

International Agency for Research on Cancer



**Governing Council
Sixtieth Session**

**GC/60/Min.2
18/06/2018**

*Lyon, 16–18 May 2018
Auditorium*

MINUTES OF THE SECOND MEETING

IARC, Lyon

Thursday 17 May 2018, at 10:00

Chairperson: Professor Mads Melbye (Denmark)

Secretary: Dr Christopher P. Wild, Director, IARC

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Participating State Representatives

Professor Mads MELBYE, <i>Chairperson</i>	Denmark
Dr Stephen M. ROBBINS, <i>Vice-Chairperson</i>	Canada
Ms Lucero HERNANDEZ	
Dr Diane STEBER-BÜCHLI, <i>Rapporteur</i>	Switzerland
Professor Brendan MURPHY	Australia
Ms Elisabeth TISCHELMAYER	Austria
Mr Lieven DE RAEDT	Belgium
Dr Ana Cristina PINHO MENDES PEREIRA	Brazil
Dr Livia DE OLIVEIRA PASQUALIN	
Professor Juhani ESKOLA	Finland
Dr Janne PITKÄNIEMI	
Dr Tuula HELANDER	
Professor Norbert IFRAH	France
Dr Jocelyne BÉRILLE	
Mr Thomas DUBOIS	
Ms Barbara LÜBBEN	Germany
Mr Thomas IFLAND	
Dr Prabha ARORA	India
Professor Reza MALEKZADEH	Iran (Islamic Republic of)
Dr Fenton HOWELL	Ireland
Dr Mauro BIFFONI	Italy
Dr Pietro COMBA	
Mr Hiroyuki HORI	Japan
Dr Seiichiro YAMAMOTO	
Dr Latifa BELAKHEL	Morocco
Mr Jeroen HULLEMAN	Netherlands
Professor Pål Richard ROMUNDSTAD	Norway
Dr Al-Hareth M. AL-KHATER	Qatar
Dr Haerae KIM	Republic of Korea
Dr Young Joo WON	
Dr Dmitry KOSTENNIKOV	Russian Federation
Dr Igor KOROBKO (<i>unable to attend</i>)	
Dr Eduard SALAKHOV (<i>unable to attend</i>)	
Dr Zoya SEREDA (<i>unable to attend</i>)	
Dr Alexey NOVOZHILOV	
Dr Sergey IVANOV	

Dr Rafael DE ANDRÉS MEDINA	Spain
Dr Karin SCHMEKEL	Sweden
Dr Sandra KLEINAU	
<i>No Representative</i>	Turkey
Dr Mark PALMER	United Kingdom of Great Britain and Northern Ireland
Dr Mariana DELFINO-MACHIN	
Dr Douglas LOWY	United States of America
Dr Ann CHAO	
Dr Gabrielle LAMOURELLE (<i>unable to attend</i>)	
Dr Rachel OWEN	
Dr Lisa STEVENS	
Dr Sarah LLOYD STEVENSON	

World Health Organization

Dr Svetlana AKSELROD, Assistant Director-General, Noncommunicable Diseases and Mental Health

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

Mr Derek WALTON, WHO Legal Counsel

Observers

Dr JIE He, President, National Cancer Center of China, China

Dr MIN Dai, Director, Department of International Communications, National Cancer Center of China

Dr Julie TORODE, Deputy CEO, Advocacy and Networks Director, Union for International Cancer Control (UICC)

Professor Giske URSIN, 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

Dr M. ALMONTE
Dr P. BASU
Ms A. BERGER
Dr F. BRAY
Dr P. BRENNAN
Dr G. CLIFFORD
Dr I. CREE

Ms D. D'AMICO
Dr P. FERRARI
Ms E. FRANÇON
Dr N. GAUDIN
Dr M. GUNTER
Dr Z. HERCEG
Dr R. HERRERO
Dr B. LAUBY-SECRETAN
Dr F. LOZANO
Dr J. MCKAY

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

1. ELECTION OF DIRECTOR (CLOSED SESSION): Item 7 of the Agenda (Document GC/60/Inf.Doc. No.5) (continued)

The Governing Council met in closed session from 09:00 to 10:00. On resumption of the plenary session, the RAPPORTEUR read out the following draft resolution on the selection of the Director of the Agency (GC/60/R2):

The Governing Council,

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,

1. SELECTS Dr Elisabete Weiderpass as Director of the International Agency for Research on Cancer;
2. REQUESTS the Director-General of the World Health Organization to appoint Dr Elisabete Weiderpass as Director of the International Agency for Research on Cancer for a period of five years from 1 January 2019 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
3. AUTHORIZES the Director-General of the World Health Organization to consult Dr Weiderpass on the issue of pension arrangements and to include in the contract, as appropriate, an amendment in light of that consultation.

The resolution was **adopted by acclamation**.

Dr WEIDERPASS, speaking at the invitation of the CHAIRPERSON, thanked the Governing Council for the confidence it had placed in her. She undertook to uphold the highest standards of the Agency and WHO.

The RAPPORTEUR read out the following draft resolution on the departure of the current Director of the Agency (GC/60/R3):

The Governing Council,

In deep appreciation of the services rendered to the Agency by Dr Christopher P. Wild during his Directorship of the Agency from 2009 to 2018,

1. EXPRESSES its profound gratitude to Dr Wild for his outstanding contributions to the Agency which have enhanced its role in and reputation for promoting and coordinating international collaboration in cancer research; and
2. DECIDES to bestow the title of Director Emeritus upon Dr Wild and to award him the International Agency for Research on Cancer Medal of Honour.

The resolution was **adopted by acclamation**.

The SECRETARY declared himself deeply moved by the appreciation of the Governing Council and pledged to work closely with Dr Weiderpass to ensure a smooth transition in the administration of the Agency.

2. PRESENTATION AND DISCUSSION OF THE BIENNIAL REPORT 2016–2017: Item 8 of the Agenda (Document GC/60/2)

The SECRETARY, illustrating his remarks with slides, presented the IARC Biennial Report 2016–2017 (GC/60/2), his final biennial report as Director of the Agency. For his presentation, he had selected four areas of the Agency's work for a longitudinal consideration of IARC's research impact over the period of his directorship.

The first area was cancer surveillance. An increasing number of cancer registries around the world contributed to *Cancer incidence in five continents*, one of the Agency's flagship publications. Further data on cancer incidence were made available through the GLOBOCAN web portal, which had produced its first estimates in 2000. The Agency had worked closely with WHO on the development of indicator 2 of the WHO Global Monitoring Framework on Noncommunicable Diseases, "cancer incidence by type of cancer per 100 000 population". Reporting on such an indicator required data from high-quality cancer registries. The Global Cancer Observatory, launched in 2016, collected large amounts of information about the current cancer situation, cancer trends and, increasingly, the associated risk factors, drawing conclusions from burden-of-disease and exposure data and identifying priority areas for cancer prevention. The SURVCAN-3 project investigated cancer survival in 36 countries in economic transition, using data from 86 cancer registries. The Global Initiative for Cancer Registry Development aimed to improve the quality and coverage of cancer data; it was led by countries, with expertise concentrated in six regional hubs and several collaborating centres, and coordinated globally by the Agency. The availability of large volumes of high-quality data from population-based cancer registries made it possible to expand the Agency's data analysis into cancer survival, cancer in countries in transition or indigenous populations, or the productivity losses associated with cancer.

Turning to thyroid cancer, he presented data from France and the Republic of Korea showing that, while the incidence of that type of cancer had increased greatly in recent decades, mortality had remained constant. That finding was indicative of overdiagnosis, and consequently overtreatment, of thyroid cancer. The large numbers of subjects studied enabled researchers to detect trends in both the common thyroid cancers, such as papillary carcinoma, and rarer types, as well as investigating anthropometric factors such as height and body mass index. The Agency was involved in a number of studies of people affected by the 1986 accident at the Chernobyl nuclear reactor in Ukraine. The research findings showed that people exposed to radioactive fallout from the accident as children, as well as the "liquidators" engaged in clean-up operations at the nuclear plant and thus exposed in adulthood, had been shown to have an increased risk of thyroid cancer. In a national project funded by the Ministry of the Environment of Japan, the Agency had led a taskforce of 14 experts in reviewing the scientific evidence and providing advice to support policy-makers and health professionals in the decision-making, planning and implementation of thyroid monitoring after a nuclear accident.

Renal cancer was very common, and still increasing, in many countries of central and eastern Europe. It was twice as common among men as among women, for reasons which were still unexplained. The Agency had investigated possible links between nutrition, metabolism and renal cancer using data from the European Prospective Investigation into Cancer and Nutrition (EPIC) study. Low levels of vitamin B6 had been shown to be both a risk factor and a prognostic factor

in renal cancer. A genome-wide association study in 18 countries, led by the Agency and the United States National Cancer Institute (NCI), involving 10 800 cancer cases and 20 400 controls, had identified multiple susceptibility loci for renal cell carcinoma: the study had provided evidence on the heritability of renal cancer and on functional genes in renal tumour tissue, as well as yielding considerable volumes of genetic marker data. Other studies had identified causal risk factors, including overweight and obesity, diastolic blood pressure and fasting insulin levels, and had determined that the risk of renal cancer in women increased the longer the woman was overweight. A study of tumour genomics had revealed that exposure to aristolochic acid was associated with increased rates of clear cell renal cell carcinoma in a population in Romania: analysis of the genomic data of the tumour itself was a new area of research. The Agency was involved in the Cancer Research UK Grand Challenge research project, a five-year project with a budget of 20 million pounds sterling investigating five types of cancer across five continents. It was also comparing population-based mutation data with the results of experimental bioassays, in which primary cells were challenged with environmental chemicals thought to drive tumour mutations, and with carcinogen bioassays derived from historical collections of tumours and cancer genomics data repositories.

He presented a short video on research on cervical cancer in India. Modern techniques were now being applied to data from the Agency's long series of case-control studies and prevalence surveys on cervical cancer to provide new insights into the burden of cancer related to human papillomavirus (HPV) in specific countries and the role of HPV subtypes in cervical cancer and associated cancers, such as those of the head and neck. The Agency's research, showing that two doses of HPV vaccine were as effective as three doses and that even one dose had a positive effect, had contributed to WHO recommendations and to the commitment by the NCI to undertake trials of single-dose HPV immunization in Costa Rica. The Agency had transferred to India all the technology required for HPV testing, so that all HPV testing associated with the research now took place in-country. It was also providing technical support for phase II and III trials of an affordable HPV vaccine under development by the Serum Institute of India – an example of the new opportunities afforded by the adoption of the WHO Framework of Engagement with Non-State Actors.

Agency research showing the value of visual screening for cervical cancer using acetic acid had contributed to the adoption of the technique as one of the WHO "best buys" for the prevention and control of noncommunicable diseases. However, it was also important to determine how the results of screening affected subsequent monitoring and treatment: the multicollaborator, multidisciplinary ESTAMPA study in Latin America was an evaluation of triage methods employed after HPV DNA testing, and implementation research on cervical cancer control in Bhutan and Rwanda covered both long-term monitoring of the impact of HPV immunization and evaluation of HPV-based screening. Agency research was being used to predict the potential benefits of HPV vaccination for different populations: for instance, a country with only 1% prevalence of HPV in the population would benefit much more from the introduction of early HPV vaccination than a country with higher prevalence – a finding that could help low- and middle-income countries to employ their limited health budgets to the best effect. HPV studies were being extended into related areas, such as cervical cancer in people with HIV, HPV in relation to anal and head and neck cancer, and comparisons of the biology of mucosal and subcutaneous HPV subtypes.

The Agency was a major partner in the Joint Programme on Cervical Cancer Prevention and Control of the United Nations Inter-agency Task Force on Noncommunicable Diseases, and contributed to many other WHO and United Nations policies and recommendations. In short, the Agency's research contributed to the development of wide-ranging applications and valuable tools in many areas of cancer monitoring, prevention and treatment and involved collaborations with scientists from many disciplines throughout the world.

Replying to a question from Dr PALMER (United Kingdom of Great Britain and Northern Ireland), he said that work on the Gambia Hepatitis Intervention Study was now focused on linking cases of liver cancer in the age group corresponding to the study cohort (mid-thirties) with participants in the study, both those who had received hepatitis B immunization and those in the control group. DNA testing had not been available in the 1980s when the study began, and there were many challenges in linking cancer cases to the database due to varying spellings of Gambian names and changes of name. However, a number of promising algorithms had been developed to identify participants by name, birthplace and (in collaboration with INTERPOL) palm prints and footprints, and he was cautiously optimistic that enough linked cases would be identified for the study to be concluded soon. Incidentally, the vaccine delivery capacity established by the Agency in the early days of the study had contributed to a reduction in chronic hepatitis B infection levels in children in The Gambia from 15–20% in the 1980s to below 1% today.

The CHAIRPERSON noted that the Gambia study was a classic example, widely quoted in university lectures, of basic research techniques such as randomization of clinical trials.

Dr LOWY (United States of America) commended the Agency for its readiness to collaborate with partners, including the sharing of information before publication.

Ms LÜBBEN (Germany) suggested that the Scientific Council should review the Biennial Report and report to the Governing Council on the scientific merit and fit with the Agency's mandate of the activities reported therein.

The SECRETARY noted that the Scientific Council's main remit was to report on the work of the Agency at the project level. The mid-term and final reviews of the Medium-Term Strategy provided an overview of the way in which the Agency's work implemented the overall goals of the Strategy, as set by the Governing Council.

The RAPPORTEUR read out the following draft resolution, entitled "IARC Biennial Report 2016–2017" (GC/60/R4):

The Governing Council,
Having reviewed the IARC Biennial Report for 2016–2017 (Document GC/60/2),

1. EXPRESSES its satisfaction with the work accomplished; and
2. COMMENDS the Director and his staff on the Biennial Report.

The resolution was **adopted**.

3. DIRECTOR'S REPORT: Item 3 of the Agenda (Document GC/60/3)

The SECRETARY, illustrating his remarks with slides, introduced his final Director's Report. A number of notable events had occurred in recent years, including the 50th anniversary of the Agency, marked by the IARC@50 conference and the publication of a commemorative book, *International Agency for Research on Cancer: the first 50 years 1965–2015*. Noncommunicable diseases, and cancer in particular, had assumed greater political importance. The Agency's membership had expanded from its original predominantly European base to include more low- and middle-income countries and more areas of the world, reflecting the growing global burden of cancer. He had been very pleased to welcome the Islamic Republic of Iran as a Participating State at the current session, and hoped that China and New Zealand would join soon.

He outlined a number of areas which he saw as the Agency's foundation for success. The Agency's goal was to provide the scientific evidence base for prevention, acting as a catalyst for scientific discovery in collaboration with national scientists. As an international agency and part of WHO, it had a special responsibility to uphold its core values of honesty, integrity, courtesy, independence and generosity. Its mission and vision were expressed in broad terms in the Medium-Term Strategy 2016–2020 and in more detail in the IARC project tree and the programme and budget for each biennium.

The major scientific directions taken by the Agency included a major scaling-up of cancer registration in low- and middle-income countries and the description of cancer occurrence. There was now more emphasis on interdisciplinary research, involving epidemiology, laboratory science, biostatistics and bioinformatics. Implementation research had been strengthened, bringing research closer to programmes and policy and bringing in health economics expertise in collaboration with WHO Headquarters. The Agency had increased its presence in national settings and coordinated multicentre studies. It had taken advantage of developments in modern information technology to create large and complex data sets, and had helped to shape the global cancer agenda.

The value of the Agency's work lay not only in the generation of data through interdisciplinary research, but also in the evaluation and synthesis of evidence by means of independent expert reviews, disseminated in publications such as the WHO Classification of Tumours series ("Blue Books"), the IARC Monographs and the relaunched Handbooks of Cancer Prevention. A potential area for future expansion was the sharing of evidence with the wider cancer community through technical and working group reports, practical manuals and databases, as well as education and training, which had been consolidated and strengthened in-house and expanded externally through e-learning resources and partnerships with external stakeholders. The postdoctoral fellowship programme had been suspended temporarily for financial reasons, but a growing number of training courses were conducted, particularly in low- and middle-income countries.

Turning to the scientific quality and leadership of the Agency's work, he noted that the Agency had been ranked 21st out of 1676 institutions in the Medicine category (i.e. in the top 1.3% worldwide) for the best paper rate (i.e. in the top 1.8% worldwide) and 31st out of 1676 institutions in the Medicine category for the best journal rate. Those results were impressive, given the much wider mandate of IARC compared with most other research agencies. All 18 individual evaluations

of the Agency's Groups and Sections, carried out by the Scientific Council as part of the five-year peer-review cycle, had been graded as a "perfect fit" to the Agency's mandate and the Medium-Term Strategy: 10 Groups and Sections had been rated "outstanding" for their previous work and eight as "outstanding" for their future plans.

There had been many departures and arrivals among the staff in the first two years of his directorship, but thereafter staff retention was high, with retirements accounting for most departures during that period. Internal training in both core competencies and job-specific skills had been enhanced in the interests of improving staff retention further.

The underrepresentation of women in senior scientific positions was a concern: he had established a Women in Science group and on its advice had restructured the Senior Leadership Team, created the post of Equality and Diversity Officer and ensured an appropriate gender balance on selection committees. A new fund was being set up to support Groups and Sections where staff were away on maternity leave. Requests for part-time working would be seriously considered.

The Agency was able to achieve its impressive results, despite its relatively small staff, because of the generous in-kind contributions of the global scientific community. For example, the Blue Books team consisted of just one scientist funded from the regular budget; in addition, however, there was an editorial board with 20 standing members and 144 experts, plus hundreds of authors for the individual Blue Books, all of whom worked without honoraria or payments, other than expenses.

The Agency's efforts to shape the research agenda included its contribution to Cancer Prevention Europe, a network of European organizations with a focus on prevention which advocated for investment in cancer prevention within Europe, furthered coordination, research and training and promoted the translation of innovative research into effective cancer prevention guidelines and policies. The Agency had co-organized the First International Conference on Cancer Prevention and Control in China in November 2017. The fifth IARC Cancer and Society lecture had been given by Professor Daniel Fagin of New York University, United States of America, on the influence of industry on the media and scientific discovery. The Agency had collaborated with WHO Headquarters on World Health Assembly resolution WHA70.12 on cancer prevention and control, adopted in 2017, and was currently contributing to the forthcoming global status report on cancer and to work on investment cases for cancer activities.

Turning to infrastructure, he noted that the Agency had made considerable investments in equipment and data-handling capacity, including a metabolomics laboratory, a genomics platform and a high-performance computing cluster. Information about biosamples in the various research sections had been consolidated and registered in the IARC biobank. A business continuity plan had been drawn up to keep the Agency's ageing buildings running until the move to the "Nouveau Centre" scheduled for 2021.

The Agency communicated extensively through scientific publications: the staff published around 350 articles per year, 60% of them in the top 20% of journals in their respective fields, which were mainly oncology, public health and environmental and occupational health. Increasingly, articles were published in open access journals.

Measures to improve communications had included the recruitment of a press officer and increased media visibility, including social media platforms and more frequent publication of press releases and news items. Media monitoring showed that the IARC website attracted some 1400 visitors per day and the Monographs and GLOBOCAN websites about 700 visitors each. The website would be relaunched with a new content management system in June 2018. In addition to traditional media, the Agency offered short films and podcasts and a photo gallery. In an initiative entitled "IARC in 140 characters" – a reference to the original length of a "tweet" on Twitter – 140 of the Agency's collaborators across the world had been invited to describe who they were and where they worked; the project they were engaged on; and the difference that working with IARC had made to their project.

Turning to administration, he said that the Agency was now fully compliant with the International Public Sector Accounting Standards (IPSAS). It had adopted improved procurement and data protection policies and enhanced security and safety measures to counter the ever-present threat of terrorist attack. A project portal had been created to support resource mobilization and the management of grants and projects, and an enhanced accountability framework and a business continuity plan had been adopted. Process efficiency and office sustainability had been increased through the implementation of e-workflows. Administrative costs had fallen from 28.36% of the overall budget in 2010–2011 to 20.06% in 2018–2019.

The regular budget of the Agency amounted to €22 million per year. It had obtained almost €40 million in extrabudgetary funding, mainly competitive grants, in 2017, of which almost €12 million was directly attributable to the Agency. That figure represented 35–40% of the total scientific budget. In addition to in-kind contributions by collaborators, and the major investment by the French Government represented by the Nouveau Centre project, the Agency was seeking new donors in strict compliance with the WHO Framework of Engagement with Non-State Actors.

Staff costs had increased, mainly because of the statutory costs associated with membership of the United Nations system, although the number of regular-budget posts had hardly changed. Longer-standing Participating States still paid approximately the same assessed contributions as they had done in 2008, as a result of the zero nominal growth policy; the shortfall had been met by the contributions of new Participating States and – until the current biennium – the support of the Governing Council Special Fund.

New strategic partnerships would be required to obtain further funding. Internally, a resource mobilization taskforce had been created to increase awareness of resource mobilization opportunities among the scientific staff, along with an intranet site on resource mobilization and strategic partnerships. Externally, he had sought to increase the visibility of the Agency's activities through the launch of the "Friends of IARC" network of global cancer leaders, a series of brochures aimed at potential donors that described the projects, deliverables and associated budget, a resource mobilization advisers' group and a facility for online donation by credit card. Future plans included the development of an IARC resource mobilization strategy and the recruitment of a senior fundraiser.

In 2017, the then 25 Participating States of the Agency had made voluntary contributions to WHO amounting to US\$ 957 million. Just 1% of that amount – US\$ 10 million – would transform the Agency's work. He called upon the Governing Council to explore with the Secretariat ways in which the possibility of making voluntary donations to the Agency could be made more attractive.

In conclusion, he drew attention to the growing problem of cancer in the world: from 15.2 million new cases per year in 2015, cancer incidence was predicted to rise to 24 million new cases per year by 2035, with the greatest increases in low- and middle-income countries. The Agency had rightly concentrated on those countries and on the essential, but neglected, area of cancer prevention. Its expertise in promoting collaboration and its independence of judgement were increasingly valued.

Dr ROBBINS (Canada), Vice-Chairperson, speaking as the member for Canada, commended the excellent quality, quantity and impact of the Agency's research. Collaboration with a wide range of partners worldwide was one of the Agency's fundamental values and should remain a pillar of its work in future. He noted the Secretariat's efforts to promote gender equity in senior management, and suggested drawing up a comparison of the salaries earned by male and female staff. The financial situation was a constant challenge, particularly in view of the forthcoming move to the Nouveau Centre, and he felt that the appointment of a senior fundraiser would be a valuable move. Finally, he hoped that the fellowship programme would be treated as a priority in future resource mobilization efforts.

Ms LÜBBEN (Germany) noted that funding was available from international development assistance programmes. The Agency should explore the Principles for Evaluation of Development Assistance, adopted by the Development Assistance Committee of the Organisation for Economic Co-operation and Development, to see whether it might qualify for funding.

Staff numbers had increased despite the Agency's difficult financial situation and a number of retirements among senior scientists. She called for more information about the human resources situation to be provided in future years, for instance through a separate human resources report and/or a dedicated agenda item.

The SECRETARY, responding to a further point raised by Ms LÜBBEN (Germany), said that the Partners' Conference planned for June 2018 had been postponed because the participants who had signed up were mostly existing funders rather than potential new ones. He had decided to reschedule the event and work on creating bilateral relationships with potential donors in the meantime.

Approximately five new staff posts had been funded from the regular budget since 2012. The remaining increase in staff numbers related to staff funded from extrabudgetary resources and visitors (master's and PhD students, postdoctoral scientists, etc.).

Professor MURPHY (Australia) noted that the fellowship programme provided many positive stories for the Agency to tell in support of its search for new funding.

Responding to a point raised by Dr BELAKHEL (Morocco), the SECRETARY said that the Director's Report was intended as a general overview of the Agency's work during the year. The Scientific Council conducted a detailed review of the work of each Section and Group in a five-year cycle.

Professor IFRAH (France) reiterated the importance of the fellowship programme, which served to disseminate knowledge and promote collaboration and innovation.

The RAPPORTEUR read out the following draft resolution, entitled "Director's Report" (GC/60/R5):

The Governing Council,

Having reviewed the Director's Report (Document GC/60/3),

1. THANKS the Director for the Report and for the Key Performance Indicators provided therein;
2. REQUESTS the Director to continue this standard reporting on an annual basis; and
3. EXPRESSES its satisfaction with the Director's written and oral Reports.

The resolution was **adopted**.

The meeting rose at 12:50.