



# Canadian Institutes of Health Research

2002-2003  
Estimates

Part III – Report on Plans and Priorities

Canada

## The Estimates Documents

Each year, the government prepares Estimates in support of its request to Parliament for authority to spend public monies. This request is formalized through the tabling of appropriation bills in Parliament. The Estimates, which are tabled in the House of Commons by the President of the Treasury Board, consist of three parts:

**Part I – The Government Expenditure Plan** provides an overview of federal spending and summarizes both the relationship of the key elements of the Main Estimates to the Expenditure Plan (as set out in the Budget).

**Part II – The Main Estimates** directly support the *Appropriation Act*. The Main Estimates identify the spending authorities (votes) and amounts to be included in subsequent appropriation bills. Parliament will be asked to approve these votes to enable the government to proceed with its spending plans. Parts I and II of the Estimates are tabled concurrently on or before 1 March.

**Part III – Departmental Expenditure Plans** which is divided into two components:

- (1) **Reports on Plans and Priorities (RPPs)** are individual expenditure plans for each department and agency (excluding Crown corporations). These reports provide increased levels of detail on a business line basis and contain information on objectives, initiatives and planned results, including links to related resource requirements over a three-year period. The RPPs also provide details on human resource requirements, major capital projects, grants and contributions, and net program costs. They are tabled in Parliament by the President of the Treasury Board on behalf of the ministers who preside over the departments and agencies identified in Schedules I, I.1 and II of the *Financial Administration Act*. These documents are tabled in the spring and referred to committees, which then report back to the House of Commons pursuant to Standing Order 81(4).
- (2) **Departmental Performance Reports (DPRs)** are individual department and agency accounts of accomplishments achieved against planned performance expectations as set out in respective RPPs. These Performance Reports, which cover the most recently completed fiscal year, are tabled in Parliament in the fall by the President of the Treasury Board on behalf of the ministers who preside over the departments and agencies identified in Schedules I, I.1 and II of the *Financial Administration Act*.

The Estimates, along with the Minister of Finance's Budget, reflect the government's annual budget planning and resource allocation priorities. In combination with the subsequent reporting of financial results in the Public Accounts and of accomplishments achieved in Departmental Performance Reports, this material helps Parliament hold the government to account for the allocation and management of public funds.

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Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada

**Canadian Institutes of Health Research**

**Report on Plans and Priorities**

**for the fiscal year**

**2002-2003**



**Submitted to the  
Parliament of Canada  
by**

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**Anne McLellan  
Minister of Health**

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**Alan Bernstein, Ph.D., FRSC  
President  
Canadian Institutes of Health Research**



## I President's Message

The Canadian health research community has embraced the bold vision and mandate of CIHR with enthusiasm by responding swiftly and creatively to the programs designed to create new knowledge about health and disease, improve health, foster the development of a more effective health care system, and strengthen and diversify Canada's knowledge-based economy.

CIHR's plans and priorities for fiscal year 2002-2003 will build on the synergies being created by Institute Scientific Directors and their Institute Advisory Boards with health research stakeholders in the voluntary, public, private and international sectors.

CIHR will also be guided by our initiative to create a research agenda for the nation – a first for Canada. The agenda, set out in *r:evolution, CIHR: Towards a national health research agenda* delineates four areas of focus: build Canada's international leadership in health research; integrate all disciplines that pertain to health and health research; improve the health of vulnerable populations; and strengthen our health care system in this era of genomics. The strategic priorities of CIHR's 13 Institutes, to be released early in the fiscal year, will support these four directions of the national health research agenda.

CIHR will continue to promote an integrated problem-based approach to health and health research, bringing together the best researchers, regardless of discipline or geography. The current revolution in health research is driven by the convergence of many fields into health. This convergence requires that research be organized and funded in new ways. CIHR will continue to develop programs that catalyze new interdisciplinary approaches to training in health research. Excellence and sound ethical practices are at the core of all our decisions, programs and policies.

As well, CIHR will identify opportunities to shape Canada's major challenges in such areas as the health of Canada's children, Aboriginal health, palliative care, bioterrorism, innovation in the new economy, and the future of our health system. A renewed health system, and measures to protect Canadians from biological threats, cannot be achieved without the benefit of evidence

drawn from rigorous research. Similarly, the development of a strong biotechnology industry can only be built upon a strong foundation of research.

The world's research community is experiencing an unprecedented level of excitement in the health sciences, of revolutionary proportion. Canada, through the Canadian Institutes of Health Research, is poised to lead this revolution as it charts the way in the new frontiers of health knowledge.

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Alan Bernstein, Ph.D., FRSC  
President  
Canadian Institutes of Health Research

## II Management Representation

**I submit, for tabling in Parliament, the 2002-2003 Report on Plans and Priorities (RPP) for the Canadian Institutes of Health Research.**

**To the best of my knowledge the information:**

- **accurately portrays the agency's mandate, plans, priorities, strategies and expected key results;**
- **is consistent with the disclosure principles contained in *Guidelines for Preparing a Report on Plans and Priorities*;**
- **is comprehensive and accurate; and,**
- **is based on sound underlying departmental information and management systems.**

**I am satisfied as to the quality assurance processes and procedures used for the RPP's production.**

**The Planning and Reporting Accountability Structure (PRAS) on which this document is based has been approved by Treasury Board Ministers and is the basis for accountability for the results achieved with the resources and authorities provided.**

**Name: Karen Mosher, Executive Director**

**Signature:**

**Date:**

### III Overview of CIHR

#### Raison d'être

CIHR was created to galvanize the energy and creativity of Canada's best health researchers. Through their efforts and achievements, Canadians can benefit from improved health, more effective health care and a stronger knowledge-based economy.

#### 13 Virtual Institutes

CIHR Institute of Aboriginal People's Health  
CIHR Institute of Cancer Research  
CIHR Institute of Circulatory and Respiratory Health  
CIHR Institute of Gender and Health  
CIHR Institute of Genetics  
CIHR Institute of Health Services Research  
CIHR Institute of Aging  
CIHR Institute of Human Development, Child and Youth Health  
CIHR Institute of Infection and Immunity  
CIHR Institute of Musculoskeletal Health and Arthritis  
CIHR Institute of Neurosciences, Mental Health and Addictions  
CIHR Institute of Nutrition, Metabolism and Diabetes  
CIHR Institute of Population and Public Health

Our mission is to position Canada as an internationally acknowledged leader in the global advancement of health research. CIHR deploys a network of virtual, cross-Canada research institutes, each focused on a particular area of importance to health. By providing a forum for open, inclusive consultation with citizens, health researchers, health professionals, the health charities, policy makers and others, CIHR Institutes

identify Canadian health research priorities and then design and implement initiatives through which they can be swiftly and effectively addressed.



## Strategic Priorities

CIHR is committed to delivering to Canadians:

- Outstanding Research
- A Robust Environment for Health Research
- Partnerships and Public Engagement
- Translation and Use of Knowledge
- Organizational Excellence.

The following tables describe CIHR plans related to these five categories of outcomes, particularly over the course of the 2002-2003 fiscal year but also in the two subsequent fiscal years.

The distribution of our resources to achieving each of the five outcome areas is an estimate only. CIHR's programs are designed to provide financial support to Canadian research including the support for people, discoveries and innovation. Many of these activities will contribute to more than one outcome area. For example, CIHR thematic initiatives, developed in partnership with other research funders, contribute significantly to building a robust research environment in which excellent researchers do outstanding research which gets translated into health gains for Canadians.

Running through these five tables of activities and outcomes are the four strategic priorities enunciated in CIHR's first national research agenda entitled *r:evolution, CIHR: Towards a national health research agenda* (add web link). These four strategic priorities are:

- 1) Building Canada's international leadership through national excellence in health research.
- 2) Integrating the various disciplines of the health research spectrum, including life sciences, natural and social sciences, engineering, mathematics and the humanities.
- 3) Improving the health status of vulnerable populations.
- 4) Strengthening health research and the health system in the genomics era.

**Table 1**

|                                 |   |
|---------------------------------|---|
| <b>Outcome</b>                  | Outstanding Research  |
| <b>Results for Canadians</b>    | <ul style="list-style-type: none"> <li>• Research that meets high ethical standards and adds new knowledge to the global pool</li> <li>• Development and promotion of CIHR Institutes and national health research agendas</li> <li>• Research that responds strategically to emerging health threats and research opportunities</li> </ul>   |
| <b>Priorities and plans</b>     | <ul style="list-style-type: none"> <li>• Support outstanding research which will provide Canadians with discoveries and knowledge that improve health</li> <li>• Support programs to foster problem-based research that encompasses all the disciplines across the health research spectrum</li> <li>• Enhance Canada's international competitiveness by increasing the value and number of grants</li> <li>• Identify Institute thematic research priorities and develop initiatives to address them</li> <li>• Contribute to improved research ethics policies and practices in Canada and promote high ethical standards in Canadian research</li> </ul> |
| <b>Resources to be deployed</b> | \$ 425 M  |

**Table 2**

|                                 |  |
|---------------------------------|--|
| <b>Outcome</b>                  | A Robust Research Environment  |
| <b>Results for Canadians</b>    | <ul style="list-style-type: none"> <li>• Outstanding health researchers working in Canada</li> <li>• Strengthened Canadian universities, hospitals, health care system and knowledge-based economy</li> </ul>  |
| <b>Priorities and plans</b>     | <ul style="list-style-type: none"> <li>• Continue to support research career development</li> <li>• Develop a virtual meeting ground (ResearchNet) that will support Canada's health research community</li> <li>• Foster novel programs for interdisciplinary health research training</li> </ul> |
| <b>Resources to be deployed</b> | \$ 135 M   |

**Table 3**

|                                 |   |
|---------------------------------|---|
| <b>Outcome</b>                  | Translation and use of knowledge  |
| <b>Results for Canadians</b>    | <ul style="list-style-type: none"><li>• Effective translation and dissemination of research findings</li><li>• Exchange of information between researchers and users</li><li>• Application of research findings</li><li>• Impacts resulting from application of research findings</li></ul>   |
| <b>Priorities and plans</b>     | <ul style="list-style-type: none"><li>• Facilitate the effective translation and dissemination of research findings</li><li>• Encourage the application of research findings and the assessment of the impacts resulting from this application</li><li>• Develop mechanisms to facilitate research-driven policy-making</li><li>• Contribute to the growth of the new economy through the facilitation of innovation and commercialization of health research</li></ul> |
| <b>Resources to be deployed</b> | \$ 24 M   |

**Table 4**

|                                 |  |
|---------------------------------|--|
| <b>Outcome</b>                  | Partnerships and Public Engagement   |
| <b>Results for Canadians</b>    | <ul style="list-style-type: none"><li>• Innovative national and international alliances for more and better research</li><li>• Intellectual and administrative synergy in the national health research effort</li><li>• Involvement of the public, partners and others in CIHR activities and achievements</li><li>• Raised public awareness of research</li></ul>   |
| <b>Priorities and plans</b>     | <ul style="list-style-type: none"><li>• Promote programs and partnerships that increase capacity for applying research results</li><li>• Develop a mechanism for consultation with the Provinces and Territories on the transfer of research results to users in the health care system</li><li>• Engage stakeholders and CIHR's partners in the determination of respective roles in the knowledge creation and transfer process</li><li>• Create fora that brings together health researchers and users of research results</li><li>• Expand CIHR capacity to lead public debate on health policy issues and ethics</li><li>• Engage public participation in the identification of research priorities</li></ul> |
| <b>Resources to be deployed</b> | \$ 31 M  |

**Table 5**

|                                 |  |
|---------------------------------|--|
| <b>Outcome</b>                  | Organizational Excellence  |
| <b>Results for Canadians</b>    | <ul style="list-style-type: none"> <li>• Demonstrated leadership and co-ordination of national health research issues</li> <li>• Innovative programming, activities, and structures</li> <li>• Excellence in management and operations</li> <li>• Outstanding work environment</li> </ul>  |
| <b>Priorities and plans</b>     | <ul style="list-style-type: none"> <li>• Implement structures and practices that are seen as models for proactive leadership of health research and effective delivery of resources</li> <li>• Introduce technologies and structures to make CIHR decisions and activities transparent</li> <li>• Continue to work with NSERC and SSHRC and others to harmonize, clarify and make more consistent our policies, regulations and practices pertaining to grants and awards</li> </ul> |
| <b>Resources to be deployed</b> | \$35 M   |

## IV Organisation

|   |   |
|---|---|
| <b>Outcomes:</b>  | <b>Business Line:</b><br>The creation and translation of new knowledge for improving health |
| Outstanding Research                                    | \$425M  |
| Excellent Researchers and a Robust Research Environment | \$135M  |
| Useful Information Translated into Useful Application   | \$24M   |
| Partnerships and Public Engagement                      | \$31M   |
| Organizational Excellence                               | \$35M   |
| <b>Total</b>  | <b>\$650M</b>   |

## V Planned Spending

### Canadian Institutes of Health Research Planned Spending

| (millions of dollars)                                 | Forecast Spending 2001-02 <sup>1</sup> | Planned Spending 2002-03 | Planned Spending 2003-04 | Planned Spending 2004-05 |
|---|--|--------------------------|--------------------------|--------------------------|
| Budgetary Main Estimates                              | 430.5                                  | <b>465.3</b>             | 477.5                    | 497.3                    |
| Non-Budgetary Main Estimates                          | -                                      | -                        | -                        | -                        |
| <i>Less:</i> Respendable revenue                      | -                                      | -                        | -                        | -                        |
| <b>Total Main Estimates</b>                           | 430.5                                  | <b>465.3</b>             | 477.5                    | 497.3                    |
| Adjustments   | 123.3                                  | <b>185.0</b>             | 185.0                    | 185.0                    |
| <i>Net Planned Spending</i>                           | 553.8                                  | <b>650.3</b>             | 662.5                    | 682.3                    |
| <i>Less:</i> Non-respendable revenue                  | 0.9                                    | <b>1.0</b>               | 1.0                      | 1.0                      |
| <i>Plus:</i> Cost of services received without charge | 1.4                                    | <b>1.4</b>               | 1.4                      | 1.4                      |
| <b>Net Program Cost</b>                               | 554.3                                  | <b>650.7</b>             | 662.9                    | 682.7                    |
| <b>Full Time Equivalents</b>                          | 180                                    | <b>220</b>               | 220                      | 220                      |

<sup>1</sup> Reflects best forecast of total planned spending to the end of the fiscal year.  
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**VI ANNEXES**

**Annex 1 Summary of Transfer Payments**

| (millions of dollars)  | Forecast<br>2001-02 | Planned<br>2002-03 | Planned<br>2003-04 | Planned<br>2004-05 |
|--|---------------------|--------------------|--------------------|--------------------|
| <b>Canadian Institutes of Health Research Program</b>          |                     |                    |                    |                    |
| Creation and translation of new knowledge for improving health |                     |                    |                    |                    |
| Grants for research projects and personnel support             | 505.7               | <b>601.9</b>       | 614.0              | 633.9              |
| Institute support grants                                       | 13.0                | <b>13.0</b>        | 13.0               | 13.0               |
| Contributions  | -                   | -                  | -                  | -                  |
| Other Transfer Payments  | -                   | -                  | -                  | -                  |
| <b>Total</b>   | <b>518.7</b>        | <b>614.9</b>       | <b>627.0</b>       | <b>646.9</b>       |

**Annex 2 Source of Respendable and Non-Respendable Revenue**

| (millions of dollars)                                 | Forecast<br>2001-02 | Planned<br>2002-03 | Planned<br>2003-04 | Planned<br>2004-05 |
|---|---------------------|--------------------|--------------------|--------------------|
| <b>Respendable Revenue</b>                            |                     |                    |                    |                    |
| <i>Nil</i>  | -                   | -                  | -                  | -                  |
| <b>Non-Respendable Revenue</b>                        |                     |                    |                    |                    |
| <i>Source: Refunds of Previous Years' Expenditure</i> | 0.9                 | <b>1.0</b>         | 1.0                | 1.0                |
| <b>Total</b>  | <b>0.9</b>          | <b>1.0</b>         | <b>1.0</b>         | <b>1.0</b>         |

**Annex 3 Net Cost of Canadian Institutes of Health Research  
Program for the Estimates Year**

| <b>(millions of dollars)</b>  |              |
|---|--------------|
| <b><i>Planned Spending</i></b>  |              |
| Budgetary and Non-budgetary Main Estimates plus adjustments                         | <b>650.3</b> |
| Plus:   |              |
| <i>Services received without charge</i>   |              |
| Accommodation provided by Public Works and Government Services Canada               | 0.6          |
| Contributions covering employers' share of insurance premiums and costs paid by TBS | 0.8          |
|   | 1.4          |
| <b><i>Total Cost of Program</i></b>   | <b>651.7</b> |
| Less:   |              |
| <i>Respendable Revenue</i>  | -            |
| <i>Non-respendable Revenue</i>  | 1.0          |
| <b>2002-2003 Net Program Cost (<i>Total Planned Spending</i>)</b>                   | <b>650.7</b> |