



DIRECTOR'S REPORT

1. This Director's Report covers the period since the 60th Session of the Governing Council (GC), and includes data on the Key Performance Indicators for the calendar year 2018.

Introduction

2. High-level discussions have taken place with senior officials in a number of potential new IARC Participating States, the most advanced being with China, Kuwait, New Zealand, Hungary and Portugal. Exchanges will continue, to advise these countries through the admission process to join the Agency.

Cooperation between IARC and WHO

3. The Agency has a broad range of collaborations with WHO, ranging from cooperation on specific projects through to supporting WHO's strategic leadership in the implementation of the noncommunicable diseases (NCDs) agenda. The IARC Director has a close working relationship with the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and coordinates regularly on scientific matters with the WHO Deputy Director-General and the recently appointed WHO Chief Scientist.

4. IARC-WHO collaborations are articulated around three types of areas: (i) strategic areas where IARC can contribute the scientific evidence base to support development of reports, meetings, guidelines, recommendations and policy by WHO; (ii) participation as experts on common-interest panels, working groups, and so on; and (iii) joint research projects conducted by IARC and WHO staff.

5. As an example, IARC is involved in the WHO Global Initiative to Eliminate Cervical Cancer as a Public Health Problem, launched in May 2018 by the WHO Director-General, and in the WHO Global Initiative for Childhood Cancer, launched in September 2018. Also, discussions on cancer estimates and guidelines with the WHO Assistant Director-General for Metrics and Measurement were held at IARC on 7 September, and discussions on cervical cancer research with the WHO Assistant Director-General for Family, Women, Children and Adolescents (FWC) took place at WHO HQ, Geneva, Switzerland, on 12 September.

6. On 4 December 2018, the Agency was invited to a side event at the WHO High-Level Meeting on Preparedness for Public Health Emergencies, where the IARC Director and Director-Elect met with the WHO Director-General and the French Minister of Solidarity and Health, Dr Agnès Buzyn,

and many other key stakeholders to discuss the emerging and ambitious project of establishing a Global Health Hub in Lyon. The Global Health Hub is envisaged to become a distinctive competitiveness cluster, essential elements of which are the WHO Academy and IARC's "Nouveau Centre".

7. In the spirit of Document [GC/60/13](#) paragraphs 13 and 14, and pursuant to Resolution [GC/60/R7](#), IARC is pleased to report that a number of developments have taken place in the period under review with respect to the IARC-WHO SOPs: (i) IARC and WHO are now exchanging information regarding IARC Monographs meetings on a routine basis; and (ii) closer contacts have made it possible to coordinate action for major joint initiatives, projection into future collaborations, and better alignment within the framework of the "One WHO" policy. Regular interactions with members of the senior leadership at WHO and the IARC liaison officer successfully support solid communication between the two organizations.

8. The WHO Framework of Engagement with Non-State Actors (FENSA), adopted by the World Health Assembly through Resolution WHA69.10 in 2016, is applicable to all "entities established under WHO", therefore including IARC. Through Resolution [GC/60/R17](#), the GC noted that the "IARC-Specific Guide on Engagement with Non-State Actors" would be used as a guide by IARC on the implementation details of FENSA, and requested the Secretariat to report each year on IARC's engagements under FENSA. The complete report of actions is summarized in the "Resource Mobilization" section below.

9. IARC has continued to build regional partnerships and networks for cancer prevention with the WHO Regional Office for the Americas, the Pan American Health Organization (PAHO). A meeting co-financed and hosted by the PAHO Subregional Programme for South America took place in Lima, Peru, in June 2018 to define the scope of the project "Latin American and Caribbean Code against Cancer". The meeting convened a group of key cancer prevention partners from the region to establish the Scientific Committee, the Advocacy Group and the IARC-PAHO Secretariat of the project. A detailed project description was presented, and a strategy to mobilize resources was agreed.

10. Together with the WHO Regional Office for Europe (EURO), an IARC-EURO Workshop on Implementation of Screening Programmes was held at IARC on 16–17 January 2019.

11. Since 2013, IARC has collaborated with the WHO Regional Office for the Eastern Mediterranean (EMRO) on the IARC-WHO Action Plan in the areas of cancer surveillance and risk factors. This collaboration is based on consultations, targeted support and training. The work has led to the establishment of several new cancer registries in the region, and a third agreement was recently signed with EMRO to continue this work.

12. Similarly, IARC and WHO work together very closely at the operational level. The IARC Director of Administration and Finance (DAF) actively participates in the global WHO network of DAFs, contributing to WHO's Value for Money and Fit for Purpose initiatives. IARC is also a member of functional global WHO networks in the areas of finance, resource mobilization, human resources, travel, procurement, security and ITS. The IARC DAF serves on the Global Oversight Committee of the WHO Staff Health Insurance, in which all IARC staff and their dependents are participating members.

Strategic Partnerships

13. Collaborations with partners have been at the heart of the strategy of IARC since its inception, and the Agency has continued to seek opportunities to develop programmes of research collaboration with governments, national agencies and other institutions.

14. Consequently, the Agency has an outstanding record in catalysing international collaborations, as evidenced in the "Evaluation report on the implementation of the IARC Medium-Term Strategy (MTS) 2016–2020" (Document [GC/61/7](#)). IARC works with collaborators from 141 countries worldwide; coordinates 20 consortia, which involve 978 partner institutions; and participates in a further 16 collaborative consortia, which comprise 542 partner organizations.

15. Selected representative high-level partnerships of the Agency are highlighted in the paragraphs below.

16. IARC continues to collaborate closely with the Union for International Cancer Control (UICC) in a broad range of areas. In early 2019, the Agency again signed a Memorandum of Agreement (MoA) to reinforce its commitment to continue its work with UICC. The Agency had a strong presence at the UICC World Cancer Leaders' Summit on "Cancer Treatment for All" and the World Cancer Congress on "Strengthen, Inspire, Deliver" in Kuala Lumpur, Malaysia, on 30 September–3 October 2018. The IARC Director emphasized in his presentation at the event that every cancer control measure should be tailored to the local setting and evaluated for its impact on inequalities, and urged the cancer community to make more investments in cancer prevention research in a balanced, integrated and equitable approach. The Agency also currently hosts a UICC Fellow under the Yamagiwa-Yoshida Memorial International Study Grant scheme.

17. The Agency has signed a number of Memoranda of Understanding (MoU), with the University of Otago, New Zealand; the African Academy of Sciences (AAS) in Kenya; the Italian National Institute of Health (ISS); the Korean National Cancer Center (NCC); the International Collaboration on Cancer Reporting (ICCR) in Australia; and the International Association of Cancer Registries (IACR) in France, to continue building a strong collaborative global network with strategic partners.

18. Cancer Prevention Europe (CPE) is a consortium of 10 organizations coordinated by the Agency that is dedicated to cancer prevention research in Europe. It was presented at the high-level conference titled "A Mission-Oriented Approach to Cancer in Europe: Boosting the Social Impact of Innovative Cancer Research" on 16–17 November in Rome, Italy. The conference followed the discussions at the first Gago Conference on European Science Policy, which took place in Porto, Portugal, in February, to support a mission-oriented approach to cancer in Horizon Europe and to address the social impact of cancer research.

19. The Director was invited to strategic meetings with the Medical Research Council (MRC) and Cancer Research UK (CRUK) in London, UK, on IARC activities. A working lunch was organized with the President of the Institut Curie and the Director of the Institut Curie Research Center in Paris, France. Events were organized by the School for Oncology and Developmental Biology (GROW) in relation to the 2018 TEFAF Oncology Chair in Maastricht, The Netherlands, and meetings were hosted by the University of Otago in Wellington, New Zealand. IARC also engaged with several representatives of Shanghai Jiao Tong University and Ruijin Hospital during the Franco-Chinese Symposium organized by CLARA in September 2018.

20. Moreover, the Director visited several officials in Qatar in April 2018 and held discussions with the Minister of Public Health of Qatar on strengthening cancer research, prevention and control activities in Qatar.

21. The Director was invited to take part in the World Cancer Research Fund (WCRF) event "Setting the Agenda for Cancer Prevention and Survivorship" to mark the launch of WCRF's Third Expert Report: "Diet, Nutrition, Physical Activity and Cancer: a Global Perspective" in London, UK. The 5th annual meeting of the ARC Foundation Scientific Advisory Board was held in Paris, France. The Director participated in the "Grand Challenge Advisory Panel" Full Award Meeting hosted by CRUK in London, UK; the UK Biobank International Scientific Advisory Board (ISAB) Meeting in London, UK; the Italian National Institute of Health (ISS) First Scientific Symposium on Health and Climate Change in Rome, Italy; and the "Journées Scientifiques et Doctorales de l'Anses (JSDA)" in Paris, France.

22. In addition, discussions on potential strategic partnerships were initiated or continued with the Japan Agency for Medical Research and Development, Japan; the Minderoo Foundation, Australia; the Terry Fox Foundation, Canada; the Children with Cancer UK charity; and the Medical Research Council Unit The Gambia and INTERPOL for collaboration on the Gambia Hepatitis Intervention Study. IARC also engaged in a discussion with the Zoleka Mandela Foundation, South Africa (Zoleka Mandela had participated in the 3rd High-level meeting on NCDs during the 73rd United Nations General Assembly in September 2018).

23. Finally, the Agency further reinforced its strong partnership with the local French authorities, notably by working closely with the Métropole de Lyon and the Ville de Lyon on the preparations for IARC's move to the Lyon-Gerland Biodistrict. Several meetings have taken place to coordinate communications and resource mobilization.

24. In conjunction with the WHO High-Level Meeting on Preparedness for Public Health Emergencies, in December 2018, mentioned above, the IARC Director and Director-Elect met with many key national and regional stakeholders, such as the French Director General for Health, representatives from the Prefecture, the Auvergne-Rhône-Alpes region and the French Ministry of Foreign Affairs, and Mr Alain Mérieux, as well as the Mayor of Lyon and the President of the Métropole de Lyon.

25. The full list of meetings held at IARC in 2018 is provided in Annex 2.

Highlight Events

26. The election of the new IARC Director took place in May 2018 (interviews on 16 May; announcement of election result on 17 May). Dr Elisabete Weiderpass, Head of the Department of Research at the Cancer Registry of Norway and of the Genetic Epidemiology Group at the Folkhälsan Research Center in Finland, and Professor of Medical Epidemiology at the Karolinska Institutet in Sweden and Professor of Cancer Epidemiology at the Arctic University of Norway, was elected IARC Director.

27. Dr Weiderpass visited IARC on three occasions during 2018: to discuss IARC management, the World Cancer Report, and collaboration with WHO HQ (2–3 July); to meet with Group and (Deputy) Section Heads and participate in meetings hosted by the Nutritional Epidemiology Group (NEP) to

celebrate the 25th anniversary of the European Prospective Investigation into Cancer and Nutrition (EPIC) study (12–19 September); and to meet with the WHO Director-General and the French Minister of Solidarity and Health in Lyon (3–4 December). She was also presented to senior WHO colleagues at WHO HQ, Geneva, Switzerland, on 3 July. Dr Weiderpass took office on 1 January 2019.

28. GLOBOCAN 2018 (*now named Global Cancer Observatory*) was launched on 12 September in Geneva, Switzerland, through an IARC/COM press conference at the Palais des Nations.

29. The 5th edition of the WHO Classification of Tumours series was launched with an Editorial Board meeting of the Digestive System Tumours volume on 5–6 February (second meeting on 3–5 July) and of the Breast Tumours volume on 6 July. In addition, the WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues (revised 4th edition) was highly commended in the Pathology category of the 2018 British Medical Association Medical Book Awards. Also, the last two volumes of the 4th edition, i.e. the WHO Classification of Skin Tumours and the WHO Classification of Tumours of the Eye, were published in September and December 2018, respectively.

30. In the Monographs programme, the Advisory Group to Recommend an Update to the Preamble to the IARC Monographs met on 12–14 November.

31. The Biobank Learning platform (<http://biobanklearning.iarc.fr/>) was launched in November 2018, and the next IARC Summer School was announced to take place on 17 June–5 July 2019.

32. About 100 researchers from around the world gathered at IARC on 18–19 September to celebrate the 25th anniversary of the EPIC study. IARC held a scientific workshop with presentations highlighting results and ongoing projects of EPIC. Topics discussed included diet, obesity and cancer, biomarkers for early detection, socioeconomic factors and mortality, and air pollution.

33. In preparation for the publication of the next World Cancer Report, the following meetings with Professor Bernard Stewart (South Eastern Sydney Public Health Unit of the New South Wales Government, Sydney, Australia) were held to work on the next World Cancer Report: 26 Feb–6 March, 29 May–6 June, 2–4 July, 7–10 November, and 15–16 November.

34. The Director attended, together with a delegation of IARC scientists, the 32nd International Papillomavirus Conference: "Towards Global Control of HPV Disease" (4–6 October; Sydney, Australia).

35. The 6th annual IARC Cancer and Society Lecture, on the occasion of World Cancer Day, was presented by Professor Groesbeck Parham from the Centre for Infectious Disease Research of the University of Zambia in Lusaka, Zambia. Professor Parham is a leader in cervical cancer prevention in resource-constrained settings and together with his team was among the first to provide cervical cancer screening and treatment services on a broad scale to HIV-infected women in sub-Saharan Africa. He has also worked with the Zambian Ministry of Health to develop strategies for human papillomavirus (HPV) vaccination countrywide.

Publications

36. In 2018, Agency scientists published a total of 351 articles in 168 journals, of which 284 (81%) were peer-reviewed papers. The total number of articles and the proportion of peer-reviewed papers were similar to recent years (see Table 1).

Table 1: Publications – Articles

Year	Peer-reviewed papers	Letters to Editor or comments	Invited reviews	Editorials, news, other	Total
2014	299 (84%)	12	30	16	357
2015	300 (88%)	11	17	14	342
2016	290 (85%)	9	28	14	341
2017	291 (83%)	12	25	24	352
2018	284 (81%)	11	37	19	351

37. Overall, 62% of articles published by IARC scientists in 2018 appeared in the top 20% of journals in their subject categories, according to the classification in the Thomson Reuters databases (Web of Science and Journal Citation Reports – see Table 2). This is in line with the results of previous years (56% in 2017 and 54% in 2016).

38. The top five subject categories remained the same as in previous years, again with 'Oncology' and 'Public, Environmental and Occupational Health' accounting for a large majority of the papers published. The percentage of papers in the top 20% of journals in the 'Oncology' subject category (62%) increased in relation to 2017 (56%).

39. Although these bibliometric results are consistently positive, it is important to caution against over-interpretation of such indicators and to re-emphasize the importance for IARC of publishing with collaborators from low- and middle-income countries (LMICs), even if some of these papers are published in journals of lower ranking but nevertheless ensure the dissemination of work of local or regional relevance.

40. The Agency continues to promote its Open Access Policy in relation to journal articles, with a particular emphasis on making articles of relevance to cancer control in LMICs available free of charge. A report to the GC on IARC's Open Access Policy is available (see Document [GC/60/8](#)).

Table 2: IARC publications in top 20% of journals in their subject category in 2018
(only the top 5 subject categories for IARC papers published in 2018 are shown)

JOURNAL SUBJECT CATEGORY (SC)	Total no. of journals in SC^a	No. of IARC papers in all journals in SC	No. of IARC papers in top 20% journals in SC	% of IARC papers in top 20% journals in SC
ONCOLOGY	223	137	85	62%
PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH	180	64	26	41%
NUTRITION & DIETETICS	81	34	15	44%
MULTIDISCIPLINARY SCIENCES	64	22	16	73%
MEDICINE, GENERAL & INTERNAL	155	19	11	58%

^a A given journal can appear in more than one subject category.

41. A total of 23 530 copies of IARC publications were sold in 2018 (see Table 3), with nearly all of the sales (98%) due to the WHO Classification of Tumours series ("WHO Blue Books"). Two volumes of the 4th edition of the "WHO Blue Books" were published in 2018.

Table 3: Publications – Volume of sales

Year	Total sales	Sales of "WHO Blue Books"
2014	16 279	14 844 (92%)
2015 ^a	15 469	14 696 (95%)
2016	25 295	24 677 (98%)
2017	33 786	33 544 (99%)
2018	23 911	23 530 (98%)

^a Following an error on the part of WHO Press, the figures on "Volume of sales" for 2015 reported in the Director's Report to the GC in 2016 (Document GC/58/3) were underestimated.

42. Total revenue from the sales of IARC publications amounted to €1 289 571 in 2018 (see Table 4). This figure includes revenue from sales of traditional print publications through WHO Press, as well as sales of e-publications and royalties.

43. These figures reflect the high quality of and continuing demand for new volumes of the "WHO Blue Books" series.

44. The Agency launched its E-Bookshop in May 2016, and continues to develop this platform, with revenue expected to grow in the coming years. Aside from sales, the E-Bookshop is drawing increased attention to key IARC publications that are free to download. As a case in point, World Cancer Report 2014 was downloaded nearly 31 000 times since being made available through this site.

Table 4: Publications – Revenue from sales (in Euros)

Year	Revenue from sales of all publications by WHO Press	Revenue from sales of "WHO Blue Books" by WHO Press	Revenue from sales by WHO Press ^a	Other revenue (ePub and royalties)
2014	789 892	741 222 (94%)	787 494	7 733
2015 ^b	849 608	836 634 (98%)	848 924	3 837
2016	1 450 727	1 436 443 (99.0%)	1 450 172 ^c	15 795
2017	1 756 548	1 752 327 (99.8%)	1 751 567	12 201
2018	1 280 242	1 272 663 (99.4%)	1 279 970	9 601

^a After freight charges were deducted from overall figure.

^b Following an error on the part of WHO Press, the figures on "Revenue from sales" for 2015 reported in the Director's Report to the GC in 2016 (Document GC/58/3) were underestimated.

^c The figure reported in the 2016 Director's Report included revenue from other sources (ePub and royalties), which is now shown separately in the above table.

45. Table 5 provides the figures for the number of visitors to the most popular IARC websites in 2018. The total number of visitors increased slightly for the main IARC homepage and the IARC Publications page, as well as for the IARC Monographs programme pages, and remained high but stable for the GLOBOCAN site (*now named Global Cancer Observatory*).

Table 5: Visitors to IARC website in 2018 (in brackets corresponding figures in 2017)

Website	Total visitors	Average visitors/day	Total visits	Average visits/day
www.iarc.fr	384 046 (361 489)	1052 (990)	522 823 (488 753)	1432 (1339)
IARC Publications	181 391 (151 820)	497 (416)	242 342 (175 717)	664 (481)
Monographs	284 295 (261 410)	779 (716)	425 753 (401 447)	1166 (1099)
GLOBOCAN (<i>Global Cancer Observatory since 12/09/2018</i>)	287 275 (282 792)	787 (774)	489 238 (479 618)	1340 (1314)

Visitor: A user that visits a given site. The initial session by an individual user during any given date range is considered to be an additional visit and an additional visitor. Any future sessions from the same user during the selected time period are counted as additional visits, but not as additional visitors.

Visit: The number of times a visitor has been to the site (number of individual sessions initiated by all visitors). If a user is inactive on the site for 30 minutes or more, any future activity will be attributed to a new session.

46. The most popular downloads from the Agency's websites are presented in Table 6. Eight out of the 10 top downloads relate to the Monographs evaluations, reflecting the continuing high level of interest in this programme. It is noteworthy that some of the Monographs announcements made in 2011 and 2015 are still among the most downloaded items across the Agency's websites.

47. Beyond the Monographs, the enduring interest in the textbook "Cancer Epidemiology: Principles and Methods" is particularly remarkable given its publication almost two decades ago, and the IARC Handbooks of Cancer Prevention available online continue to be in consistently high demand.

Table 6: Most popular downloads from IARC and Monographs websites (ranked by 2018 data and compared with 2017 figures)

Item	Downloads	
	2018	2017
IARC Monographs Classification List	170 290	167 707
Monographs Supplement 7: Overall Evaluations of Carcinogenicity: An Updating of IARC Monographs Volumes 1 to 42	130 456	181 170
Monographs Volume 100F: Chemical Agents and Related Occupations	115 268	94 592
Monographs Volume 100C: Arsenic, Metals, Fibres, and Dusts	103 794	120 121
Cancer Epidemiology: Principles and Methods	93 955	153 106
Press Release 240: IARC Monographs evaluate consumption of Red Meat and Processed Meat (<i>announced on 26/10/2015</i>)	83 576	117 840
IARC Handbooks of Cancer Prevention Volume 8: Fruit and Vegetables	78 945	98 966
IARC News on Monographs Vol. 112 (IARC Monographs Volume 112: evaluation of five organophosphate insecticides and herbicides) (<i>announced on 20/03/2015</i>)	66 252	60 870
Press Release 208: Radiofrequency electromagnetic fields (<i>announced on 31/05/2011</i>)	61 393	52 275
Monographs Volume 112: Some Organophosphate Insecticides and Herbicides	48 894	40 493

Voluntary contributions to IARC (grants and contracts)

48. Voluntary contributions, obtained mainly through competitive research grants from national and international funding agencies, represent a substantial component of the Agency's overall funding to successfully implement its programmes and Medium-Term Strategy (MTS). This income makes an important contribution to overall expenditure and provides added value to the investment made by Participating States through assessed contributions. The success in obtaining peer-reviewed funding is an external indicator of the overall quality of the research at the Agency. The number of new grant applications and funding requests submitted in 2018 reached a total of 204 (Table 7), confirming the trend over previous years of a steady increase. This reflects the commitment of Agency scientists to secure sufficient extrabudgetary funds to conduct the research defined within the MTS.

49. The Agency signed extrabudgetary contracts amounting to a total value of €21 million in 2018. Of these extrabudgetary contracts, €9.2 million was attributed to IARC. The large proportion of the total value of signed contracts going to IARC collaborators indicates that Agency participation in projects can bring benefits to a wide network of institutions and organizations at the national and international levels.

50. Overall, the figures on extrabudgetary contracts represent a notable achievement, given the increasingly competitive nature of research funding and the restrictions faced by the Agency in terms of eligibility for funding sources.

Table 7: Extrabudgetary funding

Year	Number of applications	Number of signed contracts	Total value of signed contracts ^a (in Euros)	Value attributed to IARC (in Euros)	Voluntary contribution expenditure ^b (in Euros)
2014	167	51	6 443 450	4 175 192	12 698 866
2015	174	76	26 287 966	16 717 320	10 548 429
2016	183	65	28 309 483	10 244 705	11 413 516
2017	193	65	38 931 975	11 855 145	11 357 348
2018	204	68	20 987 750	9 183 834	13 362 692

^a The figures show total budgets of all grants signed irrespective of whether IARC is coordinating the studies.

^b Voluntary contribution expenditure as reported in the IARC Financial Report and Financial Statements, which includes amount passed through to partners for IARC-coordinated projects.

51. Voluntary contribution expenditure in 2018 was similar to previous years, at €13.4 million, representing approximately 38% of the overall expenditure by the Agency and just more than 43% of the expenditure on the scientific programme funded from the voluntary contributions, also in line with previous years (Table 8).

Table 8: Expenditure against voluntary contributions (VC), regular budget (RB) and percentage comparison (in Euros)

Year	Regular budget (RB)	VC/ RB+VC ^a	Regular budget for scientific programme (RB2)	VC/ RB2+VC
2014	19 989 084	38.8%	15 622 140	44.8%
2015	20 435 407	34.0%	15 884 925	39.9%
2016	21 356 763	34.8%	16 846 272	40.4%
2017	22 056 836	34.0%	16 282 500	41.1%
2018	21 912 328	38.0%	17 546 190	43.2%

^a Voluntary contribution expenditure taken from Table 7.

Resource Mobilization

52. Recognizing the constraints on the current funding sources for the Agency, the Secretariat has initiated a four-tiered strategy of resource mobilization: (i) increasing funding from competitive funding, (ii) widening engagement with strategic partners for direct funding, (iii) widening membership of IARC, and (iv) exploring novel and creative fundraising for flagship projects. The aim is to broaden and diversify IARC's funder base, particularly for direct contributions from non-traditional sources, to enable the Agency to continue to fulfil its mission, while ensuring independence and freedom from conflict of interest through compliance with the WHO FENSA (see also Document [GC/60/17](#)).

53. In the context of the focus on resource mobilization, the following specific actions have been taken since the previous Director's Report.

- A dedicated group, the Resource Mobilization and Management Office (RMO), was created under the direct supervision of the Director. This office assembles and disseminates funder intelligence and funding opportunity announcements, and supports any type of building of strategic partnerships towards increased resource mobilization.
- A senior position was created to recruit a Strategic Engagement and Resource Mobilization Officer, a position that would coordinate all resource mobilization efforts at the Agency and promote coherent resource mobilization and partnership-building efforts across the Agency, towards an ambitious goal of significantly increasing the Agency's available financial resources.
- As part of the dedicated efforts to increase income from extrabudgetary sources, the Resource Mobilization and Strategic Partnerships sites on the IARC intranet have been further developed, providing access to: Funder Intelligence Pages, mapping the global cancer research funding landscape; Funding Opportunities Pages, providing a list of funding opportunities (100 funders permanently screened and 163 funding opportunities posted in 2018); Funder News Pages, listing important news items on general funding trends and developments of important programmes, such as Horizon Europe and others; and the IARC Register for due diligence and risk assessment on non-state actors (NSAs), which stores due diligence on all partners that IARC engages with.
- The Donations page has been given more visibility on the IARC Internet site. The online donation platform was implemented, enabling donations to be made by credit card. In addition, confirmation was received from the French authorities recognizing IARC as equivalent to a "general interest organization" (*organisme d'intérêt général*), and thus being in the position to allow for tax deductions on French donations received.
- Upon suggestion from the German delegates of the GC and supported by the French authorities, IARC submitted an application to be officially listed on the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) list of international organizations eligible to receive official development assistance (ODA). This listing would authorize the Agency as a recipient of ODA, thus opening up entirely new funding opportunities for the Agency.
- Following the launch of the "Friends of IARC" initiative in December 2017, the Director took the opportunity on the occasion on World Cancer Day on 4 February 2019 to send a cordial invitation to the group of senior cancer leaders to continue serving as witnesses to the work and values of the Agency and supporting IARC in reaching out to society and stakeholders.
- On 4 February 2019, the Agency also took the opportunity on World Cancer Day to launch the "Nouveau Centre" fundraising campaign, by inviting IARC's Lyon-based partners to a presentation about the "Nouveau Centre" building project. Local partners, the Director, IARC colleagues and Dr Christine Friedenreich, the incoming Chairperson of the Scientific Council, spoke about the importance of IARC in the local research landscape. The event was an opportunity for IARC scientists and researchers to meet, establish relationships, and exchange ideas with IARC's future neighbours, in addition to reinforcing the already strong

partnership with the Ville de Lyon and the Métropole de Lyon to fill the remaining funding gap by 2021. Both local partners were very vocal about their commitment to help raise the necessary funds.

- The Agency has started to engage with a wide range of novel funders, with the aim of fostering lasting partnerships that should enable the income stream from external sources to be increased. Some of these partners are mentioned in the "Strategic Partnerships" section above, including the Terry Fox Foundation and the Children with Cancer UK charity.

54. The experience gained over the past years and multiple discussions with professional fundraisers and eminent figures have provided a number of lessons. First, it has become clear that resource mobilization has to be a "whole of Agency" effort, and the coordinating role of the Strategic Engagement and Resource Mobilization Officer and the supporting role of RMO going forward are crucial. Second, partnerships with potential new donors will take time to develop and therefore have a medium- to long-term perspective.

55. As mentioned above, during its 60th Session in May 2018, the IARC GC reviewed the "Recommendations from the Governing Council Working Group on the implementation of FENSA" (Document [GC/60/17](#)) and noted the "IARC-Specific Guide on Engagement with Non-State Actors" (Resolution [GC/60/R17](#)) prepared by the GC Working Group. The GC requested the Secretariat to report to the GC each year on IARC engagement under FENSA as described in the guide, as part of the Director's Report.

56. WHO and IARC are aligned in their approach to use two levels of due diligence and risk assessment, as foreseen by FENSA, by distinguishing between a standard assessment and a low-risk simplified procedure.

57. The RMO team conducts a preliminary due diligence and risk assessment on NSAs related to resources (competitive grants and direct funding).

58. In 2018, RMO applied the low-risk simplified procedure for 217 NSAs with whom IARC engaged within the framework of competitive grants or direct funding, by conducting an internal due diligence evaluation and a risk assessment. These entities were screened for potential reputational risks by scrutinizing their legal status, governance and sources of funding. Information was sought from various public reports and media sources. The WHO Register of NSAs was referred to when information was available.

59. As per the procedure, complex cases and those potentially posing a higher risk are referred to WHO HQ for a standard assessment. In 2018, eight complex or potentially high-risk cases were sent to the WHO Partnerships and Non-State Actors (PNA) team for their review and recommendation.

60. For NSAs under other types of engagement (technical collaboration, participation, evidence and advocacy), self-assessment or preliminary due diligence and risk assessment is carried out by the DAF with the support of the IARC Bioethics and Compliance Officer. No other types of engagements were assessed as potentially posing higher risk in 2018.

61. The identification of risk factors does not automatically mean that engagement should be avoided. Determination of whether a potential conflict of interest exists is made, taking into account the specificities of the project at stake. The risks are balanced against the expected benefits for IARC, taking into account the foreseeability of the risk.

62. Since January 2017, IARC has maintained its own Register for due diligence and risk assessment on NSAs (more than 500 profiles had been uploaded by the end of 2018), where the profiles of entities and the signed Tobacco and Arms disclosure forms are kept.

63. In summary, FENSA should be seen as an opportunity to further expand IARC's engagement with NSAs, including the private sector, rather than a restrictive set of rules. FENSA is expected to result in increased transparency and accountability of NSAs; in open access to information on potential donors, experts and potential partners; and in an enhanced oversight role of WHO Member States and IARC Participating States.

Personnel

64. The period since the last GC session has been characterized by the retirement of a number of senior staff members as well as the resignation of several staff members. This has led to temporary changes in leadership of a number of scientific Groups and Sections (see current organizational chart at: http://www.iarc.fr/en/research-groups/org_chart.pdf).

Departures of senior staff since the last Governing Council session:

Dr Kurt Straif, Scientist, Head, Section of Evidence Synthesis and Classification (ESC) and Head, IARC Monographs Group (IMO)
Dr Christopher P. Wild, Director

Temporary appointments:

Dr Ian Cree, Scientist and Head of the WHO/IARC Classification of Tumours Group (WCT), was appointed Section Head of ESC ad interim.

Dr Kathryn Guyton, Scientist in ESC/IMO, was appointed Group Head of ESC/IMO ad interim.

Dr Gary Clifford, Scientist, was named Acting Head of the Infections and Cancer Epidemiology Group (ICE) in the Section of Infections (INF) after the retirement of the former Group Head, Dr Silvia Franceschi.

Resignation of the following scientific staff members:

Dr Neela Gula, Scientist, ESC/IMO

Dr Martyn Plummer, Scientist, INF/ICE

Dr Eduardo Seleiro, Scientific Officer, Office of the Director (DIR)

Dr Nadia Vilahur Chiaraviglio, Scientist, ESC/IHB

65. The Screening Group (SCR) within the Section of Early Detection and Prevention (EDP) was strengthened with the appointment of Dr Andre Carvalho, Scientist, on 1 January 2019. After the departure of Dr Christopher P. Wild, Director, the Gambia Hepatitis Intervention Study (GHIS) was moved from DIR to the Prevention and Implementation Group (PRI) under the supervision of Dr Maribel Almonte, and RMO was moved from the Budget and Finance Office (BFO) to DIR as a Group under the supervision of Dr Olaf Kelm.

66. The number of staff positions on the regular budget has remained stable, with a total of 158.2 staff posts in 2018–2019 funded through the assessed contributions of Participating States, compared with 158.3 posts in 2016 and 158.8 in 2017.

67. As of 1 March 2019, there were a total of 358 people working at the Agency: 249 staff members and 109 Early Career and Visiting Scientists (ECVS). For comparison, the number of people working at the Agency in 2016, 2017, and 2018 was 334, 345, and 355, respectively.

68. Of the 240 fixed-term staff, 106 are Professional staff (50 men; 56 women) and 134 are General Service staff (38 men; 96 women); in addition, there are 9 temporary staff members. Of the 106 Professional staff, 26 are in the support services; of the remaining 80 Professional staff, 47 are funded on the regular budget and 33 from extrabudgetary sources.

69. Since March 2018, a total of 20 staff members have arrived at the Agency: 12 Professional and 8 General Service. Over the same period, 13 staff members left the Agency: 8 Professional and 5 General Service (5 retirements, 5 resignations and 3 completions of appointment).

70. The ECVS include 21 Trainees and Master's students, 21 Doctoral students, 44 Postdoctoral scientists (of whom 7 are Fellows extended by the Education and Training Group (ETR) regular budget and 7 are former Fellows extended by the Groups' external budget), 11 Visiting Scientists, and 12 Senior Visiting Scientists, one of whom is in receipt of a Senior Visiting Scientist Award.

71. Overall, IARC personnel come from more than 50 different countries worldwide. Of the staff on fixed-term contracts, 93.33% are from Participating States (224 out of 240).

72. As noted above, the Agency has slightly more women than men in Professional staff positions (52.28% as of March 2019). However, at the senior level (P4 and above), the proportion is significantly lower (35.48%). The senior leadership of the Agency recognized that this situation needs to be addressed.

73. The IARC Women in Science Advisory Group (WiSA) continues its work to address the issue of gender equity at the Agency and organized the first IARC International Women's Day Symposium: A Step Forward, which took place on 8 March 2019. The event was open to all IARC personnel and included nine internationally renowned female scientists. The discussions revolved around the following four main pillars:

1. attaining a leadership role in science;
2. achieving work-life balance;
3. institutional/systemic challenges/facilitators to equity; and
4. personal barriers/challenges of gender bias.

74. Further to the implementation of the IARC Learning and Development (L&D) Framework, the Agency launched the Supervisory, Managerial and Leadership Training Plan in April 2018, with the aim of providing a clear vision and a systematic approach to managerial and leadership L&D activities. The Training Plan offers a two-year learning credit pilot implementation approach to encourage all personnel to participate in learning activities while allocating time to strengthen and develop skills in performance management, team and group management and leadership competency areas.

75. The IARC/WHO Short-term Developmental Assignments Policy was introduced to encourage staff members to develop their skills and gain diverse experiences by being temporarily exposed to a work environment within WHO/IARC that is in a different Section/Group or location. Within the framework of this policy, one IARC staff member was released to another WHO office and two WHO staff members were hosted at the Agency during 2018.

76. In 2018, information sessions were offered to update personnel on changes in learning platforms, various internal policies and procedures. In addition, the Learning and Discussion week attracted more than 400 participants. More than 15 sessions were organized to increase awareness and facilitate open discussions in the following three areas: (i) Respectful Workplace; (ii) Supervision, Management and Leadership; and (iii) Women in Science.

77. In June and August 2018, two online mandatory trainings were launched through ilearn (WHO's online learning platform) in the area of prevention of harassment, sexual harassment, abuse of authority and sexual exploitation, with a three-month completion deadline. The compliance rate for both mandatory trainings was above 90% at the beginning of 2019.

78. ECVS were granted access to the ilearn learning platform from August 2018. In addition to the launch of ilearn, all IARC personnel were granted access to the Lynda.com learning platform, where more than 5000 courses via instructional videos are available in a large variety of fields, such as data science, data visualization, project management, teamwork, collaboration, presentation, management and leadership.

79. A total of 77 participants completed 55 online courses in the areas of core competencies, management skills, statistics and bioinformatics, and 56 internal face-to-face training sessions were organized jointly by HRO-ETR during 2018 and completed by 530 participants (see Table 9).

Table 9: Learning and Development Framework internal face-to-face courses in 2018 (in brackets corresponding figures in 2017)

Type of training	No. of training sessions	No. of participants	
		Staff members	ECVS
Core competencies training	17 (17)	112 (162)	51 (23)
Job-specific training	35 (28)	147 (100)	191 (163)
Managerial and leadership training	4 (0)	29 (0)	0 (0)
Total	56 (45)	288 (262)	242 (186)

80. The participation rates in various internal face-to-face and online L&D activities continuously improved since 2016, reaching 89% of the personnel in 2018.

81. In 2019, the plan is to focus on expanding supervisory, managerial and leadership training activities, including online and face-to-face sessions led by both external and internal facilitators (e.g. peer learning sessions). Efforts will be made to facilitate the transfer of newly acquired competencies from the learning environment to the workplace by organizing various post-course or follow-up sessions.

Education and Training

82. ETR oversees the implementation of the IARC Research Training and Fellowship Programme and the Courses Programme, and supports the training activities carried out by several IARC scientific Groups within the context of their collaborative research programmes and capacity-building

initiatives. A summary of the indicators and activities of the IARC Education and Training Programme in 2018 is presented below.

IARC Research Training and Fellowship Programme

83. The Agency awarded seven Fellowship extensions funded exclusively by the IARC regular budget in 2018 (see Table 10). Return Grants (value, €10 000 each) were also awarded to four Fellows (with nationalities/countries of origin of Vietnam, India and Tunisia), under the condition that they would have or obtain a position in their home country.

84. In view of IARC's ineligibility to apply for European Commission (EC) Marie Skłodowska-Curie Actions (MSCA) Co-funding of regional, national and international programmes (COFUND) calls under the Horizon 2020 framework (as reported in previous years) and IARC budgetary constraints, the call for IARC Postdoctoral Fellowships was suspended in 2017 and no Fellowships were awarded in 2018 (see Table 10). Although no additional funding sources were secured in 2018, it was nonetheless decided to open a call for Fellowships in 2018, with the selection outcome communicated after the 2019 GC session, thereby allowing the Director to take into account any related budgetary decisions.

85. Since that last call, in 2018, which will lead to awards and arrivals of Fellowships in 2019, IARC Fellowships are restricted to candidates from LMICs. This measure is of particular importance because the focus on LMICs is central to the mission of IARC, especially regarding education and training. It is important to note that although the majority of the postdoctoral scientists at the Agency are now supported by funds from competitive grants (37 as of 1 March 2019), 24 of these are from high-income countries (54.17%).

Table 10: Education and Training – IARC Fellowships

Year	No. of IARC Fellowships awarded^a	No. of Fellows from low- and middle-income countries
2014	21 (13 + 8)	12
2015	22 (10 + 12)	13
2016	17 (7 + 10)	10
2017	14 (7 + 7)	12
2018	7 (0 + 7)	6

^a *Postdoctoral fellowships (new + second-year renewals), including IARC-Australia and IARC-Ireland Fellows in 2013–2015.*

86. In 2018, the Agency granted one Senior Visiting Scientist Award, to Dr Torkjel M. Sandanger, a Professor in the Department of Community Medicine and Scientific Manager at EPINOR, UiT, The Arctic University of Norway, in Tromsø, Norway.

87. A total of 206 ECVS benefited from the IARC Research Training and Fellowship Programme in 2018, including 97 new ECVS who arrived at IARC in 2018 and 109 extensions of contracts of ECVS who were already at IARC in 2017. This represents a 13.17% increase in new arrivals from 2017 to 2018. ETR is responsible for all administrative procedures relating to their arrival, hosting and departure. In addition to identifying the best technical options to develop a management tool to streamline these administrative processes (which is at present being developed in-house in collaboration with ITS), ETR has been working with the Office of the Director of Administration and

Finance to monitor the implementation of the updated rules and procedures set up since 1 January 2018 through the Handbook on the IARC Research Training and Fellowship Programme.

88. The internal programme of generic skills courses, developed within the framework of the IARC Postdoctoral Fellowship Charter, jointly managed by ETR and HRO, offered 33 courses to ECVS in 2018, attended by more than 110 individuals. Online training opportunities were also offered, and since August 2018, ECVS have access to the WHO learning platform ilearn and Lynda.com, thus further expanding the offer. Continuing dialogue with the Early Career Scientists Association (ECSA) has enabled the offer to be refined to address the needs of Early Career Scientists (ECS); for instance, a 19-hour Professional and Career Development Course was developed and held in 2018. To complement the latter, an intranet Career Prospects Portal site was jointly developed, providing: a list of job offers maintained by ECSA, based on information received mainly by colleagues through a generic email address; a selection of learning resources and tools to support reflection on career choices, job searches, job applications and interview skills; and a "job application clinic" to be piloted by ETR in 2019, consisting of individual meetings to provide feedback and guidance on job application.

89. In addition to the exchanges described above, ETR continues to work closely with ECSA on a number of areas to improve the quality of the training and hosting environment at IARC and to promote regular dialogue. A highlight of the ECSA-led activities in 2018 was the fifth ECSA Scientific and Career Day, held on 24 April 2018 and organized with the support of ETR, which was a great success, with more than 80 attendees. The oral and poster presentations by ECS, the team-building activity, the workshop on efficient communication with Dr Olaf Kelm, as well as the career panel session with Dr Catherine Cohet, Dr Jérôme Sohier, Dr Brent Richards (IARC Senior Visiting Scientist Awardee 2018) and Dr Marilys Corbex were much appreciated.

IARC Courses Programme

90. Due to budgetary constraints, the IARC Summer School on Cancer Epidemiology, which is aimed at improving the methodological and practical skills of cancer researchers and health professionals, was not offered in 2018.

91. Within the Memorandum of Agreement set up by SCR and ETR with the Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College (CICAMS), the second course of the CICAMS-IARC Joint Cancer Prevention and Control Training Programme was successfully conducted in 2018. The blended approach implemented in 2017 and combining a set of online video-based modules to be completed before a one-week face-to-face session in China comprising interactive lectures, group activities and site visits, was further improved based on the experience gained from the first course. In addition to coordinating the contribution of IARC to the project (SCR and PRI colleagues), ETR was in charge of developing and hosting the online modules, as well as interacting with CICAMS for the organization of the face-to-face session.

92. The Courses Programme provides support to specialized courses and workshops organized by or co-organized with the scientific Groups of the Agency (see Table 11 and Annex 1). Although the overall number of participants was lower than in the two previous, exceptional years (when several events had 100 or more participants), the number of courses in 2018 remained rather stable, demonstrating IARC's commitment to training despite the constraints on available resources. A large proportion of courses focused on cancer surveillance, within the Global Initiative for Cancer Registry

Development (GICR), as well as on cancer prevention and early detection (in particular cervical cancer). Several courses focused on cancer research infrastructure and methods, for example biobanking, study design, (dietary) exposure assessment, and analysis (e.g. statistical practice in epidemiology using R).

Table 11: Education and Training – IARC Courses

Year	No. of courses organized	No. of different countries	No. of courses in LMICs	No. of participants
2014	17	14	12	576
2015	24	14	11	647
2016 ^a	36	23	19	1410
2017	32	16	15	1324
2018	26	14	11	763

^a Figures from 2016 differ slightly from those presented in the previous Director's Report to the GC (Document GC/59/2), because some additional data were received after its conclusion.

93. It should be noted that 10 of the IARC courses (more than one third) were fully or partly run online (i.e. webinar series, online course or a blended approach combining online and face-to-face learning). This was made possible through the continued strengthening of the infrastructure set up in 2016 to enable the production and dissemination of online learning material. In particular, a learning management system provides online spaces for participants to network and develop technical competencies before joining a face-to-face course and provides a repository of learning materials after a training event. Several online learning spaces were set up by ETR, to support courses on cervical cancer screening, cancer prevention or cancer registration.

94. The production of video-based resources published on IARC WebTV (<https://videos.iarc.fr/>) continued, in particular the recording and posting of IARC monthly seminars, or the production of e-tutorials. Webinar series were also organized, as a complementary way to reach out to a diversified audience.

95. A first specialized online learning platform was developed within the framework of the EU-funded Bridging Biobanking and Biomedical Research across Europe and Africa (B3Africa) project, which ended in autumn 2018. The Biobank Learning platform (<http://biobanklearning.iarc.fr/>) aims to disseminate learning and training material for biobank-based research professionals. It includes resources developed in the framework of the B3Africa project and the IARC Laboratory Services and Biobank Group (LSB)-led Biobank and Cohort Building Network (BCNet), as well as other relevant projects and initiatives. It also provides links to resources developed by other organizations. The Biobank Learning platform is the only such resource globally for biobanking infrastructure information for LMICs.

Research Support

96. The Agency, through leadership from the Section of Support to Research (SSR), has continued to improve and streamline its administrative and management processes; change is driven by dialogue between the scientists and SSR staff, identifying the challenges and seeking optimal solutions.

97. A number of successful new ventures include the digital transformation project (including e-workflows on Collaborative Research Agreements, Agreements for Performance of Work,

Manuscript Clearance and Human Resources Post Actions), streamlined processes (including Material Transfer Agreements and Data Transfer Agreements), continuous process improvements and policy updates related to official travel and inventory management, a strengthened risk management framework, an IT roadmap, the Business Continuity Plan, the "Nouveau Centre" project, developing clear guidance for implementing FENSA at IARC, and the development and implementation of an IARC Register for due diligence and risk assessment on NSAs.

98. Effective communication of change is vital to successful implementation. This is achieved through ad hoc internal meetings and regular reporting to the Senior Leadership Team and, more broadly, to the whole of the Agency's personnel in the monthly Director's News. In an effort to capture feedback and suggestions for improvement on the services provided, SSR carries out biannual Services Surveys. The analyses of the results from these surveys and planned actions are published on the IARC intranet.

99. The unqualified external audit opinion of IARC's 2018 accounts and full compliance with the International Public Sector Accounting Standards (IPSAS) reiterate the continued strong performance of the Agency's financial controls and procedures. IARC's first Statement on Internal Control was implemented and incorporated in the 2018 financial report. In addition, SSR addressed all audit recommendations from 2018. IARC continues to have no outstanding audit recommendations from previous years.

100. SSR continued to focus on initiatives to strengthen capacity, knowledge management and business intelligence across IARC. This included enhanced support to scientific Groups on project management, enhanced IT support to bioinformatics and laboratory research, and the development of a supervisory and leadership training strategy, as part of IARC's Learning and Development Framework.

101. One of the priorities in 2018 was to continue supporting the Director in efforts to strengthen IARC's capacity to mobilize financial resources by making a major contribution to the Resource Mobilization Task Force chaired by the Director and assuming leadership in coordinating the resource mobilization activities of the Agency before the transfer of the RMO team to the Office of the Director in early 2019.

Building works, repairs and renovation

102. The deteriorating infrastructure of the IARC premises represents a major risk to the continued operation of the Agency. The types of incidents are varied, involving the core systems of heating, air conditioning, electricity supply and the telephone system, as well as external structure, water infiltration, water leaks, and failure of multiple elevators. In September the failure of the fire safety system led to a complete evacuation of the tower building. Thanks to the proactive support of the French authorities and the responsiveness of relevant maintenance companies, the evacuation lasted only two days. The City of Lyon continues to work closely with the Agency to conduct repair works.

103. A full technical assessment of the tower building was conducted by the City of Lyon in December 2015 at the request of the IARC Secretariat, in order to identify the high-priority repairs that would enable the Agency to continue to operate in its current premises until the move to the "Nouveau Centre". The IARC Secretariat liaises regularly with the City of Lyon, keeping them informed of all incidents, which are resolved on a case-by-case basis.

104. In view of the planned physical move to the "Nouveau Centre" in 2021 and in order to generate savings, no major improvement or refurbishment works were carried out in the tower in 2018, except for limited refurbishment of offices on the 6th floor and of the reception area.

105. In early 2017, SSR developed and published the IARC Business Continuity Plan (BCP), in order to be prepared for any major breakdown or disruption in the short to medium term before the move to the "Nouveau Centre". The BCP was activated in September 2018 during a major failure of the fire safety system.

106. For the longer term, SSR worked on the "Nouveau Centre" project for which the Métropole de Lyon signed a contract in February 2018 with the design-build team, for the most compliant design project (see Document [GC/61/10](#)). Work in 2018 was dedicated, inter alia: (i) to specifying the detailed design aspects of the project to meet IARC's needs; (ii) to addressing administrative and legal aspects of the project required before the physical move; and (iii) to defining a resource mobilization strategy to fill the funding gap.

Annex 1: Specialized courses organized or co-organized by the IARC scientific Groups in 2018

(courses that were fully or partly run online – i.e. webinar series, online course or a blended approach – are shown in italics)

Course title	Location	Number of participants	External collaborations
Cancer Surveillance			
Basic Cancer Registration in Indonesia	Indonesia	60	
Basic Cancer Registration in Tanzania	Tanzania	21	
Basic Cancer Registration in UAE	UAE	72	
CanReg5	Thailand	60	
Childhood Cancer Registration	Côte d'Ivoire	10	
GICRNet Data Quality "Train the Trainers" Workshop	IARC	22	
SEER*Stat Training Workshop for the Analysis and Reporting of National Mortality Data	Trinidad and Tobago	10	
<i>SurvCan-3: Data Collection for Survival Studies: data quality & assessment for survival analysis focusing on trace back of DCO cases (Central & South American countries and the Caribbean)</i>	<i>Go-to-webinar</i>	<i>18</i>	<i>Cancer Institute (WIA)</i>
<i>SurvCan-3: Data Collection for Survival Studies: data quality & assessment for survival analysis focusing on trace back of DCO cases (India & surrounding countries)</i>	<i>Go-to-webinar</i>	<i>16</i>	<i>Cancer Institute (WIA)</i>
<i>SurvCan-3: Data Collection for Survival Studies: data quality & assessment for survival analysis (Central & South American countries and the Caribbean)</i>	<i>Go-to-webinar</i>	<i>18</i>	<i>Cancer Institute (WIA)</i>
<i>SurvCan-3: Data Collection for Survival Studies: data quality & assessment for survival analysis (India & surrounding countries)</i>	<i>Go-to-webinar</i>	<i>24</i>	<i>Cancer Institute (WIA)</i>

Course title	Location	Number of participants	External collaborations
Cancer Prevention and Early Detection			
<i>CICAMS-IARC Planning and Implementing Cancer Control Programmes - 2nd edition for ASEAN Countries & China</i>	<i>China</i>	42	<i>Cancer Foundation of China, CICAMS</i>
<i>IFCPC-IARC online training in Colposcopy and the Prevention of Cervical Cancer (in English) for India</i>		15	<i>The International Federation of Cervical Pathology and Colposcopy (IFCPC)</i>
<i>IFCPC-IARC Training course in Colposcopy and the Prevention of Cervical Cancer - Objective Structured Clinical Examination (OSCE)</i>	<i>India</i>	20	<i>The International Federation of Cervical Pathology and Colposcopy (IFCPC)</i>
<i>IFCPC-IARC online training in Colposcopy and the Prevention of Cervical Cancer (in Russian/English)</i>		30	<i>The International Federation of Cervical Pathology and Colposcopy (IFCPC) – United Nations Population Fund - Eastern Europe Central Asia office (UNFPA-EECA)</i>
Project ESTAMPA – Bolivia centre setup (4 sessions) Project presentation, Collection of clinical samples, Colposcopy and clinical management, Laboratory procedures	Bolivia	63 (42+5+14+4)	
Projet Care4Afrique - Côte d'Ivoire - IVA et Thermo-coagulation	Côte d'Ivoire	20	Ministère de la Santé et de l'Hygiène Publique; Institut National de Santé Publique, Abidjan, Côte d'Ivoire; Lalla Salma Foundation, Rabat, Morocco
Projet Care4Afrique - Senegal - IVA et Thermo-coagulation (2)	Senegal	46 (22+24)	Ministère de la Santé et de l'Action Sociale du Sénégal; Lalla Salma Foundation, Rabat, Morocco
Projet PAPRICA - Ateliers d'information et de partage «Vaccination HPV» (3)	IARC	21	
Training Course for Master Trainers in Cervical Cancer Prevention, Early Detection & Management (Participants from Morocco, Burkina Faso, Chad, Côte d'Ivoire and Senegal) (in French)	India	23	Tata Memorial Centre Rural Cancer Project, Nargis Dutt Memorial Cancer Hospital (NDMCH), Barshi, Maharashtra, India; Lalla Salma Foundation, Rabat, Morocco

Course title	Location	Number of participants	External collaborations
Cancer Research Infrastructure and Methods			
<i>B3Africa Webinar Series: Mobile Data Collection, Parts I and II</i>	<i>Go-to-webinar</i>	<i>26 (18+8)</i>	<i>International Livestock Research Institute, Kenya</i>
BELMED Workshop "Epidemiological principles (characteristics) of organized screening for breast cancer"	Belarus	32	Belarus Ministry of Health, WHO Belarus
IARC Workshop "An introduction to GIS mapping using QGIS; Epidemiologic design: Case-control studies; Epidemiologic study design"	Zambia	40 (20+10+10)	Society for Environmental Geochemistry and Health
<i>GloboDiet Transfer of Knowledge to WHO-NCD</i>	<i>Go-to-webinar</i>	<i>3</i>	<i>WHO-NCD in Moscow</i>
Statistical Practice in Epidemiology using R	IARC	32	
ICAMA - Taller de Formación en Patología e Investigación en cáncer de mama	Mexico	17	

Annex 2: Meetings held at IARC in 2018

Meeting Title	Date
11 th Richard Doll Lecture	9 January
WHO Classification of Tumours of the Eye, 4 th Edition: Consensus and Editorial meeting	11–13 January
Collaboration between IARC and the Japan Agency for Medical Research and Development (AMED)	17 January
Meeting of Scientific Section Review Panels (EDP & NME)	29–30 January
5 th IARC Cancer and Society Lecture	6 February
Orientation Session for new Scientific Council Members	30 January
54 th Session of IARC Scientific Council	31 Jan–2 Feb
WHO Classification of Digestive System Tumours, 5 th Edition: Editorial Board meeting	5–6 February
Joint meeting: IARC Ethics Advisory Group (EAG) & IARC Ethics Committee (IEC)	6 February
IARC Ethics Committee (IEC) meeting	7 February
International Expert Group on Thyroid Screening (TM-NUC)	21–23 February
IARC Monographs Vol. 121: Styrene, Styrene-7,8-oxide and Quinoline	20–27 March
Follow-up of Breast Cancer Incidence in Belarus and Ukraine after Chernobyl	28 March
Diabetes and Cancer Research Consortium (DCRC), 9 th Workshop	9–10 April
Workshop on Social Inequalities and Cancer	16–18 April
Early Career Scientists Association (ECSA) Scientific and Career Day 2018	24 April
IARC Ethics Committee (IEC) meeting	26 April
60 th Session of IARC Governing Council	16–18 May
A Comprehensive Approach to International Cancer Survival Benchmarking (SurvMark-2)	24–25 May
IARC Monographs Vol. 122: Isobutyl Nitrite, Beta-Picoline and some Acrylates	5–12 June
Workplace Well-being Initiative (WWIN) meeting	17 September
EPIC Steering Committee meeting	17 September
Scientific Workshop to celebrate 25 years of EPIC	18–19 September
IARC Ethics Committee (IEC) meeting	20 September
Franco-Chinese Symposium (c/o CLARA) & Visit of Chinese Delegation	28 September

Estimation des prévalences d'exposition vie entière de la population française à des cancérogènes professionnels majeurs (EPEVIE-PRO)	8 October
IARC Monographs Vol. 123: Some Nitrobenzenes and Other Industrial Chemicals	9–16 October
Occupational Exposure to Chrysotile in Workers in Mines and Processing Facilities in Asbest, Russian Federation (Asbest Study)	18 October
4th meeting of the Data Safety Monitoring Board (DSMB) for the Multicentric Study of Cervical Cancer Screening and Triage with Human Papillomavirus Testing (ESTAMPA Study)	29 October
Project Management meeting	31 October
Advisory Group to Recommend an Update to the Preamble to the IARC Monographs	12–14 November
ESCAPE, Esophageal Cancer (Kenya)	20–11 November
IARC Ethics Committee (IEC) meeting	22 November
Glioma Incidence in the Nordic Countries from the Perspective of Possible Mobile-Phone-Associated Risks (GliMoRI)	26 November
Environment and Child Health International Birth Cohort Group	27–28 November
Cancer Prevention Europe (CPE) meeting	30 November
European Code Against Cancer	4–5 December
Respectful Workplace Day	7 December
WHO Classification of Breast Tumours, 5 th Edition: Editorial Board meeting	9–11 December
Insulin and Cancer Workshop	10 December
Global Initiative for Cancer Registry Development (GICR) Data Quality Master Class	10–14 December
WHO Classification of Soft Tissue and Bone Tumours, 5th Edition: Editorial Board meeting	12 December