

T H E R O A D A H E A D

Adieu
to MRC
Welcome
CIHR

Advice to the
Governing Council
of the
Canadian Institutes
of Health Research

~ May 2000



Medical Research
Council of Canada

Conseil de recherches
médicales du Canada

Canada

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Welcome
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Greetings

At its final meeting, the Medical Research Council passed the baton to the Governing Council of CIHR:

In anticipation of the imminent arrival of the Canadian Institutes of Health Research, the Medical Research Council sends greetings to the members of the Governing Council.

The Medical Research Council extends to the President and Governing Council of the CIHR its best wishes for success in developing health research in Canada, and for ensuring internationally competitive funding levels for all Canadian health researchers. The knowledge generated by these investments will benefit the health of all Canadians and the national economy.

- Final motion of the MRC, March 22, 2000

For three years MRC had been working with Health Minister Allan Rock and the government of Canada to realize a vision of a revitalized health research community, better integrated, and fully-equipped with the resources to achieve international excellence across the whole research spectrum. Thousands of Canadians as well as many organizations had contributed to deliberations underlying the creation of CIHR. Their often differing viewpoints had come together into a clear set of aspirations for the new organization. Members of MRC at its last meeting talked as individuals and as a group about their hopes, advice, and enthusiasm for CIHR.

Our vision of the Canada of the 21st century is clear. A society of excellence with a commitment to success.

Canada belongs to the 21st Century. And Canada will be the place to be in the 21st Century.

- Prime Minister Jean Chrétien, response to the Speech from the Throne (1999)

"The creation of the Canadian institutes of Health Research... will truly mark a transformation in the way health research is organized, funded, co-ordinated and carried out in our country."

- Health Minister Allan Rock, Bill C-13 2nd Reading Debate

The Road to CIHR

The Canadian institutes of Health Research is a bold and transformative initiative. It has the power of a dream, of a vision. It is breathtaking in its inclusivity and in its national dimensions.

– Henry Friesen,
MRC President

CIHR will need to think particularly carefully about how it can build up capacity in the regions.

– James Dosman,
MRC Council

CIHR will need to establish explicit links with the health care system, to invest in finding solutions to the most pressing problems of Canadians.

– Yves Morin,
MRC Council

The idea had seemed at first preposterous to some. In fact it was the logical outcome of a series of transformations in Canada's health research community through the 1990s. In its 1992 Strategic Plan, MRC had committed itself to evolving from a traditional granting agency to embrace a full range of leadership activities:

MRC must increasingly become a co-ordinator, a consensus builder, a facilitator of change, a catalyst, an ethical adviser, a clearinghouse of research and information, and a powerful voice of Canadian health sciences research.

Fully committed to change, MRC steadily expanded the scope of its work in the 1990s. It entered into partnerships with volunteer organizations and industry, new ventures with government at many levels, and developed a more proactive role in designing strategies for the future of Canadian health research. Its various initiatives, including support for the Networks of Centres of Excellence, its partnerships with many voluntary organizations and with PMAC, and the creation of the Canadian Medical Discoveries Fund, convinced MRC of both the synergies that could be generated from broadening its mandate and of the need for change that would go beyond incrementalism.

With the government of Canada demonstrating its commitment to innovation and research excellence through the Canada Foundation for Innovation, the Canadian Health Services Research Foundation, the Millennium Scholarships, the Canada Research Chairs, Genome Canada, and other ventures, the time had come for a transformative, over-arching strategic initiative. MRC and subsequently a broad coalition proposed the new institutes concept, and the Prime Minister and Minister of Health gave it enthusiastic support.

The transition phase of CIHR has been about building a strong foundation. The Interim Governing Council and the Canadian health research community have built a united coalition with a shared vision and have developed a consensus blue-print for CIHR. Now it will be implemented.

MOVING FORWARD (PHASE I)

The objective of the CIHR is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.

– CIHR Act received Royal Assent April 13, 2000

CIHR must prove that it is meeting its full promise quickly – within 18 months – if it is to secure Phase II funding and complete its initial task of transforming the Canadian health research enterprise. In Phase I, the structures of CIHR must be built. Progress could be along the following lines:

1. Launching the Institutes

CIHR will establish a slate of institutes, each of which will make full use of researchers from across the spectrum, including biomedical research; clinical research; health systems and services research; and research into societal, cultural, and environmental determinants of health. The Institutes will ensure that science which meets the highest standards of excellence is relentlessly pursued, and will target programs and partnerships to address Canadians' strategic priorities.

CIHR will need to develop evidence that the new system works, and that means evidence of successful partnerships with the broadest range of collaborators.

– Denise Alcock,
MRC Council

CIHR must set, communicate and demonstrate the highest standards for ethical conduct and the protection of human research subjects.

– Judith Hall,
MRC Council

CIHR will have to show how it has become an essential partner for Health Canada, and how Canadians in all 10 provinces are benefiting from CIHR

– Denis Roy,
MRC Council

Institutes will need to develop a credible way of tracking their performance, and ensuring they are able to respond to evolving science needs and emerging health priorities.

– Philippe Crine,
MRC Council

In CIHR, recruitment and retention of investigators should improve when we have an internationally competitive level of research funding.

– David Goltzman,
MRC Council

Through the leadership of their Scientific Directors and Advisory Boards, the Institutes will become national focal points for scientific discussion and cross-sectoral exchange of ideas, knowledge, and needs. The Institutes will unite researchers with the broadest range of partners, funders, supporters, clients, and citizens.

II. Building Partnerships

Partnerships are the cornerstone of CIHR. Partners such as the voluntary organizations will play an integral role in shaping CIHR and its activities. A high priority must be given to developing new and strengthened partnerships with Health Canada and with the provincial ministries of health. The goals for partnerships within CIHR include:

- 1) Linking and integrating research groups across disciplines, sectors, organizations, and regions, to address shared issues and goals;
- 2) Connecting researchers with research users to address shared needs and translation opportunities;
- 3) Providing a forum for partners to participate in setting and planning the implementation of Canadian research priorities;
- 4) Working with other funders to rationalize administration, minimize program duplication, and maximize efficiencies and synergy;
- 5) Working with universities, hospitals, research institutes and communities to brand CIHR as the symbol of excellence, hope, and improved health for all; creating the platform for Canada to set basic health research strategies, both domestically and in the international context.



In CIHR, we would hope to see universities reporting increased pressure for graduate research positions and vocational guides reporting increased interest from young people in scientific careers.

– Robert McMurtry, MRC Council

III. Building Excellence

To make Canada “the place to be”, we need talented people, first-rate facilities, and fully appropriate funding.

- 1) **Excellent Scientists:** Science is first and foremost about people. Being a world leader in health research means training the most promising young scientists and providing them with opportunities to flourish in Canada.

In CIHR, researchers should have the intrinsic feeling that they are part of something bigger than themselves.

– Jacques Simard, MRC Council

The pyramid of potential CIHR investments in people shows us what will be possible. With the advent of the Canada Research Chairs, opportunities are available to us that were previously inconceivable. It has now become possible to expect that half of CIHR’s grantees could receive salary as well as grant support, thus finally making it possible to focus Canada’s best minds on our most challenging health questions.

At the same time the researcher base will expand as CIHR invests more widely. Taking the full current health research community into account, we would expect CIHR's grantee base to encompass 4,000 principal investigators.

CIHR should be indisputably recognized, by the public, the government, health authorities and researchers everywhere, for the excellence of its science.

– Joel Weiner,
MRC Council



- 2) Excellent Resources: Researchers need facilities, equipment, databases, networks. The Canada Foundation for Innovation, recently bolstered with further funding, is the key player in ensuring that our research infrastructure supports excellence. CIHR will need to expand its role in areas that complement CFI, such as development of and access to key population cohorts, databases, DNA and tissue collections, and genomic resources. Some of these investments will be in partnership with Genome Canada and the provinces. Other important areas for CIHR investment will include the development of networks and consortia, including clinical trial networks and coordinating centres.

- 3) Excellent Project Funding: Operating funds are the core of research support across all sectors and disciplines. CIHR grants must be adequate and competitive by international standards. The bold vision of CIHR will not become a reality so long as average Canadian grants lag far behind UK and US levels. While full parity with the US may not be possible, achieving a Canadian grant platform on the order of \$150,000 should be a reasonable early objective.

IV. A Sense of Urgency

In today's world, speed wins. CIHR has to be forward-looking, ahead of the game, anticipating changes to Canadians' health care needs, Canada's knowledge-based economy, and Canadian society. Early success is already evident in the collaborative programs – the Community Alliances in Health Research (CAHRs) and Interdisciplinary Health Research Teams (IHRTs) – developed to begin the transition to CIHR. In each program 180 teams of researchers have applied, covering the full breadth

CIHR must establish mechanisms to facilitate the exchange of knowledge and technology transfer between health researchers and users, including researchers, health practitioners and policy makers, and business and industry.

– Heather Munroe-Blum, MRC Council



The new programs will be powerful mechanisms for achieving CIHR's objectives; in the first year, we would hope to see at least 25 CAHRs and 25 IHRTs established.

– Philip Seeman,
MRC Council

CIHR should try to keep the research community strong and united, speaking with a common voice and building a system which is very welcoming for new researchers.

– Khaled Hashem,
MRC Council

of research. Community partners in the CAHR proposals include Ministries of Health, local foundations, health organizations, and support groups.

The challenge to the new Governing Council is to demonstrate impressive Phase I progress by the autumn of 2001 – eighteen months from now – to our elected officials and to Canadians. It will show its stakeholders that the health research enterprise in Canada has been modernized, is relevant, and is beginning to generate results. Its partnerships will be up and running, and the research enterprise will be providing health and creating wealth.

The challenge to the research community in this early going is to continue to focus on results. With the prospect of substantial increases in the number and value of all kinds of grants, and with the prospect of long-term salary support for the highest quality of research, it is essential to deliver the goods and maintain the momentum. The coalition that came together to create CIHR must remain united, working towards greater fulfillment in the Phase II or 2005 targets.

Towards Phase II

The medium and long-term prospects for Canadian science are more favorable than the MRC imagined only a few short years ago. The Government of Canada has committed to doubling health research funding between 1998 and 2002. CIHR should make the case for doubling that funding again, to \$1 billion or 1% of Canadian health spending, by 2005, in order to move closer to the Prime Minister's goal of "putting Canada in the forefront of the knowledge-based economy of the Twenty-First Century."

The promise of a \$1B CIHR



In CIHR, we will need to be able to demonstrate that the returns to Canadians are much greater than the investment we make; in the short term, we need to show how we have created new gateways for translation of research and ideas.

– Kevin Keough,
Vice-President,
MRC Council

To make this a practical goal, CIHR must deliver on its promises of excellence, innovation, and effectiveness. It must deliver the dividends that will justify the higher investment in research.

To achieve the goal of a 1% investment in Canadian health research, CIHR will need a commitment of a \$150 million budgetary increase in each of years 3, 4, and 5. The above table outlines the desired progress, in terms of people, facilities, grants, collaborations, and partnerships.

Fare Well

These goals are clear and achievable by CIHR. MRC Council invites Canada's scientists and partners to share the vision of CIHR that inspired the MRC's effort to bring about its own metamorphosis as it builds a better research organization. Council invites the community to support the Governing Council as it takes CIHR into an exciting new era.

In taking the decision to move towards CIHR, the government understood that this was a major transformative nation-building project. It could not happen all at once, but must be a phased development.

– Henry Friesen,
MRC President

Realizing the Prime Minister's Vision: A blueprint

Activity	Current status	Deliverable by 2005 to support Phase II	CIHR investment
# of grants (strategic + unsolicited, across full spectrum)	2,300	4,000	
Value of grants	\$100,000	\$150,000 average	\$600 M
Training/capacity	1,600	3,000 trainees	\$75 M
Career Path	20% of grants with salary awards	50% of grants with salary awards	\$80 M
Infrastructure and resources (trial centres, databases, cohorts, eq't)	\$7 M	Full scope of resources supported	\$65 M
Collaborative research teams (CAHRs/IHRTs/Groups/consortia)	100 teams @ \$200,000	200 teams @ \$800,000	\$160 M
Institute Development Fund	–	8-12 Institutes established with IABs and strategic plans	\$20 M
			\$1B M