International Agency for Research on Cancer

World Health Organization

Governing Council
Fifty-fifth Session

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MINUTES OF THE FIRST MEETING

IARC, Lyon

Thursday, 16 May 2013, at 09:05

Chairperson: Professor Pekka Puska (Finland)

Secretary: Dr Christopher P. Wild, Director, IARC

CONTENTS

Participating State Representatives

Professor Pekka PUSKA, *Chairperson* Dr Sakari KARJALAINEN	Finland
Dr Mark PALMER, *Vice-Chairperson* Dr Rhoswyn WALKER	United Kingdom of Great Britain and Northern Ireland
Dr Morag PARK, *Rapporteur* Ms Lucero HERNANDEZ	Canada
Professor Christopher BAGGOLEY	Australia
Dr Hemma BAUER	Austria
Mr Lieven DE RAEDT	Belgium
Dr Luiz Antonio SANTINI Dr Marisa Dreyer BREITENBACH	Brazil
Professor Herman AUTRUP	Denmark
Professor Agnès BUZYN	France
Dr Chariklia BALAS Dr Irene KEINHORST	Germany
Professor G.K. RATH *(unable to attend)*	India
Dr Susan O'REILLY	Ireland
No Representative	Italy
Dr Masato MUGITANI Dr Makiyo IWATA	Japan
Dr Jack HUTTEN Mr Jeroen HULLEMAN	Netherlands
Dr Edgar RIVEDAL Dr Henrietta BLANKSON	Norway
Dr FALEH Mohammed Hussain Ali	Qatar

Dr Sung Woong RA Dr Jeongseon KIM Dr Yeol KIM	Republic of Korea
Ms Lidia GABUNIYA	Russian Federation
Dr María José G. SUSO	Spain
Professor Mats ULFENDAHL *(unable to attend)* Dr Karin SCHMEKEL	Sweden
Dr Diane STEBER-BÜCHLI	Switzerland
Professor Murat TUNCER	Turkey
Dr Lisa STEVENS Ms Gabrielle LAMOURELLE Ms Mary Blanca RIOS Dr Jeff GLENN	United States of America

World Health Organization

Dr Oleg CHESTNOV, Assistant Director-General
Ms Joanne MCKEOUGH, Office of the Legal Counsel

Observers

Professor Mads MELBYE, Chairperson, Scientific Council

Union for International Cancer Control (UICC)

Mr Cary ADAMS, Executive Director

External Audit

Mr Lito Q. MARTIN (unable to attend), Commission on Audit, Philippines

Secretariat

Dr C.P. WILD, *Secretary*
Mr D. ALLEN
Dr S. FRANCESCHI

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Dr P. BRENNAN
Dr G. BYRNES
Ms D. D'AMICO
Mr P. DAMIECKI
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Dr R. HERRERO
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Dr J. MCKAY
Dr M. MENDY
Dr R. NJIE
Dr H. OHGAKI
Dr I. ROMIEU
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Ms A. SANTHIPRECHACHIT
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Dr N. SLIMANI
Dr E. STELIAROVA-FOUCHER
Dr K. STRAIF
Dr M. TOMMASINO
Dr L. VON KARSA
Dr J. ZAVADIL

1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The CHAIRPERSON declared open the Fifty-fifth Session of the Governing Council and welcomed participants, including the Chairperson of the Scientific Council, Professor Melbye, the representative of the WHO Director-General, Dr Chestnov, and the representative of the Union for International Cancer Control (UICC), Mr Adams.

The SECRETARY likewise welcomed all participants, including observers from two potential new Participating States, Brazil and Qatar. He hoped that the written and oral reports to be presented to the Governing Council would give a full picture of the work of the Agency, and warmly invited members to visit at any time to observe the Agency's activities for themselves. He and his staff looked forward to receiving the guidance of the Governing Council for their future work.

2. ELECTION OF RAPPORTEUR: Item 2 of the Provisional Agenda

On the proposal of Professor AUTRUP (Denmark), Dr Park (Canada) was elected Rapporteur, the proposal being seconded by Dr KEINHORST (Germany).

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda

(Document GC/55/1 (Prov.) Rev.1)

The agenda was **adopted**.

4. Admission of a new Participating State – Brazil: Item 4 of the Agenda

(Document GC/55/17)

Dr PALMER (United Kingdom), Vice-Chairperson, speaking in his capacity as Chairperson of the Subcommittee on the Admission of New Participating States, said that the Subcommittee, meeting via teleconference on 8 April 2013, unanimously recommended that Brazil should be admitted as a Participating State of the Agency.

Professor BAGGOLEY (Australia) welcomed Brazil's application for admission, since no Latin American States were currently Participating States of the Agency.

The RAPPORTEUR read out the following draft resolution, entitled "Admission of a Participating State – Brazil" (GC/55/R1):

The Governing Council,

Having examined the request from the Government of Brazil for admission as a Participating State in the International Agency for Research on Cancer (Document GC/55/17),

1. DECIDES pursuant to Article XII of the Statute of the Agency, that Brazil be admitted as a Participating State in the Agency; and

2. EXPRESSES great satisfaction at the admission of this returning Participating State.

The draft resolution was **adopted**.

Dr Santini (Brazil) took his seat at the Governing Council table.

Dr SANTINI (Brazil) thanked the Governing Council for approving Brazil's application for membership of the Agency. His country, the largest in Latin America, had a population of 200 million which was ageing rapidly, with 22% of the population expected to be over the age of 65 years by 2050. Access to health care was universal, with no fees or copayments. The public health delivery system (*Sistema Único de Saúde*) was jointly administered by the federal Government and states and the municipalities.

Cancer was a significant public health problem: there were 500 000 new cases per year, 51% of them in men, and 162 000 deaths. The main types of cancer were prostate, breast, lung, colon and rectum, and stomach. Cervix cancer was a particular problem in the north and north-east of the country, which indicated the persistence of regional inequalities.

The national cancer control policy had been in place since 2005. It included primary prevention, early detection, treatment and palliative care activities, provided by both private and public health facilities and coordinated by the Ministry of Health. The Brazilian National Cancer Institute was responsible for management and technical support in surveillance and information, education and training, monitoring and evaluation, and social communication. The Strategic Plan of Action for the Control of Chronic Noncommunicable Diseases in Brazil (2011–2022) provided for the strengthening of the national programmes for cervix cancer and breast cancer control and the expansion of cancer care.

The country had made some progress in the fight against cancer. Mortality from stomach, colon, lung and uterine cancer had decreased. The prevalence of smoking had fallen from 34% of the population to 17% over the previous 20 years. Access to cervical smear testing and mammograms had been increased, as had the availability of relevant drugs and vaccines. The coverage and quality of population-based cancer registries and surveillance systems had improved. More emphasis had been placed on professional training. The National Cancer Institute conducted studies in experimental, translational, clinical and epidemiological research, put on postgraduate Masters and PhD programmes and managed the national tumour bank. The Institute acted as coordinator of the Network of National Cancer Institutes (RINC), supported by

the Agency, which sought to identify common challenges in cancer control in Latin America and share best practices.

He hoped that Brazil's membership of the Agency would help it to estimate the cancer burden in the country, develop protocols, pilot studies and guidelines for population cancer screening programmes, develop research for prevention, early detection and improved therapy, especially relating to infectious agents and hereditary cancer, and develop a concerted initiative for cancer prevention in Portuguese-speaking countries. The Agency would provide training for capacity-building in cancer prevention research. His country looked forward to the new partnership.

5. Admission of a new Participating State – Qatar: Item 5 of the Agenda

(Document GC/55/19)

Dr PALMER (United Kingdom), Vice-Chairperson, speaking in his capacity as Chairperson of the Subcommittee on the admission of new Participating States, said that Qatar had submitted some documentation by the required deadline, but that the formal request for admission and the information on cancer control activities had not been submitted until 30 April. The Subcommittee had nevertheless considered the application and unanimously recommended that Qatar should be admitted as a Participating State.

Ms GABUNIYA (Russian Federation) expressed a reservation concerning the admission of Qatar as a Participating State, given the lateness of the application.

The RAPPORTEUR read out the following draft resolution, entitled "Admission of a Participating State – Qatar" (GC/55/R2):

> The Governing Council,
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> Having examined the request from the Government of Qatar for admission as a Participating State in the International Agency for Research on Cancer (Document GC/55/19),
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> 1. DECIDES pursuant to Article XII of the Statute of the Agency, that Qatar be admitted as a Participating State in the Agency; and
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> 2. EXPRESSES great satisfaction at the admission of this new Participating State.

Dr Faleh (Qatar) took his seat at the Governing Council table.

Dr FALEH (Qatar) said that his country, although small in size and population, had great commitment and dedication to the cause of health and the fight against cancer. The Government had issued its first national health strategy in 2011, and its first cancer strategy and cancer research strategy shortly thereafter. At present, the main priority was to build capacity, but practical progress had also been achieved, for example by the creation of multidisciplinary teams for cancer care delivery. A sum equivalent to 2.8% of GDP was allocated every year for research of all kinds, including cancer research, and applications were invited from research teams in all countries. He would participate actively in the work of the Agency.

6. Interview modalities for the position of Director (closed session)

7. Interview of candidate for the position of Director (closed session) – Dr C.P. Wild

8. Election of Director (closed session)

The Governing Council met in closed session from 10:15 to 12:05. When it reconvened in open session, the RAPPORTEUR read out the following resolution, formally **adopted** in closed session, on the selection of the Director of the International Agency for Research on Cancer (GC/55/R3):

> The Governing Council,
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> Considering the provision of Article VII, paragraph 3 of the Statute of the Agency and Rule 46 of the Rules of Procedure of the Governing Council,
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> 1. SELECTS Dr Christopher P. Wild to continue as Director of the International Agency for Research on Cancer;
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> 2. REQUESTS the Director-General to renew the contract of Dr Christopher P. Wild as Director of the International Agency for Research on Cancer for a period of five years from 1 January 2014 on terms and conditions of employment equivalent to those of an Assistant Director-General of the World Health Organization, these conditions of employment being subject to the provisions of the Staff Regulations and Rules of the World Health Organization; and
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> 3. AUTHORIZES the Director-General to consult Dr Christopher P. Wild on the issue of pension arrangements and to include in the contract, as appropriate, an amendment in light of that consultation.

The CHAIRPERSON congratulated Dr Wild on his reappointment and expressed his firm belief that the Agency would continue to prosper under his leadership. He was confident that the close cooperation between the Agency's administration and the Governing Council would continue.

The SECRETARY thanked the Governing Council for its continued confidence in him and assured members that he would continue to discharge his responsibilities to the best of his ability. The Agency's real strength lay in the skills and motivation of its staff. The future held both challenges and opportunities but, with the support of the Governing Council, he and his staff looked forward to an exciting and positive future.

9. Address by the Director-General, WHO

The CHAIRPERSON read out a statement from Dr Chan, Director-General of WHO, who was unfortunately unable to attend the meeting in person. Dr Chan congratulated the Director on his re-election and expressed her confidence that, under his leadership, the Agency would continue to develop as the leading international cancer research institution. The increasing number of countries represented on the Governing Council showed the world's growing concern about cancer and the growing determination to share the latest evidence on cancer with world leaders, policy-makers, health-care providers and the general public. Governments' recognition of their responsibility for action at the public-policy level was attested by their active participation in the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19–20 September 2011).

At the World Health Assembly the following week, WHO Member States would discuss the draft action plan for the prevention and control of noncommunicable diseases 2013–2020, which integrated cancer control into the broader context of noncommunicable diseases. The action plan was intended to reduce the preventable and avoidable burden of morbidity, mortality and disability, and included a global monitoring framework with nine global targets for achievement by 2025 and 25 indicators to measure progress towards achievement in 2015, 2020 and 2025. One of the goals was a relative reduction in mortality among people aged 30 to 70 years from cancer, cardiovascular disease, diabetes and chronic respiratory disease by 2025. The indicators included cancer incidence by type of cancer, access to palliative care and the proportion of women screened for cervix cancer. Other indicators were related to cancer risk factors such as tobacco use, overweight and obesity, physical inactivity and alcohol use. The Agency had provided the scientific basis for many of the key components of the action plan which, when adopted, would form the operational framework for WHO's work in that area over the next eight years.

A number of joint projects by the Agency and WHO were being developed to meet the demand for technical support among Member States, facilitated by the WHO/IARC liaison function established the previous year. The Global Initiative for Cancer Registry Development in Low- and Middle-Income Countries was intended to develop the necessary national capacity to assess the cancer burden, which was essential for rational cancer control planning and priority-setting. Together, the Agency and WHO were providing the necessary evidence and technical guidance for the prevention, early detection and screening of cancers of major public health relevance, such as cancers of the cervix and breast. The Agency provided the evidence base on occupational and environment exposure to carcinogenic agents and worked with WHO to provide the necessary guidance for Member States. For example, highly strategic evaluations such as the Agency's evaluation of diesel engine exhaust fumes in 2012 (to be published as Vol. 105 of the Monographs) and the forthcoming evaluations of herbal medicines and ambient air pollution served as a basis for WHO's global environmental health initiatives.

Member States and nongovernmental organizations had expressed their readiness to increase their efforts to control cancer, and WHO had a responsibility to provide the necessary guidance. In many cases, cancer could be prevented, diagnosed early and treated effectively, and cancer pain could be relieved cheaply and effectively in nearly all patients. However, the necessary knowledge was not applied in a fair manner. More information was needed about ways to apply

it in the conditions prevailing in low- and middle-income countries. Cancer prevention would bring the greatest gains in the long term, but in the meantime early detection and adequate and effective treatment would have a major impact on cancer mortality. The provision of palliative care for all patients for whom treatment was no longer an option must be an essential element of health-care system planning: unnecessary and unrelieved human suffering was an insult to human dignity which made action imperative. The combination of the Agency, the leading international cancer research agency, and WHO, the global public health organization, created a formidable force to support Member States in their fight against cancer.

Dr CHESTNOV (Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO) congratulated the Director on his reappointment on behalf of all the staff of WHO. He had noted with appreciation the Director's vision for the next 10–15 years, as laid out in his interview for re-election. Collaboration with a specialized institution such as the Agency was an efficient way for WHO to implement its wide-ranging mandate. If, as hoped, the World Health Assembly adopted the draft action plan for the prevention and control of noncommunicable diseases 2013–2020, he would work closely with the Agency on the elements of the plan related to cancer control, including research, which was specified in Objective 5 of the draft action plan. Cancer should not be considered in isolation: it was essential to investigate the common risk factors with other noncommunicable diseases such as cardiovascular disease and diabetes. It was also important for researchers to work effectively with those who implemented the results of their research in practice. For instance, it was a priority for WHO to develop a "good-enough" model for a cancer registry as soon as possible, since only 30% of countries had one at present, even if it was not exactly what a pure researcher would prefer.

The Political Declaration adopted by the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19–20 September 2011) called for engagement with the private sector and civil society. The health sector should acknowledge that other sectors bore some of the responsibility for tackling health problems. WHO had begun to mobilize resources for noncommunicable disease control, although there were no plans to launch a global voluntary fund or establish a new agency along the lines of UNAIDS. An initial contribution of US$ 500 000, of an expected total of US$ 4 million, had already been raised for cancer registration. WHO would contribute to the Agency's activities and work at country level to help countries to set up their cancer registries.

The meeting rose at 12:30