

11 May 2020

Address by Dr Weiderpass to the Governing Council

Dear Chairperson, dear Vice-Chairperson, Your Excellencies, honourable members of the Governing Council, dear colleagues from WHO and the UICC, dear colleagues and friends.

It's my pleasure to welcome you virtually to Lyon on the occasion of the Sixty-Second Session of the IARC Governing Council. I sincerely hope that we will be gathering in person again in IARC's auditorium next year.

I will briefly describe my impressions since I took office, then I will give you an update on the impact of the COVID-19 pandemic on IARC activities and operations, and I'll finish my speech with some information on the work initiated by IARC scientists at the intersection of cancer and COVID-19.

1. My impressions since taking office

More than one year ago, I assumed the role of Director of one of the most prestigious international cancer research institutions – the International Agency for Research on Cancer, IARC.

IARC was created 55 years ago to galvanize international collaborative efforts to combat cancer – in the words of the original proponents, to be an agency engaged in “the fight for life”. From this ideal emerges the mission of the Agency: to promote international collaboration to reduce the burden of cancer worldwide, through the conduct of research. The Agency serves as a means through which Participating States and the World Health Organization, in liaison with the Union for International Cancer Control (UICC) and other interested international organizations, may cooperate in the stimulation and support of all phases of research related to the problem of cancer.

This mission is more important than ever, as 18 million people in the world received a cancer diagnosis in 2018, and 9.5 million died of cancer. Also, 43 million people are alive within 5 years of a cancer diagnosis (prevalent cancers). Cancer will affect 1 in 2 men and 1 in 3 women during their lifetime in many countries, and over the next 20 years, the number of cancer cases is estimated to rise by at least 60%. Cancer is a deeply personal disease; many of us present here today have members of our families or friends who have had to live and sometimes die with this horrible disease, or have been affected ourselves.

Leading IARC is a privilege, a great honour, as well as an important responsibility:

- Responsibility towards IARC's Participating States, represented by you in this Council. IARC's Participating States provide the resources needed for our scientific activities and guide us in delivering on IARC's mandate effectively and efficiently; and
- Responsibility towards our ultimate beneficiaries: people who do not develop cancer or who survive it because of interventions for which IARC provided the scientific evidence.

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- Responsibility towards our donors, who trust us to deliver the impacts we promise; and, last but not least,
- Responsibility towards IARC personnel, who are the engines behind all IARC's achievements.

I would like to share with you some of my key impressions since I took office. I will also take the opportunity to inform you about the work IARC has been doing regarding our external review process.

1. IARC has an impressive variety of scientific expertise related to cancer

IARC is engaged in the key areas of cancer prevention research, which include:

- Describing the occurrence of cancer: IARC is the global lead and authority with regard to the collection and analysis of cancer data at the population level;
- Understanding the causes of cancer: IARC generates and shares knowledge about the causes of cancer and evaluates the carcinogenic hazards;
- Implementation research: IARC evaluates which interventions work best to prevent cancer; and
- IARC mobilizes the knowledge gained, including through capacity-building and the global dissemination of information and findings.

While the range of scientific disciplines and expertise involved in these activities is truly extraordinary and has led to remarkable achievements, IARC is prepared to embrace new challenges in light of emerging cancer research priorities and IARC's comparative advantages.

2. IARC has highly qualified personnel devoted to its mission

IARC's most important asset is its personnel. They are recruited from around the world based on their professional and scientific excellence.

Their high level of expertise, knowledge, skills, and qualifications are matched by their motivation and dedication to IARC and its mandate. This asset needs not only to be maintained but to be further strengthened in the coming years, including through the introduction of novel areas of expertise. That will ensure IARC's continued relevance and the successful delivery on its mandate – with a strong focus on expectations from Participating States.

3. IARC is ready to further increase the public health impact of its work

The outcome of IARC's research work today affects decision-making on cancer prevention interventions, and thereby public health. More specifically, we generate the evidence base to

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inform or support decision-making on relevant interventions at the country level, in close cooperation and coordination with WHO.

At the same time, the potential for IARC's work to have an even greater public health impact has not been fully exploited yet, which is why IARC is increasingly emphasizing the importance of implementation research. In particular, we would like to enhance our assessments of cancer prevention interventions in order to generate a robust scientific basis for best practices at the country level.

4. IARC performs under a framework of significant resource constraints

One key finding from last year's external evaluation of IARC was that "IARC's finances are scarce for a research institution of its mandate, and this is expected to continue and indeed worsen in the immediate short term".

This situation is unlikely to improve, especially in light of the economic downturn caused by the repercussions of the COVID-19 pandemic. Many international organizations will face similar limitations for the foreseeable future. Yet IARC's economic constraints are a dominant feature of our operational environment, as they have been for many years.

While we have responded to this reality by introducing efficiency measures, by strengthening our fundraising activities, and by prioritizing activities in the past, this may no longer be sufficient. We were forced to freeze several key senior positions during the past year and will review this carefully later this year as part of realigning our organizational structure to support the implementation of the new Medium-Term Strategy.

5. IARC is undertaking a thorough and comprehensive review process

As requested by the Governing Council at its Sixty-First Session, IARC underwent a thorough and earnest external review process, in the past 12 months. In July 2019, the first-ever evaluation of IARC's activities commenced and yielded valuable, constructive, and tangible recommendations.

Subsequently, IARC conducted broad consultations with internal and external stakeholders that identified key areas where IARC has a comparative advantage and where IARC's work could significantly impact the global cancer burden. The consultations also generated important feedback about IARC's current position in the global cancer research landscape, about partnership opportunities, and about relevant emerging technologies. We analysed the inputs from the external evaluation and stakeholders' consultation with regard to their relevance for the development of the new Medium-Term Strategy, and you will hear more about that later.

These reflections and consultations have created an atmosphere that stimulates and encourages improvement and changes – in short, fruitful ground for our upcoming engagement with the Medium-Term Strategy Working Group of the Scientific Council and Governing Council.

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2. Impact of the COVID-19 pandemic on IARC activities and operations

I just mentioned the COVID-19 pandemic and its global repercussions. Our host country, France, has been very heavily hit, with 138 000 confirmed cases and over 25 000 deaths; including over 1400 deaths in Lyon.

Regarding the specific situation at IARC, six IARC staff had possible symptoms, nobody confirmed; no one was hospitalized, and all are well now.

I am proud to report that we reacted quickly and decisively to limit the impact of the countermeasures on IARC's work. IARC operations have been largely continuing during the COVID-19 pandemic, except for laboratory experiments.

Access to the IARC headquarters in Lyon was restricted from 16 March onwards, and nearly all IARC personnel have been working remotely since then to reduce the risk of transmission of the COVID-19 virus. These access restrictions and the remote working modalities will be gradually eased starting today (11 May). It goes without saying that we are closely monitoring the evolving situation and will continuously review and adapt our response measures in alignment with recommendations from the host country's authorities.

IARC sought to limit the impact of access and travel restrictions on its capacity to collaborate across the globe. In practical terms, that meant postponing all non-critical travel and using videoconferencing and other communication tools to remotely continue cooperation with research collaborators and partners worldwide.

From the management perspective, IARC activated a Business Continuity Plan, including the development of a four-phase approach for the gradual return to the office, with an expected 100% return to normal at the end of 2020.

Over the past months, as in the coming months, administrative, logistical, and supply challenges have affected the conduct of our research activities, as the collection and shipment of biological samples and the recruitment of study participants are delayed until the borders are reopened. We also expect that our collaborators would face delays in laboratory, computational, or experimental contributions to joint research projects.

In addition, the pandemic is expected to gravely affect IARC's financial situation, and in particular our resource mobilization activities. Major donors and many multilateral organizations are currently reallocating large funds to address COVID-19, including for relevant research.

At the same time, there is some good news! The OECD has recently recognized IARC as an Official Development Assistance (ODA) recipient organization. This decision takes effect immediately for 2020 reporting on contributions made in 2019. This opens doors for IARC to new sources of funding, in particular from bilateral donors, and we are currently developing a portfolio of eligible projects.

We would like to thank Germany and France for their support of the application, and also thank the United Kingdom Medical Research Council via Dr Mark Palmer for providing £1 million earlier this year to support three projects in ODA countries.

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Moreover, IARC's being listed as an ODA recipient organization also means that you, our Participating States, are able to report 51% of your assessed contributions to IARC to the OECD to be accounted for in your ODA statistics.

3. IARC research at the intersection of cancer and COVID-19

IARC early on recognized and acted upon research opportunities at the intersection of cancer and COVID-19.

We explored and collaborated in several relevant initiatives to assess and study the impact of the disease on cancer and cancer prevention. For example:

- IARC researchers have shared in-house genetic and epigenetic data with researchers in Italy to investigate potential genetic susceptibility to COVID-19 infection.
- IARC experts are taking part in research initiatives on the implementation of a smart device application to track COVID-19 symptoms and diagnosis in Europe.
- Many biobanks and laboratories in low- and middle-income countries (LMICs) that collaborate with IARC are now processing samples for COVID-19 testing. IARC provides training to LMICs on mitigating the risks of handling potentially pathogenic samples.
- IARC collaborates on studies that look at health-care transformation, and leadership opportunities and challenges during the COVID-19 pandemic, as well as studies in the nexus of cancer treatment and COVID-19 therapies.
- IARC joined forces with the World Health Organization Regional Office for Europe, the United Nations Population Fund, and France to increase COVID-19 testing in Uzbekistan, while collaborating on cervical cancer screening programmes in the country.

An important focus area of IARC's work, namely the implementation of cancer screening in countries with fragile health systems, will be affected for a long period. IARC plans to assess the impact of the pandemic on screening, particularly in LMICs that had in the recent past significantly improved their screening programmes, such as Bangladesh, Belarus, Colombia, Morocco, Sri Lanka, Thailand, and Zambia.

Most recently, IARC joined an important new initiative, namely the global COVID-19 and Cancer Taskforce, to help coordinate efforts to synthesize and rapidly disseminate data on how the COVID-19 pandemic is affecting cancer outcomes worldwide – in cooperation with UICC, the International Cancer Screening Network, the Canadian Partnership Against Cancer, and Cancer Council NSW (Australia).

4. Conclusion

Clearly, there are enormous challenges ahead of IARC. However, we are prepared and highly motivated to address them. And we are committed to continuously strengthen our performance.

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Delivering on our mandate means saving lives across all continents through the prevention and early detection of cancer. The growing burden of cancer will enhance the importance of our mandate.

The COVID-19 pandemic is a wake-up call for more preventive actions. Two important lessons from the pandemic underline this, namely:

- No point in time is “too early” to invest in prevention research.
- Prevention is less costly than treatment.

Today’s investment in cancer prevention research will save countries enormous medical expenditures in the not-so-distant future.

The continued support of our Participating States is of the utmost importance for achieving our ambitious goals. Together, we could prevent at least 7 million unnecessary deaths by 2030. You, our Governing Council, are guiding and advising us in our efforts, together with the Scientific Council.

I am convinced that our joint and complementary expertise will enable us to get ahead of the cancer challenge, and I look forward to continue working with you on this extraordinary task.

I thank you.