

## **MINUTES OF THE THIRD MEETING**

IARC, Lyon

Thursday 17 May 2018, at 14:40

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  
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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. Address by the Director-General, WHO: Item 10 of the Agenda**

Dr AKSELROD (Assistant Director-General for Noncommunicable Diseases and Mental Health, WHO), speaking on behalf of the Director-General, Dr Tedros, commended the Director on his many years of service to IARC; he had overseen a substantial expansion of the Agency's work and an increase in the number of Participating States, and had contributed to the emergence of cancer as a global public health priority. She congratulated the Director-elect, Dr Weiderpass, on the latter's election, and looked forward to a fruitful working relationship.

Many factors contributing to the rapid rise of noncommunicable diseases – tobacco and alcohol use, poverty, inequality, unhealthy diets, conflict and environmental pollution – were directly linked with cancer. As the cancer burden increased, health systems and budgets would find it increasingly difficult to cope, particularly in less developed countries. For over 50 years, the Agency had increased the world's understanding of the ways in which risk factors influenced the development of cancer and had collected reliable cancer data. WHO had translated that evidence into policies to improve health for all. If the work of the two agencies was to be effective, it must be coordinated and aligned: otherwise, there was a risk of confusion, duplication and inefficiency.

The Governing Council and WHO Member States had called for the development of standard operating procedures to enhance coordination between the Agency and other parts of WHO: interim procedures would be discussed later in the current session. She called upon Member States and the Governing Council to engage fully in the important decisions to be taken, in line with organizational priorities.

The draft 13<sup>th</sup> general programme of work of WHO established a new operational model and priorities, to which the work of the Agency contributed. IARC and WHO had worked to increase availability of high-quality and reliable cancer incidence and mortality data, to track global progress in cancer control, inform cancer control programmes and increase understanding of cancer etiology. In 2017, 65% of WHO Member States had reported having a cancer registry, compared with 45% in 2010. The collection of cancer data and the preparation of disaggregated data sets were essential in order to track progress towards global targets under the Noncommunicable Diseases Global Monitoring Framework and the United Nations Sustainable Development Goals, as well as the general programme of work.

WHO and IARC had successfully coordinated their roles in cervical cancer control, and now collaborated with other United Nations agencies in the United Nations Joint Global Programme on Cervical Cancer Prevention and Control, presenting a single voice and approach. The two agencies had also worked closely together on the emerging priority of childhood cancer and the preparation of the global report on cancer called for in World Health Assembly resolution WHA70.12 – a policy-oriented report which would set the cancer agenda for the next decade.

All levels of WHO and all sections of IARC must be guided by their mandates and informed by their strategic priorities and must work collaboratively in their planning, technical cooperation and dissemination of information. Increasing dialogue at the managerial and technical levels would ensure a consistent message and the application of scientific findings in new policies. A strategic plan was required to determine how IARC's research findings could be disseminated among stakeholders in a meaningful manner. There was a strong political momentum for action, as shown

by the preparations for the Third United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases, due to take place in New York on 27 September 2018. She looked forward to the continuation of discussions between IARC and WHO and to working with the Agency in the coming year.

**2. REPORT OF THE FIFTY-FOURTH SESSION OF THE SCIENTIFIC COUNCIL: Item 11 of the Agenda (Document GC/60/4)**

**3. DIRECTOR'S RESPONSE TO RECOMMENDATIONS FROM THE FIFTY-FOURTH SESSION OF THE SCIENTIFIC COUNCIL: Item 12 of the Agenda (Document GC/60/5)**

Professor URSIN (Chairperson, Scientific Council) reported on the Fifty-fourth session of the Scientific Council, which had taken place from 31 January to 2 February 2018. The Scientific Council had commended the Director on his leadership and achievements over the past 10 years. It had welcomed the IARC Biennial Report 2016–2017, emphasizing particularly the importance of the Globocan web portal, the severely under-resourced cancer surveillance programme and translational research that transformed laboratory research into policy. The Council had expressed concern about the unwarranted scepticism among some populations in respect of vaccines used to prevent cancer, and had called upon the Agency to communicate the evidence base for the safety and efficacy of those vaccines to WHO and other stakeholders.

The Council was very concerned about the reduced opportunities for young scientists, especially those from low- and middle-income countries, following the suspension of the fellowship programme and the cancellation of the 2017 IARC Summer School. Education and training were core functions of IARC. It had emphasized the importance and global impact of the Handbooks of Cancer Prevention and the IARC Monographs, which provided relevant and fundamental information based on a predefined protocol and transparent and stringent criteria, assessed by outstanding independent scientists. The Council believed that the selection of agents and the timing of evaluations should continue to be decided by the Director of the Agency and based solely on scientific considerations. It had encouraged the Agency to continue its dialogue with WHO on hazard identification and risk assessment.

While welcoming the proposed construction of the Nouveau Centre, the Council was concerned that both the timing and the budget of the project involved major risks. Adequate contingency plans must be put in place to secure scientific resources (e.g. biosamples) and the IT infrastructure. Decisions on the internal layout of the building must be finalized as late as possible so as to allow the laboratory scientists the maximum flexibility.

The Council was concerned about gender balance in senior management. Of the leadership positions in the scientific Sections and Groups, 21 of 25 are filled by men (noting, however, that five of these men perform dual functions of Group and Section Head, thus 15 of 20 scientific leaders are men). Such a situation was not appropriate for an international scientific agency.

The Council had been impressed by the high quality of the science presented in a poster session and in the parallel sessions on three cross-cutting research topics: large-scale cohort studies, public cancer databases and IARC's contribution to the implementation of the World Health

Assembly resolution WHA70.12 on cancer prevention and control. It had welcomed the Director's response to the Section reviews conducted the previous year.

Two Sections had been reviewed at the 2018 session. The Section of Early Detection and Prevention had been rated outstanding for past performance and outstanding to forefront for future plans, and both past performance and future plans had been rated as a perfect fit to IARC's mission. The Section of Nutrition and Metabolism had been rated outstanding for both past performance and future plans; both had been rated as a perfect fit to IARC's mission. Only one review was due in 2019, that of the Section of Evidence Synthesis and Classification. The Review Panel would consist of Scientific Council members Drs Christine Friedenreich (Review Panel Chair) and Dr Eugenia Dogliotti.

The Council had noted the excellent feedback on IARC courses and had emphasized the positive long-term impact of training in improving cancer prevention and treatment. It had enquired about the possibility of creating two-way platforms for interaction between educators and learners, particularly those from low- and middle-income countries. It had encouraged the Agency to continue its development of its valuable e-learning tools.

The Council had expressed its support for the Agency's Open Access policy for journal articles and had endorsed the Director's request for the release of additional funds from the Governing Council Special Fund to finance open access articles in 2019 and 2020. It had also endorsed two further requests for funding from the Special Fund, relating to the purchase of an immunostainer device and of biosamples to replenish the European Prospective Investigation into Cancer and Nutrition (EPIC) biobank, for €535 000.

The SECRETARY drew attention to document GC/60/5, his detailed response to the recommendations of the Scientific Council. The Secretariat greatly appreciated the input of Council experts, and shared the Council's concerns about the lack of resources available for activities related to cancer surveillance and laboratory research. Since the Scientific Council meeting, the Agency had received a substantial legacy, of which €225 000 would be allocated to cancer surveillance activities.

He regretted the suspension of the fellowship programme but, given the resource constraints, the only alternative would have been to disband an entire research group. He had continued to seek voluntary funding for the fellowship programme from other sources, including the European Commission which had previously provided funding under the Marie Curie Action programme.

He likewise shared the concerns of the Scientific Council about the level of representation of women at the Group and Section Head level within the Agency, exacerbated by several recent retirements and drew attention to his responses in the Director's Report (document [GC/60/3](#)). At the senior level overall (grades P4 and above), the situation was better, with approximately 30% of posts being occupied by women. The Secretariat was considering the creation of "cancer task forces" led by a mid-career Agency scientist to address cross-cutting issues such as specific cancer sites or the social determinants of health, which he hoped would bring more women into senior management in due course. He welcomed the recommendations of the Section reviews, which the Secretariat would take duly into account.

Replying to a point raised by Professor MURPHY (Australia), he said that the new, more detailed, set of ratings issued by the Scientific Council was very valuable for assessing progress and determining the future direction of work of the Section or Group concerned, including possible changes in structure and identification of gaps in activities which needed to be filled.

Mr HULLEMAN (Netherlands) endorsed the Scientific Council's views on the importance of effective communication between the Agency, WHO and stakeholders, in order to inform public opinion on controversial issues such as immunization.

The CHAIRPERSON, speaking as a representative of Denmark, said that his government had been able to produce the necessary scientific evidence to prove that individuals who had not been immunized against human papillomavirus were more likely to develop cancer.

The SECRETARY noted that the Agency's role was to collect and collate scientific evidence, while that of WHO was to present it to policy-makers and the public.

Professor URSIN (Chairperson, Scientific Council) reiterated the importance of full and prompt communication between IARC and WHO, since new and controversial health issues could emerge so quickly.

Dr SCHMEKEL (Sweden) said that Governing Council members from countries with greater experience in promoting gender equality might usefully advise their colleagues. In the Nordic countries, for example, recruitment panels often included an equality observer whose task was to monitor the proceedings for possible gender bias.

Professor URSIN (Chairperson, Scientific Council) said that it was necessary to predict problems of gender balance before they occurred and take appropriate action, by encouraging applications from the underrepresented gender and providing training for members of recruitment panels.

The SECRETARY said that the main challenge appeared to be the low number of applications by women candidates for senior posts, rather than any bias in the interview process. He would welcome any guidance members could provide.

The RAPPORTEUR read out the following draft resolution, entitled "Report of the Scientific Council" (GC/60/R6):

The Governing Council,

Having reviewed the Report presented by the Fifty-fourth Scientific Council (Document GC/60/4) and the Director's response (Document GC/60/5),

1. NOTES the Report (Document GC/60/4) with great interest;
2. CONGRATULATES the members of the Scientific Council for their supportive and excellent work; and
3. COMMENDS the Director for his constructive responses to the recommendations of the Fifty-fourth Session of the Scientific Council.

The resolution was **adopted**.

#### **4. STATEMENT BY THE IARC STAFF ASSOCIATION: Item 13 of the Agenda (Document GC/60/6)**

Ms LIGNINI (IARC Staff Association) reported on the activities of the Staff Association Committee over the previous year. The Committee was once again at full strength, with nine members and a part-time secretary.

In July 2017, two members had attended the third Global Executive Office meeting in Geneva, which brought together representatives of all the WHO regional staff associations. The WHO Director-General had expressed strong support for the work of the staff associations and declared his willingness to listen to their suggestions. In line with staff association recommendations, the policies governing the adoption and surrogacy leave had been revised and paternity leave had been increased from four to eight weeks in the case of multiple births.

On 7 December 2017, IARC and the rest of WHO had celebrated "Respectful Workplace Day" on the first anniversary of the launch of the WHO Respectful Workplace Initiative. The event had provided an opportunity for staff to refocus on their core values, as expressed in the WHO Code of Ethics and Professional Conduct. Staff opinions collected in a number of discussion groups would be distilled into an IARC email etiquette, shared office etiquette and meeting etiquette over the coming months.

Weekly gym, Pilates, Zumba and yoga classes continued to be popular. Unfortunately, however, the staffroom previously used for relaxation, table tennis and some lunchtime activities had been converted to a training room. More items had been added to the range of IARC-branded merchandise, with the profits being used to sponsor staff members to participate in local sporting events and, where necessary, to purchase or renew sports equipment.

The staff were pleased to have been consulted about the plans for the Nouveau Centre, particularly the new cafeteria, which would be a communal space for all staff to use and enjoy. The Committee expected the results of a staff survey to be taken into consideration when the detailed plans for the cafeteria were drawn up.

The Committee would continue to meet the Director of Administration and Finance and the Human Resources Officer at least twice a year and the Director at least once a year to maintain and build on the constructive and positive relations that had been established.

The SECRETARY commended the Staff Association Committee on its excellent work and expressed his satisfaction that it was once again at full strength. The results of the discussion groups which had met on Respectful Workplace Day and a new initiative involving outside expertise would contribute to the Agency's ongoing efforts to prevent conflict in the workplace.

#### **5. COORDINATION AND COMMUNICATION MECHANISMS BETWEEN IARC AND WHO – AT MANAGEMENT AND WORKING LEVEL: Item 14 of the Agenda (Documents GC/60/13 and GC/60/13 Corr.1)**

The SECRETARY said that, in a first meeting held in the summer of 2017, Dr Tedros, the Director-General of WHO, had set the tone for work undertaken jointly by IARC and WHO. He had been very strongly complimentary about the value of the work of IARC and the many benefits resulting from it. He had also been clear that there were areas of joint work that needed improvement and

that problems should be addressed so that the Organization and the Agency could move on in order to reap the benefits of their joint efforts to improve international public health. It was helpful that such a tone had been set for future work.

One of the unfortunate consequences of the tension regarding hazard identification and risk assessment had been an overshadowing of the many areas in which there was fruitful cooperation between the Agency and WHO at headquarters, regional office and country level: an indicative list of the impressive scope of cooperation with WHO, including areas of research, expert groups and strategic engagement was set out in Annex 2 of Document GC/60/13. Many initiatives were investigator-driven and arose from joint areas of interest between individuals in WHO and IARC. There was clearly an opportunity to take a more strategic approach and to improve the high-level engagement of IARC in the planning process at WHO, including in the General Programme of Work.

With the support of Dr Tedros, it had been agreed that IARC would produce a standard operating procedure that would ensure coordination regarding the conduct of cancer hazard and risk assessment and the communication of evaluations. Thanks were due to Dr Swaminathan, the WHO Deputy Director-General for Programmes; Dr Akselrod, Assistant Director-General for Noncommunicable Diseases and Mental Health, and Dr Schwartländer, Chef de Cabinet, whose support had been essential in achieving the progress made. The interim standard operating procedure (SOP) presented had been agreed by IARC and by the Office of the Director-General of WHO; it was viewed as a starting point that would enable processes to be conducted in a coordinated way, with optimization in the light of experience. Further work would be undertaken on the scientific methodologies used in the months ahead.

The fundamental requirement of the SOP was to avoid the perception among stakeholders that there could be contradictory evaluations within WHO, of which IARC was a part. It should be acknowledged that, over 40 years of evaluations from the Agency, those instances were the exceptions. The SOP had undergone a number of iterations based on careful consideration of the principles and practical details involved.

The SOP covered the key participants in the process as well as timelines; responsibilities; the strategic planning involved in prioritizing agents; notification of meetings; evaluation of agents; and dissemination of findings. In line with Scientific Council recommendations, the final decision on the agents to be evaluated and the timing of evaluations was the responsibility of the Director of IARC; however, the SOP ensured that such decisions were taken in full cooperation with the Office of the Director-General of WHO. Colleagues from WHO would be fully engaged, at strategic level, in the priority-setting process, which was informed by an independent Advisory Group of scientific experts external to IARC. The plan for each evaluation would be disseminated across the Organization, including to WHO Member States and IARC Participating States, together with a briefing on the background. A WHO liaison officer, a nominated individual with the relevant technical expertise, would take part in each IARC Monograph or Handbook meeting and be a focal point of contact for IARC.

A lot of thought had gone into coordinating the dissemination of findings between the IARC and WHO Communication Departments and different communication processes would be triggered depending on the expected level of media interest. A similar process had been followed for the previous seven Monograph meetings with respect to dialogue, preparation and communication. No significant problems had arisen in that coordination and the process had helped to build goodwill.

Regular updates of the methodology that underpinned the IARC Monographs and Handbooks were undertaken by an external group of experts which included observers from national regulatory agencies. An update to the IARC Preamble for the Monographs was scheduled for November 2018; the meeting would be preceded by a public consultation with an opportunity to submit written comments as well as oral comments via a webinar. It was envisaged that specific sessions on the Preamble would be held for Governing Council members with two proposed teleconferences.

The Governing Council was requested to endorse the interim SOP, taking note of the lessons learned, the positive collaborations between IARC and WHO and the plans for future cooperation at a more strategic level.

Mr HORI (Japan) asked whether the SOP was in interim form pending approval by the Governing Council or whether it had already been agreed. He sought the opinion of the WHO Principal Legal Officer on the process for approval of a standard operating procedure between two organizations which each had their own governing body. He noted that discussions on improving cooperation and coordination had been initiated by the Governing Council of IARC. He requested the Secretariat to report on the status of implementation of the SOP to future meetings of the Governing Council.

The SECRETARY said that it had been agreed that the SOP would be implemented in its current form: the word "interim" indicated that the SOP was a living document and that it would be modified subsequently based on practice. A report on the status of implementation and the experience gained in implementing the SOP would be submitted to the Governing Council.

Ms KRANAWETTER (Principal Legal Officer, Office of the WHO Legal Counsel), responding to the question from the member for Japan, said that the SOP was a standard document and not a legal treaty or cooperation agreement; therefore, although the Governing Council had requested that the SOP be elaborated, it did not require approval by the respective governing bodies but could be agreed by those appointed by the respective directors at the operational level.

Dr CHAO (United States of America) agreed that the proposed SOP was a very good starting point and noted the positive engagement between IARC and WHO. She welcomed and appreciated the efforts by IARC and WHO to address coordination and communication mechanisms and their commitment to implement and refine the interim SOP. In order to ensure its success, the SOP might include more information from both IARC and WHO, including the number and type of WHO staff needed to fulfil the requirements of the SOP. Specifically, there should be greater engagement of the Geneva-based missions and health focal points in order to strengthen the intended outcome of the SOP. It was recommended that metrics be included in order to determine whether the steps outlined were having the desired impact with respect to greater efficiency, increased opportunities for WHO staff to participate in IARC activities and increased use of the

WHO Department for Communications in order to improve strategic communication. She further recommended the establishment of a working group consisting of representatives of IARC, WHO, Member States and other stakeholders to jointly address issues arising from implementation of the interim SOP.

Ms LÜBBEN (Germany) expressed appreciation for the SOP and for the focus on communication and dissemination of evaluations. Nevertheless, the SOP only covered cancer hazard identification and risk assessment, and it would be beneficial if more procedures and the broader scope of communication in general were included, as originally intended under the agenda item.

With respect to governance and effective communication, the high-level participation of the Director-General of WHO at the Governing Council would be possible if a way was found to alter the parallel timing of the IARC Governing Council and the meeting of the WHO Programme, Budget and Administration Committee of the Executive Board (PBAC). Furthermore, general governance structures had not been addressed in the SOP. She approved the intention to update the SOP based on consultation with WHO and on experience. The subject should be placed on the agenda of the Governing Council in the following year and on a regular basis. Reference was made in the SOP to advisory groups (to decide, for instance, on the agents to be evaluated) and she would be grateful to learn how their members were selected. It was noted in paragraph 41 (Annex 1) of Document GC/60/13 that the scientific summaries included "any significant minority opinion" although it would be preferable to include all minority opinions.

The SECRETARY, responding to the member for the United States of America, said that, in terms of the number of staff required to fulfil the requirements of the SOP, he was not in a position to speak on behalf of his colleagues at WHO but he believed that the individual with the technical expertise best suited to the agent under evaluation would be assigned by the Office of the Director-General of WHO to the relevant evaluation meeting; some meetings might include more than one agent and therefore more than one individual might be assigned. The key counterpart within WHO had not always been identified at a sufficiently early stage and that was an area in which improvement would be made in future. He agreed that the Agency could communicate better with its Participating States through their Geneva-based missions, provided that it was carried out in conjunction with the relevant department in WHO. He agreed that metrics would be included in order to determine the progress made and whether the steps outlined were having the desired impact. The Working Group was seen as an opportunity across IARC and at WHO Headquarters to work on the SOP as well as in close contact with the WHO Guidelines Review Committee (GRC) in Geneva in order to see how the processes used by IARC for the Monographs and the Handbooks were compatible with the wider expectations of the Committee; for example, Dr Susan Norris of the GRC Secretariat had already been nominated to participate in the Preamble update meeting.

With respect to the questions raised by the member for Germany, in recent years, IARC had built a good dialogue with colleagues at WHO and its interactions with the Department of Communications at headquarters were not limited to the issues of the Monographs and Handbooks. Dr Gaudin, Head of the Communications Group at IARC, had been assigned to spend part of his time in Geneva in order to ensure a better connection across the programmes of work internally. Governance issues had not been addressed in the SOP since the requests of the

Governing Council and the World Health Assembly had focused on the areas of hazard identification and risk assessment. He agreed that it would be useful to report on progress made with respect to the SOP to the following session of the Governing Council. With respect to membership of the Advisory Groups, it was the practice of the Agency to put out a call for experts, who could be self-nominated, and recommendations were also received from Participating States. The Agency searched for people who would ensure that the right balance of experience was included as well as gender and geographical balance. The composition of the upcoming Advisory Group would be announced two months ahead of any meeting in order to allow time for comment on declarations of interest.

Dr STRAIF (Head, Section of Evidence Synthesis and Classification), responding to the member for Germany, explained that the reference to the inclusion of "any significant minority opinion" in the scientific summaries related to the International Organization for Standardization (ISO) definition of full consensus: a scientific debate was held, following which perhaps some scientists with a slightly different opinion might reach consensus, however, if even one single member could not agree to the consensus then a significant minority opinion would be recorded.

Ms HERNANDEZ (Canada) thanked IARC and WHO for their joint development of the SOP, which represented an important first step in enhancing public trust and in promoting understanding of the challenges and opportunities involved in the relationship between the two bodies. However, she did not understand how coordination would be carried out between IARC and WHO since the final decision on the selection of the agents and the timing of the evaluations was at the discretion of the Director of IARC. The SOP was intended to improve coordination concerning the Monographs and the Handbooks and it was pleasing that the role of the United Nations Food and Agriculture Organization (FAO) had also been acknowledged. She wished to know whether the SOP would also apply to the WHO Chemical Risk Assessment Network. The SOP mentioned that some definitions in public communications would be clarified; she wished to know which definitions were being referred to. She suggested that the executive summaries or the press releases relating to the Monograph classifications should articulate the distinction between hazards and risks in order to clarify the difference and avoid misinterpretation. New tools or mechanisms could be created by IARC in order to facilitate understanding of the classifications, including official definitions that could be used in social media. She wished to know whether a joint statement could be posted on the websites of IARC and WHO that clarified the difference in the roles and complementarity of both organizations with respect to hazards and risk assessment; the statement should also make reference to the joint WHO/FAO entities as mentioned in the SOP.

The SOP was the first step in a broader, more comprehensive exercise to find a joint mission for IARC and WHO in their respective research and policy agendas. In the context of coordination between the two organizations, it was important to have the views of WHO on the external evaluations and on the Medium-Term Strategy. Finally, the timing of PBAC was not problematic given that it was unlikely that the Director-General would have time to attend the IARC Governing Council just before the World Health Assembly; perhaps the IARC Secretariat could hold mission briefings in Geneva prior to the Governing Council in a similar manner to the mission briefings conducted by PAHO in Washington and by the WHO Framework Convention on Tobacco Control in Geneva.

The SECRETARY, responding to the member for Canada, said that the selection of agents and the timing of evaluations related to IARC programmes concerning the Monographs and Handbooks and final decisions concerning them were the responsibility of the Director of IARC, who was answerable to the Governing Council and to external funders for the decisions made. The SOP provided clear lines of accountability and responsibility without putting policy coherence at risk. Clear statements on the difference between hazard identification and risk assessment had been issued in the "IARC Monographs Questions and Answers"<sup>1</sup> and a social media and infographics officer had been employed to enhance communication in visual form. The suggestion of a joint statement on roles and responsibilities to appear on the websites of both organizations could be discussed with counterparts at WHO. With respect to joint agendas, it should be noted that WHO was represented on the working group that helped to develop the IARC Medium-Term Strategy, although participation had not always been at the right strategic level: a change in WHO participation might be made for the next iteration of the Strategy. Similarly, two-way communication on strategic development could be further enhanced by including the Director of IARC in the working groups of the Assistant Directors-General and the Global Policy Group meetings of the Regional Directors: there were key areas of the WHO General Programme of Work that overlapped with the mandate of IARC on subjects such as health data on inequities and social inequalities. Greater alignment between the two organizations could also address some resource mobilization challenges with joint proposals to resource some activities. Many areas of cancer research, however, were not close to policy application but were nevertheless high priorities: *Helicobacter pylori* was a strong risk factor for gastric cancer but there were as yet no recommendations for its eradication. It was hoped that, in time, research would make its way through to policy. The suggestion concerning mission briefings would be helpful for the Agency.

Dr AKSELROD (Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO) said that WHO and IARC would continue to work closely together and the SOP represented a common position. The comments made by the Director were made on behalf of both organizations. The SOP, which had been produced jointly, provided an opportunity to improve collaboration and communication. The SOP covered hazards related to food, the environment and occupational areas of work. As mentioned by the Secretary, the SOP was a living document that could be adjusted in the light of experience and in response to the highly appreciated comments by Governing Council members. The document would be shared with FAO and other agencies of the United Nations with which WHO and IARC were working on a number of global health priorities, including cervical cancer.

Ms LÜBBEN (Germany) asked whether the Governing Council, having heard the question by the member for Japan on the legal status of the SOP and the reply given on behalf of the Office of the WHO Legal Counsel, might wish to amend paragraph 14 of Document GC/60/13 and paragraph 2 of resolution GC/60/R7 by replacing "endorses" with "takes note with appreciation".

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<sup>1</sup> See <https://www.iarc.fr/en/media-centre/iarcnews/pdf/Monographs-Q&A.pdf>

Dr CHAO (United States of America) agreed with the suggestion by the member for Germany and further requested that reference should be made in the resolution to a measurement matrix and to the establishment of a working group with representation from IARC, WHO and Participating States.

The SECRETARY said that if a working group were to be created then it would be necessary to define its terms of reference.

Ms HERNANDEZ (Canada) asked whether the SOP would apply to the WHO Chemical Risk Assessment Network.

The SECRETARY said that it had been decided to focus on the two major areas of cancer hazard identification and risk assessment; Dr Straif would be able to provide further information on chemical risk assessment.

Dr STRAIF (Head, Section of Evidence Synthesis and Classification) said that, since he had joined IARC in 2001, there had always been very good collaboration with WHO and representatives of the Organization had received regular invitations to the Monograph meetings; as the Secretary had explained, it was a question of finding the right strategic level for participation by WHO. With respect to the specific areas covered, it had been decided that the SOP should first focus on the two areas where there was more room for improvement; however, on the issue of chemical safety, he could give reassurance that he had been working with the WHO International Programme for Chemical Safety for some 15 years and, whenever possible, he attended all meetings on the International Chemical Safety Cards.

The SECRETARY said that the overarching principle of not creating overlap with apparently contradictory evaluations would also apply to the area of chemical safety. However, particular concerns had been identified in the areas covered by the SOP.

Dr HOWELL (Ireland) asked whether the proposal to establish a working group would be recorded in a resolution and whether a budget line had been foreseen to fund the working group.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland) said that the request made to the Director by the Governing Council in resolution GC/59/R2 to establish "a standard operating procedure to optimize communication and coordination in relation to cancer hazard identification and risk assessment" had been accomplished. The drafting of a further resolution on the subject asking the Agency to do something entirely different risked the Governing Council appearing unclear about its own requirements. As outlined in the present discussions, the interim SOP would continue to evolve: therefore the establishment of new controls or mechanisms could be a response that was out of proportion to the problem identified since it had been a rare occurrence in the 50-year life of the Agency. As the Secretary had indicated, it would be preferable to evaluate the SOP after it had been allowed to develop and been used in practice over the following year or two before deciding whether greater metrics or working groups should be established to monitor implementation. He encouraged the Governing Council to desist from making amendments to the draft resolution on the item in order to ensure that there was no contradiction in the requests being made to the Agency.

The CHAIRPERSON agreed with the member for the United Kingdom that there was no need to amend the draft resolution since it stated that the "Interim Standard Operating Procedure", which was a living document, would be "updated based on further... experience".

Dr CHAO (United States of America) requested that the draft resolution be read to the Governing Council.

The RAPPORTEUR read out the following draft resolution, entitled "Coordination and communication mechanisms between IARC and WHO – at management and working level", (GC/60/R7):

The Governing Council,

Having considered Document GC/60/13 "Coordination and communication mechanisms between IARC and WHO – at management and working level",

1. NOTES the progress made in terms of the collaboration between IARC and WHO to enhance coordination on assessments of hazards and risks, and on the communication of those assessments;
2. ENDORSES the "Interim Standard Operating Procedure (SOP)", as described in Document GC/60/13 (Annex 1), as a basis for implementing coordination between IARC and WHO on assessments of hazards and risks, recognizing that the SOP will be updated based on further consultation and experience gained in its application;
3. NOTES the many positive collaborations between IARC and WHO across a wide range of areas relevant to cancer control; and
4. SUPPORTS the Director in his strategic discussions with the senior leadership at WHO to enhance cooperation in areas of mutual priority.

Professor MURPHY (Australia) said that he supported the position outlined by the member for the United Kingdom: the Director had engaged well with WHO in what was a bilateral relationship and excellent progress had been made. The proposed operating procedure was an interim one and therefore he saw no reason not to support the draft resolution.

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

Dr CHAO (United States of America), referring to the second paragraph, agreed that, as proposed by the member for Germany, "endorses" should be replaced by "takes note of"; furthermore, the words "as a living document" might be added after "will be updated".

The CHAIRPERSON, in his capacity as the representative of Denmark, supported the suggestion to include the phrase "as a living document".

The SECRETARY requested clarification on the difference between "endorses" and "takes note of" and the implications for the Director of IARC and counterparts at WHO: it was important that the Agency should receive the signal that it must work with the SOP.

Ms KRANAWETTER (Principal Legal Officer, Office of the WHO Legal Counsel) said that, from a legal perspective, "endorses" had the connotation of agreement, whereas "takes note of" was neutral.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland) said that he would wish to endorse the SOP, recognizing that it was "a living document" that would be updated in the future. He believed that the Governing Council should firmly indicate its agreement to implementation of the SOP in compliance with its original request to the Agency.

Professor IFRAH (France) said that, as underlined by the member for the United Kingdom, since the SOP would be updated "as a living document" it would be appropriate to request IARC and WHO to continue their work on it and therefore he supported retaining the word "endorses".

Professor ROMUNDSTAD (Norway) supported the position expressed by the members for France and the United Kingdom.

Dr BIFFONI (Italy) said that he supported use of the word "endorses" and believed that "takes note" was too neutral: a compromise might be found with the use of the word "appreciates".

Dr ARORA (India) suggested that the phrase "living document" could be replaced by "working document".

Professor MURPHY (Australia), Dr MENDES PEREIRA (Brazil), Professor MELBYE (Denmark) and Professor ESKOLA (Finland) supported retention of the word "endorses" in paragraph 2.

The CHAIRPERSON noted that a majority of members were in favour of retaining the word "endorses". He preferred the reference to a "living document" rather than a "working document".

Dr PALMER (United Kingdom of Great Britain and Northern Ireland) said that he was not sure that it would be necessary to include a reference to "a living document": it was self-evident that the SOP would evolve since paragraph 2 already mentioned that it would be updated.

Dr CHAO (United States of America) said that she could agree to the use of the word "endorses" and to the phrase "living document" or "evolving document".

Dr STEBER-BÜCHLI (Switzerland), Rapporteur, supported the use of the phrase "working document" and the word "endorses".

Ms KRANAWETTER (Principal Legal Officer, Office of the WHO Legal Counsel) suggested that the phrase "as a living document" could be inserted before "will be updated...".

At the request of the CHAIRPERSON, the RAPPORTEUR read out the amended version of paragraph 2 of the draft resolution:

"ENDORSES the "Interim Standard Operating Procedure (SOP)", as described in Document GC/60/13 (Annex 1), as a basis for implementing coordination between IARC and WHO on assessments of hazards and risks, recognizing that the SOP, as a living document, will be updated based on further consultation and experience gained in its application;"

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

## **6. ANNUAL FINANCIAL REPORT, REPORT OF THE EXTERNAL AUDITOR AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2017: Item 15 of the Agenda (Document GC/60/7)**

Ms SANTHIPRECHACHIT (Administration and Finance Officer), illustrating her remarks with slides, said that the annual financial report of the Agency had been prepared in accordance with Article VI, paragraph 6.1 of the IARC Financial Regulations and the financial statements were in compliance with International Public Sector Accounting Standards (IPSAS). As explained in Note 2.5 of the section on Notes to the Financial Statements in document GC/60/7 and in line with audit recommendations, some small adjustments had been made to the presentation of information in Statement I on the Agency's financial position and Statement IV on cash flows in order to provide clarity on the current and non-current accounts receivable. In response to recommendations by the United Nations Joint Inspection Unit, IARC had introduced a Statement on Internal Control (SIC) from 2017.

The External Auditor was not able to attend the present meeting, however, the auditors had confirmed an unqualified audit opinion. In addition to the audit of IARC financial statements, the auditors had reviewed some operational processes of the Agency and recognized the significant efforts of IARC management and staff in ensuring compliance with WHO/IARC Financial Regulations and Financial Rules.

The External Auditor had provided four recommendations with respect to Collaborative Research Agreements (CRA) and the Statement on Internal Control (SIC). The latter was implemented as shown in Document [GC/60/7](#). IARC's recruitment processes had been reviewed and no recommendations made.

Six recommendations from the previous year concerning the work planning of the Section of Support to Research (SSR) and the Performance Management and Development System (PMDS) had been implemented and closed during the reporting period.

Concerning the financial position of the Agency as a whole, if the unfunded portion of employee benefit liabilities (primarily the After Service Health Insurance (ASHI)) were excluded, there would be a positive balance of €2.6 million.

The total Regular Budget (the core budget for the Agency) for the biennium 2016–2017 had been approved at €43.414 million, of which €0.5 million had been financed from the Governing Council Special Fund and the remainder of €42.914 million from the assessed contributions of Participating States. Assessed contributions for 2016 had been paid in full and 97.83% had been received for 2017. Almost half of assessed contributions for 2018 had already been paid. Activities planned for 2016–2017 had progressed well and the approved budget had been fully utilized. A small balance of €0.32 million had been carried forward to 2018. The Governing Council had given permission for up to €0.5 million to be used from the Governing Council Special fund in order to cover exchange rate fluctuations during the biennium: €243 000 had been used to date. There had been some budget reprioritization across the six Objectives of the Agency within the 15% limit approved by the Governing Council.

The Working Capital Fund was used to cover arrears in contributions from Participating States. The Fund had not been used in 2017 but it had received additional payments in the form of arrears paid by Participating States and therefore it had grown from €1.193 million to €3.326 million during the course of the year.

The balance of the Governing Council Special Fund stood at €11.197 million at the end of 2017, down from €12.146 million at the beginning of the year. The Fund had received miscellaneous income, which included unbudgeted assessed contributions from Morocco. Revenue from sales of publications had increased: it had been the practice to release one Blue Book each year but the process had been expedited, with two volumes released in 2016 and three in 2017. Deductions from the account included the foreign exchange loss and capital expenditure as approved by the Governing Council.

The Voluntary Contributions Account included designated and undesignated contributions. It was hoped to grow the amount of voluntary contributions, the majority of which came from competitive grants, in the future. The Special Account for Programme Support Costs was linked to the Voluntary Contributions Account. The Agency was able to charge up to 13% of overheads, or programme support costs, on voluntary contributions. The closing balance of the Fund was €4.15 million, with €1.5 million of that sum having been set aside as a reserve for the Nouveau Centre project.

The Unfunded Employee Benefit Liabilities Account comprised the unfunded liabilities related to employee benefits resulting from IPSAS39 implementation. The net total of unfunded liabilities was €56.764 million of which €59.759 million related to post-employment benefit liabilities (the unfunded portion of After Service Health Insurance (ASHI))<sup>1</sup>. The valuation of ASHI was conducted by external actuaries and managed by WHO in a pool for all WHO staff (including PAHO and UNAIDS). The valuation was subject to exchange rate fluctuation between the United States dollar and the euro, although the value of the euro had appreciated since 2016. The Agency was affected by aspects of the valuation that were beyond its control, such as underlying assumptions about mortality rates and the projected increase in medical costs. The size of the liabilities was alarming, the Agency monitored the situation constantly and ongoing discussions were held with WHO concerning the assumptions underpinning the valuation. In order to address the funding gap, WHO had adopted a low contribution increase scenario with full funding to be achieved by 2050 although that policy was being evaluated in the light of practices within the United Nations System and could change in the future. Additional information on ASHI had been provided in Document GC/60/Inf.Doc. No.4.

Ms HERNANDEZ (Canada) said that the unqualified opinion of the External Auditor was an important recognition of IARC's efforts to ensure transparency and accountability. Achieving compliance with IPSAS had required a lot of work in recent years and was a significant accomplishment. It was

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<sup>1</sup> The total employee benefit liabilities is €62.487 million (comprising €0.852m short-term liabilities, €1.876m long-term liabilities, and €59.759m unfunded liabilities related to ASHI). This amount is offset by the available fund balance of €5.723, resulting in the net total employee benefit liabilities of €56.764.

encouraging that, for the first time in four years, the accounts showed a modest surplus and that no significant internal control issues had been noted in 2017. It was deeply concerning that the liability of the After Service Health Insurance continued to increase and that the assumptions used to calculate the liability would not counter that trend. Creative measures must be taken to address the problem.

Ms LÜBBEN (Germany) commended the clearly structured presentation of the financial statements and requested that the format should be included in future versions of the financial report itself. She asked whether there were measures in place to respond to unpaid contributions, including the imposition of sanctions.

Dr DE ANDRÉS MEDINA (Spain) welcomed the report and the conclusions of the External Auditor. He was highly concerned by the long-term liabilities arising from the After Service Health Insurance since the situation was unaffordable. The solutions adopted in other organizations must be analysed and a clear, long-term plan must be put in place: the Agency might contemplate revising the types of employment contracts offered to staff in the future.

Ms SANTHIPRECHACHIT (Administration and Finance Officer) said that, on average, most United Nations agencies, including IARC, had Staff Health Insurance (SHI) assets that would cover about 30% of their unfunded ASHI liabilities; WHO had 34%, UNAIDS approximately 46% and PAHO had 20%. UNAIDS had a higher proportion of SHI assets because it had taken the decision to top up its ASHI fund from other sources but IARC was not in a position to take similar action. The Agency and WHO worked closely with the actuarial office in order to monitor the situation and determine when they could close the funding gap. Some United Nations agencies did not have funding arrangements for employee benefits. In 2016, employee benefit liabilities as a percentage of total liabilities stood at 82.45% for the United Nations and 77.37% for IARC. The total employee benefit liability for the United Nations was over US\$ 4.4 billion and the corresponding liability for IARC was US\$ 52 791 million.

Dr LANDESZ (Director of Administration and Finance) said that it would not be possible to reduce the long-term ASHI liabilities in the space of a few years. Consideration was being given to a funding model that placed emphasis on the solidarity principle and inter-generational fairness and to move to a 75% funding model, which would cover 100% of former staff and 50% of future staff liabilities. The WHO ASHI scheme was probably one of the most generous in the United Nations system, providing the same benefits for all Professional and General Service staff, and in the future consideration could also be given to reducing the level of some benefits. The Agency would continue to report to the Governing Council on the situation.

Ms SANTHIPRECHACHIT (Administration and Finance Officer), responding to the member for Germany, said that if assessed contributions were outstanding for more than one year then they were considered to be "in arrears". In accordance with Article VIII of the Statute of IARC, if a Participating State had arrears equal to or exceeding the amount of contributions due from it for the preceding financial year then its voting rights in the Governing Council were suspended. The Agency worked very closely with any Participating State in arrears to agree a repayment schedule.

Dr DE ANDRÉS MEDINA (Spain) said that he had no doubt that the Agency was doing its best to resolve the situation and he did not question the principle of solidarity. Nevertheless, a radical

approach was required in order to address the structural problem of the ASHI liabilities in order to secure the long-term future of IARC and to ensure that it could continue to perform its valuable work.

The RAPPORTEUR read out the following draft resolution, entitled "Financial Report, Report of the External Auditor, and Financial Statements for the year ended 31 December 2017" (GC/60/R8):

The Governing Council,

Having examined Document GC/60/7 "Annual Financial Report, Report of the External Auditor, and Financial Statements for the year ended 31 December 2017",

1. THANKS the External Auditor for his report and opinion;
2. THANKS the Secretariat for providing supplementary background information on the After Service Health Insurance (ASHI) liabilities and the funding gap (Document GC/60/Inf.Doc. No.4); and
3. APPROVES the Report of the Director on the financial operations of the Agency.

The resolution was **adopted**.

## **7. BIENNIAL REPORT OF THE OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (OHSC), 2016–2017: Item 16 of the Agenda (Document GC/60/10)**

Dr LE CALVEZ-KELM, Chairperson of the Occupational Health and Safety Committee (OHSC), said that the Committee was composed of 16 members representing each laboratory, the epidemiology groups and the Administrative Services Office. The Staff Physician and Laboratory Safety Officer also played an essential role in the OHSC. The Committee met regularly every two to three months to discuss any health and safety issues at IARC with the aim of providing the best working conditions. Minutes issued after each meeting were communicated to all IARC staff.

About 100 new staff passed through the Agency each year and all were given a general safety introduction from the Laboratory Safety Officer while newcomers working in IARC laboratories (about 30–40 each year) received an additional briefing on laboratory safety rules and good practice.

The Committee had focused on strategies to combat sedentary behaviour, which was a significant risk to health, including by organizing a pedometer challenge. First-aid training had been provided to interested IARC personnel: it had been funded in part by the Staff Association and in part by participants.

An online declaration process had been initiated for the reporting of work-related accidents and incidents; it was accessible by the Staff Physician, the Laboratory Safety Officer and the OHSC Chairperson. The purpose of the process was to optimize working conditions and to minimize and prevent risk-related accidents. The OHSC had reviewed the assessment and management of occupational risk and recommended the creation of a master risk assessment document in order to provide the basis for concrete action plans to prevent or minimize risk. Other improvements included the introduction of a new laboratory coat design to provide better protection and

improved risk assessment and follow-up of staff working in the L3 laboratory. Training had been provided for new users of the autoclave of the L3 laboratory.

Concerning radioprotection, the use of radioisotopes had become very rare and an agreement with the French "Autorité de Sûreté Nucléaire" concerning their use was valid until May 2019. A similar agreement with the French "Commission de Génie Génétique" concerning the use of genetically modified organisms was valid until November 2018.

Concerning laboratory safety, an evaluation of exhaust hoods, chemical hoods, biosafety cabinets and centrifuges had been carried out in 2017 and the required repairs undertaken. A major improvement to enforce good laboratory practice and increase awareness of personal responsibility had been the introduction of the "IARC Code of Good Health and Safety Practice" in 2017.

There had been three incidents in laboratories during the course of the biennium and action had been taken to ensure that they did not reoccur. Five work-related accidents had been reported; the accidents had been evaluated and appropriate action taken.

The RAPPORTEUR read out the following draft resolution, entitled "Biennial Report of the Occupational Health and Safety Committee (OHSC), 2016–2017" (GC/60/R9):

The Governing Council,

Having examined the "Biennial Report of the Occupational Health and Safety Committee (OHSC), 2016–2017" as contained in Document GC/60/10,

1. EXPRESSES satisfaction with the arrangements which are in place to ensure the health and safety of the Agency's personnel; and
2. REQUESTS the Director to continue reporting biennially on occupational health and safety issues at the Agency.

The resolution was **adopted**.

## **8. REPORT ON IARC OPEN ACCESS POLICY: Item 19 of the Agenda (Document GC/60/8)**

Ms LEE (Knowledge Manager, Communication Group), illustrating her remarks with slides, said that the Agency's Open Access Policy, dating from January 2015, had had a positive effect on the proportion of articles made available immediately after publication without charge through the payment of article processing charges. The proportion of articles with immediate open access ("gold" access in a fully open-access journal or "hybrid" access on payment of article processing charges in a subscription journal) had risen from 28% in 2014 to 43% in 2017.

In its resolution [GC/57/R11](#), the Governing Council had approved funding support from the Governing Council Special Fund to cover article processing charges for the period 2015–2017. That sum had also made it possible to cover article processing charges in 2018, a total of 39 articles, or 9% of the 429 gold-access and hybrid-access articles published from 2015 to 2018 (six articles in 2015, 10 articles and a series of open access articles on cancer in Central and South

America in 2016, and 23 articles in 2017). The Secretariat requested the Governing Council to approve the use of a sum not exceeding €50 000 per annum from the Governing Council Special Fund for the same purpose in 2019 and 2020. The Scientific Council had supported the request.

Dr LOWY (United States of America) asked whether, in view of the great public health significance of the Agency's work, it might be possible to negotiate the lowering or complete waiving of article processing charges.

Ms LEE (Knowledge Manager, Communication Group) said that the Agency, with WHO Headquarters, was currently concentrating its efforts on ensuring greater protection for authors' copyright in their work. The governments of France and Germany, among others, had recently failed in their attempts to prevent journals charging both journal subscriptions and article processing charges, and it seemed unlikely that the Agency would enjoy any greater success.

The RAPPORTEUR read out the following draft resolution, entitled "Report on IARC Open Access policy (GC/60/R12):

The Governing Council,

Having reviewed Document GC/60/8 "Report on IARC Open Access policy", and

Considering the support from the Scientific Council (Document GC/60/4),

1. APPROVES the use of up to a maximum of €50 000 per annum from the Governing Council Special Fund for two years (2019 and 2020) for open access publishing, subject to there being sufficient cash balances available in the Fund; and
2. THANKS the Secretariat for the Report.

The resolution was **adopted**.

## **9. ACCEPTANCE OF GRANTS AND CONTRACTS, INCLUDING REPORT ON INTEREST APPORTIONMENT: Item 21 of the Agenda (Document GC/60/14)**

Ms SANTHIPRECHACHIT (Administration and Finance Officer) drew attention to the grants and contracts valued at over €100 000 per annum which had been accepted by the Director over the previous year (see document GC/60/14). There were no projects requiring prior approval. Interest income to a total value of €3813 had been apportioned to two grants in 2017 in accordance with the requirements of the donor, the Bill and Melinda Gates Foundation.

The RAPPORTEUR read out the following draft resolution entitled "Acceptance of grants and contracts, including report on interest apportionment" (GC/60/R14):

The Governing Council,  
Having considered Document GC/60/14 "Acceptance of grants and contracts",

1. NOTES the post facto reporting of grants and contracts accepted by the Director as detailed in Document GC/60/14;
2. NOTES the amounts of interest income apportioned; and
3. COMMENDS the staff on its success in winning competitive research grants.

The resolution was **adopted**.

#### **10. ACCEPTANCE OF DONATIONS: Item 22 of the Agenda (Document GC/60/15)**

Ms SANTHIPRECHACHIT (Administration and Finance Officer) reported that unconditional donations to the total amount of €146.85 had been received in 2017. Donors now had the option of donating online through the Agency's website. A generous legacy had been received in 2018, as previously mentioned by the Secretary, which would be reported at the next session of the Governing Council.

The RAPPORTEUR read out the following draft resolution, entitled "Acceptance of donations" (GC/60/R15):

The Governing Council,  
Having been informed by Document GC/60/15 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 generous contribution to the research activities of the Agency.

The resolution was **adopted**.

**The meeting rose at 18:00.**