

MINUTES OF THE THIRD MEETING

IARC, Lyon

Friday, 19 May 2017, at 09:10

Chairperson: Dr Mark Palmer (United Kingdom of Great Britain and Northern Ireland)

Secretary: Dr Christopher P. Wild, Director, IARC

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Participating State Representatives

Dr Mark PALMER, <i>Chairperson</i>	United Kingdom of Great Britain and Northern Ireland
Dr Adam BABBS	
Professor Mads MELBYE, <i>Vice-Chairperson</i>	Denmark
Mr Keith COMISKEY, <i>Rapporteur</i>	Ireland
Professor Brendan MURPHY	Australia
Dr Britta KUNERT	Austria
Mr Lieven DE RAEDT	Belgium
<i>No representative</i>	Brazil
Dr Stephen M. ROBBINS	Canada
Ms Lucero HERNANDEZ	
Dr Jaakko YRJÖ-KOSKINEN	Finland
Dr Janne PITKÄNIEMI	
Professor Norbert IFRAH	France
Ms Jocelyne BERILLE	
Mr Thomas IFLAND (<i>unable to attend</i>)	Germany
Mr Rajeev KUMAR	India
Professor Walter RICCIARDI	Italy
Mr Hiroyuki YAMAYA	Japan
Dr Hitoshi NAKAGAMA	
Dr Seiichiro YAMAMOTO	
Dr Rachid BEKKALI (<i>unable to attend</i>)	Morocco
Dr Latifa BELAKHEL	
Mr Henk E. SOORSMA	Netherlands
Mr Jack HUTTEN	
Dr Edgar RIVEDAL	Norway
Dr Al-Hareth M. AL-KHATER	Qatar
Dr Minkyu KANG	Republic of Korea
Dr Sungwoo LEE	
Dr Hyungkook YANG	
Dr Jeong Soo IM	
Dr Zoya SEREDA	Russian Federation
Dr Rafael DE ANDRÉS MEDINA	Spain
Professor Jan-Ingvar JÖNSSON (<i>unable to attend</i>)	Sweden
Dr Diane STEBER-BÜCHLI (<i>unable to attend</i>)	Switzerland
Dr Ezgi HACIKAMILOGLU	Turkey
Dr Peter MAMACOS	United States of America
Dr Therese TRACY	

World Health Organization

Dr Oleg CHESTNOV, Assistant Director-General, Noncommunicable Diseases and Mental Health

Ms Sigrid KRANAWETTER, Principal Legal Officer, Office of the WHO Legal Counsel

Dr Andreas ULLRICH, Advisor to ADG/NMH, Liaison WHO-IARC

Observers

Professor Béatrice FERVERS, Chairperson, IARC Ethics Committee

Dr Sonali JOHNSON, Senior Advocacy Manager, Union for International Cancer Control (UICC)

Professor Ellen KAMPMAN, Outgoing Chairperson, Scientific Council

Professor Giske URSIN, Incoming Chairperson, Scientific Council

External Audit

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

Secretariat

Dr C.P. WILD, *Secretary*
Dr T. LANDESZ

Ms A. BERGER
Dr F. BRAY
Dr P. BRENNAN
Ms D. D'AMICO
Mr P. DAMIECKI
Dr P. FERRARI
Dr S. FRANCESCHI

Ms E. FRANÇON
Dr N. GAUDIN
Dr M. GUNTER
Dr Z. HERCEG
Dr R. HERRERO
Dr A. KESMINIENE
Dr D. LOOMIS
Dr J. MCKAY
Dr M. MENDY
Dr R. NJIE

Dr H. OHGAKI
Dr R. SANKARANARAYANAN
Ms A. SANTHIPRECHACHIT
Dr A. SCALBERT
Dr J. SCHÜZ
Dr I. SOERJOMATARAM
Dr K. STRAIF
Dr M. TOMMASINO
Dr J. ZAVADIL

1. PROPOSED PROGRAMME AND BUDGET (2018–2019): Item 9 of the Agenda
([Document GC/59/6](#)) (continued)

The CHAIRPERSON invited comments on the [revised budget tables](#), which had been amended in line with the requests of Governing Council members to show zero nominal growth and which included the contributions from Morocco.

Mr YAMAYA (Japan) confirmed that he had received authority to accept the revised budget.

Ms HERNANDEZ (Canada) said that she wished it to be placed on record that acceptance of the revised budget still carried the risk that there would be a funding gap in the next biennium if new Participating States did not join the Agency.

The CHAIRPERSON said that the risk of a funding gap would continue unless Participating States wished to increase their contributions.

Dr DE ANDRÉS MEDINA (Spain) welcomed and accepted the figures provided.

The RAPPORTEUR read out the following draft resolution on the proposed programme and budget 2018–2019 (GC/59/R4):

The Governing Council,

Having reviewed the Agency's Proposed Programme and Budget for the biennium 2018–2019, as contained in Document GC/59/6 and [summary tables Revision 1](#),

1. APPROVES the budget for the biennium 2018–2019 at the level of €44 149 793;
2. ACKNOWLEDGES that the presentation of the proposed budget for 2018–2019 is aligned with the IARC Medium-Term Strategy for 2016–2020 ([Document GC/57/7](#) and Annexes 1–3);
3. DECIDES that the budget shall be financed solely by annual assessments on Participating States as follows:
 - (1) €21 912 328 shall be assessed on Participating States on 1 January 2018,
 - (2) €22 237 465 shall be assessed on Participating States on 1 January 2019,

4. RESOLVES to appropriate an amount of €44 149 793 to the six main Level 2 objectives of the IARC Project Tree for the biennium 2018–2019 as follows:

Section	IARC Project Tree – Level 2 Objectives	Amount (€)
1.	Describe the occurrence of cancer	3 507 393
2.	Understand the causes of cancer	11 719 106
3.	Evaluate and implement cancer prevention and control strategies	4 317 788
4.	Increase the capacity for cancer research	10 950 537
5.	Provide strategic leadership and enhance the impact of the Agency's contribution to global cancer research	4 799 948
6.	Enable and support the efficient conduct and coordination of research	8 855 021
	Total	44 149 793

5. DECIDES that the Director shall have authority under Financial Regulations Article III, Paragraph 3.3 to transfer credits between sections of the budget, provided that such transfers do not exceed 15% of the section from which the credit is transferred. Transfers in excess of 15% of the section from which the credit is transferred may be made with the prior written concurrence of the majority of the Members of the Governing Council;

6. DECIDES to grant authority to the Director to use a maximum of €500 000 in the biennium 2018–2019 from the Governing Council Special Fund to cover unforeseen budgetary costs due to currency realignments, subject to availability of cash balances in the Fund, noting the base rate of exchange for 2018–2019 is €0.894/US\$; and

7. REQUESTS the Director to report on the use of the Fund for this purpose in future financial reports.

The CHAIRPERSON asked whether Governing Council members wished to propose any amendments to the resolution.

Dr TRACY (United States of America) asked whether a paragraph 8 could be added as follows: "REQUESTS the Director to consider options for improving cost recovery measures with regards to the execution of initiatives funded through voluntary contributions".

Dr LANDESZ (Director of Administration and Finance) said that, in theory, the proposal was welcome but it would be very difficult to implement and therefore he would have reservations about including it in a resolution. For instance, the 13% cost increase arising out of a WHO resolution could not be avoided; he understood that the representative of the United States of America was in discussion with WHO concerning that point. The Agency was already working in the direction indicated in the proposal.

Dr TRACY (United States of America) said that she realized that the Agency could not institute a reformed system within a short time, which was why she had chosen the verb "consider". Despite the adoption of the commitment to a 13% increase, several organizations within the United Nations system, such as the United Nations Food and Agriculture Organization and the United Nations Educational, Scientific and Cultural Organization, had created new cost recovery measures and it was therefore not an unusual request. She asked whether Participating States considered the request to be appropriate.

Ms HERNANDEZ (Canada) said that she did not have any specific reservations about the proposal although it raised some important considerations: if the cost recovery became too high then IARC might become a very expensive executing agency. Direct and transparent cost recovery for donors had been introduced at the Pan American Health Organization.

The SECRETARY said that where it was possible to include direct costs, such as staff costs, in a transparent way for donors, it was being done already so that direct costs could be recovered as much as possible. It was his understanding that the Director was not authorized to change the cost recovery rate for IARC's direct applications, although he could discuss the matter further with WHO.

Dr TRACY (United States of America) said that her delegation was in discussion with the financial unit at WHO on the topic of recovery of direct costs.

The resolution, as amended, was **adopted**.

2. REPORT OF THE FIFTY-THIRD SESSION OF THE SCIENTIFIC COUNCIL: Item 6 of the Agenda ([Document GC/59/3](#)) (continued)

DIRECTOR'S RESPONSE TO RECOMMENDATIONS FROM THE FIFTY-THIRD SESSION OF THE SCIENTIFIC COUNCIL: Item 7 of the Agenda ([Document GC/59/4](#)) (continued)

The CHAIRPERSON said that a revised version of Resolution GC/59/R4, containing a new fourth paragraph proposed by the representative of Canada, had been discussed with the WHO Principal Legal Officer and the Director.

The RAPPORTEUR read out the following revised version of the draft resolution on the Report of the Scientific Council (GC/59/R2):

The Governing Council,

Having reviewed the Report presented by the Fifty-third Scientific Council (Document GC/59/3) and the Director's response (Document GC/59/4),

1. NOTES the Report (Document GC/59/3) with great interest;
2. CONGRATULATES the members of the Scientific Council for their supportive and excellent work;
3. COMMENDS the Director for his constructive responses to the recommendations of the Fifty-third Session of the Scientific Council; and
4. EXPRESSES its support to the Director in his effort to work with the senior leadership of WHO to further enhance cooperation and encourages the development of a standard operating procedure to optimize communication and coordination in relation to cancer hazard identification and risk assessment.

Dr TRACY (United States of America) said that her delegation supported the amendment.

Dr DE ANDRÉS MEDINA (Spain) said that he was sympathetic to the proposed amendment and hoped that consensus could be achieved on its adoption.

The resolution, as amended, was **adopted**.

3. RESOURCE MOBILIZATION: Item 10 of the Agenda ([Document GC/59/7](#))

Dr LANDESZ (Director of Administration and Finance) said that the Framework of Engagement with Non-State Actors, adopted in 2016 by the World Health Assembly,¹ provided a framework for IARC to engage with potential donors. There were four groups of non-State actors: nongovernmental organizations; private sector entities; philanthropic foundations; and academic institutions; and five types of engagement: participation, resources, evidence, advocacy and technical collaboration. A significant and growing proportion of health care was provided by non-State actors and the majority of medicines were developed by the private sector. Most determinants of health were influenced by non-State actors and important research was conducted by universities and in the private sector.

The Framework would provide flexibility for low-risk engagement with academic institutions and other non-State actors but IARC would need to ensure that risks of engagement were managed effectively in order to maintain its good reputation. Change was required because traditional sources of funding were insufficient and therefore alternative methods of resource mobilization

¹ See [resolution WHA69.10 \(2016\)](#).

must be explored. In addition, more projects were becoming intersectoral, with public-private partnerships, and IARC must participate in those new ways of working. The Internet and social media also increased reputational risks. Challenges in implementing the Framework included managing the nature and scale of engagements and the ability to engage with flexibility and speed, including in collaborating with the private sector in technical projects. WHO was rolling out a global engagement management tool, covering risk assessment, due diligence, resource mobilization efforts, a register of potential donors and management of declarations of interest of individual experts; it would be a comprehensive database that could be accessed by Member States, non-State actors and staff of WHO and IARC. However, IARC wished to continue to process low-risk engagements independently and to use the more lengthy process of the WHO platform only for high-risk engagements. The Governing Council was requested to establish a Working Group that would meet over a period of two years to explore ways in which to implement the Framework. The Governing Council was also requested to support the Secretariat's resource mobilization efforts, which had been informed by advice from a consultant and a Working Group in the Administration and Finance team, and which included organizing a Partners' Conference in 2018 and attracting funds through a contributions button on the IARC website. Further proposals included: establishing a "Friends of IARC" group, with approximately 25 members that, through its contacts, could help the Agency to reach potential donors; setting up an IARC Foundation; and establishing a special fund that would be promoted by IARC ambassadors.

The SECRETARY said that it had been deemed important to involve the Governing Council by establishing a Working Group to advise on implementation of the Framework and on formulating best approaches to innovative resource mobilization, since they were major areas of work for IARC, which raised many questions and opportunities.

Mr SOORSMA (The Netherlands) said that his delegation fully supported the requests to the Governing Council set out in paragraphs 26, 27 and 28 of document GC/59/7 and stood ready to participate in the Working Group.

Dr TRACY (United States of America) said that the resolution of May 2016 had called on the Director to operationalize implementation of the new Framework within two years. She recognized the need for some flexibility in implementation of the Framework at IARC and for engagement with non-State actors to take place within a workable policy. The Framework should not hinder or compromise the scientific mandate of IARC, but bring a new transparency to its work. Her delegation supported the request to hold a Working Group outlined in paragraph 26 of document GC/59/7 and noted that the Framework superseded previous arrangements on working with the private sector as set out in paragraph 27. Until a new internal procedure and internal guidelines on working with the private sector were in place, current guidelines must continue to be used by IARC staff. She urged continued cooperation with WHO on the Framework and looked forward to a more detailed report on its implementation.

Dr BELAKHEL (Morocco) said that the proposals put forward were appropriate given the budgetary constraints faced by the Agency. Her delegation would like to join the proposed Working Group.

Mr DE RAEDT (Belgium) noted that the Governing Council had approved the Programme and Budget 2018–2019 although funding had yet to be found for seven priority projects contained within it. He asked whether it was assumed that the projects would be funded through voluntary contributions from Participating States or other donors and whether it was proposed to consider adopting resource mobilization efforts that were similar to the financing dialogue at WHO.

The SECRETARY, in reply to the representative of Belgium, said that IARC conducted only the research defined in the Medium-Term Strategy although it was stated clearly in the Strategy that not all of the research could be accomplished without attracting extrabudgetary resources. Currently, about 40% of scientific expenditure came from extrabudgetary sources. The seven projects represented an attempt to package certain parts of the research in a way that would be attractive to donors. The quest for resource mobilization, however, would not be restricted to the seven projects but comprise all areas of research within the Medium-Term Strategy.

Dr KANG (Republic of Korea) expressed support for the Agency's resource mobilization efforts. He drew attention to collaboration between the National Cancer Centre of the Republic of Korea and IARC on gastric cancer, which would be funded by his Government until 2018, and on regional comparative studies on thyroid cancer. A scientist from the National Cancer Centre would be seconded to IARC in the near future. The projects undertaken provided a model for collaboration between Participating States and the Agency.

The SECRETARY welcomed the additional contributions received from Republic of Korea; they provided the Agency with great encouragement and helped it to pursue its major objectives. The new initiative of secondment of senior staff to IARC could prove to be a very good model for strengthening areas of IARC's work without increasing the regular budget.

Professor MURPHY (Australia) announced that his Government would support one of the seven priority projects on the Global Initiative for Cancer Registry Development.

Professor IFRAH (France) said that France supported the proposals to raise additional funds from the private sector and would volunteer to join the Working Group.

Professor RICCIARDI (Italy) and Mr KUMAR (India) agreed to join the Working Group.

The RAPPORTEUR read out the following draft resolution on engagement with non-state actors, including private sector entities, and IARC's ongoing resource mobilization efforts (GC/59/R5):

The Governing Council,

Having reviewed Document GC/59/7 "Engagement with Non-State Actors, including private sector entities, and IARC's ongoing Resource Mobilization efforts",

1. NOTES the Framework of Engagement with Non-State Actors (FENSA) adopted by the World Health Assembly through Resolution WHA69.10;
2. NOTES that FENSA supersedes Governing Council Document GC/49/14 and Resolution GC/49/R13 "Acceptance of funds from industrial sources";
3. DECIDES to establish a Working Group, to explore ways for IARC to implement the FENSA in the context of IARC's work and research programme, including acceptance of funds from private sector sources;
4. Further DECIDES that the Working Group shall be composed of France, India, Italy, Morocco and The Netherlands, four members of the Secretariat (the Director, the Director of Administration and Finance, and two senior IARC scientists) and one member of WHO;
5. SUPPORTS the Secretariat's innovative resource mobilization efforts to secure additional extrabudgetary funds, inter alia, by organizing a Partner's Conference; and
6. REQUESTS the Working Group to report back to the Governing Council on its recommendations at the 60th session of the Governing Council in May 2018.

Mr DE RAEDT (Belgium) requested that the phrase "to support, among others, the seven priority projects as defined in document GC/59/6, by organizing..." should be inserted after the words "inter alia" in paragraph 5, in order to ensure that, unlike WHO, IARC did not become a donor-driven agency.

Dr DE ANDRÉS MEDINA (Spain) requested that the words "inter alia" in paragraph 5 should be moved after "by organizing" in order to make clear that the Partners' Conference was only one of a number of events.

The resolution, as amended, was **adopted**.

4. DISCUSSION OF THE WORKING GROUP RECOMMENDATIONS FOR EVALUATING THE IMPLEMENTATION OF THE IARC MEDIUM-TERM STRATEGY (2016–2020): Item 11 of the Agenda (Document [GC/59/8](#))

Dr SELEIRO (Scientific Officer) recalled that, when the Medium-Term Strategy had been approved in May 2015, the Governing Council had requested that its implementation should be subject to a mid-point review that would evaluate the activities of the Agency as a whole and be

complementary to the Peer-Review evaluation. The Strategy was to be evaluated by a Working Group, composed of members of the Scientific Council, the Governing Council, one member of WHO and the Secretariat. The task of the Working Group was to assist the Agency in defining indicators for the evaluation and to review the evaluation report prepared by the Secretariat. The objectives of the evaluation were to assess overall progress in implementing the Strategy and to assess the impact of the Agency's activities and their contribution towards fulfilling the high-level objectives of the Strategy. The evaluation was structured through a "results chain" linking activities with their short- and long-term strategic objectives and their short-, medium- or long-term downstream effects. Impact indicators were particularly difficult to measure for an organization such as IARC because the impact of the Agency's activities was largely outside its control and therefore it was decided to structure the evaluation framework around the IARC Project Tree. Three broad categories of objectives had been defined: advancing knowledge for cancer prevention through research; increasing the capacity for cancer research; and strategic research leadership.

A list of indicators was refined from key performance indicators already collected at IARC. The Working Group discussed the indicators and advised that only a limited number of new indicators should be used. The Working Group proposed to assess "advancing knowledge for cancer prevention through research" by examining contributions to the scientific literature through publication in scientific journals and other types of IARC output and publications as well as by presenting indicators on research competitiveness and the ability to attract extrabudgetary funding. Qualitative and quantitative indicators concerning "increasing the capacity for cancer research" included training, new methodologies, developing collaborative networks and development of research infrastructure. There were two broad areas for assessing "providing strategic leadership": shaping the international cancer research agenda; and enabling and supporting the efficient conduct and coordination of research.

The structure of the report to be submitted in 2019 would be narrative, with an interpretation of the data relating to the different indicators, illustrated by a series of case studies. The data on the indicators, structured according to the broad categories of the IARC Project Tree, would be presented in an annex to the report.

Dr DE ANDRÉS MEDINA (Spain) requested further information on the collaboration on biobanks and whether the work on registries was linked to the Joint Research Centre of the European Commission.

Dr YRJÖ-KOSKINEN (Finland), referring to the objective of providing strategic leadership, said that the indicator on "case studies on provision of expertise for policy development in global cancer control" under the IARC reporting category "providing strategic research leadership" might indicate a normative role for the Agency in providing an evidence base. Therefore, he suggested that consideration should be given to revising that indicator.

Dr TRACY (United States of America) said that she appreciated the proposed indicators and she applauded IARC's continued commitment to fulfilling its mission and vision through the Strategy as well as the provision of the framework and specific measurable indicators to evaluate implementation. She was confident that the indicators would effectively measure the impact of the Strategy.

Mr HUTTEN (The Netherlands) congratulated the Working Group; the work accomplished had contributed to the definition of IARC's unique selling points, especially in relation to health policy. The resulting indicators would be of benefit not only to the Governing Council but also for people working in science. He was appreciative of the qualitative and quantitative aspects of the work. He wished to know how the views and opinions of external stakeholders would be taken into account.

Dr SELEIRO (Scientific Officer), responding to the representative of Finland, said that the purpose of the indicator in question was not to suggest that there was a role for the Agency in normative work; it was simply an attempt to capture the many occasions on which IARC staff were involved as experts, almost always with WHO, in supporting the development of policy at global, regional or national level. With respect to the question by the representative of the Netherlands, the views of stakeholders would be captured in some of the case studies.

The SECRETARY, referring to the question by the representative of Finland, said that the International Atomic Energy Agency ran impact missions in countries on cancer control measures that included different components such as cancer registration, cancer screening and treatment, and the Agency was always invited as part of those missions to provide the scientific evidence base in the areas in which it had expertise. The wording might perhaps be changed to include a reference to case studies on the scientific evidence base in order to avoid any ambiguity. With respect to the query by the representative of Spain, wide support was provided to biobanking by the Agency, including participation in biobanking in low- and middle-income countries, and IARC had been successful in attracting funds for that practice. IARC was a member of the Steering Committee for the European Network of Cancer Registries (ENCR), which was supported by the Joint Research Centre of the European Commission. The Agency paid some €5000 in order to participate in the activities of the BBMRI-ERIC Directory as an observer but that was the extent of its budgetary commitment. Since the Joint Research Centre of the European Commission focused on cancer registries in Europe, IARC had been able to dedicate its resources to other regions of the world, including to the Global Initiative for Cancer Registry Development.

The RAPPORTEUR read out the following draft resolution entitled “Proposed framework for evaluating the implementation of the IARC Medium-Term Strategy (2016–2020)” (GC/59/R6):

The Governing Council,

Having reviewed Document GC/59/8 “Proposed framework for evaluating the implementation of the IARC Medium-Term Strategy (2016–2020)”,

Recalling its Resolution GC/58/R7,

1. THANKS the Scientific Council for reviewing the proposal; and
2. APPROVES the proposed approach described under paragraphs 20–25 of document GC/59/8 as well as the list of indicators, as amended, and given below:

IARC Reporting category	Category of outputs/outcomes to be measured	Proposed indicators – description and examples
<p>Advancing knowledge for cancer prevention through research</p>	<p>Publications in scientific journals</p>	<p>Bibliometric analyses:</p> <ul style="list-style-type: none"> - total numbers of papers (sub-categorized by peer reviewed articles; letters to the Editor or comments; invited reviews; editorials/news and other) - number/proportion of IARC papers published in top 20% of journals in their subject category - <i>number of papers published expressed by the number of IARC regular budget funded scientists</i> <p><i>Indicators from non-traditional sources (Altmetrics):</i></p> <ul style="list-style-type: none"> - <i>number of policy documents which have cited IARC's papers</i> <p><i>[including the option of case studies]</i></p>
	<p>Other types of publications</p>	<p>Access to IARC publications and resources:</p> <ul style="list-style-type: none"> - volume of sales of printed publications - <i>volume of sales of e-publications from IARC e-bookshop</i> - total revenue from sales of IARC publications (proportion of revenue from sales of Blue Books) - <i>number of access/downloads of online/pdf publications from IARC and external websites</i> - <i>number of visits to IARC online databases</i> <p><i>Indicators from non-traditional sources (Altmetrics):</i></p> <ul style="list-style-type: none"> - <i>number of policy documents which have cited IARC's publications</i> <p><i>[including the option of case studies]</i></p>
	<p>Research competitiveness; ability to attract extrabudgetary funding</p>	<p>Analyses of grant applications:</p> <ul style="list-style-type: none"> - total value and percentage of signed contracts (breakdown between grants and direct contracts) - value of signed contracts attributed to IARC - value of Voluntary Contributions as a proportion of regular budget for scientific programme - <i>total value of signed contracts expressed by the number of IARC regular budget funded scientists</i>

IARC Reporting category	Category of outputs/outcomes to be measured	Proposed indicators – description and examples
<p>Increasing capacity for cancer research</p>	<p>Developing human resources</p>	<p>Early Career and Visiting Scientists (ECVS)</p> <ul style="list-style-type: none"> - mapping of ECVS at IARC and breakdown by category (PhD students, fellows, postdocs, Senior Visiting Scientists) <i>by region/country</i> - mapping of IARC Postdoctoral Fellowships awarded <i>by region/country</i> - <i>proportion of ECVS and Postdoctoral Fellowships from LMICs</i> <p>Courses</p> <ul style="list-style-type: none"> - mapping of courses organized <i>by region/subject</i> - proportion of courses held in LMICs - total number of course participants <i>by region/subject</i> - <i>number of trainers trained (i.e. GICR, cancer screening, etc.)</i> <p>Training materials</p> <ul style="list-style-type: none"> - <i>list of published training manuals, guidelines, etc.</i> - <i>numbers of purchases/downloads/views of published training materials</i>
	<p>Developing new methodologies</p>	<ul style="list-style-type: none"> - <i>number of downloads of IARC open access tools</i>
	<p>Developing collaborative networks</p>	<p>International collaboration networks:</p> <ul style="list-style-type: none"> - <i>mapping of co-authorship of published papers [including the option of case studies]</i> - <i>mapping of international collaboration in the preparation of grant applications/successful grants [including the option of case studies]</i> <p>Management and participation in large international research consortia:</p> <ul style="list-style-type: none"> - <i>list of partnerships and consortia led by IARC [including the option of case studies]</i> - <i>list of consortia in which IARC is a partner [including the option of case studies]</i>
	<p>Developing research infrastructure</p>	<p>Support to the development of research infrastructures:</p> <ul style="list-style-type: none"> - <i>list of research platforms to which IARC provided support (by type of activity and type of support) [including the option of case studies]</i> - <i>mapping of site visits on cancer registries [including the option of case studies]</i>

IARC Reporting category	Category of outputs/outcomes to be measured	Proposed indicators – description and examples
Providing strategic research leadership – Shaping the international cancer research agenda	Developing institutional partnerships	<i>Institutional agreements:</i> - <i>mapping of MoUs, MoAs, CRAs, etc.</i>
	Supporting national and regional policy development	- <i>case studies on provision of expertise to governments on the implementation of cancer control programmes</i>
	Supporting global strategic initiatives	- <i>case studies on provision of expertise for policy development in global cancer control</i>
	Communication of key activities to stakeholders and the public	Communications: - number of visits to IARC websites - volume of downloads - <i>additional communication indicators (Altmetrics) both in traditional media and in new media</i>
Providing strategic research leadership – Enabling and supporting the efficient conduct and coordination of research	Ensuring the efficient management of research activities	- <i>compliance with the International Public Sector Accounting Standards (IPSAS) standards</i> - <i>compliance with the Project Management Institute/WHO Project Management Centre of Excellence (PMCE) standards</i> - <i>number of outstanding audit recommendations</i>

The SECRETARY, responding to a request from Dr YRJÖ-KOSKINEN (Finland), confirmed that the indicator on “case studies on provision of expertise for policy development...” might be reworded to read: “case studies on provision of scientific evidence base for policy development in global cancer control”.

The resolution, as amended, was **adopted**.

5. PROPOSALS REGARDING THE PROCEDURE FOR THE ELECTION OF THE DIRECTOR: Item 12 of the Agenda (Document [GC/59/9](#))

Ms KRANAWETTER (Principal Legal Officer, Office of the WHO Legal Counsel) said that, building on the views expressed by the Governing Council at its Fifty-eighth Session, the WHO Office of the Legal Counsel and the IARC Secretariat had prepared a report setting out proposals for the selection procedure of the Director of IARC. Any WHO Member State might propose a candidate from any country, not necessarily from a Member State, and individual candidates could also

submit their own applications. Concerning the criteria for appointment, candidates would then be assessed according to the “characteristics and attributes sought in candidates for the post of Director” as set out in Annex 3 of document GC/59/9. The standard form proposed for the curriculum vitae was contained in Annex 4. The name and curriculum vitae of each candidate would be published in accordance with resolution [GC/54/R21](#), however, candidates could request that their name and curriculum vitae should not be published. Once applications had been received and the list closed, each Participating State could propose up to five candidates for interview; a short list would then be drawn up by the Chairperson based on the highest number of proposals for each candidate. Each candidate must be endorsed by a minimum of four Participating States. The Governing Council might request references for the short-listed candidates before the interview. It was proposed to hold the interviews on the day preceding the election. The interview would be held in two parts: the first 30 minutes would be a presentation by the candidate and the second 30 minutes would be dedicated to questions from representatives of Participating States. The election of the Director would take place in a closed meeting and by secret ballot. A proposed timeline would be to have the vacancy advertised by 1 November 2017, with proposals and curricula vitae sent to the WHO Director-General by 15 February 2018 at the latest, i.e. 12 weeks before the opening of the following session of the Governing Council. Participating States would receive the curricula vitae of short-listed candidates no later than 10 weeks before the meeting of the Governing Council.

Dr BABBS (United Kingdom of Great Britain and Northern Ireland), supported by Professor MELBYE (Denmark, Vice-Chairperson), said that the report accurately reflected the discussions held at the previous session of the Governing Council; however, he still had two areas of concern. He proposed that the curricula vitae of candidates should not be published since questions might be raised if only a proportion of candidates’ details were published on the IARC website. In addition, it would be unusual in the United Kingdom of Great Britain and Northern Ireland to request references prior to interview since it might jeopardize candidate confidentiality; furthermore, he would expect that candidates of the stature to apply for the position of Director would already have a published public profile that could be made available: references could then be requested at a later date. It should be ascertained that candidates were not under investigation for scientific or criminal misconduct, but the requirement for references should be completely removed from the selection process.

Professor MURPHY (Australia) said that references should either be obtained for all candidates or for none; there were pros and cons on both sides of the argument.

Mr YAMAYA (Japan) requested that the timeline and the schedule should be shown in as precise a way and as soon as possible and the process of selection should be open and transparent. Information should be shared in an appropriate and timely manner.

The CHAIRPERSON said that the timeline followed the precedent for previous elections and there would be openness and transparency within the Governing Council on the selection process.

Ms KRANAWETTER (Principal Legal Officer, Office of the WHO Legal Counsel) said that the Governing Council could decide not to publish the curricula vitae of any candidates. From a legal perspective, if some candidates opted out of the possibility of publishing their curricula vitae then she would agree with the representative of the United Kingdom that it would be better not to publish any of them. It was also true that, if a candidate did not wish a current employer to know of their application then it was likely that they would not wish to supply a current reference. The checks concerning criminal or scientific misconduct proposed by the representative of the United Kingdom could be carried out by the Secretariat.

Mr KUMAR (India) suggested that a WHO Member State could carry out checks on the candidate it had supported.

Ms KRANAWETTER (Principal Legal Officer, Office of the WHO Legal Counsel) said that it would not be possible to amend the Statute or Rules of Procedure before the election process started and therefore it would still be possible for candidates to put forward their own candidature for the position; there was no requirement for a candidate to be supported by a Member State.

The CHAIRPERSON explained that the IARC Statute allowed individual candidates to apply without being nominated by a WHO Member State and it was not possible to change the rules at such short notice. Allowing individual applications meant that some candidates could come to the fore whose candidature was not based on political considerations.

Dr ROBBINS (Canada) said that, while acting in the spirit of attracting the best candidate was most important, he acknowledged that the representative of the United Kingdom had brought up some interesting points with respect to the mechanism for assessing candidates. He wondered whether there was value, at some point in the process, for the Chairperson to conduct some due diligence with respect to references.

The CHAIRPERSON said that the wording in the resolution concerned references and that due diligence checks were a separate issue.

The RAPPORTEUR read out the following draft resolution, entitled "Procedure for the election of the Director" (GC/59/R7):

The Governing Council,

Having reviewed Document GC/59/9 "Proposal regarding the procedure for the election of the Director",

Recalling its Resolution GC/58/R11,

1. ADOPTS the detailed procedure contained in Document GC/59/9, appended hereto; and
2. DECIDES to conduct the next election of the Director, to be held at its 60th Session in May 2018, in accordance with the procedure appended hereto.

**Appendix to Resolution GC/59/R7
Procedure for the election of the Director**

Part I – Submission of candidatures

1. Any WHO Member State may propose one or more candidates, and must attach to the proposal the curriculum vitae of the candidate(s). In addition, proposals with a curriculum vitae may be submitted directly by individuals. The Director holding office may be a candidate without having to be proposed if he or she so requests and is eligible for re-election.¹

(i) Criteria for appointment

2. The IARC Statute and Rules of Procedure do not prescribe the criteria to be applied when selecting a Director. In past selections this was left unaddressed, except on the two occasions when the Governing Council decided to establish a search committee to assist in the identification of suitable candidates (i.e. the selections that occurred in 1993 and 2003).
3. The Governing Council decided to draw on the agreed "characteristics and attributes" used for the selection of the Director in 1993 and 2003; the criteria used to guide Member States for the election of the Director-General, WHO; the criteria used to select Directors of other major research institutes; and other relevant sources of information (e.g. the criteria for the selection of the Director, Pan American Health Organization (PAHO)), to set the criteria for selection of the Director, IARC as now specified [in Annex 3](#) [Document GC/59/9, page 6].

(ii) Curriculum vitae – standard form

4. The Rules of Procedure require candidates for the post of Director to provide a curriculum vitae (see Rule 46.2). In the last two IARC selections (2008 and 2013) candidates were encouraged to use a standard form that was available on the IARC/WHO website, however its use was not required. The Governing Council decided to require the use of the curriculum vitae standard form previously used for the 2013 selection of the Director, IARC ([see Annex 4](#)) [Document GC/59/9, pages 7–12], supplemented with a Written Statement (see the section beginning "Please evaluate your qualifications and suitability...") and with reference to the "characteristics and attributes" required for the post ([Annex 3](#)) [Document GC/59/9, page 6].

¹ Eligibility is determined under Rule 46.6 of the [IARC Statute, Rules and Regulations](#).

(iii) Curriculum vitae – serving Director, candidate for second term

5. The Rules of Procedure do not expressly address whether a serving Director who wishes to be a candidate for a second term must submit a curriculum vitae.
6. The Governing Council decided to ask all candidates to submit a curriculum vitae, including a serving Director. This would also apply when a serving Director runs for a second term unopposed.

(iv) Publication of names/curriculum vitae of candidates

7. In Resolution [GC/54/R21](#), the Governing Council decided that for the 2013 selection “...*the names of the candidates to be interviewed will be published on IARC’s website, unless a candidate requests his or her name not be published*”.
8. The Governing Council decided to maintain the above practice and to publish the names and *curricula vitae* of candidates, unless a candidate requests his or her name not be published, to provide a balance between transparency and encouragement of the best possible field of candidates.
9. In addition, the Governing Council may request references for the short-listed candidates in advance of the interview process at its 60th Session. The Governing Council may invite the opinion of the Chair and Vice-Chair of the Scientific Council in relation to evaluation of references received.

Part II – Short-list of candidates

10. The Rules of Procedure do not address whether a short-list of candidates is drawn from the full list of proposed candidates and, if so, how the list is determined. Rule 46.5 simply provides that “... *The Governing Council shall elect a person by secret ballot from among the candidates proposed. ...*”.
11. The Governing Council decided to continue to select a short-list of candidates following the approach used for the two previous selections of the Director in 2008 and 2013.
12. The Governing Council decided that shortly after receipt of all the eligible candidatures (as described in Rule 46.3 of the Rules of Procedure) each Participating State will convey to the Chair of the Governing Council the names of up to five candidates whom it proposes to be interviewed for the position of Director. The Chair will identify the candidates with the highest number of proposals for interview and whom at least four Participating States have proposed for interview, in a number not exceeding five.

Part III – Interviewing of candidates

13. Interviewing of candidates by the relevant governing body, or committee of the governing body, is the norm within WHO, including in IARC, where the Governing Council interviewed short-listed candidates in the previous two selections¹.

¹ In 2008, nine candidates were interviewed; in 2013 the sole short-listed candidate (the serving Director) was interviewed.

Interview modalities

14. The interview method used at IARC involves all Participating States participating in the interviewing of short-listed candidates. The interviews occur on the day preceding the election, and include each candidate giving a presentation setting out his or her vision for IARC followed by questions and answers. Procedures are put in place to ensure the fair and equal treatment of all candidates, e.g. concerning the order of interviews; the duration; and the method of choosing questions, which are all agreed by the Governing Council at the opening of the session at which the interviews take place¹.

15. The Governing Council decided to interview up to five short-listed candidates using the procedures and format used in IARC for the 2008 and 2013 selections.

Following advice from Ms KRANAWETTER (Principal Legal Officer, Office of the WHO Legal Counsel) with respect to the amendment proposed by the representative of the United Kingdom, the RAPPORTEUR read out the proposed amended text for paragraph 8 in the Appendix to the resolution: "The Governing Council decided not to maintain the above practice and that the names and *curricula vitae* of candidates will not be published".

The CHAIRPERSON noted that paragraph 9 of the Appendix concerning references would be deleted.

The resolution, as amended, was **adopted**.

6. BIENNIAL REPORT OF THE IARC ETHICS COMMITTEE (IEC), 2015–2016: Item 13 of the Agenda (Document [GC/59/10](#))

Professor FERVERS (Chair of the IARC Ethics Committee) said that the mission of the Committee was to support IARC in conducting research in accordance with international ethical standards for research involving humans, safeguarding the rights and health of participants. The Committee was composed of 11 senior members from diverse backgrounds and nationalities. Recently appointed members of the Committee brought expertise in oncology, pathology and law. The Committee was supported by a part-time technical officer. There was also an IARC Ethics Advisory Group, which had been consulted on the Committee's discussion paper on "incidental findings in genomic studies".

¹ The procedures were described in a letter from the Chairperson of the Governing Council to Participating States that was sent before the session ([Annex 5](#)) [Document GC/59/9, pages 13–16].

During the biennium, the Committee had evaluated 116 projects, including 87 new projects. More than 80% of projects had been cleared at the first ethical review. The Committee had updated procedures on integration of the International Ethical Guidelines for Biomedical Research Involving Human Subjects, published by the Council for International Organizations of Medical Sciences (CIOMS), and it had worked on simplification of rules and procedures for studies of previously collected data and templates for informed consent. A SharePoint platform had been created for improvement of the submission, processing and follow-up of projects. It was currently mandatory for all Committee members to hold a certificate from the WHO Global Health Research Ethics Online Training course. An internal training course had been provided on ethics and governance. A discussion paper on the findings of a re-evaluation of the European Prospective Investigation into Cancer and Nutrition was to be published on the Internet shortly. A joint workshop was to be organized with WHO on the updated International Ethical Guidelines for Health-related Research involving Humans, developed by CIOMS.

The RAPPORTEUR read out the following draft resolution, entitled "IARC Ethics Committee (2015–2016)" (GC/59/R8):

The Governing Council,
Having examined the Biennial Report of the IARC Ethics Committee (2015–2016), as contained in Document GC/59/10,

1. WELCOMES the Biennial Report of the IARC Ethics Committee (2015–2016);
2. THANKS the Chairperson, Professor Béatrice Fervers, for her presentation of the report; and
3. REQUESTS the Director to continue reporting biennially on issues related to ethics at the Agency.

The resolution was **adopted**.

7. REQUEST FOR USE OF FUNDS FROM THE GOVERNING COUNCIL SPECIAL FUND: SCIENTIFIC EQUIPMENT: Item 14 of the Agenda (Documents [GC/59/11](#) and GC/59/Inf.Doc. No. 2)

Dr SCALBERT (Head, Biomarkers Group) presented the case for the purchase of the scientific equipment described in document GC/59/11. The volume of data acquired through next-generation sequencing and mass spectrometry had increased greatly over recent years, and additional state-of-the-art equipment was required to support the Agency's rapidly growing research in that area.

The first proposed area of expenditure was an upgrade of scientific computing capacity. The existing capacity would soon be exhausted, and it was accessed through a private cloud environment which had entailed long waiting times. The proposed new computing cluster was modular and scalable and would double the current capacity in terms of processing power, memory and storage.

The second proposed purchase was a 110–120-gigabyte desktop sequencer which would increase in-house capacity in the implementation of novel next-generation sequencing applications for a number of research groups. Currently those tasks were fulfilled through arrangements with various third parties, which were inflexible and imposed a considerable administrative burden. High-throughput sequencing was not involved, since that was outsourced to a suitable facility in Lyon.

The final proposed purchase was an automated system to study cancer chromatin at genome-wide level. The number of robotics-based chromatin studies conducted by the Agency was expected to increase four- or five-fold over the next few years, as the technique was now in increasingly widespread use in large-scale projects.

The new equipment would be used by a number of research groups throughout the Agency and required an allocation of €700 000 from the Governing Council Special Fund.

Dr TRACY (United States of America) supported the proposed expenditure.

Replying to a question from Mr KUMAR (India), Ms SANTHIPRECHACHIT (Administration and Finance Officer) said that the available balance in the Governing Council Special Fund amounted to approximately €6 million (Document GC/59/Inf.Doc. No. 2).

The Rapporteur read out the following draft resolution, entitled “Request for use of funds from the Governing Council Special Fund: scientific equipment” (GC/59/R9):

The Governing Council,	
Having reviewed Document GC/59/11 “Request for use of funds from the Governing Council Special Fund: Scientific Equipment”,	
Noting the support from the Scientific Council on the request to purchase scientific equipment (Document GC/59/3 “Report of the Fifty-third session of the Scientific Council”),	
AUTHORIZES the Director to use up to a maximum of €700 000 from the Governing Council Special Fund, subject to there being sufficient cash balances available in the Fund, for the acquisition of the following scientific equipment:	
	Total price (€)
a) Upgrade of the IARC scientific computing capacity	300 000
b) Upgrade of the IARC next-generation sequencing (NGS) platform	310 000
c) Automated system to study cancer chromatin at genome-wide level	90 000
Total	700 000

The resolution was **adopted**.

8. UPDATE ON THE “NOUVEAU CENTRE” PROJECT: Item 15 of the Agenda (Document [GC/59/12](#))

Dr LANDESZ (Director of Administration and Finance) briefly described the continuing parlous state of the tower building, with regular breakdowns in electricity and water services, heating and air conditioning, and thanked the authorities of the host country, France, for their generosity in funding emergency repairs to allow the Agency to continue its operations. Five companies were currently on the shortlist to build the new premises, the “Nouveau Centre” in the Gerland area of Lyon; the final choice would be made at the end of 2017. The move to the new site was now scheduled for 2021.

Ms FRANÇON (Administrative Services Officer) recalled the financial arrangements for the “Nouveau Centre” project, which had been finally agreed in 2016: the Métropole de Lyon would act as project manager and provide €18 million, the French Government would provide €17 million, the Auvergne-Rhône-Alpes region would provide €13 million and the City of Lyon would provide the land for the new premises and an additional €1.3 million derived from the planned future sale of the Latarjet and BRC buildings on the current site, which were owned by the Agency. The project was overseen by a technical committee which met monthly, a political oversight committee and a steering committee; the Agency was represented on all three bodies.

Unfortunately, while the original budget had included the Agency's costs in moving its operations to the new site, the reduction in the budget agreed in 2015 had left a shortfall estimated at €7.78 million. The Secretariat had already earmarked the sum of €2.74 million, including €1.5 million of earned overheads over the five-year period from 2015 to 2019. That left an as yet unfunded balance of €5.04 million, which was required to fund, for instance, equipment for the biobank and laboratories, furniture and fittings for offices, meeting rooms and public areas, IT infrastructure and the costs involved in the physical move to the new site, which would entail a short period when the Agency would be operating on both sites concurrently.

Dr TRACY (United States of America) thanked the French authorities for their financial and other support for the “Nouveau Centre” project, which had made it possible to fund most of the works without calling upon Participating States to make additional contributions. She expressed the hope that the Secretariat would find further creative solutions to fund the shortfall in projected expenditure and minimize the risk of further increases in the future.

Mr YAMAYA (Japan) also thanked the French, the local authorities and the Secretariat. He said that the dedication of two meeting rooms in the current building to Princess Takamatsu of Japan and the businessman and philanthropist Ryoichi Sasakawa bore witness to the commitment of the Government and people of Japan to the work of the Agency. He expressed the hope that Princess Takamatsu and Ryoichi Sasakawa would also be commemorated in the new building.

The RAPPORTEUR read out the following draft resolution entitled "Update on the 'Nouveau Centre' project" (GC/59/R10):

The Governing Council,

Having considered Document GC/59/12 "Update on "Nouveau Centre" project",

1. EXPRESSES its appreciation to the City of Lyon, for their continued efforts to ensure adequate conditions of the current premises, and to the French national authorities, i.e. French government, Région Auvergne-Rhône-Alpes, Métropole de Lyon, and City of Lyon, for the progress made on the "Nouveau Centre" project;
2. WELCOMES the Secretariat's continued cooperation with France as the host country, and local authorities, resulting in the progress of the "Nouveau Centre" project;
3. ACKNOWLEDGES that the remaining unfunded balance of €5.04 million should be mobilized prior to the planned move and encourages Participating States to contribute through voluntary contributions; and
4. REQUESTS the Director to keep the Governing Council and the Working Group on Infrastructure apprised of major future developments in relation to the "Nouveau Centre" project.

The resolution was **adopted**.

9. STATEMENT BY THE IARC STAFF ASSOCIATION: Item 16 of the Agenda (Document [GC/59/13](#))

Ms LIGNINI (Chairperson, IARC Staff Association Committee) reported on the activities of the Staff Association Committee over the previous year. First-aid and exercise classes had been arranged for staff members. A range of IARC merchandise had been commissioned for purchase by staff and visitors and had proved very popular. The Committee had participated in the selection of a new catering company for the staff cafeteria; the level of satisfaction with the service had increased, and more staff now made use of the cafeteria.

In July 2016, the Chair and Vice-Chair of the Committee had attended the Global Executive Office meeting in Washington, DC, United States of America, which had enabled representatives of all the regional WHO staff associations and the Pan American Health Organization, as well as UNAIDS and the Agency, to discuss issues of mutual interest and reach consensus on the items which would be discussed at the annual Global Staff Management Council meeting.

Maternity leave for staff members had been increased to 24 weeks: the WHO staff associations now considered that management should address the issue of parental, adoption and surrogate parent leave, as well as flexible working conditions for staff members caring for elderly parents. The teleworking policy introduced in September 2016, which allowed staff to work from home in certain circumstances, was seen as a positive move towards modernizing working arrangements.

The revised compensation package for professional-grade staff, adopted in 2016, was being progressively implemented. A range of communication methods was used to inform staff of the changes and how they would be affected. The proposal to raise the mandatory age of separation for all staff to 65 years was due to be discussed at the World Health Assembly the following week.

The Committee had conducted the regular biennial work climate survey in February 2016. Once again, the outstanding positive feeling reported by staff was one of pride at working for the Agency. Morale had improved; staff felt that, overall, they were treated with courtesy and respect and that all age groups were treated equally. Compared with the 2015 results, staff had perceived their workload to be more acceptable and felt that supervisors were more open to suggestions from their staff. However, it was felt that the treatment of men and women was less equitable. The Director had created a working group on women in science to review the issue.

In 2016, 18 staff members (10.5% of respondents to the survey) had reported suffering harassment, and 11 of them had reported the incident to their supervisor, the staff physician or the IARC management. The WHO staff associations were currently working on a revision of the prevention of harassment policy, which was due to be finalized by October 2017. A code of conduct was planned, which would clearly define the kinds of behaviour which were considered harassment or sexual harassment. The Agency participated in the WHO Respectful Workplace Initiative, launched in December 2016, and training for all staff was planned throughout 2017.

The Committee held meetings with the Director of Administration and Finance and the Human Resources Officer at least twice per year, and with the Director at least once per year.

The SECRETARY paid tribute to the dedication of the Staff Association Committee, whose members devoted a great deal of their own time to the welfare of their colleagues. The work climate survey provided valuable information which helped the administration in its decision-making. He hoped that the mandatory age of separation, which was fixed across all WHO entities, would be raised to 65 years, which was more consistent with the practice in other scientific institutions.

The work climate survey had raised some concerns about the gender balance among professional-grade staff: the change between the current and the previous survey was, however, small. Women accounted for 55% of professional staff, 45% of candidates interviewed for professional staff positions and 60% of new appointees in professional grades.

He took all allegations of harassment very seriously. Most cases brought to his attention concerned the relationship between supervisors and their staff. The work climate survey had shown that many staff members did not know how to lodge a complaint. Two refresher sessions on harassment in the workplace had been held, with input from the WHO Ombudsman.

Dr TRACY (United States of America) congratulated the Staff Association on its excellent work, and appreciated the comments on gender equity. She welcomed the extension of maternity leave for staff members and the forthcoming code of conduct on harassment. Although, during the budget discussions earlier in the session, some members of the Governing Council had expressed

concern about high staff costs at the Agency, she wished to assure the staff that the Governing Council fully respected and appreciated the high quality of their work.

The Governing Council **took note** of the report of the Staff Association.

10. ACCEPTANCE OF GRANTS AND CONTRACTS, INCLUDING REPORT ON INTEREST APPORTIONMENT: Item 17 of the Agenda (Document [GC/59/14](#))

Ms SANTHIPRECHACHIT (Administration and Finance Officer) said that, since the previous session of the Governing Council, the Agency had received €4.1 million in grants and contracts, which the Director had approved. The Governing Council was invited to approve a number of larger projects, including a major project on cancer mutographs with funding from the United Kingdom. A total of €5716 in interest income had been assigned to three research projects.

Replying to a question from Dr ROBBINS (Canada), the SECRETARY said that senior scientists sometimes took a purely honorary position at a university, which might be useful to the Agency in its efforts to obtain research funding. However, they were not allowed to take any post which entailed a contractual obligation, such as a teaching commitment.

The RAPPORTEUR read out the following draft resolution on the acceptance of grants and contracts, including report on interest apportionment (GC/59/R11):

The Governing Council,

Having considered Document GC/59/14 "Acceptance of grants and contracts, including report on interest apportionment",

In accordance with IARC Financial Regulations,

1. CONFIRMS the provisional approval given by the Governing Council Chair between sessions, in accordance with Resolution GC/52/R13, paragraphs 2 and 3, for the following project:
Mutographs of cancer: To advance understanding of the causes of cancer through studies of mutational signatures [Cancer Research UK (CRUK), United Kingdom, through Wellcome Trust Sanger Institute, United Kingdom in an amount of €5 297 206 for 60 months];
2. NOTES the post facto reporting of grants and contracts accepted by the Director as detailed in Document GC/59/14;
3. NOTES the amounts of interest income apportioned; and
4. COMMENDS the staff on its success in winning competitive research grants.

The resolution was **adopted**.

11. ACCEPTANCE OF DONATIONS: Item 18 of the Agenda (Document [GC/59/15](#))

Ms SANTHIPRECHACHIT (Administration and Finance Officer) reported that a total of €24 567.98 had been received in unconditional donations from private individuals. The donations had been credited to the Special Account for Undesignated Contributions. A letter of thanks and a copy of the relevant resolution would be sent to all donors on behalf of the Governing Council.

The RAPPORTEUR read out the following draft resolution on acceptance of donations (GC/59/R12):

The Governing Council,
Having been informed by Document GC/59/15 of the unconditional donations accepted by the Director under the authority vested in him by Resolution GC/4/R3,
EXPRESSES its deep appreciation to the donors for their contribution to the research activities of the Agency.

The resolution was **adopted**.

12. MEMBERSHIP OF THE SUBCOMMITTEE ON THE ADMISSION OF NEW PARTICIPATING STATES: Item 20 of the Agenda

The CHAIRPERSON asked for volunteers to serve on the Subcommittee.

Professor MURPHY (Australia), Dr ROBBINS (Canada), Mr KUMAR (India), Dr DE ANDRÉS MEDINA (Spain) and Dr BABBS (United Kingdom of Great Britain and Northern Ireland) indicated their willingness to serve.

The RAPPORTEUR read out the following draft resolution on the membership of the Subcommittee on the Admission of New Participating States (GC/59/R14):

The Governing Council,
Recalling its Resolution GC/18/R14 nominating members of the Subcommittee on the Admission of new Participating States and the requirement to nominate new members at the end of each session of the Council,
Recalling its Resolution GC/53/R20 deciding that the number of members and composition of the Subcommittee shall be agreed upon at each regular session of the Governing Council,
DECIDES that this Subcommittee shall be composed of, in addition to the Chairperson of the Governing Council (member ex officio), the representatives of Australia, Canada, India, Spain and the United Kingdom, who shall hold office until the next regular session of the Council.

The resolution was **adopted**.

The CHAIRPERSON recalled that three new Participating States were expected to join the Agency during the coming year. The Subcommittee would consider each application and make a recommendation to the Governing Council. Normally, the Governing Council's endorsement of that recommendation, and thus the admission of the new Participating State, did not take place until the next regular session of the Council. It was now proposed that the Governing Council should adopt a procedure to approve new admissions between sessions.

Responding to a point raised by Dr ROBBINS (Canada), Ms KRANAWETTER (Principal Legal Officer, Office of the WHO Legal Counsel) suggested that, in order to avoid undue delay, Governing Council members should indicate within two weeks their approval, or otherwise, of an application by a proposed new Participating State.

It was so decided.

The RAPPORTEUR read out the following draft resolution on acceptance of new Participating States in between Governing Council sessions (GC/59/R16):

The Governing Council,

Desiring that as many WHO Member States as possible which fulfil the criteria described in its Resolution GC/54/R17 should participate in the work of the Agency,

Desiring that more Participating States should enable the Agency to expand its present regular programme,

Considering that WHO Member States may apply for membership in IARC between regular sessions of the Governing Council, at which time their application should normally be examined,

1. REQUESTS the Subcommittee on the Admission of new Participating States to review the applications received by the WHO Director-General as soon as possible upon receipt and no later than 30 days after receipt;
2. DECIDES that the Subcommittee on the Admission of new Participating States, through the Director, will write to the Governing Council to update the Council on progress and to ask the Council members to reply "yes" or "no" to a recommended decision, with a deadline for reply, in order to allow assessment of whether the requirement of a two-thirds majority of the Governing Council in favour of acceptance in accordance with Article XII of the IARC Statute is met; and
3. DECIDES that, if the two-thirds majority in favour of accepting the application(s) is met, the Agenda of the ensuing regular or extraordinary Governing Council session will include an item to adopt a Resolution on the acceptance of new Participating State(s).

The resolution was **adopted**.

13. APPOINTMENT OF NEW MEMBERS OF THE SCIENTIFIC COUNCIL (CLOSED SESSION): Item 19 of the Agenda (Document [GC/59/16](#))

The Governing Council met in closed session from 12:50 to 13:10. On resumption of the plenary session, the RAPPORTEUR read out the following resolution, adopted by the Governing Council in the closed session, on the appointment of new members of the Scientific Council (GC/59/R13):

The Governing Council,

In accordance with the provisions of Article VI of the Statute of the Agency,

1. APPOINTS

Dr Maria Sibilía, Austria)

Dr João P.B. Viola, Brazil)

Dr Christine Friedenreich, Canada) to serve for four years on the Scientific Council

Dr Jacqueline Clavel, France)

Dr Salha M. Bujassoum Al Bader, Qatar)

2. THANKS the outgoing members of the Scientific Council, Drs Al-Hareth M. Al-Khater (Qatar), Françoise Clavel-Chapelon (France), Lukas A. Huber (Austria), Luis Felipe Ribeiro Pinto (Brazil) and John J. Spinelli (Canada) for their valuable work in the Scientific Council and for the contribution which they have made to the research activities of the Agency.

14. ANY OTHER BUSINESS: Item 21 of the Agenda

There was no other business.

15. ELECTION OF CHAIRPERSON AND VICE-CHAIRPERSON FOR NEXT SESSION: Item 22 of the Agenda

On the proposal of Dr BABBS (United Kingdom of Great Britain and Northern Ireland), Professor Melbye (Denmark) was unanimously elected Chairperson of the next session, the proposal being seconded by Dr KUNERT (Austria).

On the proposal of the CHAIRPERSON in his capacity as a representative of the United Kingdom, Dr Robbins (Canada) was unanimously elected Vice-Chairperson, the proposal being seconded by Professor MURPHY (Australia).

16. DATE OF NEXT SESSION: Item 23 of the Agenda

The CHAIRPERSON noted that the next session of the Governing Council would last three days rather than the usual two, to allow time to interview candidates for the post of Director, which would fall vacant in 2018. It was proposed that the session should take place on the Wednesday (interview day), Thursday and Friday of the week preceding the World Health Assembly in 2018.

Ms KRANAWETTER (Principal Legal Officer, Office of the WHO Legal Counsel) said that the Seventy-first World Health Assembly was provisionally scheduled to begin on Monday 21 May 2018. The Governing Council session would therefore be scheduled to take place from Wednesday 16 to Friday 18 May. Those dates clashed with the regular meeting of the Programme, Budget and Administration Committee of the WHO Executive Board, but the only alternative dates were much earlier in the month.

The CHAIRPERSON said that, if he saw no objection, he would take it that the Governing Council wished to maintain its customary schedule.

It was so decided.

The RAPPORTEUR read out the following draft resolution on the date of the sixtieth session of the Governing Council (GC/59/R15):

The Governing Council,

1. DECIDES to hold its next regular session in Lyon, France, on the Wednesday, Thursday and Friday preceding the opening of the World Health Assembly in the year 2018; and
2. REQUESTS the Director to inform members of the Council as soon as these dates are known.

The resolution was **adopted**.

17. CLOSURE OF SESSION: Item 24 of the Agenda

The CHAIRPERSON thanked participants for their constructive contributions to the discussions on the budget and the issue of communication with WHO, particularly in relation to the Monographs programme. He further thanked the Director and his staff for their hard work and invaluable assistance during his term of office. Although he was stepping down as Chairperson, he would continue as a regular member of the Governing Council. He wished his successor, Professor Melbye, and the new Vice-Chairperson, Dr Robbins, every success in their work.

The SECRETARY thanked the Chairperson, Vice-Chairperson, Rapporteur, outgoing and incoming Chairpersons of the Scientific Council and all members for their support for the Agency's work both during and between sessions of the Governing Council. He commended all staff for their hard work in preparing for the session and the representative of the Office of the WHO Legal Counsel for her valuable advice.

The CHAIRPERSON declared the session closed.

The meeting rose at 13:25.