

MINUTES OF THE FIRST MEETING

IARC, Lyon and web conference

Monday 11 May 2020, at 10:05 Central European Summer Time (CEST)

Chairperson: Dr Stephen M. Robbins (Canada)

Secretary: Dr Elisabete Weiderpass, Director, IARC

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Participating State Representatives

Dr Stephen M. ROBBINS, <i>Chairperson</i>	Canada
Ms Lucero HERNANDEZ	
Ms Jennifer IZAGUIRRE	
Professor Jan-Ingvar JÖNSSON	Sweden
Dr Karin SCHMEKEL, <i>Vice-Chairperson</i>	
Dr Diane STEBER BÜCHLI <i>Rapporteur</i>	Switzerland
Professor Dorothy KEEFE	Australia
Ms Emma WOOD	
Ms Bronwyn ADAMS	
Ms Elisabeth TISCHELMAYER	Austria
Mr Lieven DE RAEDT	Belgium
Dr Marc VAN DEN BULCKE	
Dr Ana Cristina PINHO MENDES PEREIRA	Brazil
Dr Livia DE OLIVEIRA PASQUALIN	
Dr João Ricardo RODRIGUES VIEGAS	
Professor Mads MELBYE (<i>unable to attend</i>)	Denmark
Professor Tine JESS	
Dr Markku TERVAHAUTA	Finland
Ms Tuula HELANDER	
Professor Norbert IFRAH	France
Dr Jocelyne BÉRILLE	
Mrs Christine BERLING	
Mr Thomas DUBOIS	
Ms Elisabeth SCHULTE	Germany
Mr Thomas IFLAND	
Professor Ildikó HORVÁTH	
Professor Péter NAGY	Hungary
Dr Edit MAROSI	
Ms Vandana GURNANI	India
Dr Nilambuj SHARAN	
Ms Vidushi CHATURVEDI	
Professor Reza MALEKZADEH	Iran (Islamic Republic of)
Mr Ciarán MURPHY	Ireland
Professor Silvio BRUSAFERRO (<i>unable to attend</i>)	Italy
Dr Mauro BIFFONI	

Dr Yosuke KITA	Japan
Dr Hitoshi NAKAGAMA	
Dr Teiji TAKEI	
Dr Tatsuya SUZUKI	
Dr Tomohiro MATSUDA	
Dr Kay OHARA	
Dr Rachid BEKKALI (<i>unable to attend</i>)	Morocco
Dr Latifa BELAKHEL	
Dr Loubna ABOUSSELHAM	
Mrs Renske VAN TOL	Netherlands
Mr Jeroen HULLEMAN	
Professor Pål Richard ROMUNDSTAD	Norway
Dr Karianne Solaas	
Dr Al-Hareth M. AL-KHATER	Qatar
Dr Eun Sook LEE	Republic of Korea
Dr Jae Kwan JUN	
Dr Igor KOROBKO	Russian Federation
Dr Sergey MURAVIOV	
Dr Oleg SONIN	
Dr Eduard SALAKHOV	
Dr Gonzalo AREVALO	Spain
Dr Maria José GONZÁLEZ DE SUSO	
<i>No Representative</i>	Turkey
Dr Mark PALMER	United Kingdom of Great Britain and Northern Ireland
Dr Mariana DELFINO-MACHIN	
Dr Mara BURR	United States of America
Dr Krycia COWLING	
Dr Robert HAWKINS	
Ms Gabrielle LAMOURELLE	
Dr Jamie MILLER	
Dr Amy NORRIS	
Dr Margaret PATON	
Dr Phillip RIBLETT	
Dr Larry WRIGHT	

World Health Organization

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

Dr Soumya SWAMINATHAN, Chief Scientist, Office of the Director-General, WHO

Observers

Dr Christine Friedenreich, Chairperson, Scientific Council

Dr Sonali JOHNSON, Head, Knowledge, Advocacy and Policy, Union for International Cancer Control (UICC)

People's Republic of China

Dr Yang Zhang

Dr Jie He

Dr Xinhua Li

Dr Min Dai

External Audit

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

Secretariat

Dr E. WEIDERPASS,
Secretary
Dr T. LANDESZ

Dr M. ALMONTE
Dr P. BASU
Ms A. BERGER
Dr F. BRAY
Dr P. BRENNAN
Mr C. CHAUVET
Dr G. CLIFFORD

Dr I. CREE
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Dr M. GUNTER
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Dr Z. HERCEG
Mr D. KAVANAGH
Dr Z. KOZLAKIDIS
Ms B. LAHOUE
Dr B. LAUBY-SECRETAN
Dr T. LEE

Mr F. LOZANO
Dr V. MCCORMACK
Dr J. MCKAY
Ms A. SANTHIPRECHACHIT
Dr A. SCALBERT
Dr M. SCHUBAUER-BERIGAN
Dr J. SCHÜZ
Dr I. SOERJOMATARAM
Dr M. TOMMASINO
Dr J. ZAVADIL

1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The CHAIRPERSON welcomed participants to the Sixty-second session of the Governing Council, held by web conference, for the first time, in response to the ongoing pandemic of novel coronavirus disease (COVID-19). In particular, he welcomed Dr Christine Friedenreich, Chairperson of the Scientific Council, Dr Soumya Swaminathan, the representative of the Director-General of WHO, and Dr Sonali Johnson of the Union for International Cancer Control (UICC), as well as observers from China, who would be admitted to the online meeting following the discussion on the item of the agenda which concerned their country.

The SECRETARY welcomed all participants and thanked them for making time for the Governing Council session in the present difficult circumstances.

2. ELECTION OF VICE-CHAIRPERSON AND RAPPORTEUR: Item 2 of the Provisional Agenda

The CHAIRPERSON said that, since he was chairing the session in the unavoidable absence of Professor Melbye, the Governing Council should elect a replacement vice-chairperson as well as a rapporteur.

On the proposal of Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Dr Schmekel (Sweden) was elected Vice-Chairperson, the proposal being seconded by Professor ROMUNDSTAD (Norway) and Dr STEBER BÜCHLI (Switzerland).

On the proposal of Ms SCHULTE (Germany), Dr Steber Büchli (Switzerland) was elected Rapporteur, the proposal being seconded by Ms TISCHELMAYER (Austria).

3. ADOPTION OF THE AGENDA AND SPECIAL PROCEDURE: Item 3 of the Provisional Agenda (Documents GC/62/1 (Prov.) Rev.1 and GC/62/22)

The CHAIRPERSON explained the special procedure proposed for the current session. The Governing Council would briefly discuss selected items of the agenda, focusing on any objections or amendments to the proposed draft resolutions. During private sessions, participants not entitled to attend would be moved to a virtual waiting-room.

The remaining agenda items would be discussed and resolutions adopted by means of a "silence procedure". Participating States should submit any comments, objections or amendments to the Secretariat by a date to be decided: he proposed a deadline of 25 May 2020. If no objections were received, the draft resolution on the item would be deemed to be adopted by consensus; however, if objections were received, the item would be deferred for further consideration at the following session.

Ms HERNANDEZ (Canada) proposed that agenda item S6 (Annual financial report, report of the External Auditor and financial statements for the year ended 31 December 2019) should be discussed during the virtual session, rather than under the silence procedure.

Dr LANDESZ (Director of Administration and Finance) said that the item could be discussed under agenda item 14, Any other business.

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

The RAPPORTEUR read out the following draft resolution, entitled "Special procedures for this session" (GC/62/R1):

The Governing Council,

Having reviewed the Special Procedure to regulate the conduct of the Sixty-second session of the Governing Council as contained in [Document GC/62/22](#),

1. ADOPTS the special procedures set out in the document, for the conduct of the Sixty-second session of the Governing Council, and sets the date of 25 May 2020 for receipt of approval and comments under the silence procedure; and
2. THANKS the Secretariat for its efforts in organizing this virtual meeting and related procedures.

The resolution was **adopted**.

4. APPLICATION TO BECOME A NEW PARTICIPATING STATE FROM THE PEOPLE'S REPUBLIC OF CHINA: Item 4 of the Agenda (Document GC/62/21)

The CHAIRPERSON said that the application of the People's Republic of China to become a Participating State of the Agency had been received on 3 March 2020. Rule 50 of the Rules of Procedure of the Governing Council stated that applications would be considered if they had been received at least 90 days before the relevant Governing Council session; since the application had been received after that deadline, and the current difficult circumstances had precluded informal discussion between Participating States, he suggested that the item should be deferred until the following session.

The RAPPORTEUR read out the following draft resolution, entitled "Application to become a Participating State – the People's Republic of China" (GC/62/R2):

The Governing Council,

Having examined the request from the Government of the People's Republic of China to become a Participating State in the International Agency for Research on Cancer ([Document GC/62/21](#)),

1. NOTES with great interest the application from the People's Republic of China as received by the Director-General of the World Health Organization on 3 March 2020;
2. THANKS the Subcommittee for its report;

Recalling Rule 50 of the Rules of Procedure of the Governing Council of IARC,

3. DECIDES to defer the review and decision on admission of a new Participating State to the next session of the Governing Council.

The resolution was **adopted**.

At the invitation of the CHAIRPERSON, Dr Yang Zhang and Dr Min Dai (People's Republic of China) were admitted to the virtual meeting as observers.

The CHAIRPERSON welcomed the Chinese observers, asked the Rapporteur to read the Resolution just adopted, and assured the observers from the People's Republic of China of the Governing Council's support for their application to become a Participating State, which would be considered in detail as soon as circumstances permitted.

5. ADDRESS BY THE DIRECTOR-GENERAL, WHO: Item 5 of the Agenda

Dr SWAMINATHAN, Executive Director/Chief Scientist, WHO headquarters, conveyed the Director-General's greetings to the Governing Council. All WHO departments were working at full capacity to respond to the COVID-19 pandemic, while ensuring that the Organization's other activities continued as far as possible.

The world looked to WHO to provide sound scientific evidence on dealing with the pandemic. To that end, the Organization was constantly cataloguing and evaluating the enormous volume of new research: up to 1000 papers per day had been posted on open-source servers such as medRxiv and bioRxiv. Many of those papers were in preprint form and had not yet been peer-reviewed, so WHO's guidance was essential.

WHO was also greatly concerned by the accumulating burden of disease due to the interruption of routine health-care services during the pandemic. In many countries, treatment for noncommunicable diseases, including cancer, had ceased altogether. Modelling studies indicated that cancer incidence and mortality would rise sharply in the coming months and years. Some health systems had already introduced major changes in service delivery, including changes in outpatient service design, increased use of telemedicine and triage and prioritization of the most urgent cases – innovations that could help to increase the effectiveness of health care in the long term.

The Agency's expertise and research were immensely valuable to WHO in its cancer-related activities, which included guidance for countries on monitoring and surveillance, potential human carcinogens and cancer economics. The Agency had published the latest edition of the *World cancer report* in 2020 and had made a major contribution to the complementary WHO publication, the *Report on cancer*, which demonstrated how science could be translated into policy to save lives. IARC data and research on cervical cancer, including vaccines against human papillomavirus (HPV), implementation science and screening methodology, especially in low-income countries, would help to improve screening and diagnostics for breast and cervical cancer, given the growing availability of digital and artificial-intelligence tools. The two agencies were now working even more closely together in the selection and classification of human carcinogens and the development of evidence-based strategies to reduce exposure to them, as well as contributing to national investment studies and the choice of cancer programmes to be included in countries' universal health coverage packages.

WHO had launched two global initiatives on eliminating cervical cancer as a public health problem and on childhood cancer. The latter initiative currently provided support for over 20 Member States, with that figure expected to double over the coming years. WHO planned to

recruit more staff in order to expand its cancer-related activities to cover breast cancer, guidance on national cancer screening policies and impact assessment methodology.

In closing, she commended the Director on her leadership and innovative thinking and looked forward to the Governing Council's recommendations from the current session.

6. DIRECTOR'S FIRST YEAR HIGHLIGHTS AND IARC'S OPERATIONS DURING COVID-19 PANDEMIC: Item 6 of the Agenda (Document GC/62/2, GC/62/3)

The SECRETARY presented her report (see [document GC/62/3](#)) and drew attention to the Biennial report 2018/19 ([document GC/62/2](#)). Cancer was a major global health issue, with 18 million diagnoses and 9.5 million deaths every year, and a projected 60% rise in cancer incidence over the next 20 years. As Director, she had responsibilities towards the Participating States, the sponsors of research, the staff and, most of all, to the ultimate beneficiaries of the Agency's work – those individuals who were spared the burden of cancer, in themselves or their loved ones, because of the Agency's research.

In her 16 months as Director, she had come to appreciate the wide variety of the Agency's work in key areas of cancer research – describing the occurrence of cancer; understanding the causes; and evaluating and implementing cancer prevention strategies. The Agency's most important asset was its personnel, coming from all parts of the world and bringing a wide range of knowledge and skills that could be expanded in future years to face new challenges and the changing expectations of the Participating States. Increasingly, the Agency sought to increase its public health impact by focusing on implementation research and the assessment of cancer research interventions to identify best practices for information for action at country level.

The Agency operated under significant resource constraints, which were unlikely to be relaxed any time soon, particularly given the potential impact of the COVID-19 pandemic on the global economy. Wide-ranging efficiency measures had been introduced, but it had nevertheless been necessary to freeze recruitment of some senior posts. A further review of recruitment would take place later in the year.

In July 2019, the Agency had undertaken a complete evaluation of its activities, which had yielded valuable, constructive and tangible recommendations. It had since consulted internal and external stakeholders and identified key areas where the Agency enjoyed a comparative advantage, as well as relevant emerging technologies and opportunities for partnerships. The insights gained would be used in the planning of the next Medium-Term Strategy, in collaboration with the joint working group of the Scientific and Governing Councils.

The Agency's operations had continued as usual despite the COVID-19 pandemic, except for laboratory work. Access to the IARC building had been restricted since mid-March 2020, and almost all personnel had worked remotely since then. Restrictions were just beginning to be lifted, but response measures would be constantly reviewed and adapted in line with the recommendations of the host country authorities. All non-critical travel had been cancelled or postponed and videoconferencing and other communication tools had been used to continue cooperation with research collaborators and partners worldwide. Under the business continuity

plan, staff would return to the office in four stages, with a complete return for all staff by the end of 2020. However, the collection and shipment of biological samples and the recruitment of study participants had been significantly delayed.

The pandemic was expected to have a serious effect on the Agency's financial situation, since major donors and multilateral organizations were currently reallocating large amounts of funding to research into COVID-19. However, the Organisation for Economic Co-operation and Development (OECD) had recently recognized the Agency as a recipient organization for official development assistance (ODA), which would open up new sources of funding, particularly from bilateral donors. Participating States would now be able to report up to 51% of their IARC assessed contributions to OECD as official development assistance.

The Agency was involved in a number of initiatives studying the impact of COVID-19 on cancer and cancer prevention. For instance, it had shared in-house genetic and epigenetic data with researchers in Italy; provided training for biobanks and laboratories in low- and middle-income countries in the handling of potentially pathogenic samples; and collaborated in studies on the nexus between cancer treatment and COVID-19 therapies. The Agency would study the impact of the pandemic on cancer screening, particularly in low- and middle-income countries that had recently significantly improved their screening programmes. It was also a member of the global COVID-19 and Cancer Taskforce, which coordinated efforts to collate and rapidly disseminate data on the way the COVID-19 pandemic was affecting cancer outcomes worldwide in cooperation with UICC, the International Cancer Screening Network, the Canadian Partnership Against Cancer and Cancer Council NSW in Australia.

In conclusion, she said that investment in cancer prevention research today would save countries enormous medical expenditure in the not-so-distant future. With the continued support of the Participating States, the Agency could face the cancer challenge and prevent at least 7 million unnecessary deaths by 2030.

Professor JÖNSSON (Sweden) commended the Director for her commitment to the Agency's work and her open and transparent attitude, as shown by the successful external evaluation.

Dr BURR (United States of America) congratulated the Agency on its work on behalf of people with cancer, who were at risk from the disruption of diagnosis, prevention and treatment caused by the COVID-19 pandemic. She drew particular attention to the Agency's research on vaccines against HPV and on cervical cancer screening, in support of the WHO global initiative on cervical cancer. The Agency was doing excellent work in creating partnerships and networks, as well as training and fellowships for low- and middle-income countries. Continued improvements in data-sharing, standards, governance and ethics would be required. Finally, she commended the Agency's strategic resource mobilization efforts and asked how they were coordinated with WHO resource mobilization.

Dr NAKAGAMA (Japan) welcomed the Agency's new partnerships in Africa and low- and middle-income countries in other areas, but called upon it to increase its work in Asia; for instance, it could host a website for Asian cancer research consortia such as the Asian National Cancer Centres Alliance (ANCCA).

Professor IFRAH (France) noted that his country's National Cancer Institute would soon be preparing a new 10-year cancer strategy; one major objective would be to strengthen international and European cooperation.

Ms SCHULTE (Germany) thanked the Director for her report, particularly the information about collaboration between the Agency and WHO.

Professor MALEKZADEH (Islamic Republic of Iran) expressed his country's support for the Agency's work, despite the recent economic problems which had prevented his Government from paying its assessed contributions¹.

Dr LEE (Republic of Korea) expressed regret that the planned IARC-Korean National Cancer Centre summer school had been cancelled because of the COVID-19 pandemic, and hoped it could be rescheduled for the following year.

Dr PINHO MENDES PEREIRA (Brazil) expressed the hope that the Agency would create even more partnerships in Latin America.

Dr FRIEDENREICH (Chairperson, Scientific Council) reported briefly on the successful 56th session of the Scientific Council in February 2020. The Scientific Council had welcomed the Director's biennial report, the external review process and the recently published *World cancer report*. It had recommended the creation of an advisory council for resource mobilization and had advised on the proposed cross-cutting themes for the Agency's future work. It had reviewed two scientific Sections, the Section of Infections and the Section of Mechanisms of Carcinogenesis, which had both received the highest possible rating. Members of the Scientific Council had also attended the very successful ceremony for the laying of the first stone of the new headquarters of the Agency, the "Nouveau Centre".

The SECRETARY, responding to the points raised, thanked all speakers for their participation and encouraging comments. She drew attention to NORDCAN, a valuable database of cancer statistics for the Nordic countries, which showed the importance of cancer registries and data-sharing between countries. She would investigate the possibility of further supporting the ANCCA network and other Asian research consortia, and likewise hoped that the IARC-KNCC Summer School would take place once again in 2021. Further work was planned in Latin America, including the development of a Latin American code against cancer, similar to the one already created for Europe. The Agency's ambition to share data and biological samples as widely as possible was hampered by European Union restrictions under the General Data Protection Regulation (GDPR) and by the strict rules imposed by some other countries, including India and Uganda. However, as a research agency with a special status, it was sometimes allowed to obtain and share samples more widely. She expressed her appreciation to the Scientific Council, which played a fundamental role in the planning of the next Medium-Term Strategy.

The Governing Council **took note** of the Director's update.

¹ <https://www.iarc.fr/about-iarc-funding-assessed-contributions/>

7. UPDATE ON THE “NOUVEAU CENTRE” AND THE “NOUVEAU CENTRE” INVESTMENT CASE: Item 7 of the Agenda (Document GC/62/8)

Mr CHAUVET (Strategic Engagement and Resource Mobilization Officer), illustrating his remarks with slides, explained that a first stone laying ceremony for the Nouveau Centre had been held on 6 February 2020, attended by Scientific Council members and local, regional and national representatives of the host country. The Agency thanked France and its institutional funders for their generous support. A remaining funding gap of €9.16 million would be addressed through a strategy targeting ultra-high net worth individuals and Governments for major gifts; corporates, for in-kind contributions of equipment; and the general public for donations. The Governing Council was requested to consider granting a standing authorization to the Director to accept donations in kind or cash for the purpose of furnishing and equipping the Nouveau Centre, subject to applicable internal rules and regulations, including with regard to the WHO Framework of Engagement with Non-State Actors (FENSA).

Ms IZAGUIRRE (Canada) thanked France for its support of the Nouveau Centre project and the important work of IARC. The Nouveau Centre would face unanticipated effects as a result of the unprecedented impact of COVID-19, including delays in the project timeline that would require the Agency to continue working at its current premises for longer than anticipated. It was pleasing to note that all IARC staff had been provided with teleworking opportunities. Teleworking, which should be based on a strong ethical framework and clearly defined performance expectations, had been instituted as a result of the pandemic, but it was also a means to alleviate pressure on the current premises until the new building was ready.

While recognizing the significant efforts made to mobilize resources for the remaining unfunded balance of the project, Canada urged IARC to be realistic about its current resource mobilization approach, particularly in light of the COVID-19 context. Canada supported the standing authorization to the Director to accept donations in cash or in kind provided that the donations were compliant with FENSA and that they did not represent a reputational, financial or legal risk for the Agency. It was pleasing that the Secretariat had undertaken a prioritization exercise for the project; the focus should be on those critical items that would allow the reopening of most of the Agency's activities, even with reduced capacity, thereby reducing the funding gap. The prioritization exercise could be adjusted over time, as new funding or in-kind contributions became available.

Mr CHAUVET (Strategic Engagement and Resource Mobilization Officer), referring to resource mobilization, confirmed that the approach of the Agency was realistic and that the effects of COVID-19 on the resource mobilization campaign had been understood. He requested the assistance of Governing Council members, where possible, to make introductions to both large corporates and ultra-high net worth individuals who might provide in-kind contributions of audiovisual, IT or other equipment as well as grants and donations for the Nouveau Centre. Despite the challenges of the pandemic, the Agency had a strong investment case for the Nouveau Centre.

Mr SHARAN (India) supported the request to authorize the Director to accept donations in cash or in kind for the Nouveau Centre subject to scrutiny to ensure that there was no conflict of interest.

The SECRETARY gave her assurance that all procedures would be correctly followed to ensure that there were no conflicts of interest.

Mr CHAUVET (Strategic Engagement and Resource Mobilization Officer) explained that all financial dealings with private entities would be conducted in accordance with FENSA. The Office of the WHO Legal Counsel had been consulted with respect to in-kind contributions. A cap had been placed on in-kind contributions so that no corporate entity would be able to contribute more than 5% of the Nouveau Centre budget.

The RAPPORTEUR read out the following draft resolution, entitled "Update on the "Nouveau Centre" and the "Nouveau Centre" Investment Case" (GC/62/R6):

The Governing Council,

Having considered [Document GC/62/8](#) (Update on the "Nouveau Centre" and the "Nouveau Centre" Investment Case),

1. EXPRESSES its appreciation to the French national authorities, the Région Auvergne-Rhône-Alpes, the Métropole de Lyon and the City of Lyon for the strong support received, both for the continued efforts to ensure adequate conditions of the current premises and for the progress made on the "Nouveau Centre" project;
2. ACKNOWLEDGES that there remains a funding gap of up to €9.16 million for a fully operational, modern, smart and open building, to be mobilized prior to the move to the "Nouveau Centre", now planned in 2022;

Recalling its Resolution CG/61/R9 paragraph 5 requesting the IARC Director to explore alternative sources of funding for the Nouveau Centre,

3. NOTES with great interest the resource mobilization strategy presented in Document GC/62/8;
4. AUTHORIZES the Director to accept donations in cash or in kind for the purpose of furnishing and equipping the Nouveau Centre, subject to and in accordance with applicable internal rules and regulations, including *inter alia* with regard to FENSA and partner recognition;
5. ENCOURAGES Participating States to make voluntary contributions and provide support to the resource mobilization efforts toward the Nouveau Centre; and
6. REQUESTS the Director to report on such resource mobilization efforts at the next session of the Governing Council, and to keep the Governing Council and the Working Group on Infrastructure apprised of major future developments in relation to the "Nouveau Centre".

Ms SCHULTE (Germany), referring to paragraph 6 of the draft resolution, requested that the Director should report to the Governing Council every six months.

Ms KRANAWETTER (Principal Legal Officer, WHO) said that the request by Ms Schulte could be incorporated into the draft resolution or recorded as a recommendation.

The CHAIRPERSON suggested that paragraph 6 of the draft resolution could be amended to read: "REQUESTS the Director to report on a regular basis, every six months, of such resource mobilization efforts...".

Dr AREVALO (Spain) supported the proposed amendment to paragraph 6.

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

8. UPDATE ON THE DEVELOPMENT OF THE IARC MEDIUM-TERM STRATEGY (MTS) FOR 2021–2025: Item 8 of the Agenda (Documents GC/62/9 and GC/62/20), INCLUDING:

- **REPORT FROM THE AD HOC ADVISORY GROUP ON THE EVALUATION OF IARC;**
- **ESTABLISHMENT OF THE JOINT GC/SC WORKING GROUP TO OVERSEE THE MTS DEVELOPMENT; AND**
- **ALIGNMENT OF IARC'S PROGRAMME AND BUDGET STRUCTURE WITH THE DRAFT MTS.**

Ms LAHOUE (Consultant IARC), illustrating her remarks with slides, said that she would provide information in response to the request by Participating States to learn more about the MTS preparatory process and the initial findings of the ad hoc Advisory Group.

The external evaluation of IARC's activities and consultations with internal and external stakeholders had been completed. All feedback received had been analysed and considered during discussions on the preparatory work. The external evaluation had produced some 30 recommendations, the most relevant of which concerned the following areas: the prioritization process; a strengthened collaboration with WHO; a balance between in-house and external laboratory capacities; and additional laboratory, bioinformatics and other expertise obtained through collaboration and sharing of resources with Participating States. Work was currently being conducted on a follow-up Action Plan with responses to the 30 recommendations; the Action Plan would be made available to the Governing Council, the Scientific Council and the Working Group by approximately mid-June 2020.

The internal consultations had involved 32 IARC staff, six multidisciplinary working groups and four plenary meetings. The framework for the meetings included a vision provided by the Director and the working groups and took into consideration the mandate and comparative advantages of IARC. The external evaluation results as well as global trends and drivers for cancer research were also considered. The discussions were on topics that were of particular relevance for reducing cancer incidence and mortality through IARC-led prevention research. The internal consultations had been interesting and insightful in examining IARC's strengths and where the Agency made the highest impact. It had been particularly useful to address the outcome of the external consultations concerning an inclusive and transparent prioritization process.

The external consultations had involved 371 leading cancer researchers, senior public health and cancer control experts, key partners, donors and opinion leaders. A total of 112 early to mid-career scientists had also been consulted. An online survey had been conducted with nine substantive questions concerning priorities and challenges for IARC; the Agency's comparative advantages; global trends and drivers for cancer research; and partnerships. The participants had been given 30 days to respond. The priority areas identified in the internal and external consultations had been similar and valuable feedback had been obtained. A qualitative assessment of the results of the external consultation would be finalized and circulated to the Governing Council and to the Medium-Term Strategy Working Group by mid-June 2020. The informal views of senior WHO staff had also been sought from late 2019. Comparative advantages identified in both the internal and external consultations had included IARC's affiliation with WHO and membership of the United Nations family; the Agency's global scientific convening power; and its impartial authority on carcinogenicity and on cancer burden data. The Secretariat considered it essential to continue to build upon the pillars of cancer prevention: who gets cancer; why do we get cancer; which measures work to prevent it; and mobilizing the knowledge gained (building global capacity). The pillars were considered to be the fundamental priorities of IARC.

New topics had been identified during the consultations in areas where IARC was considered to make a real impact in terms of its comparative advantages. Those emerging priorities had a high relevance for reducing cancer incidence or mortality through prevention. The areas were: implementation research; evolving cancer risk factors and populations in transition; and economic and societal impacts of cancer. The proposed emerging priorities were not cast in stone and could be refined in discussions in the MTS Working Group.

The proposed approach for the future Strategy of IARC was for the Agency to seek to make the most impact for its beneficiaries by strengthening engagement in resource priority areas and choosing where to conduct scientific research. The next steps would be to establish the MTS Working Group with a view to developing the final draft of the MTS 2021–2025 by March 2021 for submission to the Governing Council. Input from WHO leadership would be incorporated through membership of the Working Group.

The Governing Council was asked to: nominate six members of the Governing Council for the Joint GC/SC MTS Working Group; provide initial feedback on proposed priorities; and agree that the planning of IARC's biennial Programme and Budget during 2021–2025 should be aligned with the identified priority areas.

Ms SCHULTE (Germany) welcomed the evaluation completed by the Advisory Group with its five external members. She encouraged all to read the report, which provided a valuable overview of the thematic fields covered by IARC.

Dr BURR (United States of America) said that the report was informative and thoughtful and it contained important recommendations to inform the development of the Medium-Term Strategy with an inclusive, transparent and focused strategic prioritization process. She supported work on Recommendation 2, to ensure the inclusion of WHO in developing the Medium-Term Strategy, and encouraged IARC to seek substantive input from key WHO staff. She would welcome learning more about how IARC would implement the recommendations in collaborating with WHO in terms

of laboratory facilities, bioinformatics, biobanking, financial sustainability and communicating IARC's values. She expressed satisfaction with the overall objectives sought by IARC and looked forward to further discussions on the Medium-Term Strategy and the Programme and Budget in 2021.

Ms HERNANDEZ (Canada) thanked the Advisory Group for their work on the important evaluation, which was a critical step in strengthening the efficiency and effectiveness of the Agency. She appreciated that the Secretariat would be developing a detailed Action Plan in response to the recommendations and looked forward to reviewing the Action Plan later in the year. She fully supported the alignment of IARC's Programme and Budget structure with critical planning and ensuring clear linkages between the Agency's priorities and its allocation of resources which would enhance its effectiveness and further strengthen transparency and accountability. The recommendations included in the evaluation should inform the development of the new Medium-Term Strategy, including a more focused strategic prioritization process and working effectively in a post-COVID-19 resource-constrained environment. She sought clarity on how emerging priorities would be identified and how they would be aligned with the findings of the evaluation. Strengthened collaboration between IARC and WHO had been identified as a key recommendation and it should be addressed fully while maintaining a clear division of roles. She supported the focus on the emerging priority areas, including the economic and societal impacts of cancer, as set out in Annex 1 of [document GC/62/20](#). Canada agreed with the proposed composition of the Joint Working Group.

Ms LAHOUE (Consultant IARC), responding to comments, said that the external evaluation had been a unique opportunity and a useful exercise that had produced tangible and constructive recommendations. All of the recommendations had been accepted by IARC and consideration was being given to how to implement them within the set timeframe. WHO had made valuable and early feedback to the evaluation process and coordination with WHO had emerged as central to IARC's work in a number of fields, including implementation research. The external input had provided important reference documents, including the sharing of national cancer strategies, and important drivers and indicators as to where the Agency could enhance its organizational efficiency, all of which would be reflected in the Medium-Term Strategy. The external evaluation would also help IARC to focus on priorities given resource constraints.

The mandate for the evaluation was not to give IARC priorities but to enforce the importance of the prioritization process and to make it transparent and inclusive. The evaluation had highlighted a number of priorities, including the importance of the Agency's comparative advantages such as its work in low- and middle-income countries. The evaluation process had been robust.

The SECRETARY recalled that, during her intervention that morning, the Chief Scientist of WHO, Dr Soumya Swaminathan, had summarized some of the ongoing areas of collaboration between IARC and WHO. She could confirm that dialogue and cooperation between WHO and IARC was improving on a month-by-month basis. WHO was in the process of increasing its cancer team in Geneva and IARC warmly welcomed the opportunity for coordination with that team.

Mr DE RAEDT (Belgium) commended the independent evaluation and the results achieved. The evaluation captured emerging issues highlighted at the Governing Council in recent years, in particular the need to define priorities and to achieve good collaboration with WHO. The Director of IARC had shown genuine interest in translating the recommendations into practice. The Action Plan represented the right approach. A representative of Belgium, Dr Marc Van den Bulcke, was proposed to participate in the newly formed Joint GC/SC MTS Working Group to develop the Medium-Term Strategy.

Ms LAHOUE (Consultant IARC) confirmed that the external evaluation and the recommendations provided a unique opportunity for robust prioritization within the MTS process. IARC would welcome the participation of Belgium in the newly formed working group.

The SECRETARY said that the expertise of Dr Marc Van den Bulcke would be valued in determining the Medium-Term Strategy.

The CHAIRPERSON reminded the Governing Council that geographic and gender equity should be taken into account when appointing members of the Joint GC/SC MTS Working Group.

Ms KRANAWETTER (Principal Legal Officer, WHO) explained that, ordinarily, members of working groups were nominated in their individual capacity. In the event that a representative could no longer continue as a member of a working group, it would be possible for the country in question to nominate a replacement.

Dr BURR (United States of America) wished to nominate Dr Satish Gopal as a member of the Joint Working Group.

The SECRETARY said that Dr Satish Gopal was a highly-skilled scientist and leader in cancer research in low- and middle-income countries, with extensive experience in Africa and Asia.

Dr PINHO MENDES PEREIRA (Brazil) wished to nominate Professor Liz Almeida of the Brazilian National Cancer Institute.

Dr NAKAGAMA (Japan) wished to nominate Dr Yosuke Kita, Governing Council representative of Japan.

Dr KOROBKO (Russian Federation) supported the approach outlined for development of the MTS and proposed his name as member of the Joint Working Group.

The SECRETARY welcomed the nominations proposed by Brazil, Japan and the Russian Federation.

The CHAIRPERSON confirmed that members of the Scientific Council would participate in the new working group. He recalled that an original member of the Advisory Group (from either Germany or Switzerland) would also need to remain on the Joint Working Group.

Ms SCHULTE (Germany) said that a representative of Germany would be willing to continue to participate in the Joint Working Group.

Dr STEBER BÜCHLI (Switzerland) confirmed that the decision that a representative of Germany should continue to participate in the Joint Working Group had been agreed following consultation.

The RAPPORTEUR read out the following draft resolution, entitled “Advisory Group Evaluation Report on the IARC activities, and update on the IARC Medium-Term Strategy (MTS) 2021–2025” (GC/62/R8):

The Governing Council,

Having reviewed [Document GC/62/9](#) “Advisory Group Evaluation Report on the IARC activities vis-à-vis its mandate, update on the development of the IARC Medium-Term Strategy (MTS) 2021–2025, and nomination of Governing Council members on the Working Group to oversee its development”,

Recalling its Resolution GC/61/R7,

1. THANKS the ad hoc Advisory Group for their Evaluation Report and recommendations;
2. THANKS the WHO Evaluation Office and IARC Secretariat for providing valuable support to the ad hoc Advisory Group;
3. THANKS the Scientific Council for reviewing the Advisory Group Evaluation Report, and for its comments as conveyed in [Document GC/62/4](#);
4. THANKS the IARC Secretariat for its update on the development of the MTS 2021–2025, to be finalized, in consultation with the Joint GC/SC MTS Working Group, for approval by the Governing Council at its next session in May 2021; and
5. Noting that the Scientific Council members nominated to be on the Joint GC/SC MTS Working Group are Drs Maria Sibilia (Austria), Christine Friedenreich (Canada), Janne Mikael Pitkäniemi (Finland) and Ravi Mehrotra (India), DECIDES to nominate the Governing Council members from Belgium (Dr Marc Van den Bulcke), Brazil (Dr Liz Almeida), Germany (Ms Elisabeth Schulte), Japan (Dr Yosuke Kita), the Russian Federation (Dr Igor Korobko), and the United States of America (Dr Satish Gopal) to participate in the Joint GC/SC MTS Working Group.

Ms KRANAWETTER (Principal Legal Officer, WHO), replying to a question from Ms SCHULTE (Germany), confirmed that the members of the Joint GC/SC MTS Working Group nominated by the Governing Council would not necessarily be Governing Council members and that they would participate in the Joint Working Group in their individual capacity. The extent to which members of the Working Group consulted with the Participating State that had nominated them would be a matter for Participating States.

The resolution was **adopted**.

The RAPPORTEUR read out the following draft resolution, entitled "Alignment of IARC's Programme and Budget structure 2022–2023 with the draft IARC Medium-Term Strategy 2021–2025" (GC/62/R9):

The Governing Council,

Having considered [Document GC/62/20](#) "Alignment of IARC's Programme and Budget structure 2022–2023 with the draft IARC Medium-Term Strategy 2021–2025",

1. ACKNOWLEDGES that the IARC Secretariat will have to prepare the proposed Programme and Budget 2022–2023 at the same time as the IARC Medium-Term Strategy 2021–2025 is being finalized, both to be submitted for approval by the Governing Council at its next regular session in 2021;
2. NOTES that the preparation of the proposed Programme and Budget 2022–2023 will be guided by the early advice from the Joint Governing and Scientific Council Working Group on the IARC Medium-Term Strategy, established by Resolution GC/62/R8; and
3. AGREES that a clear emphasis on priorities should steer the design of IARC's biennial programmes and budgets during the period 2021–2025, and that the upcoming Programme and Budget 2022–2023 be aligned with the identified priority areas.

The resolution was **adopted**.

The meeting rose at 14:00 (CEST).