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*To be held by webconference (due to COVID-19 pandemic and travel restrictions)*

**DIRECTOR'S REPORT**  
*Cancer research that matters*

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## Executive summary

### Scientific achievements

IARC research reported that 18.1 million new cancer cases were diagnosed around the world in 2018, and 9.6 million people died from the disease. By 2040, those figures are expected to nearly double, with the greatest increase observed in low- and middle-income countries (LMICs). Prevention is the most cost-effective long-term strategy for the control of cancer. Globally, approximately one third of all cancers could be prevented with evidence-based knowledge on established risk lifestyle factors (tobacco smoking, alcohol consumption, unhealthy diet, physical inactivity, and excess weight). Infectious pathogens are important and modifiable causes of cancer. IARC findings reported, for 2018, an estimated 2.2 million infection-attributable cancer cases diagnosed worldwide. Primary causes were *Helicobacter pylori*, human papillomavirus (HPV), hepatitis B virus, and hepatitis C virus. IARC research has shown that a single dose of HPV vaccine provides similar protection against persistent HPV 16/18 infection as the three- or two-dose vaccines. A new IARC Handbook of Cancer Prevention concluded on the efficacy of cervical cancer screening to reduce related mortality. Scientific evidence on primary and secondary prevention of cancer has been compiled and translated into a set of public health recommendations in the European Code against cancer. These recommendations have been used as a guide by countries to design their national cancer plans.

### Cooperation, Partnerships and Strategic Engagement

IARC strengthened its collaboration with WHO, in particular with the newly created Science Division, with clear linkages between IARC's research expertise and WHO's normative work. Strengthened partnerships with governments, national agencies and other institutions highlight the important role of the Agency in setting the global cancer research agenda. At the heart of the IARC research is the outstanding network of collaborators across 101 LMICs across three continents in the world. To continue to fulfil its mission, the Secretariat has initiated a strategy of Resource Mobilization aimed at broadening and diversifying IARC's funder base, and worked on financial projections for the decade 2020–2029.

### Management

As requested by the Governing Council, IARC's activities were evaluated by an ad hoc Advisory Group, and the Secretariat initiated the formulation of a detailed Action Plan to address the recommendations issued by the Advisory Group. The Secretariat initiated preparatory work for the development of its next Medium-Term Strategy 2021–2025. Several thematic areas have emerged where IARC has a comparative advantage and its work could significantly impact the global cancer burden. The final design of the Nouveau Centre was approved, the building works phase was launched, with the opening planned for summer 2022. In parallel, IARC's Resource Mobilization Strategy was updated to identify new sources of funding for the Nouveau Centre ("investment case").

## Introduction

On 17 May 2018, the International Agency for Research on Cancer (IARC) Governing Council (GC) elected the new IARC Director, Dr Elisabete Weiderpass, who took office on 1 January 2019. The Director is responsible for the leadership of the Agency by providing the general framework for attainment of the Agency's mission in accordance with the IARC Statute, Rules and Regulations; the development of a Strategy and Implementation Plan that sets out the overall vision, direction, and focus of the Agency's research programme; and oversight of the day-to-day operations of the Agency.

Cancer is a growing, global problem, however its incidence, impact and prevention implementation strategies vary according to region or country. In 2018, 18.1 million new cancer cases were diagnosed around the world, and 9.6 million people died from the disease. By 2040, those figures will nearly double, with the greatest increase in low-and -middle income countries (LMICs), where more than two thirds of the world's cancers will occur. This is due not only to demographic changes but also to a transition in risk factors leading to a change in the pattern of cancers from those linked predominantly to infection to those linked to environmental factors and obesity. Furthermore, it is predicted that future increases in cancer incidence will disproportionately affect LMICs, representing a significant health, social, and economic burden. In this regard, IARC is unique amongst the leading cancer research institutes for its focus on LMICs, collaborating with 101 LMICs across three continents around the world. IARC's engagement with LMICs is of crucial importance to improve knowledge, build capacity and increase expertise for cancer control with the ultimate goal to save lives and make a difference.

Cancer prevention is a crucial, cost-effective and a long-term strategy for cancer control. Research programmes conducted at IARC along with the implementation of strategies for cancer control, in addition to education and training targeted on low resource countries, must increase knowledge and actions for cancer prevention, raise awareness and ensure that individuals around the world have the information to be able to adopt healthy lifestyles and reduce exposure to evidence-based known cancer risk factors, such as tobacco use, harmful consumption of alcohol, unhealthy diet, physical inactivity, and ionizing radiation. This is the mission of IARC, the specialized cancer research Agency of the World Health Organization (WHO), and part of the United Nations (UN) system.

*The cancer burden is significant and increasing, and will disproportionately affect LMICs. We must act now.*

IARC will increasingly focus its work on producing research of the highest quality and public health impact, producing evidence-based knowledge to support public health policy decision-making processes, and proposing evidence-based prevention strategies at the global level, with a particular focus on LMICs. Such a focus is made to ensure that the involvement of the Agency makes a specific and substantial difference, by facilitating international collaboration, by overcoming political barriers, by assisting local collaborators in targeted studies conducted in LMICs, and by using international network and special function of the Agency as part of WHO.

An additional challenge is to reduce social inequalities in cancer. Social inequalities in cancer are a global problem, as documented in the WHO/IARC publication entitled *Social Inequalities and Cancer* ([IARC Scientific Publication No. 168, 2019](#)). Indeed, there is clear evidence that the risk of overall cancer mortality and survival differs according to socioeconomic status (the lower the socioeconomic status, the greater the risk of mortality and the higher the socioeconomic status, the greater the chances of survival). Therefore, cancer prevention measures will depend on action on the social determinants of health. Cancer inequalities have major economic implications and are largely preventable, although this requires concerted action at many levels. Through expert workshops, and its wider role in convening international cancer leaders and promoting cooperation in research, IARC today reinforces WHO's commitment to keep social inequalities high on the global agenda through the development of new research priorities: expansion of surveillance of social determinants of cancer incidence and mortality, expansion of research focused on prevention, focus on social equality when implementing cancer control strategies.

IARC has a broad range of collaborations with WHO, from cooperation on specific joint projects through to supporting WHO's strategic leadership in the implementation of the noncommunicable diseases (NCDs) agenda. IARC will further strengthen collaboration with WHO, in particular with the newly created Science Division, with clear linkages between IARC's research expertise on cancer prevention and WHO's normative work. Specifically, IARC research will provide high-quality evidence-based knowledge to address cancer control among NCDs, with interventions geared towards the Sustainable Development Goal (SDG) 3 targets (Good Health and well-being) in the Thirteen General Programme of Work (GPW13). Furthermore, cervical cancer screening will be re-evaluated by IARC in 2020, taking into account new screening technologies, and the implementation of screening in the context of HPV vaccination will be considered. This *Handbook* is an integral part of the WHO Global Cervical Cancer Elimination Initiative, launched in 2018 at the World Health Assembly. This will be the first close collaboration between the IARC *Handbooks* programme and WHO.

The IARC is currently undergoing a period of transformative change which aims to position the Agency as a world-leading research institute with a high value proposition for its focus on cancer prevention in LMICs. With the appointment of the new Director, and the upcoming move to the *Nouveau Centre* in 2022, the IARC will enter the upcoming decade as a *new Agency*.

## Scientific achievements

The IARC Biennial Report 2018–2019 (see [Document GC/62/2](#)) provides an overview of the full range of IARC's scientific achievements in the biennium. The present Director's Report provides complementary information and showcases a selection of the Agency's research over the last year.

The scientific highlights are arranged according to the three core research areas embedded within the IARC Project Tree structure: **describe the occurrence of cancer, understand the causes of cancer, and evaluate and implement cancer prevention and control strategies.**

### 1. Describe the occurrence of cancer

1. IARC's estimates of cancer incidence and mortality at the Global Cancer Observatory (GCO) (<http://gco.iarc.fr>) have been updated to 2018 and a new module compiling local estimates of cancer survival has been added to the website.
2. In 2018, 18.1 million new cancer cases were diagnosed around the world, and 9.6 million people died from the disease. By 2040, those figures are expected to nearly double, with the greatest increase observed in LMICs, where more than two thirds of the world's cancers will occur.
3. IARC findings reported that the most frequently diagnosed cancer is lung cancer, followed by female breast and colorectal cancers. Lung cancer is the leading cause of cancer death worldwide. The most common cancer types vary among countries, with certain cancers much more common in countries at the lower end of the human development index (HDI) than in high-HDI countries.
4. IARC research highlighted the increasing burden of colorectal cancer in recent generations and the need to target interventions among young adults.
5. IARC research reported cancer-specific survival improvements for seven cancer types in seven high-income countries (many of them are Participating States), while highlighting the persistence of international disparities. These findings demonstrate inter alia the efficacy of early diagnostic strategies and screening programmes.
6. The WHO Division of Pacific Technical Support in Suva, Fiji, now hosts IARC's sixth regional hub for cancer registration. This will strengthen capacities for cancer surveillance in the Pacific region, as part of the Global Initiative for Cancer Registry.
7. The new edition of The Cancer Atlas – launched at the World Cancer Leaders' Summit in Kazakhstan – provides a global overview of essential information about cancer (<http://canceratlas.cancer.org>), including maps, infographics and information on risk factors and burden of cancer, as well as on strategies to reduce the cancer burden.

### 2. Understand the causes of cancer

8. IARC reported an estimated 2.2 million infection-attributable cancer cases diagnosed worldwide in 2018. Primary causes were *Helicobacter pylori*, human papillomavirus (HPV), hepatitis B virus, and hepatitis C virus. Infection-attributable cancer cases were highest in eastern

Asia and sub-Saharan Africa, and lowest in northern Europe and western Asia. These findings emphasize the crucial need for resources directed towards cancer prevention programmes that target infection, particularly in high-risk populations.

9. IARC research on the established causes of cancer in France showed that one in four cancers are avoidable. Working with the French authorities, these findings serve as a basis for national prevention campaigns.

10. IARC research provided evidence for a higher risk of premature death associated with a high consumption of soft drinks. These results support health campaigns aimed at limiting the consumption of soft drinks.

11. IARC research evaluated long-term strategies for thyroid health monitoring after nuclear power plant accidents and provided technical guidelines for government decision-makers on the implementation of thyroid health monitoring in case of such accident.

12. IARC provided evidence that low survival for patients with breast cancer in sub-Saharan Africa is largely modifiable. Strategies to improve breast cancer education and awareness in women and the health system should be intensified.

13. IARC genetic analyses provided evidence that the effect of overweight and obesity on cancer risk is at least double what was previously thought.

14. Furthermore, IARC research demonstrated that duration and intensity of overweight were highly associated with poorer survival in women with breast and colorectal cancer.

15. IARC research identified a novel urine-based DNA test effective for the early detection of urothelial cancer.

16. IARC research identified blood epigenetic markers associated with birthweight which could predict future childhood and adolescent cancers and serve as a basis for prevention strategies.

17. IARC interdisciplinary research showed that glycidamide, a metabolite of acrylamide, a chemical found in baked and fried starchy foods, has carcinogenic properties on tumour cells, and can cause specific mutations in humans. This integrated approach provides robust mechanistic evidence on the mutagenic effects of acrylamide.

### **3. Evaluate and implement cancer prevention and control strategies**

18. IARC research provided a comprehensive assessment of the incidence and mortality patterns of cervical cancer worldwide. These findings serve as a baseline from which to measure the future impact of the WHO Global Cervical Cancer Elimination Initiative.

19. IARC findings supported recommendations of the WHO Strategic Advisory Group of Experts (SAGE) on Immunization that a single dose of HPV vaccine provides similar protection against persistent HPV 16/18 infection as the three- or two-dose vaccines.

20. IARC implementation research demonstrated the efficacy of a new battery-powered portable thermal ablator to treat cervical pre-cancerous lesions that is particularly relevant for low resource

settings. These findings provide key evidence to support WHO's recommendation to treat cervical pre-cancers.

21. IARC published a report on the status of the implementation, organization, and performance of the breast and cervical cancer screening programme of Morocco. The evaluation report provides valuable information to policy-makers and programme managers as Morocco plans for the launch of the country's new cancer control programme.

22. The 5<sup>th</sup> Edition of the WHO series on the classification of human tumours provided updated international standards for the diagnosis of Digestive System Tumours and Breast Tumours.

23. IARC launched the website of the IARC Cancer Screening in Five Continents (CanScreen5) project (<https://canscreen5.iarc.fr/>). The CanScreen5 website is a global data repository, designed to collect, analyse, and disseminate information on the characteristics and performance of cancer screening programmes in different countries.

24. The data reviewed by IARC Monographs evaluation meetings reached conclusion that night shift work, and some chemical products present in air, tobacco smoke, consumer products or industry, are *Probably Carcinogenic to Humans* (Group 2A).

25. The data reviewed by expert meetings reached conclusion that a chemical used to produce some dental sealants and adhesives, are *Probably Carcinogenic to Humans* (Group 2A).

26. A new IARC Handbook of Cancer Prevention showed the efficacy of cervical cancer screening in reducing related mortality.

27. Scientific evidence on primary and secondary prevention of cancer has been compiled and translated into a set of public health recommendations in the European Code against cancer. These recommendations have been used as a guide by countries to design their national cancer plans.

#### 4. Report on Key Performance Indicators (KPIs)

##### a. Publications

28. In 2019, IARC scientists published a total of 371 articles in nearly 170 journals, of which 292 (79%) were peer-reviewed papers. The total number of articles and the proportion of peer-reviewed papers were quite similar to recent years (Annex [Table 1](#)).

29. Overall, **52%** of articles published by IARC scientists in 2019 appeared in the top 20% of articles in their subject categories, according to the classification in the Clarivate Analytics' Web of Science and Journal Citation Reports databases (Annex [Table 2](#)). This is in line with the results of previous years (54% in 2018<sup>1</sup>, 57% in 2017<sup>1</sup>, and 54% in 2016)<sup>1</sup>.

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<sup>1</sup>Two errors in the previous Director's Report (GC/61/2 para. 37) have been corrected here. The percentage figures for the ONCOLOGY subject category were incorrectly reported as the overall figures for 2018 and 2017.

30. The top five subject categories remained the same as in previous years, with "Oncology" and "Public, Environmental, Occupational Health" accounting for a large majority of the published papers.

31. As previously noted, it is important to recognize the limitations of using and interpreting these bibliometric indicators, and to emphasize the importance of publishing with collaborators from LMICs even in journals which may not be the highest ranking but which ensure the dissemination and impact of work of local or regional relevance.

32. The figures for the number of visitors to the most popular IARC websites in 2019 are reported in Annex [Table 3](#). The total number of visitors increased for the main IARC homepage, the IARC Publications page and for the GCO websites. The IARC Monographs programme pages remained high and stable.

33. Annex [Figure 1](#) reported the number of visits to the IARC website in 2019. The peak of 2595 visits (4 February 2019) is on World Cancer Day 2019, the day of the launch of Press Release 264 ([https://www.iarc.fr/wp-content/uploads/2019/02/pr264\\_E.pdf](https://www.iarc.fr/wp-content/uploads/2019/02/pr264_E.pdf)). The peak of 2939 visits (15 May 2019) is on the day of the launch of Press Release 270 ([https://www.iarc.fr/wp-content/uploads/2019/05/pr270\\_E.pdf](https://www.iarc.fr/wp-content/uploads/2019/05/pr270_E.pdf))

34. Due to the large amount of cancer statistics (Cancer Today, Cancer Tomorrow, Cancer Causes, Cancer Survival) available at the GCO website, it is more relevant to present web statistics for the whole GCO website rather than only for Cancer Today as last year. Annex [Figure 2](#) reported the number of visits to the Monographs website in 2019. The reason for the peak of 6484 visits (24 October 2019) is unknown.

35. The most popular downloads from the Agency's websites are presented in Annex [Table 4](#). Because of a change in methodology with the centralization of all IARC publications under the IARC Publications database, we are not presenting the data for 2018, which were compiled using a different methodology and different sources of reference, so the resulting statistics are not comparable. Because of a change in technology (to WordPress), we are unable to report on the number of downloads related to the IARC Media Centre (press releases) and Monographs (list of classifications) for 2019.

36. 40% of the top downloads relate to the Monographs evaluations, reflecting the continuing high level of interest in this programme. Technical Publication 45 ([Colposcopy and treatment of Cervical Pre-cancer](#)) and Scientific Publication 163 ([Molecular Epidemiology: Principles and Practices](#)) were among the most downloaded items across the Agency's websites.

#### *b. Capacity building*

37. The main objective of the Research Training and Fellowship Programme is to grow a new generation of cancer researchers. The programme provides opportunities to researchers at different levels of their career (collectively referred to as Early Career and Visiting Scientists [ECVS]) to get trained at IARC, as well as participate in collaborative research projects. ECVS are supported either by projects funds from IARC Groups or by IARC Fellowships. A total of 191 ECVS

benefited from the IARC Research Training and Fellowship Programme in 2019, with 93 new ECVS who arrived at IARC in 2019, and 98 extensions of contracts of ECVS who were already at IARC in 2018.

38. As shown in Annex [Table 5](#), the Agency awarded six new IARC Postdoctoral Fellowships to researchers from six LMICs in 2019, funded on the regular budget. These awards were made out of 92 applications, 64 of which were eligible to be considered for support. In view of IARC budgetary constraints and in order to maintain an effective programme while pursuing alternative funding, the Agency restricted the award of IARC Fellowships to candidates from LMICs. This measure is of particular importance as the focus on LMICs is central to the mission of IARC, especially regarding education and training. Fund raising efforts initiated in previous years started to pay off and one additional Postdoctoral Fellowship from a LMIC could be awarded in 2019, thanks to the financial support of the Terry Fox Foundation.

39. Return Grants (value €10 000 each) were also awarded to three Fellows (with nationalities/countries of origin of Bangladesh, Lebanon and Malaysia) to help initiate a research project upon their return in their home country.

40. In 2019, the Agency granted one Senior Visiting Scientist Award to Dr Rashmi Sinha, from the Division of Cancer Epidemiology & Genetics, National Cancer Institute, United States of America.

41. The IARC Courses Programme enhances research capacity of the global research community, in particular in LMICs, through lifelong learning opportunities in the areas of the Agency's expertise.

42. In 2019, and as shown in Annex [Tables 6](#) and [7](#), the Agency organised 28 courses in 18 different countries, the vast majority being LMICs (15/18). These targeted over a thousand researchers and public health officers, demonstrating IARC's commitment to training despite the constraints on available resources. Several of these courses are associated with collaborative research projects, where IARC is transferring skills needed to conduct the projects and to enable the subsequent implementation of the research findings in the countries concerned. One can also highlight the large amount of courses on cancer registration and cervical cancer early detection. In the area of research infrastructure and methods, and besides biobanking and epidemiology courses, new opportunities were offered in the area of metabolomics.

43. In view of budget constraints, the IARC Summer School on Cancer Epidemiology was organized in Lyon in 2019 only. The two-week "Introduction to Cancer Epidemiology" module was offered as in previous years. Based on the development of the Global Initiative for Cancer Registry development (GICR) hubs and as planned, the week dedicated to cancer registration evolved into a rotation of more specific or advanced modules. Building on the experience of the Module "Cancer Survival Methods for Cancer Registries" organized in 2015 and 2017, the cancer registry Module in 2019 was organized as a GICR train-the-trainer master class on "Data Analyses and Presentation of Cancer Registry Report". This one-week module ran in parallel of the Module "Implementing Cancer Prevention and Early Detection" launched in 2017. The Summer School allowed the training of around 60 cancer researchers and health professionals from over 20 countries, in vast majority from LMICs. Testimonials are available here: <https://training.iarc.fr/testimonials-summer-school/>.

Most sessions of the Summer School were recorded and posted through the IARC WebTV (<https://videos.iarc.fr/channels/SummerSchool2019/>). Some of those resources were viewed more than a thousand times between July and December 2019.

44. It is to be noted that close to one third of courses organized by IARC in 2019 were fully or partly run online (i.e. webinar series, online course or blended approach). With the consolidation of the IARC online training and learning infrastructure and the launch in 2019 of the IARC Learning Portal, providing a single access point to a wide variety of learning and training resources in the areas of IARC competence (<https://learning.iarc.fr/>), the number of online learning and training resources, as well as courses integrating eLearning in their design will further increase in the future.

## Cooperation, Partnerships and Strategic Engagement

### 1. Cooperation with WHO

#### *a. Thematic cooperation*

45. The Agency continues to place strategic priority on the prevention and control of cancer to support WHO's strategic leadership in the implementation of the health-related SDGs.

46. IARC strengthened its collaboration with WHO, particularly with the newly created Sciences Division, around three main areas of mutual interest: (i) strategic areas where IARC provides the scientific-based evidence to support development of reports, meetings, guidelines, recommendations and policies provided by WHO; (ii) participation of IARC experts to WHO working Groups and panels; and (iii) development of joint research projects conducted by IARC scientists and WHO staff on new priorities. The projects are grouped into themed research areas.

47. IARC interventions in different countries worldwide, namely HPV vaccination for girls, cervical cancer screening and treatment of cervical precancerous lesions, support the WHO Global Cervical Cancer Elimination Initiative.

48. IARC research is fully aligned with the WHO Global Initiative for Childhood cancer and support the development of national childhood cancer registration to improve the availability of cancer data globally.

49. IARC is continuing to estimate the impact of the implementation of effective tobacco control measures on the prevalence of tobacco use in Europe, based on measures of national adherence to the WHO Framework Convention on Tobacco control.

50. As per the WHO-IARC Standard Operating Procedure ([Document GC/60/13](#)), and pursuant to [Resolution GC/60/R7](#), IARC has continued to exchange relevant information regarding IARC Monographs meetings on strategic planning of meetings, notification, evaluation of agents and dissemination.

51. A new IARC/WHO publication, entitled "Reducing social inequalities in cancer: evidence and priorities for research", highlighted the large variations in cancer incidence, survival, and mortality that exist between countries and, within countries, between social groups.

52. WHO and IARC (<http://publications.iarc.fr/586>) released two coordinated reports on World Cancer Day (4 February), in response to government calls for more research into the scope and potential policies and programmes to improve cancer control. These two complementary reports offer a unique opportunity for IARC and WHO to support WHO Member States in their effort to develop and implement evidence-based cancer control policies.

53. A new "Accord-Cadre" between France and WHO was signed and came into force as of 1 January 2020 for a six-year duration, and IARC is now specifically and clearly mentioned therein.

#### *b. Communication/liaison*

54. To liaise with colleagues in the different WHO/HQ Clusters and Departments, to create and maintain a systematic description of ongoing collaborative work between IARC and WHO, a IARC

Liaison Officer has regularly spent time at HQ to represent the Director and to be a focal point for all strategic matters concerning technical cooperation and communication between IARC and WHO/HQ.

55. Dr Tamás Landeszl, IARC's Director of Administration and Finance, continued to be the focal point for general management and legal matters. He continued to take active part in the WHO network of Directors of Administration and Finance, as well as a member of the Senior Project Team for making WHO the World Healthiest Organization. He also participated in the Senior Project Team meetings to plan and establish the WHO Academy in Lyon.

56. The Director has been invited for the first time to participate regularly in the WHO NCD WIN meetings and NCD global network meetings of WHO.

*c. WHO Academy and the Global Health Hub in Lyon*

57. The Declaration of Intent to establish the WHO Academy in Lyon was signed by the French President Emmanuel Macron and WHO Director-General on 11 May.

58. It aims to train both WHO staff and health professionals worldwide. IARC contributed to the planning of the Academy through participation in several work streams and to relevant activities of the WHO Academy. The WHO Academy, IARC, and the WHO Office in Lyon will form three respective pillars of the new Global Health Hub to be established in the Gerland bio-district of Lyon.

## **2. Strengthened partnerships**

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

59. IARC has continued to seek opportunities to develop research collaborations with governments, national agencies and other institutions.

60. IARC has an outstanding record in catalysing international collaborations, as evidenced by the joint publications with international collaborators, and long-term collaborations in LMICs. IARC works with collaborators from 141 countries across six continents worldwide.

61. IARC participates in 16 collaborative consortia comprising 542 partner organizations. IARC scientists coordinate 20 collaborative consortia including a total of 978 partner institutions.

62. 2019 marked the first year that IARC was present at WHO Regional Committee meetings (69<sup>th</sup> WHO Regional Committee for Europe in Copenhagen and 66<sup>th</sup> WHO Regional Committee for the Eastern Mediterranean in Tehran). This example highlights IARC's support to building European and regional partnerships and networks for cancer prevention.

63. The Director has been selected as one of the 15 experts on the European Commission's Mission Board for Cancer, as part of Horizon Europe, the next Research and Innovation Framework Programme of the European Union, which will be implemented in 2021–2027, highlighting the important role of the Agency in setting the global cancer research agenda.

64. A further example of a strategic research partnership established by the Agency is the successful coordination of the Cancer Prevention Europe (CPE) initiative, a consortium of organizations dedicated to prevention research in Europe.
65. A large network of European cancer networks was created (with OECI, EORTC, Cancer Core Europe, EACS) including Cancer Prevention Europe where IARC hosts the Scientific Secretariat.
66. IARC has hosted several meetings with French institutional funders (ANSES, INCA, ANR, INSERM) to strengthen French collaborations and partnerships.
67. IARC hosted a delegation from the Danish Cancer Society to focus on areas of joint interest and identify opportunities for closer collaboration and partnership.
68. The Agency continues building a strong collaborative global network with strategic partners. In 2019, the Agency signed nine Memoranda of Understanding (MoU) with the Centre Léon Bérard (CLB) in France, the Danish Cancer Society (DCS) in Denmark, the German Cancer Research Centre (DKFZ) in Germany, the Chinese Center for Disease Control and Prevention (CCDC) in China, the American University of Beirut (AUB) in Lebanon, the International Academy of Cytology (IAC) in Germany, the Menzies School of Health Research (MSHR) in Australia, the College of American Pathologists (CAP) in the USA, and the Shanghai Jiao Tong University (SJTU) in China.
69. In addition, the Agency has signed four Memoranda of Agreement (MoA) during the past year with the Union for International Cancer Control (UICC) in Switzerland, the University of Copenhagen (UCPH) in Denmark, the St Luke's International Hospital (SLIH) in Japan, and the National Cancer Center in the Republic of Korea (KNCC).

### **3. Strategic engagement highlights**

70. IARC was pleased to welcome Hungary as a new Participating State on 16 May 2019.
71. IARC hosted the annual meetings of the two largest worldwide consortia on the etiology of childhood cancer (I4C) and childhood leukaemia (CLIC), and launched a new website to host the working documents of the CLIC consortium.
72. IARC hosted 90 participants from 35 countries to a dedicated workshop on registration of childhood cancer supported by the WHO Global Initiative for Childhood Cancer. This workshop combined expertise in cancer registration, epidemiology, and clinical practice. The output of the workshop will be developed into policy recommendations, in collaboration with WHO.
73. IARC scientists participated, alongside about 350 global influencers and leaders in cancer control and public health from governments, other UN agencies, academia, non-profit organizations, and the private sector, in the 2019 World Cancer Leaders' Summit in Kazakhstan. This Summit was aimed at fostering collaboration and aligning strategic priorities to drive progress under the theme "Cancer and Universal Health Coverage".
74. IARC convened an Advisory Group to Recommend an Update to Preambles to the *IARC Handbooks* on primary and secondary prevention. The outcomes of the Advisory Group meeting

were the revised Preambles for primary prevention and for screening, which were made available earlier this year and supersede the Working Procedures.

75. IARC Director attended the 50<sup>th</sup> anniversary of the Singapore Cancer Registry, held at the Singapore Ministry of Health on 25 November 2019.

76. A delegation of researchers from IARC attended the African Organisation for Research and Training in Cancer (AORTIC) International Conference on Cancer in Africa, in Maputo, Mozambique, on 5–8 November 2019.

77. IARC and the Centre Léon Bérard jointly organized a conference on breast cancer prevention in October, raising the visibility of IARC among the lay public in Lyon.

78. IARC marks World Cancer Research Day in September, an annual international observance that aims to raise awareness of the importance of cancer research.

79. IARC was introduced to the "Life Science Community" of the Metropole de Lyon at the Biotuesday event in September.

80. IARC was hosting 100 researchers from international partner institutes for the annual meeting of the Mutographs project, which aims to understand the causes of five different cancer types across five continents through studies of genetic mutations.

81. IARC, with the support of the German Cancer Research Center (DKFZ), announced the 6<sup>th</sup> Meeting on Emerging Issues in Oncogenic Virus Research to be held in June 2020.

82. IARC launched the Cancer Prevention Europe (CPE) website.

83. IARC has continued to further strengthen its data protection and data security measures over the last year, as summarized below:

- IARC, as part of WHO and the UN System, and as per the Convention on the Privileges and Immunities of the Specialized Agencies of the UN, is not subject to EU law and regulations, including the EU's General Data Protection Regulation (GDPR).
- IARC continues to seek a sustainable solution while adhering to the UN personal data protection and privacy principles adopted by the UN High-Level Committee on Management in 2018.
- IARC has extensive experience in handling very large datasets, and continually strives to improve data protection and security measures. A Committee for Information Security was established and an Information Security Officer was appointed in 2018. Furthermore, a consulting company engaged in 2019 supported the development of the WHO/IARC Data Protection Policy.
- A dialogue is ongoing between the UN Secretariat and the EU headquarters in Brussels to obtain a framework agreement, which may include an amended 'standard contractual clause' to cover the transfer of scientific data.
- European scientists have been advocating with the European Commission (DG Just) to provide a workable solution for European scientists to continue conducting

research (involving the exchange of data) with International Organizations and non-EU countries.

- Finally, IARC will try to play an important role to assist Participating States who do not have adequate data security to improve their ethical handling and safeguards of their data through training and capacity building.
- The IARC Ethics Committee (IEC) is committed to evaluate the data protection by design and by default, in all IARC studies collecting personal data. To this end, the IEC has revised the data protection clauses of its standardized Informed Consent Template.

#### **4. Resource Mobilization highlights**

84. Recognizing the constraints on the current funding sources for the Agency, the Secretariat has initiated a four-tiered resource mobilization strategy: (i) increasing 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's Framework of Engagement with Non-state Actors (FENSA) (see also [Document GC/60/17](#)).

85. Based on the Resource Mobilization strategy and action plans, the IARC Secretariat worked on financial projections for the decade 2020–2029 (see [Document GC/62/19](#)), as summarized below:

- The Agency will see an increase of its budget of about 25% over the course of the next ten years (vs base budget). It will have mobilized €418 million from 2020 to 2029.
- While the assessed contributions represent 66% or two thirds of the total income in the base budget, their share decreases to 55% only for the last biennium of the 2020–2029 Target + projections.
- The assessed contributions and the competitive grants (the two traditional sources of income for IARC) grow at a pace of around 10% vs the base budget for the whole decade.
- The direct funding and the innovative Resource Mobilization categories will see a significant increase. They increase six-fold, going from a mere €10 million for the whole decade 2020–2029 as per the base budget to more than €60 million for the 2020–2029 financial projections.
- The growth for the direct funding component is expected from project focusing on LMICs and thus official development assistance (ODA)-compliant.
- The innovative resource mobilization component is a new category that includes the Nouveau Centre campaign as well as fundraising programmes targeting private individuals and corporates.

86. The following specific actions have been taken since the previous Director's Report to accelerate the resource mobilization.

- A Strategic Engagement and Resource Mobilization Officer was recruited in September 2019 to 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 enhanced to provide access to:
  - Funder Intelligence Pages, mapping the global cancer research funding landscape;
  - Funding Opportunities Pages, providing a list of funding opportunities (more than 100 funders permanently screened and 251 funding opportunities posted in 2019);
  - Funder News Pages, listing important news items on general funding trends and developments of important programmes, such as Horizon Europe and others; and
  - IARC Register for due diligence and risk assessment on non-state actors (NSAs), which stores due diligence on all partners that IARC engages with.
- An external Newsletter has been established to ensure regular engagement with strategic partners (four editions were sent in 2019, to 746 subscribers).
- The Agency has engaged 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. The Terry Fox foundation for instance has approved in 2019 a direct funding for a two-year postdoctoral fellowship for a Brazilian researcher to be trained at IARC. Discussions are ongoing with the St. Baldrick's Foundation, the Mary Kay Foundation and the charity Children with Cancer UK.
- On 11 December 2019, IARC jointly organized with the Rotary Club de Lyon and the Fondation de France Centre-Est a conference to raise awareness on "Balanced diet and cancer prevention". The event gathered at IARC a group of 130 participants, including strategic partners, major donors of the Fondation de France, Rotary club members and members of the diplomatic community.
- The Donations page has been given more visibility on the IARC Internet site and was promoted during a "Giving Tuesday" campaign (3 December 2019). To celebrate this global day of generosity, IARC thanked its most generous funders in 2019 with a personalized letter and has published a special edition of its newsletter to call for donations to increase the impact of its global projects.
- Upon a suggestion from the GC Representative of Germany, 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 ODA. The listing of the Agency as a recipient of ODA was approved in principle in August 2019 and the process of determining the coefficient to be applied is ongoing.

87. At the 61<sup>st</sup> GC session in May 2019, Spain presented a proposal for an alliance of leading cancer control centres. Decision was made to examine it further during one of the regular teleconferences between the GC and the Scientific Council (SC) Chairs and Vice-Chairs and the IARC Director. It was considered that the timing was not right, given the evaluation in progress and the development of the new Medium-Term Strategy (MTS), and that efforts should focus on the review of collaborative networks rather than try and develop something new.

*a. Voluntary contributions to IARC (grants and contracts)*

88. Voluntary contributions to IARC are obtained mainly through competitive research grants from national and international funding agencies and increasingly through direct funding requests. The success in obtaining peer-reviewed funding is an external indicator of the overall quality of the research at the Agency.

89. These contributions represent a substantial component of the Agency's overall funding to successfully implement its programmes and MTS. This income supplements the investment made by Participating States through assessed contributions.

90. The number of new grant applications and funding requests submitted in 2019 reached a total of 236 (Annex [Table 8](#)) 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.

91. The Agency signed extrabudgetary contracts amounting to a total value of €41.5 million in 2019; of which €12.4 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 national level.

92. 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.

93. Voluntary Contribution expenditure in 2019 increased 7.5% from last year, to €14.4 million. This represented approximately 39% of the overall combined expenditure from Regular Budget and Voluntary Contributions. This proportion increased to 45% when focus on the expenditure on the scientific programme only as shown in [Figure 3](#) (Annex).

*b. Implementation of the Framework of Engagement with Non-state Actors (FENSA) at IARC*

94. During its 60<sup>th</sup> session in May 2018, the GC reviewed the "Recommendations from the Governing Council Working Group on implementation of FENSA" ([Document GC/60/17](#)) and noted the "IARC-Specific Guide on Engagement with Non-State Actors" prepared by the GC Working Group. In the same Resolution [GC/60/R17](#), 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.

95. 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 and a low-risk simplified procedure.

96. In October 2019, IARC participated in an interview to share its inputs on the initial evaluation of FENSA carried out by the WHO Evaluation Office. The result of this evaluation was reported to the WHO Executive Board during its 146<sup>th</sup> session in February 2020 (document [EB146/38 Add.2](#)).

97. In 2019, IARC applied the low-risk simplified procedure for 186 non-State actors (NSAs) with whom IARC engaged, 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. Reference was made to the WHO Register of NSAs when information was available.

98. As per the procedure, complex cases and those potentially posing a higher risk are referred to WHO Headquarters for a standard assessment. In these cases, official documentation (by-laws, governance and financial reports) has to be obtained from the for-profit NSAs. In 2019, 29 complex or potentially high risk engagements were sent to the WHO Due diligence And Non-State actors (DAN; former WHO Partnerships and Non-State Actors (PNA)) team for their review and recommendations.

99. The Resource Mobilization and Management Office (RMO) conducted a preliminary due diligence and risk assessment on 167 NSAs, i.e. potential donors and project partners related to resources (competitive grants and direct funding).

100. Self-assessment or preliminary due diligence and risk assessment on NSAs under other types of engagement (technical collaboration, participation, evidence, and advocacy) has been carried out by the Director of Administration and Finance (DAF) with the support of the IARC Bioethics and Compliance Officer. In 2019, the low-risk simplified procedure was applied for 19 NSAs under other types of engagement. No other types of engagements were assessed as complex cases or potentially posing higher risk in 2019.

101. 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.

102. IARC maintains its own due diligence and risk assessment register where it keeps profiles of all the NSAs it has engaged with since January 2017 (more than 660 profiles had been uploaded by the end of 2019) and where the signed Tobacco and Arms disclosure forms are kept, when requested.

103. 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.

## Management

### 1. New activities, improvements and relevant impact

104. The Agency's leadership and enabling functions are provided by the Office of the Director and the Section of Support to Research (SSR), respectively. In the spirit of continuous quality improvement IARC further enhanced and streamlined its administrative and management processes, targeting the Agency's effectiveness and efficiency as it carries out its functions to perform its scientific mission. Positive change is driven by permanent dialogue between scientists and support staff, identifying challenges and seeking best value for money solutions.

105. Significant improvements include the rollout of IARC's digital transformation project, enhanced data security measures, streamlined procurement and logistics support to scientific projects in LMICs, and increased focus on staff health and wellbeing.

106. IARC has made a bold shift in its approach to measuring accountability for results. A results scorecard has been developed and tested, to track progress, identify issues early, and make decisions in a timely manner to improve performance. Ultimately, IARC's leadership aims to ensure that the Agency is efficiently managed, well resourced, and results driven.

107. The unqualified external audit opinion of IARC's 2019 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.

108. 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 through the monthly Director's News. In an effort to capture feedback and suggestions for improvements, SSR carries out annual Services Surveys. The analyses of the results from these surveys and planned actions are published on the IARC intranet.

#### *a. Evaluation of IARC activities by an ad hoc Advisory Group*

109. In May 2018, the GC requested that an evaluation of IARC activities be included into the preparation of the MTS 2021–2025 (see [Resolution GC/60/R11](#)).

110. In May 2019, the GC established an ad hoc Advisory Group (see document [GC/61/8](#) and Resolution [GC/61/R7](#)) to conduct the above evaluation.

111. The Advisory Group, including SC and GC members, IARC and WHO staff, issued ten recommendations detailed in the referenced Evaluation Report, which will be available to SC and GC members.

112. The SC reviewed the Evaluation Report, and generally agreed with the recommendations (see [Document GC/62/9](#)).

113. IARC is currently developing a detailed Action Plan to address these recommendations, to be adjusted in light of comments and feedback from SC/56 and GC/62.

*b. Development of the IARC Medium-Term Strategy (MTS) 2021–2025*

114. In alignment with [Resolution GC/61/R7](#), the Secretariat commenced preparatory work for the development of its next MTS 2021–2025 in September 2019, with a review of relevant background documents and by initiating broad internal consultations with IARC personnel through a large Agency-wide working group, as well as discussions among the Senior Leadership Team and consultations with senior WHO staff. The Secretariat commenced in late 2019 to develop a survey to consult widely with IARC's external stakeholders, including cancer experts, professional groups, and societies, WHO staff and others, on IARC's positioning and future priorities. The external stakeholder survey was conducted throughout February 2020.

115. Based on the IARC Director's strategic direction, the recommendations from the evaluation, along with information from the broad stakeholder consultations, several thematic areas have emerged where IARC has a comparative advantage and its work could significantly impact the global cancer burden. For the MTS development process, these thematic areas could serve as a basis for determining future priorities for IARC to focus on and strengthen its engagement, resources and collaboration throughout 2021–2025.

*c. Quality of Work life and WHO/IARC Value Charter*

116. The Quality of Work Life (QWL) work plan has been launched at IARC, in close collaboration with various IARC stakeholders (Respectful Workplace Working Group, Staff Association, Early Career Scientist Association, volunteers, etc.) and external partners (WHO, external psychosocial risks expert). QWL work plan aims to harmonize various initiatives to ensure and promote the following (interrelated) elements of quality of work life at IARC: i) Work in a respectful and harmonious environment and prevent escalation of conflicts; ii) Support personnel in achieving their career growth and development plans; iii) Promote work-life balance and well-being of all personnel; and iv) Support supervisors in team and performance management.

117. Within the first objective of the QWL plan and as part of WHO, IARC has adopted the five values of the WHO Values Charter which are consistent with the IARC core values of independence, integrity, honesty, courtesy and generosity. Special activities have been conducted within the framework of Respectful Workplace initiative to discuss how to implement and live by the WHO/IARC Values Charter.

## **2. Personnel**

118. As of 31 March 2020, there were a total of 366 personnel contributing to the activities at the Agency: 240 staff members and 126 Early Career and Visiting Scientists (ECVS). For comparison, the number of personnel at the Agency in 2017, 2018, and 2019 was 345, 355, and 358 respectively.

119. The ECVS include 23 Trainees and Master's students, 28 Doctoral students, 51 Postdoctoral scientists (of whom seven are Fellows covered by the Education and Training Group (ETR) regular budget and seven are former Fellows extended by the Groups' external budget), 11 Visiting

Scientists, and 14 Senior Visiting Scientists, one of whom is in receipt of a Senior Visiting Scientist Award.

120. Of the 232 fixed-term staff, unchanged compared to 2019, 103 (44.40%) are Professional staff, a decrease of six (50 men; 53 women) and 129 (55.60 %) are General Service Staff, an increase of six (35 men; 94 women); in addition, there are eight temporary staff members, a decrease of one. Of the 103 Professional staff, 13 (unchanged) are in the support services. This compares to 2019, 232 fixed-term staff, 109 (45%) were Professional staff (51 men; 58 women), and 123 (55%) were General Services (26 men; 97 women); in addition, there were nine temporary staff members.

121. The number of staff positions on the regular budget has decreased, with a total of 154.2 approved staff posts in 2020–2021 funded through the assessed contributions of Participating States, compared with 158.2 posts in 2018–2019.

122. As noted above, the Agency has slightly more women than men in Professional staff positions (51.45% as of 31 March 2020). At the senior level (P4 and P5 and above), the proportion is significantly lower (42% P4, 17% P5 and above).

123. Overall, IARC personnel come from 41 different countries worldwide. Of the staff on fixed-term contracts, 94.82% are from Participating states (220 out of 232).

124. 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://iarc.fr/en/research-groups/org\\_chart.pdf](http://iarc.fr/en/research-groups/org_chart.pdf)).

**Departures of senior staff since the last Governing Council session:**

Dr Nicolas Gaudin, Translator/Head of Communications Group (DIR/COM)

Dr Rolando Herrero, Scientist, Head, Section of Early Detection and Prevention (EDP)

**Fixed-term appointments:**

Ms Julie Buguet, Human Resources Assistant (SSR/HRO)

Mr Clément Chauvet, Strategic Engagement and Resource Mobilization Officer (DIR)

Mr David Kavanagh, Human Resources Officer (SSR/HRO)

Ms Jennifer Nicholson, Secretary (ESC/IMO)

Dr Sandra Perdomo, Scientist (GEN/GEP)

Ms Juliette Prazak, Secretary (GEN/GEP)

Ms Morena Sarzo, Information Assistant (DIR/COM)

**Resignation of the following staff members:**

Ms Dina D'Amico, Human Resources Officer (SSR/HRO)

Mr Geoffroy Durand, Research Assistant (GEN/GCS)

Dr Chantal Ferracin, Staff Physician (SSR/HRO)

Dr Jennifer Girschik, Scientist (ESC/IMO)

Ms Fiona Gould, Information Assistant (DIR/COM)

Ms Leila Hajric, Clerk/Secretary (GEN/GEP)

Dr Olaf Kelm, Resource Mobilization & Grant Officer (DIR/RMO)  
Dr Ghislaine Scelo, Scientist (GEN/GEP)  
Ms Lucy Shedden, Secretary (ESC/IMO)  
Mr Maxime Vallée, Senior Research Assistant (GEN/GEP)

**Internal transfers:**

Ms Nadia Akel, Executive Assistant, from NME/NEP to DIR  
Ms Maud Bessenay, Assistant (Resource Mobilization), from SSR/HRO to SSR/BFO/RMO  
Dr Véronique Chajès, Programme Officer, from NME/NEP to DIR  
Ms Philippine Gason, now Project Assistant, INF/ICE  
Dr Filip Meheus, Health Economist, from EDP/PRI to CSU  
Ms Sally Moldan, Secretary, from DIR/LSB to NME/NEP  
Ms Andreea Spanu, Clerk/Secretary, from SSR/HRO/CSS to GEN/GEP  
Dr Salvatore Vaccarella, Scientist, from INF/ICE to CSU  
Dr Patricia Villain, Scientist, from EDP/PRI to EDP/SCR  
Ms Charlotte Volatier, Secretary, from GEN/GEP to DIR/LSB

125. The IARC Equity and Diversity Advisory Group (EDAG) (formerly Women in Science Advisory Group) is working to improve equity and diversity at IARC, by:

- Treating all IARC personnel fairly;
- Enabling all IARC personnel to develop to their full potential;
- Creating an inclusive culture;
- Ensuring equal access to opportunities for learning and career development;
- Ensuring IARC/WHO policies, procedures and processes do not result in discrimination;
- Equipping personnel to recognize and challenge inequality and discrimination in the workplace.

126. The focus on equity and diversity at IARC will be developed in the context of other initiatives:

- The development and promotion of a Respectful Workplace;
- Liaison with external experts in preventing and resolving inter-personal conflicts through good workplace practices;
- The role of the WHO Ombudsman Office and support to IARC.

127. As part of the Learning and Development (L&D) Framework implementation, the overall participation rates in various types of Institutional and Recommended face-to-face and online L&D activities continuously improved since 2016 reaching 94% of the personnel in 2019. Although the number of recommended face-to-face sessions declined, the participation in online offering increased in 2019 compared to 2018. Seventy seven participants completed 102 online courses in various areas of core competencies, management and job specific skills. A total of 40 internal face-to-face training sessions were organized jointly by HRO-ETR during 2019 and completed by 389 participants (see Annex [Table 7](#)).

128. In 2019 two online mandatory trainings were launched through ilearn (WHO's online learning platform) with the aim of increasing cyber-, travel and work related security awareness among personnel. The compliance rate for the online mandatory trainings was above 88% at the end of 2019.

129. In 2020, the plan is to revise IARC Reward and Recognition Programme by integrating WHO/IARC Values Charter into the programme. Efforts will be dedicated to continue the implementation and monitoring of the pilot Supervisory, Managerial and Leadership Training Plan, launched in April 2018.

### **3. Update on the Nouveau Centre**

130. During 2019, the focus was on the discussions, negotiations and validation of the detailed design studies of the future building. IARC Nouveau Centre project team, including more than 20 staff members, was deeply involved in all the discussions and validation of the project, in order to make sure the final design would be compliant with IARC's requirements. Thanks to the efforts of the Métropole de Lyon, project leader, the final design was approved at the end of October 2019, and the building works phase was launched right after. The opening of the Nouveau Centre is planned for summer 2022.

131. In parallel, Resource Mobilization efforts were also focused on the Nouveau Centre project, as the equipment of the new building remains unfunded. The resource mobilization strategy was updated, identifying four main sources for the Nouveau Centre project: in-kind donations from private sector companies; ultra-high net-worth individuals, local donors, and Participating States (as it was the case when the Tower building opened). To support the Resource Mobilization efforts, IARC secretariat developed an "investment case" with a specific topic on the Nouveau Centre. This document will help reach out any donor who might be interested in helping IARC equip its new building (see [Document GC/62/8](#)).

**ANNEX**

**Table 1. Publications and articles**

Year	Peer-reviewed articles	Letters to Editor or comments	Invited reviews	Editorials, news, other	Total
2011	242 (71%)	18	48	33	341
2012	249 (76%)	15	29	33	326
2013	287 (84%)	6	35	13	341
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
<b>2019</b>	<b>292 (79%)</b>	<b>15</b>	<b>43</b>	<b>21</b>	<b>371</b>

**Table 2. IARC publications in top 20% of journals in their subject category in 2019**

(Only the top 5 subject categories for IARC papers published in 2019 are shown)

Web of Science Categories (SC)	No. journals in SC	No. IARC publ. in SC (368 total)	No. IARC publ. in top 20%	% in top 20%
ONCOLOGY	229	133	54	41%
PUBLIC ENVIRONMENTAL OCCUPATIONAL HEALTH	186	93	57	61%
NUTRITION DIETETICS	86	30	18	60%
MEDICINE GENERAL INTERNAL	159	24	17	71%
MULTIDISCIPLINARY SCIENCES	69	19	8	42%

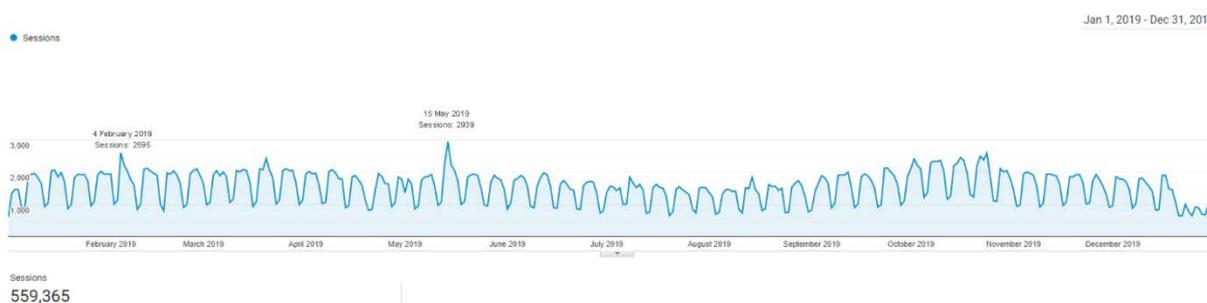
**Table 3. Visitors to IARC websites in 2019 (in brackets corresponding figures in 2018)**

Website	Total visitors	Average visitors/day	Total visits	Average visits/day
<a href="http://www.iarc.fr">www.iarc.fr</a>	417 308 (384 046)	1143 (1052)	559 365 (522 823)	1533 (1432)
IARC Publications	223 117 (181 391)	497 (497)	285 794 (242 342)	783 (664)
Monographs	272 999 (284 295)	748 (779)	422 012 (425 753)	1156 (1166)
Global Cancer Observatory	345 379 (174 092)	946 (787)	627 367 (489 238)	1705 (1340)

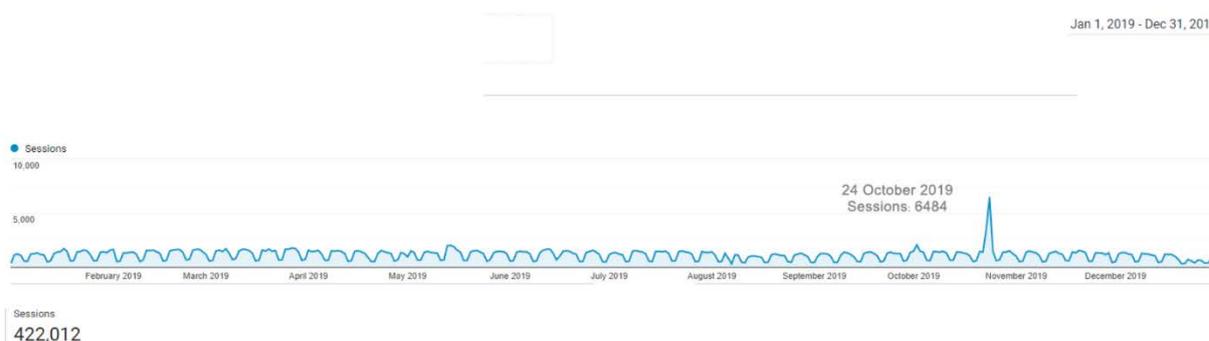
*Visitor:* A user that visits a given site. The initial session by an individual user during any given date range is considered to be an additional visit and an additional visitor. Any future sessions from the same user during the selected time period are counted as additional visits, but not as additional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

**Figure 1. Number of visitors to the IARC website in 2019**



**Figure 2. Number of visitors to the IARC Monographs in 2019**



**Table 4. Most popular downloads from IARC Publications websites (ranked by 2019 data)**

Item	2019
Technical Publication 45: Colposcopy and Treatment of Cervical Precancer	47 448
Scientific Publication 163: Molecular Epidemiology: Principles and Practices	46 080
Monographs Volume 108: Some Drugs and Herbal Products	21 329
Monographs Supplement 7: Overall Evaluations of Carcinogenicity: An Updating of IARC Monographs Volumes 1–42	20 132
World Cancer Report 2003	18 820
Monographs Volume 118: Welding, Molybdenum Trioxide, and Indium Tin Oxide	18 636
Scientific Publication 95: Cancer Registration: Principles and Methods	18 628
Working Group Reports, Volume 10: Energy Balance and Obesity	18 410
Monographs Volume 71: Re-evaluation of Some Organic Chemicals, Hydrazine and Hydrogen Peroxide (Part 1, Part 2, Part 3)	18 186
Monographs Volume 88: Formaldehyde, 2-Butoxyethanol and 1- <i>tert</i> -Butoxypropan-2-ol	16 938
Monographs Volume 82: Some Traditional Herbal Medicines, Some Mycotoxins, Naphthalene and Styrene	16 000
IARC Handbooks of Cancer Prevention Volume 8: Fruit and Vegetables	15 170

PRESS RELEASE N° 264, 4 February 2019, World Cancer Day 2019

IARC: "HPV vaccination is safe, effective, and critical for eliminating cervical cancer"

[https://www.iarc.fr/wp-content/uploads/2019/02/pr264\\_E.pdf](https://www.iarc.fr/wp-content/uploads/2019/02/pr264_E.pdf)

PRESS RELEASE N° 270, 15 May 2019

IARC launches new platform showcasing its research activities and partnerships around the world

[https://www.iarc.fr/wp-content/uploads/2019/05/pr270\\_E.pdf](https://www.iarc.fr/wp-content/uploads/2019/05/pr270_E.pdf)

**Table 5. Education and Training – IARC Fellowships**

<b>Year</b>	<b>No. of IARC Fellowships awarded<sup>a</sup></b>	<b>No. of Fellows from low- and middle-income countries</b>
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
2019*	7 (7 + 0)	7

<sup>a</sup> Post-doctoral fellowships (new + second year renewals), including IARC-Australia and IARC-Ireland Fellows in 2013–2015

\*In 2019, only candidates from LMICs were eligible to apply.

**Table 6. Education and Training – IARC Courses**

<b>Year</b>	<b>No. courses organized</b>	<b>No. different countries</b>	<b>No. courses in LMICs</b>	<b>No. participants</b>
2013	15	7	8	566
2014	17	14	12	576
2015	24	14	11	647
2016*	36	23	19	1410
2017	32	16	15	1324
2018	26	14	11	763
2019	28	18	15	1083

\* Figures from 2016 differ slightly from those presented in the previous Director's report to the GC (Document GC/59/2), as some additional data were received after its conclusion.

**Table 7. Specialized and advanced courses in 2019**

Course title	Location	Number of participants	External collaborations
<b>Cancer Surveillance</b>			
IARC/Korean NCC Summer School on Cancer Registration: Basic principles	Korea	22	Korea NCC, GICR, ETR
IARC/WHO EMRO Basic cancer registration course	Egypt	19	WHO EMRO
IARC/WHO EURO Advanced Cancer Registration Course	Moldova	24	WHO EURO, GICR
International Basic Course for Cancer Registrars	Dominican Republic	18	PAHO-Dominican Republic, Autonomous Uni of Sto Domingo, INCART (MOH Dominican Rep), GICR
Principles and Practice of Cancer Registration Course	Slovenia	50	IARC, Slovenian Cancer Registry, GICR
Site visit and Cancer Registration and CanReg Training	Peru	6	GICR, INEN
Site visit and Cancer Registration and CanReg Training	Paraguay	6	MOH Paraguay, GICR
Workshop ESMO EMOO Lung Cancer Data Collection Tool	Thailand	16	Chang Mai Cancer Registry, Singapore Cancer Registry, ESMO, GICR
Workshop on Registration of Childhood Cancer: Challenges and Opportunities	France	90	UICC
<b>Cancer Prevention and Early Detection</b>			
BELMED Workshop "Cervical cancer prevention and screening in the Republic of Belarus"	Belarus	27	
BELMED Workshop for radiographers "Principles of screening mammography"	Belarus	20	Breast Screening Training Centre, St. George's University Hospitals NHS, UK

Course title	Location	Number of participants	External collaborations
BELMED Workshop "Multidisciplinary Team"	Belarus	45	Oxford University, University Hospitals of Derby and Burton, Addenbrookes Hospital in Cambridge, and Nottingham University (all UK)
<i>CICAMS-IARC Planning and Implementing Cancer Control Programs – 3rd edition for ASEAN Countries &amp; China</i>	<i>China</i>	<i>40 (incl. 3 Obs)</i>	<i>Cancer Foundation of China, CICAMS</i>
<i>Colposcopy and treatment of precancers</i>	<i>India</i>	<i>25</i>	<i>Chittaranjan National Cancer institute, Kolkata, India</i>
<i>Formation en diagnostic et prise en charge du cancer du sein (FR)</i>	<i>Morocco</i>	<i>9</i>	<i>Institut National d'Oncologie, Rabat, Maroc et la Fondation Lalla Salma, Prévention et traitement des cancers au Maroc.</i>
<i>Genetic Counselling for PRECAMA Institutions and beyond (8 webinars)</i>	<i>Webinar</i>	<i>113 19+13+14+6+17 +15+15+14)</i>	<i>Hospital Sirio-Libanês, Sao Paulo, Brazil</i>
Hands-on training on colposcopy and management of premalignant cervical lesions	India	8	GBH American Hospital and GBH Memorial Cancer Hospital Udaipur Rajasthan India
IARC/WHO-EURO Workshop on Implementation of Screening Programmes	France	46	WHO/EURO
IARC/WHO-EURO Workshop on Implementation Research in Cervical Cancer Elimination	Russia	70	WHO/EURO; N.N. Petrov National Medical Research Center of Oncology, St. Petersburg State University, Karolinska Institutet
<i>IFCPC-IARC Training course in Colposcopy and the prevention of Cervical Cancer - OSCE (Russian/English)</i>	<i>eLearning France</i>	<i>25</i>	<i>The International Federation of Cervical Pathology and Colposcopy (IFCPC)</i>
<i>IFCPC-IARC Training course in Colposcopy and the prevention of Cervical Cancer – OSCE (Spanish)</i>	<i>eLearning Colombia</i>	<i>8</i>	<i>The International Federation of Cervical Pathology and Colposcopy (IFCPC)</i>
Project ESTAMPA - Training for colposcopists and pathologists	Costa Rica	80	

Course title	Location	Number of participants	External collaborations
Projet Care4Afrique - IVA et Thermo-coagulation	Benin	27	Gouvernement de la Republique du Benin; Lalla Salma Foundation, Rabat, Morocco; Fondation Claudine Talon
<i>Training Course for Master Trainers in Cervical Cancer Prevention, Early Detection &amp; Management (Participants from Morocco, Burkina Faso, Chad, Ivory Coast and Senegal (French)</i>	India	13	<i>Tata Memorial Centre Rural Cancer Project, Nargis Dutt Memorial Cancer Hospital (NDMCH), Barshi, Maharashtra, India; Lalla Salma Foundation, Rabat, Morocco</i>
<b>Cancer Research Infrastructure and Methods</b>			
Cours international francophone d'épidémiologie du cancer	Morocco	20	Institut de Recherche du Cancer, Fez ; Fondation Lalla Salma
Application of Metabolomics in Human Health	South Africa	130	African Centre for Gene Technologies (ACGT)
Application of Metabolomics in Human Health (hands on)	South Africa	35	African Centre for Gene Technologies (ACGT)
EMBO Practical Course - Metabolomics Bioinformatics in Human Health	France	32	EMBO

**Table 8. Extrabudgetary funding**

Year	Number of applications	Number of signed contracts	Total value of signed contracts <sup>a</sup> (in Euros)	Value attributed to IARC (in Euros)	Voluntary contribution expenditure <sup>b</sup> (in Euros)
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
2019	236	81	41 488 350	12 408 032	14 365 018

<sup>a</sup> The figures show total budgets of all grants signed irrespective of whether IARC is coordinating the studies or not.

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

**Figure 3. Percentages of expenditure on Regular Budget and Voluntary Contributions**

