAR)
3.3. Infection and cancer		
	3.3.1	Assessing immune response to a single dose of quadrivalent HPV vaccine at 15-year & 20-year post vaccination and determining immune correlate of protection of HPV vaccine
	3.3.2	Examining the role of the vaginal microbiome in cervical disease dynamics and associations with treatment

		failure among women living with HIV in Zimbabwe (an analysis nested in the Zimbabwe CErvical Precancer TREatment failure (ZCEPTRE)
	3.3.3	Circulating metabolites as novel risk biomarkers for gastric cancer: a large multi-center prospective investigation (Meta-GC and INTL C-C)
	3.3.4	Liquid biopsies for early cancer detection in persons living with HIV
	3.3.5	Gastric cancer prevention in Europe (EUROHELICAN/TOGAS)
	3.3.6	Understanding risk factors in diverse populations with variable gastric cancer risks using standardized multicentre protocols (Epidemiological iNvestigatIon of Gastric Malignancies/ENIGMA)
	3.3.7	Investigating the role of H. pylori treatment and endoscopic surveillance for gastric cancer prevention in high-incidence areas (HELPER, GISTAR)
	3.3.8	Molecular epidemiological studies on infections and cancer
	3.3.9	Integrating microbiome studies for implementation
3.4. Implementation for impact		
	3.4.1	Implementing an intervention strategy to reduce access and diagnostic delays and improve the quality of diagnostic services for breast cancer patients [Accelerating Breast Cancer early DEtection (ABCDE-Uganda)
	3.4.2	Access Cancer Care India (ACCI)
	3.4.3	Working collaboratively with vulnerable women to identify the best implementation gains by screening cervical cancer more effectively in European countries (CBIG-SCREEN)
	3.4.4	Offering combined HPV vaccination and HPV test-based cervical screening to vulnerable populations. A hybrid efficacy and implementation study (HPV-FASTER implement)
	3.4.5	Prostate Cancer Awareness and Initiative for Screening in the European Union (PRAISE-U)

	3.4.6	Pilot project for implementation of HPV testing for cervical cancer screening in Pernambuco, Brazil – Restructuring the women's journey (HPV-Pernambuco)
	3.4.7	Cancer control at Sao Paulo State: from knowledge to action (ConeCta-SP)
	3.4.8	Implementation research to assess capacity and feasibility to implement a pilot risk-stratified prostate population-based cancer screening programme in Slovenia (Pro-Screen Slovenia)
	3.4.9	HPV Context-specific Modeling (METHIS)
	3.4.10	HPV Vaccine Effectiveness Coordination Center (CHRONOS)
	3.4.11	Transfer of modeling tools and knowledge in LMICs (MENTOR)
	3.4.12	Monitoring direct and indirect costs of cervical cancer control and management in LMICs (COEUS)
	3.4.13	Development of European guidelines and quality assurance scheme for gastric cancer prevention and care (ECIGC)
	3.4.14	Joint Action on the New EU Cancer Screening Scheme Implementation (EUCanScreen)
	3.4.15	European Commission Initiative on Cervical Cancer (EUCervScreen QA): Updating European Guidelines on HPV vaccination, cervical screening and quality assurance
	3.4.16	Comprehensive Cancer Infrastructures for Europe (CCI4EU)
	3.4.17	Support to Development of Oncology Services Project in the Republic of Uzbekistan (CCUZB)
	3.4.18	Improving cancer screening in Slovenia (ICSIS)
	3.4.19	ACCI-2
	3.4.20	Integrated mission of Programme of Action for Cancer Therapy (imPACT review)
	3.4.21	Advancing breath analysis for multi-cancer screening and early detection (ABACUS)
	3.4.22	Codes Against Cancer and Personalized Prevention

	3.4.23	Cancer Prevention Europe
Objective 4: knowledge Mobilization		
4.1. Monographs on carcinogenic hazards to humans		
	4.1.1	IARC Monographs on the Identification of Carcinogenic Hazards to Humans
4.2. Handbooks of Cancer Prevention		
	4.2.1	IARC Handbooks of Cancer Prevention volumes
4.3. Classification of Tumours		
	4.3.1	WHO Classification of Tumours (blue books) & Cytopathology reporting systems
	4.3.2	International Collaboration for Cancer Classification (IC3R) and Evidence Gap Map project (EVI MAP)
4.4. Research training & fellowships		
	4.4.1	Early Career and Visiting Scientists onboarding and support
	4.4.2	Early Career Scientists career development
	4.4.3	IARC Fellowships
4.5. IARC Learning Programme		
	4.5.1	IARC learning and teaching resources
	4.5.2	Learning events & IARC Summer School
	4.5.3	Partnerships for dissemination and impact

Objective 5: research infrastructure		
5.1. Biobank		
	5.1.1	Management of IARC biobank
	5.1.2	Pre-analytical Laboratory services support and laboratory safety
	5.1.3	Capacity building for biobanking and international population cohort research on cancer
5.2. Histopathology laboratory		
	5.2.1	Histopathology laboratory
5.3. Laboratory services		
	5.3.1	The Genetics Platform
	5.3.2	The NME metabolomics laboratory
	5.3.3	The virology laboratory
	5.3.4	The single cell multi-omics Platform
5.4. Scientific IT platform		
	5.4.1	Data Analysis
	5.4.2	Back-office and data management
	5.4.3	Data storage and security
5.5 Digital Research Support: Publishing, Library, and Web Services		
	5.5.1	IARC Publishing, Library and Web
Objective 6: LEADERSHIP, GOVERNANCE AND SERVICES TO SCIENCE		
6.1. Governance, direction & strategic leadership		
	6.1.1	Secretary to the IARC Scientific and Governing Councils
	6.1.2	Implementation of the Medium-Term Strategy 2026-2030
	6.1.3	Cooperation with WHO and UN entities

6.2. Strategic engagement and external relations		
	6.2.1	Strengthening cooperation with existing PS and attracting new PS
	6.2.2	Resource mobilization and partnership-building efforts
	6.2.3	Institutional communication and dissemination for impact
6.3. Secretariat for Governance, and Strategic Support to Scientific Programmes		
	6.3.1	Support to Governing and Scientific Council meetings and interactions with Participating States
	6.3.2	Administrative Policy Management for Operational Excellence
	6.3.3	Legal and Data Protection Support for Scientific Programmes
6.4. Integrated Services to Science and Research		
	6.4.1	HR services to Science and Research
	6.4.2	Budget and Financial services to Science and Research
	6.4.3	IT services to Science and Research
	6.4.4	Administrative Services to Science and Research

Annex 2

Detailed Budget and Information Tables

The proposed 2026–2027 budget is presented in the following twelve summary and information tables, of which three tables include the 2024–2025 approved budget for comparison purposes. Due to a change in the Programme Tree structure aligning with the proposed MTS 2026-–2030, and adoption of the Results Based Budgeting methodology of budget preparation, not all comparison tables that were prepared in the 2024-–2025 Programme and Budget document, are valid for the current budget presentation.

BUDGET TABLES

- **Table A - Proposed budget for the biennium 2026–2027:** Provides the overall proposed budget including a breakdown at the level 2 objectives (pillars/ outcomes) of the IARC Programme Tree for the biennium. Unlike the previous biennium, this table now includes the full IARC programme budget, not just the assessed contributions/regular budget funded part of the budget.
- **Table B - Summary of biennial budget by Pillars and Programmes and proposed funding source:** Includes a breakdown of the budget at the pillar and programme level by the proposed funding source, i.e. AC (Assessed Contributions) and VC (Voluntary Contributions, PSC and GCSF). The comparison to the previous biennium is not available due to substantial changes in the programme tree structure.
- **Table C - Summary of biennial budget by pillars and programmes, split by staff and activity components:** Presents further details of the proposed budget allocations by year, broken down by staff and activity budget and by proposed sources of fund.
- **Table D - Summary of biennial regular budget from assessed contributions by pillars, split by staff and activity components:** Presents further details of the proposed budget allocations by year, broken down by staff and activity budget, compared with the biennium 2024–2025.
- **Table E - Summary of budgeted staff and ECVS by level 2/3 objectives and by category:** Summarizes the planned staff and ECVS in person-years, by objectives at the level 2 and level 3 of the IARC Programme Tree. Number of staff is grouped according to staff categories, i.e. General Service and Professional and above. New information about planned person-years of ECVS (Early Career and Visiting Scientists) is also included for the first time.
- **Table F - Summary of regular budget staff, by level 2 objectives:** Summarizes the planned staff in person-years, by objective at the level 2 of the IARC Programme Tree. Number of staff is grouped according to staff categories, i.e. General Service and Professional and above, and are compared to biennium 2024–2025. Due to changes in the Program Tree structure, Objectives 5 and 6 data for 2026–2027 is combined to allow comparison between the two biennia.
- **Table G - Summary of IARC budget by components:** Presents the proposed IARC budget by components of expenditure.

- **Table H - Summary of IARC budget, financing and the funding gap:** Provides a summary of the IARC budget 2026–2027 by year, proposed funding sources and the funding gap (currently unfunded portion of the total budget).
- **Table I – Summary of budget, financing and the funding gap by IARC Flagship:** Provides the current overview of financing and funding gap for each of the IARC Flagships. Participating States can fund Flagships via the CVCA mechanism.
- **Table J - 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 2024–2025 budget.
- **Table K - 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.
- **Table L - 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 2014 to December 2024.

Summary Table A
PROPOSED BUDGET FOR THE BIENNIUM 2026-2027
(expressed in euros)

	LEVEL 2 PILLARS	2026-2027 BUDGET	%
1	Data for Action	11 890 665	10.39
2	Understanding the Causes	28 019 329	24.47
3	Prevention for Impact	23 082 737	20.16
4	Knowledge Mobilization	18 236 685	15.93
5	Research Infrastructures	9 967 952	8.71
6	Leadership, Governance, and Services to Science	23 298 321	20.35
	TOTAL BUDGET	**114 495 688**	**100.00**

Summary Table B

SUMMARY OF BIENNIAL RESOURCES BY PILLARS PROGRAMMES, AND PROPOSED FUNDING SOURCE

(expressed in euros)

Level 2 / Level 3	Pillars / Programmes	Regular Budget/ Assessed contributions 2026-2027 Budget Amount	%	Extra-Budgetary / Voluntary contributions (note i) 2026-2027 Budget Amount	%	Total IARC budget 2026-2027 Budget Amount	%
1	**Data for Action**						
1.1	Cancer data and statistics	1,543,680		1,044,309		2,587,989	
1.2	Cancer registration	2 545 280		2 091 742		4,637,022	
1.3	Descriptive epidemiology	1 634 240		3 031 413		4,665,653	
		5 723 200	11%	6 167 465	10%	11 890 665	10%
2	**Understanding the Causes**						
2.1	Causes of cancer & omics	3 649 960		6 945 088		10 595 048	
2.2	Mechanisms of etiology/carcinogenesis	3 939 690		6 815 497		10 755 187	
2.3	Biomarkers for early detection	1 090 610		3 954 235		5 044 845	
2.4	Multimorbidity and mortality	506 960		1 117 288		1 624 248	
		9 187 220	17%	18 832 109	31%	28 019 329	24%
3	**Prevention for Impact**						
3.1	Environment, occupation & lifestyle	2,216,790		4,270,278		6,487,068	
3.2	Improving early detection and survival	1 298 470		3 496 854		4 795 324	
3.3	Infection and cancer	1 677 635		2 630 418		4 308 053	
3.4	Implementation for impact	2 518 655		4 973 636		7 492 291	
		7 711 550	14%	15 371 187	25%	23 082 737	20%
4	**Knowledge Mobilization**						
4.1	Monographs on carcinogenic hazards to humans	2 879 650		3 922 082		6 801 733	
4.2	Handbooks of Cancer Prevention	523 698		1 432 853		1 956 551	
4.3	Classification of tumours	672 500		5 111 093		5 783 593	
4.4	Research training & fellowships	1 069 400		1 113 339		2 182 739	
4.5	IARC Learning Programme	518 200		993 869		1 512 069	
		5 663 449	11%	12 573 236	21%	18 236 685	16%
5	**Research Infrastructures**						
5.1	Biobank	1,086,830		330,790		1,417,620	
5.2	Histopathology laboratory	221 800		187 896		409 696	
5.3	Laboratory services	4 711 700		307 260		5 018 960	
5.4	Scientific IT platform	244 500		496 050		740 550	
5.5	Digital Research Support: Publishing, Library, and Web Services	1 519 126		862 000		2 381 126	
		7 783 956	15%	2 183 996	4%	9 967 952	9%
6	**Leadership, Governance, and Services to Science**						
6.1	Governance, direction & strategic leadership	1 887 056		138 100		2 025 156	
6.2	Strategic engagement and external relations	1 405 188		1 685 700		3 090 888	
6.3	Secretariat for Governance, and Strategic Support to Scientific Programme	2 096 000		458 000		2 554 000	
6.4	Integrated Services to Science and Research	12 064 796		3 563 480		15 628 276	
		17 453 041	33%	5 845 280	10%	23 298 321	20%
	TOTAL	53 522 415	100%	60 973 273	100%	114 495 688	100%

Notes:

i. Extra-budgetary / Voluntary Contributions include Programme Support Cost Account and the Governing Council Special Fund.

Summary Table C
SUMMARY OF IARC STAFF AND ACTIVITY BUDGET BY PILLARS, PROGRAMMES AND PROPOSED FUNDING SOURCE
(expressed in euros)

Level 2 / Level 3	Pillars / Programmes	Regular Budget/ Assessed contributions			Extra-Budgetary / Voluntary contributions			IARC total budget		
		Staff Budget	Activity Budget	Total	Staff Budget	Activity Budget	Total	Staff Budget	Activity Budget	Total
1	**Data for Action**									
1.1	Cancer data and statistics	1 425 680	118 000	1 543 680	499 820	544 489	1 044 309	1 925 500	662 489	2 587 989
1.2	Cancer registration	2 331 280	214 000	2 545 280	986 780	1 104 962	2 091 742	3 318 060	1 318 962	4 637 022
1.3	Descriptive epidemiology	1 510 440	123 800	1 634 240	922 000	2 109 413	3 031 413	2 432 440	2 233 213	4 665 653
		5 267 400	455 800	5 723 200	2 408 600	3 758 865	6 167 465	7 676 000	4 214 665	11 890 665
2	**Understanding the Causes**									
2.1	Causes of cancer & omics	3 486 960	163 000	3 649 960	2 284 100	4 660 988	6 945 088	5 771 060	4 823 988	10 595 048
2.2	Mechanisms of etiology/carcinogenesis	3 707 390	232 300	3 939 690	2 853 500	3 961 997	6 815 497	6 560 890	4 194 297	10 755 187
2.3	Biomarkers for early detection	1 044 610	46 000	1 090 610	1 380 600	2 573 635	3 954 235	2 425 210	2 619 635	5 044 845
2.4	Multimorbidity and mortality	490 960	16 000	506 960	926 050	191 238	1 117 288	1 417 010	207 238	1 624 248
		8 729 920	457 300	9 187 220	7 444 250	11 387 859	18 832 109	16 174 170	11 845 159	28 019 329
3	**Prevention for Impact**									
3.1	Environment, occupation & lifestyle	2 023 190	193 600	2 216 790	2 267 250	2 003 028	4 270 278	4 290 440	2 196 628	6 487 068
3.2	Improving early detection and survival	1 115 370	183 100	1 298 470	1 436 170	2 060 684	3 496 854	2 551 540	2 243 784	4 795 324
3.3	Infection and cancer	1 669 635	8 000	1 677 635	1 016 900	1 613 518	2 630 418	2 686 535	1 621 518	4 308 053
3.4	Implementation for impact	2 360 655	158 000	2 518 655	4 035 130	938 506	4 973 636	6 395 785	1 096 506	7 492 291
		7 168 850	542 700	7 711 550	8 755 450	6 615 737	15 371 187	15 924 300	7 158 437	23 082 737
4	**Knowledge Mobilization**									
4.1	Monographs on carcinogenic hazards to humans	2 627 650	252 000	2 879 650	3 113 400	808 682	3 922 082	5 741 050	1 060 683	6 801 733
4.2	Handbooks of Cancer Prevention	425 000	98 698	523 698	1 053 600	379 253	1 432 853	1 478 600	477 951	1 956 551
4.3	Classification of tumours	572 200	100 300	672 500	3 143 400	1 967 693	5 111 093	3 715 600	2 067 993	5 783 593
4.4	Research training & fellowships	601 400	468 000	1 069 400	195 800	917 539	1 113 339	797 200	1 385 539	2 182 739
4.5	IARC Learning Programme	344 600	173 600	518 200	695 800	298 069	993 869	1 040 400	471 669	1 512 069
		4 570 850	1 092 599	5 663 449	8 202 000	4 371 236	12 573 236	12 772 850	5 463 835	18 236 685
5	**Research Infrastructures**									
5.1	Biobank	823 830	263 000	1 086 830	230 790	100 000	330 790	1 054 620	363 000	1 417 620
5.2	Histopathology laboratory	221 800	0	221 800	37 600	150 296	187 896	259 400	150 296	409 696
5.3	Laboratory services	790 500	3 921 200	4 711 700	306 260	1 000	307 260	1 096 760	3 922 200	5 018 960
5.4	Scientific IT platform	244 500	0	244 500	235 200	260 850	496 050	479 700	260 850	740 550
5.5	Digital Research Support: Publishing, Library, and Web Services	1 024 000	495 126	1 519 126	572 000	290 000	862 000	1 596 000	785 126	2 381 126
		3 104 630	4 679 326	7 783 956	1 381 850	802 146	2 183 996	4 486 480	5 481 472	9 967 952
6	**Leadership, Governance, and Services to Science**									
6.1	Governance, direction & strategic leadership	1 244 000	643 056	1 887 056	99 600	38 500	138 100	1 343 600	681 556	2 025 156
6.2	Strategic engagement and external relations	1 184 400	220 788	1 405 188	801 000	884 700	1 685 700	1 985 400	1 105 488	3 090 888
6.3	Secretariat for Governance, and Strategic Support to Scientific Programme	1 806 000	290 000	2 096 000	366 000	92 000	458 000	2 172 000	382 000	2 554 000
6.4	Integrated Services to Science and Research	9 267 600	2 797 196	12 064 796	2 788 500	774 980	3 563 480	12 056 100	3 572 176	15 628 276
		13 502 000	3 951 041	17 453 041	4 055 100	1 790 180	5 845 280	17 557 100	5 741 221	23 298 321
	TOTAL	42 343 650	11 178 765	53 522 415	32 247 250	28 726 023	60 973 273	74 590 900	39 904 788	114 495 688

Summary Table D

SUMMARY OF REGULAR BUDGET/ ASSESSED CONTRIBUTIONS PILLARS

(expressed in euros)

Level 2	Pillars	2024-2025 Staff Budget	2024-2025 Activity Budget	2024-2025 Total	2026-2027 Staff Budget	2026-2027 Activity Budget	2026-2027 Total	% increase/ (decrease) Staff Budget	% increase/ (decrease) Activity Budget	% increase/ (decrease) Total
1	Data for Action	3,517,890	551,000	4,068,890	5,267,400	455,800	5,723,200	50%	-17%	41%
2	Understanding the Causes	8,564,342	1,250,500	9,814,842	8,729,920	457,300	9,187,220	2%	-63%	-6%
3	Prevention for Impact	5,005,104	982,500	5,987,604	7,168,850	542,700	7,711,550	43%	-45%	29%
4	Knowledge Mobilization	5,344,936	1,283,400	6,628,336	4,570,850	1,092,599	5,663,449	-14%	-15%	-15%
5 - 6	Research Infrastructures	13,580,056	8,603,585	22,183,641	16,606,630	8,630,367	25,236,997	22%	0%	14%
	TOTAL	36,012,328	12,670,985	48,683,313	42,343,650	11,178,765	53,522,415	18%	-12%	10%

Notes:

i. Pillars 5 and 6 are combined in this table due to substantive changes between these pillars from 2024-2025 to 2026-2027

Summary Table E
SUMMARY OF TOTAL BUDGETED STAFF AND ECVS BY LEVEL 2/3 OBJECTIVES AND CATEGORY
(expressed in person years)

Level 2 / Level 3	Pillars / Programmes	2026-2027 Activity (person years) Professional and above	General Service	ECVS [1]	Total Staff and ECVS
1	**Data for Action**				
1.1	Cancer data and statistics	3.2	4.0	1.4	8.5
1.2	Cancer registration	6.9	3.6	4.4	14.9
1.3	Descriptive epidemiology	6.0	1.8	17.2	25.0
		16.0	9.4	23.0	48.4
2	**Understanding the Causes**				
2.1	Causes of cancer & omics	11.4	12.3	15.6	39.2
2.2	Mechanisms of etiology/carcinogenesis	15.1	12.0	17.3	44.4
2.3	Biomarkers for early detection	6.2	3.4	8.5	18.1
2.4	Multimorbidity and mortality	3.8	1.5	0.7	6.0
		36.4	29.2	42.1	107.7
3	**Prevention for Impact**				
3.1	Environment, occupation & lifestyle	12.2	5.7	13.4	31.3
3.2	Improving early detection and survival	7.6	2.3	8.3	18.2
3.3	Infection and cancer	5.5	5.9	4.0	15.4
3.4	Implementation for impact	18.2	6.0	10.5	34.7
		43.6	19.9	36.2	99.6
4	**Knowledge Mobilization**				
4.1	Monographs on carcinogenic hazards to humans	13.4	6.0	3.3	22.6
4.2	Handbooks of Cancer Prevention	3.5	2.2	1.5	7.2
4.3	Classification of tumours	5.8	9.5	6.0	21.3
4.4	Research training & fellowships	0.6	3.1	0.3	4.0
4.5	IARC Learning Programme	1.4	3.3	1.3	6.0
		24.7	24.1	12.4	61.1
5	**Research Infrastructures**				
5.1	Biobank	0.7	4.3	0.0	5.0
5.2	Histopathology laboratory	0.2	1.0	1.0	2.2
5.3	Laboratory services	0.3	5.2	0.0	5.5
5.4	Scientific IT platform	0.5	1.7	0.0	2.2
5.5	Digital Research Support: Publishing, Library, and Web Services	3.0	3.0	0.0	6.0
		4.7	15.2	1.0	20.9
6	**Leadership, Governance, and Services to Science**				
6.1	Governance, direction & strategic leadership	2.0	1.9	0.0	3.9
6.2	Strategic engagement and external relations	3.0	3.1	1.0	7.1
6.3	Secretariat for Governance, and Strategic Support to Scientific Programme	4.0	3.0	0.0	7.0
6.4	Integrated Services to Science and Research	14.5	38.1	2.0	54.6
		23.5	46.1	3.0	72.6
	TOTAL annual budgeted person years	148.8	143.8	117.6	410.2

Note (1) ECVS include Early Career and Visiting Scientists, such as Doctoral Students and Post-Doctoral Fellows

Summary Table F

SUMMARY OF REGULAR BUDGET/ ASSESSED CONTRIBUTIONS FUNDED STAFF BY LEVEL 2 OBJECTIVES AND STAFF CATEGORY

(expressed in person years)

Level 2	Pillars	2024-2025 Staff Activity (person years)			2026-2027 Staff Activity (person years)		
		Professional and above	General Service	Total Staff	Professional and above	General Service	Total Staff
1	Data for Action	7.0	7.0	14.0	10.0	6.8	16.8
2	Understanding the Causes	17.0	19.0	35.9	14.9	17.3	32.2
3	Prevention for Impact	11.4	8.9	20.3	13.9	10.7	24.6
4	Knowledge Mobilization	10.4	10.8	21.2	7.8	7.9	15.6
5 - 6	Research Infrastructures	21.9	37.5	59.4	24.6	38.6	63.2
	TOTAL	67.6	83.1	150.7	71.1	81.3	152.4

Notes:

i. Pillars 5 and 6 are combined in this table due to substantive changes between these pillars from 2024-2025 to 2026-2027

Summary Table G

SUMMARY OF IARC BUDGET BY COMPONENT

(expressed in euros)

COMPONENT	2026-2027 Budget		
	2026	2027	2026-2027
Staff Budget:			
Professional	23 799 400	24 079 400	47 878 800
General Service	13 081 400	13 630 700	26 712 100
Total Staff Costs	36 880 800	37 710 100	74 590 900
Activity Budget:			
Other contractual arrangements (APWs, SSAs and consultants)	1 435 895	1 116 799	2 552 694
Meetings (temporary advisors and participants)	1 682 600	1 268 750	2 951 350
Duty travel (all categories of staff including fellows)	779 600	752 300	1 531 900
Collaborative research agreements	3 434 542	3 168 966	6 603 508
Supplies	131 011	152 459	283 470
Equipment and furniture	340 814	317 584	658 397
Fellowships	6 463 019	6 414 930	12 877 949
Office services	236 600	237 648	474 248
Publications (including printing)	569 700	550 275	1 119 975
Library books & periodicals	198 844	93 658	292 502
Laboratory maintenance and supplies	1 362 743	1 365 134	2 727 877
IT maintenance and licences	957 590	904 587	1 862 177
Building services	2 556 000	2 577 000	5 133 000
Staff Development & Training	164 150	159 240	323 390
Director's Development Provision	311 599	91 252	402 851
Others	54 750	54 750	109 500
Total Activity Costs	20 679 457	19 225 331	39 904 788
Unprogrammed reserve	0	0	0
TOTAL IARC BUDGET	57 560 257	56 935 431	114 495 688

Note: Due to the transition to Results-Based Budgeting the comparison to the previous biennium is not available. Comparison to the previous biennium will return in the next biennium.

Summary Table H

SUMMARY OF IARC BUDGET, PROPOSED FINANCING AND FUNDING GAP

(expressed in euros)

	LEVEL 2 PILLARS	IARC BUDGET 2026-2027 (A)	%	PROPOSED FINANCING Regular Budget / Assessed contribution	Extra-budgetary/ voluntary contributions	Total secured funding (B)	FUNDING GAP (i) Funding gap (C) A - B = C	Funding gap % (D) C / A = D
1	Data for Action	11 890 665	10.4%	5 723 200	1 967 593	7 690 793	4 199 872	35.3%
2	Understanding the Causes	28 019 329	24.5%	9 187 220	8 648 932	17 836 152	10 183 177	36.3%
3	Prevention for Impact	23 082 737	20.2%	7 711 550	5 825 139	13 536 689	9 546 048	41.4%
4	Knowledge Mobilization	18 236 685	15.9%	5 663 449	6 496 693	12 160 142	6 076 543	33.3%
5	Research Infrastructures	9 967 952	8.7%	7 783 956	1 072 193	8 856 149	1 111 804	11.2%
6	Leadership, Governance, and Services	23 298 321	20.3%	17 453 041	3 684 574	21 137 615	2 160 706	9.3%
	Total Budget	114 495 688	100.0%	53 522 415	27 695 124	81 217 539	33 278 149	29.1%

(i) Funding gap presents the situation at the time of the budget preparation.
IARC is continuously raising funds, including competitive and non-competitive scientific grants.

Summary Table I

SUMMARY OF BUDGET, PROPOSED FINANCING AND FUNDING GAP BY IARC FLAGSHIP

(expressed in millions euros)

Unique value proposition	FLAGSHIP	BUDGET	PROPOSED FINANCING			FUNDING GAP (i)	
		2026-2027 (A)	Regular Budget / Assessed contribution	Extra-budgetary/ voluntary contributions	Total secured funding (B)	Funding gap (C) A - B = C	Funding gap % (D) C / A = D
Global database on cancer	Global Cancer Observatory	2.59	1.54	0.19	1.73	0.86	33.2%
	CanScreen5	0.58	0.24	0.00	0.24	0.33	57.8%
Large scale epidemiology and lab research on the causes of cancer	Mutographs	6.38	3.65	0.33	3.98	2.40	37.7%
	EPIC	0.72	0.20	0.25	0.44	0.27	38.1%
Cancer encyclopaedias	Classification of tumours	5.78	0.67	4.99	5.66	0.12	2.1%
	Monographs	6.14	2.46	0.62	3.08	3.06	49.9%
	Handbooks of cancer prevention	1.96	0.52	0.53	1.05	0.91	46.3%
Training, capacity building and empowering cancer research ecosystems	GICR	4.64	2.55	0.97	3.52	1.12	24.1%
	Summer school	1.51	0.52	0.36	0.88	0.63	42.0%
	Codes against cancer	1.53	0.33	0.32	0.65	0.88	57.4%
	TOTAL	31.8	12.7	8.5	21.2	10.6	33.3%

Note: project cost include only the direct costs, as budgeted under the relevant pillar/ programme, without any indirect costs, or costs budgeted to pillars 5 and 6

Summary Table J

SUMMARY OF PROPOSED FINANCING FROM ASSESSMENTS ON 29 PARTICIPATING STATES

(expressed in euros)

Participating States	Number of units assigned (see Note 1 & 2)	YEAR 2026			YEAR 2027			BIENNIUM 2026-2027	BIENNIUM 2024-2025	2026-2027 / 2024-2025	2026-2027 / 2024-2025
		70% of the assessed budget borne equally	30% of the assessed budget in accordance with the unit system	TOTAL	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	645 514	276 649	922 163	646 406	277 031	923 438	1 845 601	1 774 616	4.0	70 985
Austria	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	1 518 388	3.3	50 372
Belgium	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	1 518 388	3.3	50 372
Brazil	2	645 514	276 649	922 163	646 406	277 031	923 438	1 845 601	1 774 616	4.0	70 985
Canada	2	645 514	276 649	922 163	646 406	277 031	923 438	1 845 601	1 774 616	4.0	70 985
China	8	645 514	1 106 595	1 752 109	646 406	1 108 125	1 754 532	3 506 641	3 311 984	5.9	194 657
Denmark	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	1 518 388	3.3	50 372
Egypt	0	645 514	0	645 514	646 406	0	646 406	1 291 920	0	100.0	1 291 920
Finland	0	645 514	0	645 514	646 406	0	646 406	1 291 920	1 262 160	2.4	29 760
France	4	645 514	553 298	1 198 812	646 406	554 063	1 200 469	2 399 281	2 287 071	4.9	112 210
Germany	4	645 514	553 298	1 198 812	646 406	554 063	1 200 469	2 399 281	2 287 071	4.9	112 210
Hungary	0	645 514	0	645 514	646 406	0	646 406	1 291 920	1 262 160	2.4	29 760
India	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	1 518 388	3.3	50 372
Iran (Islamic Republic of)	0	645 514	0	645 514	646 406	0	646 406	1 291 920	1 262 160	2.4	29 760
Ireland	0	645 514	0	645 514	646 406	0	646 406	1 291 920	1 262 160	2.4	29 760
Italy	2	645 514	276 649	922 163	646 406	277 031	923 438	1 845 601	1 774 616	4.0	70 985
Japan	8	645 514	1 106 595	1 752 109	646 406	1 108 125	1 754 532	3 506 641	3 311 984	5.9	194 657
Morocco	0	645 514	0	645 514	646 406	0	646 406	1 291 920	1 262 160	2.4	29 760
Netherlands	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	1 518 388	3.3	50 372
Norway	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	1 518 388	3.3	50 372
Qatar	0	645 514	0	645 514	646 406	0	646 406	1 291 920	1 262 160	2.4	29 760
Republic of Korea	2	645 514	276 649	922 163	646 406	277 031	923 438	1 845 601	1 774 616	4.0	70 985
Russian Federation	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	1 518 388	3.3	50 372
Spain	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	0	100.0	1 568 760
Saudi-Arabia	2	645 514	276 649	922 163	646 406	277 031	923 438	1 845 601	1 774 616	4.0	70 985
Sweden	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	1 518 388	3.3	50 372
Switzerland	1	645 514	138 324	783 838	646 406	138 516	784 922	1 568 760	1 518 388	3.3	50 372
United Kingdom	4	645 514	553 298	1 198 812	646 406	554 063	1 200 469	2 399 281	2 287 071	4.9	112 210
United States of America	8	645 514	1 106 595	1 752 109	646 406	1 108 125	1 754 532	3 506 641	3 311 984	5.9	194 657
TOTAL FUNDING	58	18 719 906	8 022 817	26 742 723	18 745 785	8 033 908	26 779 692	53 522 415	48 683 313	9.9	4 839 102

Notes:

1. The method of assessment of contributions of Participating States is detailed in Resolutions GC/15/R9, GC/54/R18, and GC/56/R6.
2. Group classification of countries for the purpose of assigning units in accordance with the applicable GC resolutions is based on the WHO scale of assessments as adopted by the World Health Assembly in May 2023 (Resolution WHA76.8).
3. Full contribution from Egypt and Saudi-Arabia allows 5.9% increase in the regular budget and the overall assessed contributions from Participating States for 2026-2027. Budget increase of 4.0% is proposed on the overall assessment of all 29 Participating States compared to the 2024-2025 budget.

Table K

GROUP CLASSIFICATION OF COUNTRIES AND ASSIGNING UNITS FOR ASSESSED CONTRIBUTIONS

From 2020 to 2026

GROUP CLASSIFICATION OF COUNTRIES AS PER RESOLUTION GC/15/R9

WHO's % Contribution	IARC Group	IARC Scale (# units)
8% and above	1	8
4% and above; below 8%	2	4
2% and above; below 4%	3	2
0.5% and above; below 2%	4	1
less than 0.5%	5	0

GROUP AND UNIT ASSIGNED TO EACH PARTICIPATING STATE

	SCALE for 2026-2027 PROPOSED BUDGET			SCALE for 2024-2025 APPROVED BUDGET			SCALE for 2022-2023 APPROVED BUDGET			SCALE for 2020-2021 APPROVED BUDGET		
Participating State	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	2.1111	3	2	2.1111	3	2	2.2101	3	2	2.2101	3	2
Austria	0.6790	4	1	0.6790	4	1	0.6770	4	1	0.6770	4	1
Belgium	0.8281	4	1	0.8281	4	1	0.8211	4	1	0.8211	4	1
Brazil	2.0131	3	2	2.0131	3	2	2.9482	3	2	2.9482	3	2
Canada	2.6282	3	2	2.6282	3	2	2.7342	3	2	2.7342	3	2
China	15.2550	1	8	15.2550	1	8	12.0058	1	8	12.0058	1	8
Denmark	0.5530	4	1	0.5530	4	1	0.5540	4	1	0.5540	4	1
Egypt	0.1390	5	0									
Finland	0.4170	5	0	0.4170	5	0	0.4210	5	0	0.4210	5	0
France	4.3183	2	4	4.3183	2	4	4.4273	2	4	4.4273	2	4
Germany	6.1114	2	4	6.1114	2	4	6.0904	2	4	6.0904	2	4
Hungary	0.2280	5	0	0.2280	5	0	0.2060	5	0	0.2060	5	0
India	1.0441	4	1	1.0441	4	1	0.8341	4	1	0.8341	4	1
Iran (Islamic Republic of)	0.3710	5	0	0.3710	5	0	0.3980	5	0	0.3980	5	0
Ireland	0.4390	5	0	0.4390	5	0	0.3710	5	0	0.3710	5	0
Italy	3.1892	3	2	3.1892	3	2	3.3072	3	2	3.3072	3	2
Japan	8.0335	1	8	8.0335	1	8	8.5645	1	8	8.5645	1	8
Morocco	0.0550	5	0	0.0550	5	0	0.0550	5	0	0.0550	5	0
Netherlands	1.3771	4	1	1.3771	4	1	1.3561	4	1	1.3561	4	1
Norway	0.6790	4	1	0.6790	4	1	0.7540	4	1	0.7540	4	1
Qatar	0.2690	5	0	0.2690	5	0	0.2820	5	0	0.2820	5	0
Republic of Korea	2.5742	3	2	2.5742	3	2	2.2671	3	2	2.2671	3	2
Russian Federation	1.8661	4	1	1.8661	4	1	2.4052	3	2	2.4052	3	2
Saudi-Arabia	1.1841	4	1									
Spain	2.1341	3	2	2.1341	3	2	2.1461	3	2	2.1461	3	2
Sweden	0.8711	4	1	0.8711	4	1	0.9061	4	1	0.9061	4	1
Switzerland	1.1341	4	1	1.1341	4	1	1.1511	4	1	1.1511	4	1
United Kingdom of Great Britain and Northern Ireland	4.3753	2	4	4.3753	2	4	4.5673	2	4	4.5673	2	4
United States of America	22.0000	1	8	22.0000	1	8	22.0000	1	8	22.0000	1	8

Table L

UNITED NATIONS ACCOUNTING RATES OF EXCHANGE: EUROS TO US DOLLARS

From January 2014 to December 2024

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
January	0.725	0.850	0.922	0.956	0.837	0.871	0.909	0.822	0.876	0.933	0.908
February	0.737	0.882	0.882	0.937	0.805	0.876	0.907	0.824	0.878	0.926	0.928
March	0.731	0.943	0.895	0.937	0.815	0.891	0.884	0.837	0.913	0.939	0.918
April	0.727	0.923	0.887	0.942	0.810	0.887	0.916	0.853	0.920	0.913	0.928
May	0.723	0.904	0.882	0.921	0.828	0.897	0.921	0.826	0.947	0.913	0.930
June	0.735	0.894	0.897	0.893	0.848	0.899	0.879	0.820	0.958	0.929	0.923
July	0.736	0.905	0.901	0.879	0.864	0.880	0.880	0.838	0.996	0.907	0.925
August	0.748	0.915	0.895	0.847	0.875	0.894	0.849	0.841	0.965	0.911	0.918
September	0.759	0.889	0.897	0.832	0.858	0.910	0.844	0.847	0.997	0.923	0.906
October	0.787	0.891	0.906	0.848	0.865	0.914	0.852	0.860	1.032	0.944	0.905
November	0.803	0.912	0.920	0.861	0.880	0.900	0.851	0.872	0.972	0.940	0.933
December	0.820	0.914	0.942	0.844	0.879	0.909	0.837	0.888	0.938	0.949	0.951
Annual Average	0.753	0.902	0.902	0.891	0.847	0.894	0.877	0.844	0.949	0.927	0.923
Biennial Average		0.827 2014/2015		0.897 2016/2017		0.871 2018/2019		0.861 2020/2021		0.938 2022/2023	

Budget 2014/2015 approved at 0.758 €/US$
Budget 2016/2017 approved at 0.729 €/US$
Budget 2018/2019 approved at 0.894 €/US$
Budget 2020/2021 approved at 0.819 €/US$
Budget 2022/2023 approved at 0.907 €/US$
Budget 2024/2025 approved at 0.907 €/US$