

ANNUAL REPORT 2001-2002

BUILDING FOR BETTER HEALTH





Freda Miller
McGill University

PROMISING RESEARCH

Stem cell research is as controversial as it is promising. Stem cells may eventually be used to help repair irreplaceable parts of the body, including brain cells and spinal cords. In the meantime, an ethical debate surrounds the use of human embryos as a source of stem cells. To find new, easily accessible and non-controversial sources of stem cells, CIHR funds researchers such as Dr. Freda Miller. In August 2001, Dr. Miller and her team at McGill University's Montreal Neurological Institute announced their discovery that stem cells also reside in adult skin. Dr. Miller's work, supported by CIHR, has garnered international headlines. Not only might her work circumvent the current ethical debate, but it also suggests patients undergoing stem-cell therapy could be treated with cells from their own bodies. This finding would constitute a major breakthrough, as patients implanted with foreign tissues are forced to take costly immuno-suppressant drugs.

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For further information, please contact:

Canadian Institutes of Health Research, 410 Laurier Ave. W., 9th Floor, Address Locator 4209A, Ottawa ON K1A 0W9 Tel.: 613.941.2672 Fax: 613.954.1800
E-mail: info@cihr-irsc.gc.ca Website: www.cihr-irsc.gc.ca

BUILDING FOR BETTER HEALTH

Since its inception in June 2000, the Canadian Institutes of Health Research (CIHR) has embraced an ambitious mission – to create and translate new knowledge to improve the health of Canadians, provide more effective health products and services, and strengthen Canada's health care system.

Now entering its second year, CIHR is committed to achieving its mission by building an energized and innovative national health research enterprise for the 21st century.

As Canada's premier funding agency for health research, CIHR provides stability and ensures an environment in which the research community can explore new scientific frontiers, nurture research talent of the highest calibre, foster partnerships and public engagement, generate exciting research breakthroughs, influence health policy and practice, commercialize new products and procedures, and improve health outcomes.

CIHR's unique virtual-institute structure and research-integration approach enable an open, flexible and responsive research community.

During 2001–2002, CIHR established five strategic outcome areas as part of an agency-wide performance measurement framework that will guide the organization's operational development for years to come. CIHR introduced a range of new programs and initiatives to accommodate the growing volume and breadth of research and ensure the highest ethical standards. CIHR also initiated Canada's first national agenda on health research to set a course for discovery and address emerging health issues of concern to Canadians.

Going forward, these and other initiatives provide a solid foundation on which CIHR can grow, contributing to better health for Canadians, strengthening their health care system and propelling health-related economic innovation.



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Institute Advisory Board

CIHR's Institute of Musculoskeletal Health and Arthritis

Back (l to r) Joan McGowan, Elizabeth Badley, Cyril Frank (Scientific Director), James Lund, John Dossetor, Morris Milner
Front (l to r) Denis Morrice, Jane Aubin, Edmund Biden, Juliette Cooper, Flora Dell, Anthony Pool, Bosco Chan
Absent: David McLean, Robert McMurtry, Henri-André Ménard, Ilona Skerjanc

STRUCTURAL INTEGRITY

CIHR's unique virtual structure is enhanced by an innovative approach that draws on the broad expertise of funding partners, researchers, research users and members of the general public who volunteer to serve on Institute Advisory Boards (IABs). IAB members support and advise Institute Scientific Directors, linking CIHR to the wider research community and providing a means through which key stakeholders can put forward priorities for health research.

The mission of 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.

Augmenting the Value of Research

With the launch of CIHR in June 2000, the Government of Canada transformed health research in Canada. Since then, CIHR has reaffirmed Canada as a country dedicated to making research the foundation of better health. CIHR builds upon Canada's proud history of international excellence in health research and recognizes that the greatest advances will be achieved through the integration and application of research. It brings together outstanding researchers from all sectors to advance global knowledge through a problem-based multidisciplinary approach that tackles health issues and research questions of direct concern to Canadians.

Institutional Innovation

CIHR integrates research through a unique interdisciplinary structure that comprises 13 virtual Institutes undertaking research in four critical areas:

- biomedical,
- clinical,
- health systems and services, and
- population health, addressing societal and cultural dimensions, as well as environmental influences.

These Institutes are *virtual* because they are not located in fixed buildings. Rather, Institutes exist as part of a larger national research partnership – a collaborative network that links researchers, universities, hospitals, industry, governments, communities, charities and patient groups across Canada.

Diverse Responsibilities

CIHR is more than a funding agency. Through its 13 Institutes, CIHR engages stakeholders in the creation and implementation of a national health research agenda that responds to the health needs of Canadians, informs the evolution of Canada's health system, recognizes the rapid pace of scientific progress in health research, and advises and influences health-policy decision makers.

As part of the federal government's investment in health research, CIHR supports more than 5,000 researchers across Canada. By means of a variety of training initiatives, CIHR contributes to the development of the next generation of researchers, ensuring a strong and diverse talent base for years to come.

CIHR is mandated by Parliament to facilitate the discussion of ethical issues as they apply to health research. Through its Office of Ethics, CIHR encourages the study of health-related ethical issues, and monitors, analyzes and evaluates ethical issues pertaining to health and health research.

Ultimately, it is the application of research that will result in advances in health. To this end, CIHR promotes the translation of research into action, contributing not only to the health of Canadians and a strengthened health care system, but also to the competitiveness of the country's innovative, knowledge-based economy.



CIHR INSTITUTES

Institute of Aboriginal Peoples' Health

Institute of Aging

Institute of Cancer Research

Institute of Circulatory and
Respiratory Health

Institute of Gender and Health

Institute of Genetics

Institute of Health Services and
Policy Research

Institute of Human Development,
Child and Youth Health

Institute of Infection and Immunity

Institute of Musculoskeletal Health
and Arthritis

Institute of Neurosciences, Mental
Health and Addiction

Institute of Nutrition, Metabolism
and Diabetes

Institute of Population and
Public Health



Alan Bernstein
President, Canadian Institutes
of Health Research

2001–2002 was an historic year for CIHR and Canada – the first full year that we have had national health research Institutes engaging all players involved in health and health research and developing a coherent national health research agenda.

PRESIDENT'S MESSAGE

When CIHR was created, we set out to establish – for the first time – a national health research agenda that responds to the needs and priorities of Canadians. We achieved that goal this past year through *r:evolution*, a document that identifies four overarching strategic directions for health research in the coming years.

Building Momentum

This past year was also historic – the first in which Canada was served by CIHR's 13 virtual health research Institutes. Scientific Directors and their Institute Advisory Boards worked together to develop strategic plans and contribute to the development of a national health research agenda.

The Institutes held hundreds of meetings and workshops across Canada to determine the research priorities of individuals and organizations throughout the health research community. As many participants told me, these consultations were the first occasions where researchers, practitioners, volunteer organizations, industry and patients had gathered together to set priorities.

Turning Research into Action

Seeking to ensure that Canadians receive value from the research they fund, CIHR supports not only new discoveries, but also the application of



research findings. New initiatives this past year included Proof of Principle and Intellectual Property Management Programs – both of which help Canadian researchers translate their discoveries into new products and services to improve the health of Canadians and the competitiveness of our economy.

We also continued our efforts to support the health researchers of tomorrow. CIHR's Strategic Training Initiative, for instance, is an outstanding example of CIHR's vision. Built on excellence, the initiative engages partners through a multidisciplinary, strategic, inclusive and integrative approach.

We applied our vision to the improvement of CIHR as well, beginning a process to change our organizational structure to better reflect our broad, integrative mandate.

In 2001–2002, stem cells occupied the minds of researchers and policy makers alike, as Canadians grappled with the ethical questions of whether and how to advance promising research in this area while respecting Canadian values and beliefs. The guidelines adopted by CIHR for stem cell research will be consistent with the government's proposed legislation on assisted human reproduction.

Recognizing Achievement

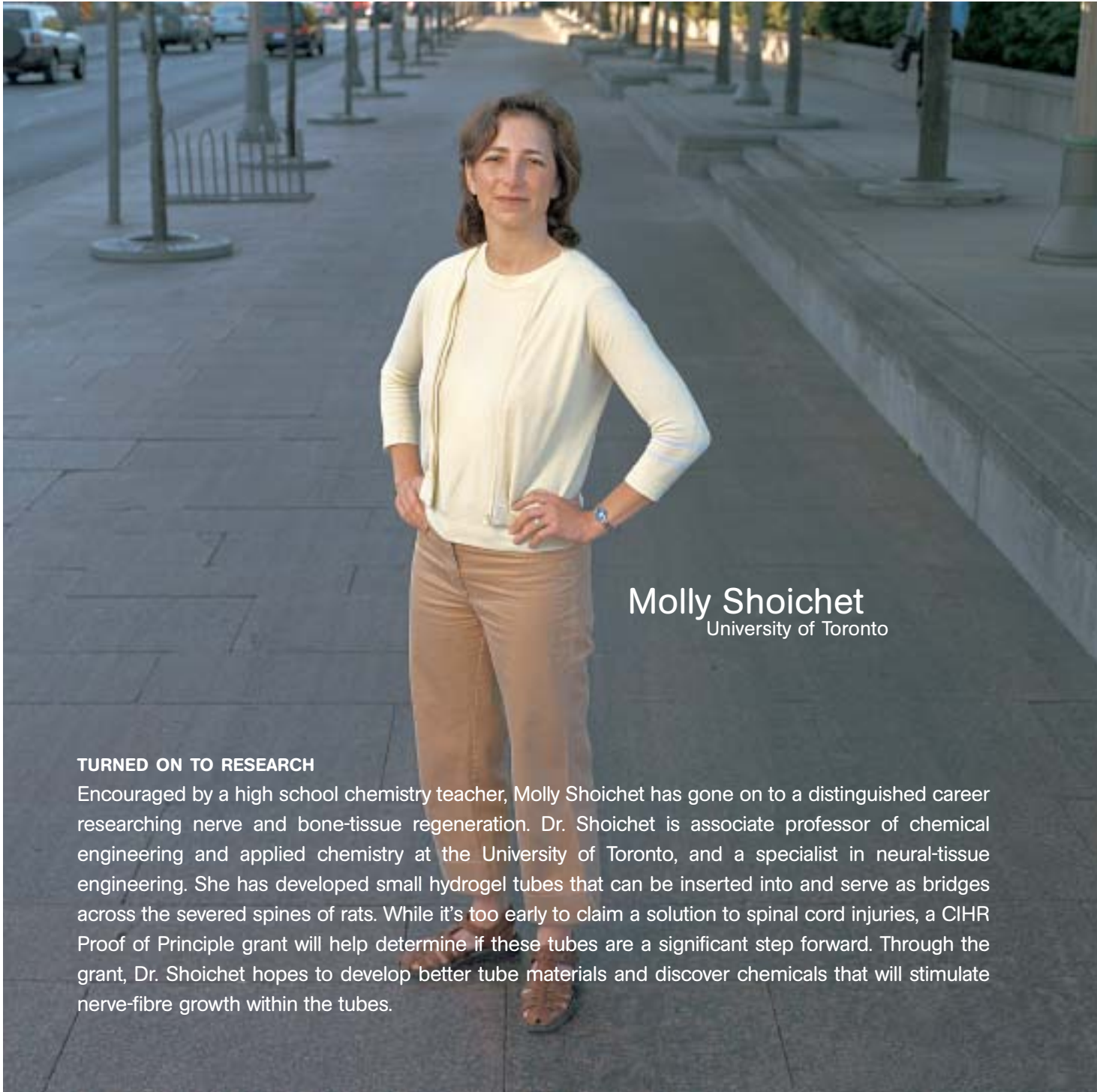
Our success is being recognized around the world through new international agreements, and through visits by representatives of foreign health research organizations eager to learn about CIHR's innovative approach.

It was also recognized by the Government of Canada, which increased our 2002–2003 budget by \$75 million. This is a significant increase, and a true measure of the government's support both for health research and for CIHR.

Canadian researchers made major advances in the past year – in proteomics, cardiovascular disease, stem cells, population health and many other areas. None of our achievements would have been possible without the efforts of hundreds of people – particularly those from voluntary health organizations – who have willingly given of their time, knowledge and expertise.

Going forward, CIHR intends to accelerate the pace of discovery, ensuring Canadians reap the benefits of a sound investment in health research.

Alan Bernstein, OC, PhD, FRSC
President, Canadian Institutes
of Health Research



Molly Shoichet
University of Toronto

TURNED ON TO RESEARCH

Encouraged by a high school chemistry teacher, Molly Shoichet has gone on to a distinguished career researching nerve and bone-tissue regeneration. Dr. Shoichet is associate professor of chemical engineering and applied chemistry at the University of Toronto, and a specialist in neural-tissue engineering. She has developed small hydrogel tubes that can be inserted into and serve as bridges across the severed spines of rats. While it's too early to claim a solution to spinal cord injuries, a CIHR Proof of Principle grant will help determine if these tubes are a significant step forward. Through the grant, Dr. Shoichet hopes to develop better tube materials and discover chemicals that will stimulate nerve-fibre growth within the tubes.

CIHR aspires to be a model health research agency for the world, and a paragon of openness and transparency in reporting to Canadians on the performance of the public's investment in health research.

STRATEGIC OUTCOMES



Investing in research

As Canada's premier federal agency for health research, CIHR is accountable to Parliament through the Minister of Health. In 2001–2002, CIHR invested 94 percent of its \$527 million total expenditures in specific research projects and in awards and salaries to researchers.

Enhancing Performance

Research is an investment in the future. As such, it requires not only long-term commitment to the creation and use of new research knowledge, but also a mechanism for reporting, monitoring, analyzing and acting on strategic objectives.

With this in mind, CIHR and its 13 Institutes worked with numerous stakeholders to develop a comprehensive performance measurement framework. Through this framework, CIHR will inform Canadians of accomplishments, establish future directions for research, and guide the evolution of its operations.

Outcomes

CIHR measures its performance according to strategic outcomes in five key areas:

- Outstanding Research
- Excellent Researchers and a Robust Research Environment
- Partnerships and Public Engagement
- Translation and Use of Knowledge
- Organizational Excellence

Throughout successive reporting years, CIHR will evaluate its achievement of these outcomes by collecting key performance data through a variety of methods, including:

- surveys of health researchers in all disciplines across Canada;
- analysis of publications by CIHR-supported researchers;
- assessment of the quality of research supported by CIHR (while ensuring alignment with national health research priorities and the development of potential applications);
- interviews with key stakeholders, including host institutions, researchers and health charities; and
- case studies and surveys that examine the application of research findings and their impact on public policy and improved health and health care.



Strength in numbers 2001–2002

Clinical trials
99

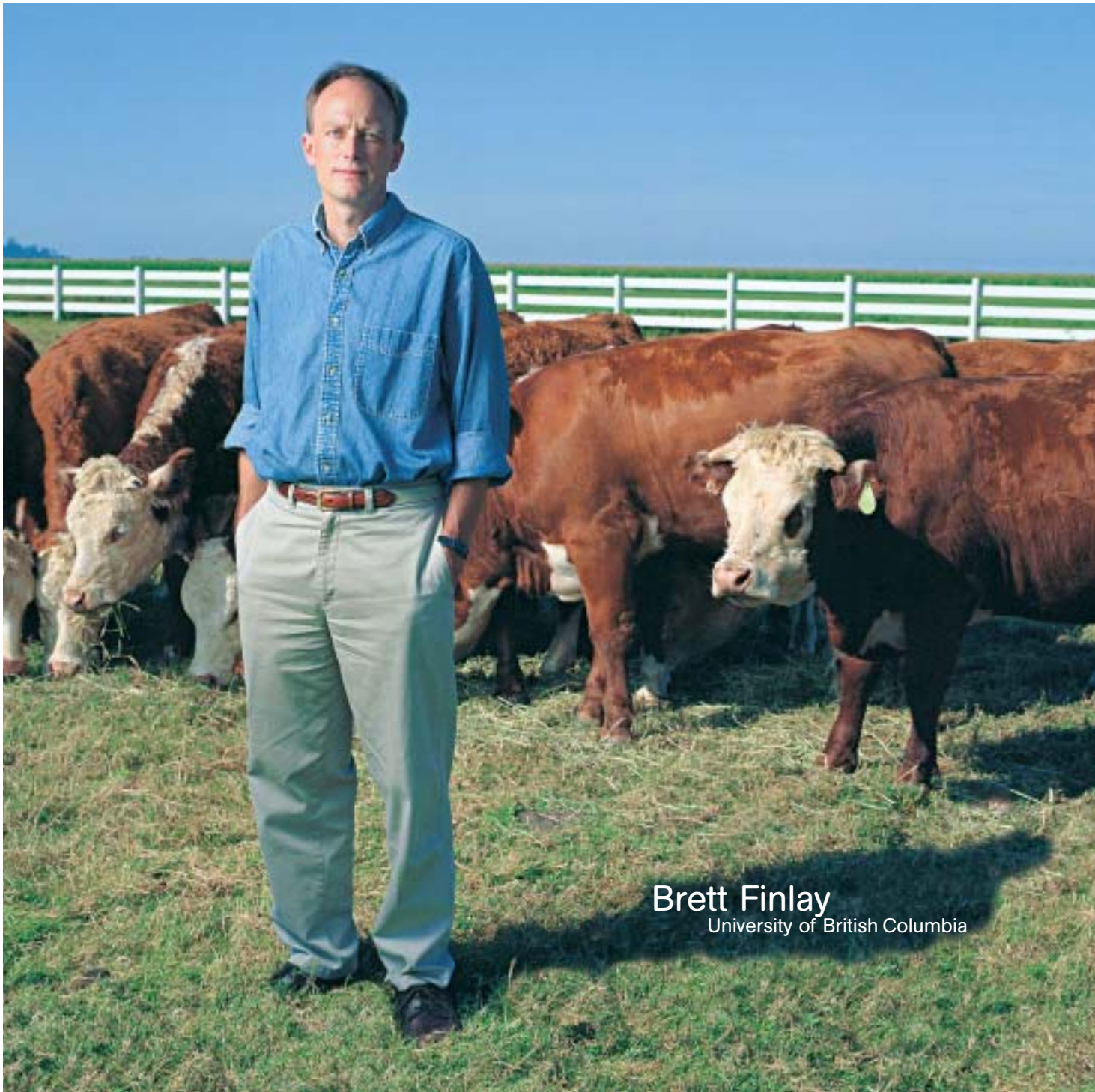
Canada Research Chairs
167

Operating grants
3,300

Salary awards
648

Training awards
1,828

Total grants and awards
6,930



Brett Finlay
University of British Columbia

Outstanding research tells its own story – in diseases prevented and treated, in improved quality of life for individuals, in better health services and products, and in a health care system that meets the needs of Canadians in the most effective and cost-efficient manner possible.

BATTLE OF THE BUGS

Recent events throughout Canada have highlighted the dangers of *E. coli* 157-H7, a bacterium that causes illness in some 50,000 North Americans each year, and kills 500 people annually. Tragedy struck Walkerton, Ontario, after *E. coli* from cow fecal matter contaminated the town's drinking water. As a result, government inspectors adopted a policy of zero tolerance toward beef cattle that carry a particular *E. coli* strain. The slightest contamination can lead to the destruction of an entire shipment. The cost to meat producers has been staggering — as much as \$5 billion annually.

All this may change if Brett Finlay's research proves successful. Dr. Finlay is a professor at the University of British Columbia, and one of only 31 CIHR Distinguished Investigators. With the support of CIHR, Finlay has developed a vaccine to protect cows against *E. coli* 157-H7. It has been effective in small numbers of cows, and is now being tested in more than 70,000 animals. If successful, Finlay's vaccine will help reduce the dramatic economic and health costs associated with *E. coli*.

OUTSTANDING RESEARCH

Performance Measures

- Quantity and quality of research output
- Recognition by the world research community of CIHR-supported researchers and their work
- Quality of the system that ensures high ethical standards
- Existence of a national health research agenda, and CIHR's role in its development

Creating a Foundation for Health

One of CIHR's key roles is to fund excellent health research in Canada. More than 75 percent of CIHR's base budget for grants and awards funds curiosity-driven and problem-based research initiated by individual investigators; a further 13 percent supports strategic initiatives that address specific priorities, opportunities and research gaps identified by CIHR's 13 Institutes in consultation with stakeholders.



Man or mouse?

Approximately 300,000 Canadians are infected with hepatitis C, a virus that kills as many as 1,000 Canadians each year. Until recently, hepatitis C researchers were severely limited in their abilities to test new therapies, as only humans and chimpanzees can be infected with the virus. Additionally, hepatitis C works so slowly that many years often elapse before victims learn they're infected. As a result, scientists rarely encounter the disease until its later stages.

There is new hope, however, thanks to the research of Drs. David Mercer, Norman Kneteman and Lorne Tyrrell. Working at the University of Alberta, and funded in part by CIHR, these researchers succeeded last year in transplanting human liver cells into genetically modified mice. As a result, these mice can be infected with hepatitis C, subjected to new treatments, and observed during the virus' earliest stages.

Protecting Research Integrity

All research proposals submitted to CIHR must meet strict international standards of excellence as determined by a rigorous peer review process. To ensure the independence and integrity of research, CIHR's peer review system operates at arms-length and undergoes continuous improvement. Last year, a dozen new committees were added to deal with the increased volume and breadth of applications; over 900 committee members devoted between four and six weeks to reading proposals, writing detailed assessments and attending meetings. CIHR also moved to ensure some committees include non-researchers, such as community members who offer critical lay perspectives.

Building a National Health Research Agenda

In 2001–2002, CIHR took bold steps to develop Canada's first agenda on health research. The agenda – *r:evolution* – identifies four strategic directions, the achievement of which will bring about new knowledge, stimulate economic growth and ensure health benefits for all Canadians:

1. Build Canada's international leadership through national excellence in health research.

OUTSTANDING RESEARCH



Listening to the voices of patients

The CIHR Institute of Musculoskeletal Health and Arthritis brought together physicians, scientists, health policy makers and patients for the first-ever Osteoarthritis Consensus Conference.

2. Integrate the various disciplines of the health research spectrum.
3. Improve the health status of vulnerable populations.
4. Strengthen health research and Canada's health system in the genomics era.

As part of this effort, all CIHR Institutes developed individual research agendas and strategic plans following national consultations and workshops. Going forward, research priorities include brain and spinal cord repair, palliative care, environmental and genetic interactions in circulatory and respiratory diseases, and obesity and healthy body weight.

Setting Priorities for Research

The CIHR Institute of Population and Public Health, for instance, consulted with more than 400 stakeholders across Canada to identify priorities for research and knowledge translation. Priorities include determining the health impacts of poverty and income inequality, engaging and influencing policy makers, and increasing access to and the integration of research databases.

Canada's key cancer organizations also came together to conduct the first joint national priority-setting exercise. As a result, the CIHR Institute of Cancer Research, Canadian Cancer Society, National Cancer Institute of Canada, and all provincial cancer agencies agreed on national aims and priorities for research. Currently, each agency is developing plans to implement the priorities.

Collaboration on Ethical Issues

Challenging questions arise as researchers continue to identify the genes responsible for various diseases: Who carry the mutant genes? How should information concerning these people be used? How will the health system cope with the many issues associated with predictive medicine?

To address these and other questions, the CIHR Institutes of Genetics and of Health Services and Policy Research created the Joint Initiative on Health Services and Genetics. "This is a true child of CIHR," says Roderick McInnes, Scientific Director of the Institute of Genetics. "It brings two communities together who have never worked together before. This is trans-disciplinary research at its best."

Focus on Rural Canadians

CIHR has identified rural Canadians as a population that faces unique health challenges and demands a special research focus. Last year, CIHR appointed Dalhousie University's Dr. Renée Lyons as Special Advisor on Rural Health to the President. The research will examine the state of rural health in Canada and assist in developing a long-term rural health agenda.



2001–2002 CIHR grant funding

Research grants
– all types

4,287

Worth
nearly
\$400
million

Increase in total
number of grants
over 2000–2001

22%

Increase
in average
operating
grant value

11%



The energy and impact of Canadian health research depend on people. That's why CIHR supports, mentors, and trains young researchers to undertake careers in health research, and attracts the world's best and brightest to Canadian institutions.

EXCELLENT RESEARCHERS
AND A ROBUST RESEARCH ENVIRONMENT

CONDUCTING AWARD-WINNING RESEARCH

Ovarian cancer isn't as common as some other forms of cancer, but the lack of early symptoms and the absence of a screening test mean that 60 percent of women diagnosed with this cancer have already reached a late stage of the disease. Supported by CIHR, Linda Cook has created a population-based program to identify risk factors associated with ovarian cancer. Through this program, she hopes to assist in the development of effective public health messages that inform women about the disease. With her collaborators, Dr. Cook is also conducting basic research on changes in tumours themselves; by identifying molecular changes, her work may lead to new treatments for ovarian cancer. Her innovative approach – a mix of molecular biology and epidemiology – made this University of Calgary researcher one of the first Peter Lougheed/CIHR Scholars. This important CIHR career development award has given her research a major boost.

EXCELLENT RESEARCHERS AND A ROBUST RESEARCH ENVIRONMENT

Performance Measures

The role of CIHR in supporting student and post-doctoral researchers and enabling them to establish themselves in Canada

The role of CIHR in attracting, supporting, and retaining experienced researchers, including professionals from other countries

The adequacy of resources for health research and the attractiveness of the health research environment

The capacity of Canadian health researchers to conduct outstanding research

A Human-resources Challenge

International competition for research expertise is intense. With estimates that suggest over 100,000 new researchers and scientists will be needed in Canada by 2010, this competition is sure to become more aggressive.

Through partnerships with universities, teaching hospitals and other research institutions, CIHR strives to



establish Canada as a dynamic international centre of health research. Only by providing competitive levels of funding, as well as supportive and stimulating working environments, will Canada attract the best people. These researchers will, in turn, attract outstanding colleagues and young people, as well as additional resources and enhance Canada's capacity for and quality of research.



Recognition by the numbers

In 2001, CIHR recognized thousands of excellent researchers by presenting a range of personnel awards:

Distinguished investigators

31

Senior investigators

63

Investigators

174

New investigators

314

Fellows and senior fellows

848

Student and doctoral research awards

837

Burroughs Wellcome undergraduate researchers

51

Awards of Merit

One way CIHR recognizes and supports outstanding researchers is through the Peter Lougheed/CIHR Scholarships, presented for the first time in October 2001. These awards support investigators in their first years of university appointments. Presented to the highest-rated applicants in CIHR's national scholarships competition, the awards are worth a total of approximately \$825,000 over a five-year period.

Additionally, in 2001–2002, CIHR and its 13 Institutes created new programs to support and encourage the next generation of health researchers:

The New Emerging Team (NET) Program

This initiative provides support to new groups of independent investigators who undertake collaborative, interdisciplinary research. Last year, one NET initiative brought together the CIHR Institutes of Gender and Health; Population and Public Health; Human Development, Child and Youth Health; Aging; and Neurosciences, Mental Health and Addiction, to address the health impacts of violence in our society. Through this initiative, Prof. Marlene Moretti, Dr. Wanda Bernard, Dr. Debra Pepler and Dr. Harriet MacMillan will focus on violence in the lives of girls and women, health impacts of violence on people of all ages, and the impact of violence in the Black community.

Development Grants

Grants of up to \$100,000 assist smaller institutions in building their health research capacity – to support investigators, provide start-up funds for new recruits, and conduct strategic planning exercises. In 2001–2002, CIHR awarded nearly \$3.3 million in development funding to 35 post-secondary institutions across Canada.

The Strategic Training Initiative in Health Research (STIHR)

Nearly 250 groups of researchers have submitted letters of intent to develop interdisciplinary training programs and support trainees through this recently launched initiative – a joint venture that involves all 13 CIHR Institutes as well as partners from health charities,



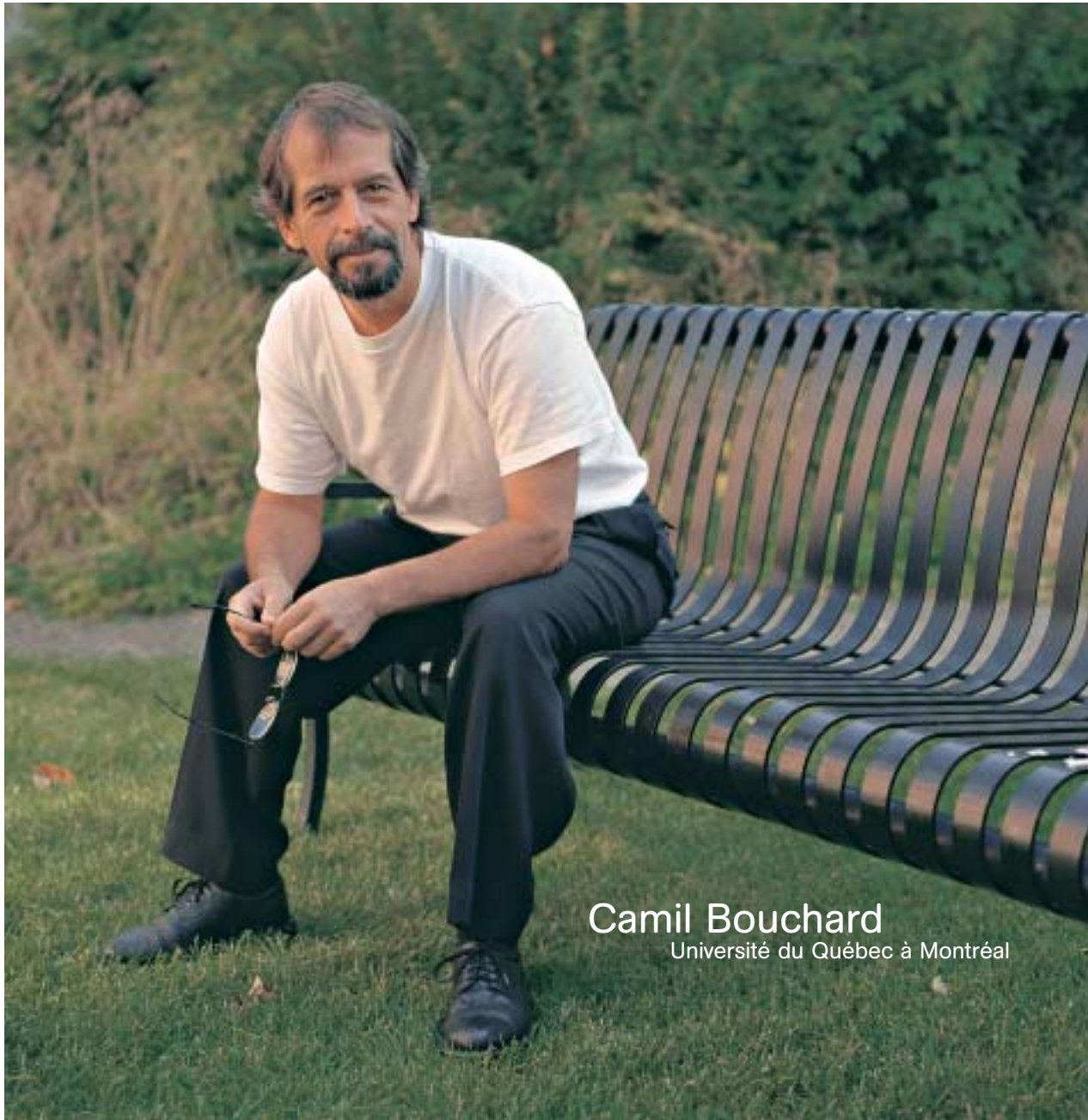
provincial governments and industry. The initiative will build a culture of creativity and innovation while promoting an interdisciplinary model among the next generation of health researchers. STIHR will also increase the capacity of Canada's health research community and encourage talented individuals to undertake training in health research. Fifty-one training centres will be funded through a commitment of nearly \$90 million over six years – a major investment by CIHR and its partners in the future of health research.

Building Aboriginal Health Research Capacity

Through its Institute of Aboriginal Peoples' Health (IAPH), CIHR acknowledges not only the unique health challenges faced by Canada's First Nations, but also the critical role they must play as partners in the search for solutions. To this end, the IAPH has created the Aboriginal Capacity and Developmental Research Environments (ACADRE) Program. This flagship strategic initiative will facilitate the growth of Aboriginal capacity in all fields of health research.

Lynn Breau, BrainStar

Children with disabilities who suffer from painful medical conditions often have difficulty communicating the sources of their discomfort. Lynn Breau helps parents and health care professionals recognize when these children are experiencing pain. A Ph.D. student in Clinical Psychology at Dalhousie University, Ms. Breau received a 2001 BrainStar award from CIHR's Institute of Neurosciences, Mental Health and Addiction. BrainStar awards recognize the work of young researchers across Canada who publish details of their work in a peer reviewed journal. Winners of the bi-weekly prize receive \$1,000 and visibility on the Institute's website.



Camil Bouchard
Université du Québec à Montréal

The January 2001 Speech from the Throne emphasized that partnerships are the way of doing business in the 21st century. Partnership is the very essence of CIHR and its Institute structure, bringing together stakeholders to increase and improve Canadian health research.

ENRICHING CANADIAN COMMUNITIES

Through the Alliance de Recherche sur le développement des Enfants dans leur Communauté (ARDEC), Dr. Camil Bouchard is learning how communities can best mobilize themselves to enrich their environments and the lives of resident children and families. ARDEC is part of a Community Alliance for Health Research (CAHR), a CIHR partnership program that fosters excellent research of relevance to community groups and agencies. “The CAHR status provides us with a lot of credibility in our own scientific community for the type of collaborative research we have favoured for years,” says Dr. Bouchard. ARDEC brings together university and public health researchers, and community resource workers and managers in linked research activities. The 1, 2, 3, GO! Community Initiative, for example, is devoted to analyzing and improving child protection, health and well being in six Montreal areas. In a second initiative, ARDEC partners stimulate awareness among policy makers, practitioners and the general public, and ensure that research plans are discussed and applied to produce better outcomes for children.

Performance Measures

- Collaboration among researchers, across disciplines and throughout Canada
- Combined scientific and administrative efforts, such as partnerships among public and private health research support agencies, in building the national health research enterprise
- Public awareness of health research, and public engagement in the discussion of health research issues



A landmark agreement

The human costs of heart disease and stroke are staggering; as the leading causes of death in Canada, these afflictions claim the lives of 79,000 people each year. The costs to the Canadian economy are just as grim, running to billions of dollars annually – and yet Canada has spent less than one percent of that amount on related research. As of 2001, that percentage will rise, thanks to a new strategic partnership between the Heart and Stroke Foundation of Canada and CIHR’s Institute of Circulatory and Respiratory Health. The first such agreement between CIHR and the voluntary sector, the partnership will increase funding for cardiovascular research in Canada.

Allied for Better Health

CIHR is founded on the premise that better health for Canadians will be best achieved through co-operation among all health research stakeholders, including academia, government, industry, the voluntary health sector and international collaborators.

With this in mind, CIHR formed the Working Group on Partnerships to determine the principles upon which a realistic and coherent partnership framework could be established. Led by Michel Bureau and Matthew Spence, Presidents respectively of the Fonds de recherches en santé du Québec and the Alberta Heritage Foundation of Medical Research, the working group presented its report to the CIHR Governing Council in November 2001. Among other recommendations, the report suggests:

- CIHR must ensure all partnerships add value to ongoing health research efforts in Canada;
- CIHR should facilitate a national, multi-sectoral conference to develop Canada-wide standards for partnerships with academic researchers;
- the majority of partnerships should be initiated and implemented by the Institutes; and
- CIHR should establish a clear accountability framework for its partnership activities.

In the coming year, CIHR will begin implementation of the working group’s recommendations.

Private-sector Partnerships

CIHR private-sector partners are diverse, ranging from university start-ups to the largest pharmaceutical companies. CIHR has been particularly active with Canada’s Research-Based Pharmaceutical Companies (Rx&D). The CIHR/Rx&D Research Program – a jointly funded initiative – facilitates collaborative research programs among academia, industry and government.

Partnerships with the Voluntary Sector

Each year, voluntary health charities raise millions of dollars to fund research and provide health services, information and advocacy. Through the Health Research Partnership Fund (HRPF), CIHR works with smaller health charities that currently invest up to \$200,000 annually in research. Through training awards, the HRPF helps build capacity in research areas of interest to these organizations, ensuring they become more active members of the national health research community.



International Collaborations

Canadian researchers are respected throughout the world for their commitment to excellence and to the creation of new knowledge. In CIHR, these researchers have a new mechanism whereby they can collaborate on leading-edge research projects with colleagues around the world.

In February 2002, CIHR's Institute of Genetics and the Canadian Genetic Diseases Network signed a collaborative agreement with Germany's Max Planck Institute for Molecular Genetics. The five-year program, called *Elucidation of Human Genetic Disease Using Genomic Technologies*, will focus on shared development and application of genomic technologies. The program will help meet the growing international need for scientists trained in genetics and genomics.

Health disparities between Aboriginal peoples and general populations are strikingly similar in many countries. Recognizing this, CIHR and the health research agencies of Australia and New Zealand entered into the International Cooperation Agreement on Indigenous Health. The partners agreed to exchange graduate students, develop international research priorities, and share scientific expertise. Activities underway include an International Forum on Indigenous Health to be held in Townsville, Australia, as well as the establishment of an International Indigenous Health Network.

New hope in the fight against AIDS

An AIDS diagnosis was once the equivalent of a death sentence; today, advances in drug therapy have downgraded AIDS to a chronic disease. These drugs are very expensive, however, and cause severe side effects. Supported by CIHR and Hoffman-LaRoche Ltd., Dr. Julio Montaner of St. Paul's Hospital in Vancouver has found that starting anti-retroviral therapy for HIV/AIDS later does not reduce the therapy's effectiveness. His team has also developed a way to tailor individual medication doses through a combination of gene-sequencing procedures. The team's work will help reduce the toxicity and side effects of powerful AIDS drugs while saving money by delivering more precise amounts of these costly medications.



Protecting our Food and Water Supplies

In recent years, concerns have arisen throughout Canada about the safety of food and water supplies. In response, last year CIHR's Institute of Infection and Immunity formed a partnership with more than 20 federal government departments, industry associations and health networks. This unique partnership will fund interdisciplinary research to reduce the risk of food- and water-borne disease. The partners will also develop a coordinated and prioritized research agenda and plan strategic approaches to convey research knowledge to policy makers, industry and the public.

Partnerships combat chronic disease

CIHR's Institutes also developed partnerships with health charities and other not-for-profit agencies. For example, an agreement among CIHR's Institutes of Nutrition, Metabolism and Diabetes, Circulatory and Respiratory Health, and Gender and Health, and three health charities – the Heart and Stroke Foundation of Canada, the Kidney Foundation of Canada and the Canadian Diabetes Association – will see research conducted on such chronic ailments as diabetes and kidney disease.



Geoff Fernie and Brian Maki
University of Toronto

CIHR is responsible not only for funding excellent research, but also for facilitating its application for the benefit of all Canadians.

IMPROVING HEALTH AND SAFETY

Falls are the leading cause of unintentional death among seniors. Every year, some 5,000 people die and many more are injured as a result of falls on stairs. With the support of CIHR, Dr. Geoffrey Fernie and Dr. Brian Maki have conducted sophisticated biomechanical studies to improve the safety of stair railings. The findings of these researchers have influenced building standards and have been incorporated into construction codes. Recently, Fernie and Maki developed the LifeRail, a system that compensates not only for the lack of grip offered by traditional railings, but also for seniors' reduced arm strength. Last year, CIHR awarded the research team a \$100,000 Proof of Principle (POP) grant to help investigate ways to reduce the cost of the LifeRail and improve its quality, comfort and functionality. The POP grant will help Fernie and Maki bring their innovation to market, eventually reducing the hazards that threaten the independence and well-being of seniors throughout Canada and around the world.

Performance Measures

Increased relevance and responsiveness of research, measured directly and indirectly by extent of end-user involvement

Effective communication and dissemination of findings to those who can benefit from and build on research results

Application of research knowledge to improve health and the health care system, and to stimulate economic growth



Narrowing the gap

Having learned that consuming citrus fruits could help prevent scurvy among crews at sea, it still took the British navy 265 years to stock such provisions aboard ships. While the gap between knowledge creation and implementation has narrowed considerably since then, the average time-frame remains 15 to 19 years. That's too long for Dr. Carol Estabrooks. A researcher from the Faculty of Nursing at the University of Alberta, she leads a unique multidisciplinary team of researchers in a five-year, \$1.97 million research project called "Knowledge Utilization and Policy Implementation." The team hopes to improve patient care and help the health care system operate more efficiently by developing ways to influence decision-making by health professionals, consumers, administrators and senior policy makers.

Delivering the Benefits of Research

The value of excellent research is realized when the new knowledge is translated into practical applications that benefit people. In the past, knowledge translation was not a primary concern of researchers. Today, however, CIHR recognizes that research must be viewed holistically, and that the opportunities possible through effective knowledge translation cannot be ignored. As a result, knowledge translation will become a primary focus for CIHR, delivering:

- health gains for Canadians, as breakthrough cures and disease-prevention strategies are brought quickly to those in need;
- better health practices and an improved health care system, as managers and public policy makers acquire telling evidence on which to base decisions;
- informed research policies and decision-making through greater attention to research ethics; and
- growth and diversification in Canada's knowledge-based economy, as it facilitates greater commercialization of research discoveries.

CIHR's efforts in this field are spearheaded by the Knowledge Translation unit, formed last year to advance expertise in the application of research findings.

Bringing Research to Market

Last year, CIHR introduced new programs to help researchers realize the commercial potential of their discoveries and bring the results to market. The commercialization of these discoveries will ultimately enhance the health of Canadians and people around the world, while building Canada's knowledge-based economy.

The CIHR Small- and Medium-Sized Enterprises (SME) Research Program is a jointly funded partnership between CIHR and numerous Canadian biotechnology companies. The program ensures today's research findings will become tomorrow's health care solutions by encouraging the development of innovative therapies that save lives and reduce the economic health care burden. The CIHR SME program also strengthens Canada's technology-transfer capacity by providing support for research commercialization in university institutions. In 2001-2002, program participants included Dalhousie University's Dr. Andrea Hebb. She partnered with Nova Neuron Inc. to examine gene-expression changes in Parkinson's disease. Dr. Hebb's work could lead to important advances in investigating the causes of this debilitating disease.



The Proof of Principle (POP) Program supports research projects that require additional time and support to validate discoveries and thereby improve the likelihood of their ultimate commercialization.

The Intellectual Property Management (IPM) Program strengthens the ability of institutions to manage their research knowledge, attract potential users and promote the professional development of personnel involved in intellectual property management. The program is managed jointly by Canada's three granting agencies: CIHR, the Natural Sciences Engineering Research Council of Canada (NSERC) and the Social Sciences Humanities Research Council (SSHRC). In 2001–2002, one of these IPM grants was awarded to the University of Manitoba, Brandon University, the University of Winnipeg, the Health Sciences Centre and Cancer-Care Manitoba to develop a provincial intellectual-property management program.

Building Awareness

Knowledge translation also involves building awareness of discoveries among the public and various health-system stakeholders. Recently, CIHR initiated a variety of programs to inform Canadians of emerging research developments:

- A partnership involving the Canadian Museum of Nature (CMN), CIHR and Genome Canada, *The Gee!* in *Genome* is a national

Supporting clinical trials

The CIHR Randomized Controlled Trials Program supports clinical trials that are critical to the development of effective diagnostic and therapeutic strategies. Last year, the program allocated nearly \$18 million to 69 trials, including TRIGR (Trial to Reduce Insulin-dependent Diabetes in the Genetically at Risk) – the largest clinical trial ever conducted in Canada and one of the largest pediatric trials in the world. Approximately 200,000 Canadians require daily insulin injections for Type 1 diabetes, a condition that is the leading cause of blindness, heart and kidney disease, stroke and loss of limbs. TRIGR will determine if a delay of dietary exposure to intact food proteins can reduce the risk of developing Type 1 diabetes in children genetically predisposed to the disease.

exhibition that will blend education and entertainment while celebrating Canadian discoveries in genomics.

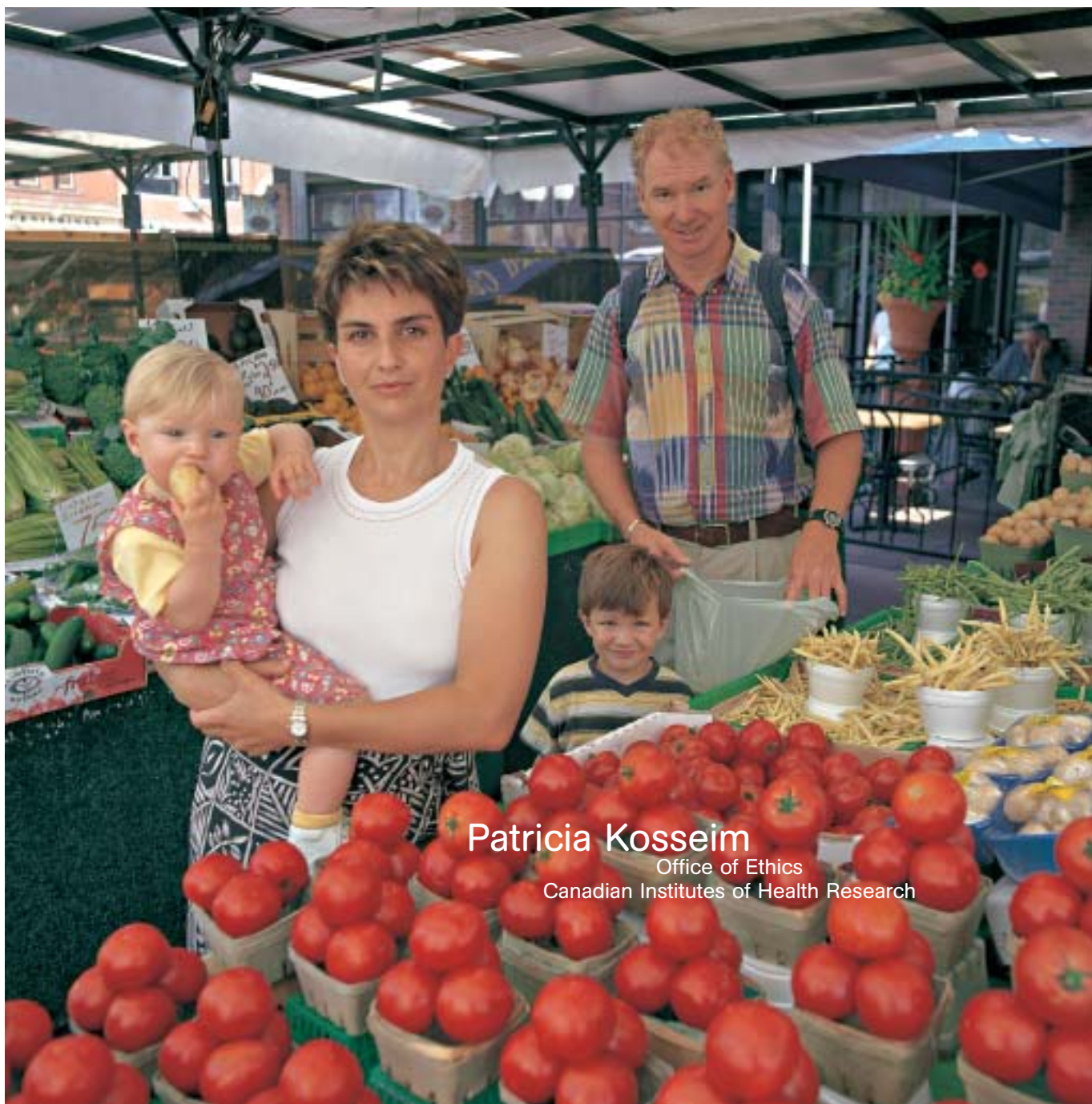
The show will open at CMN in May 2003 and then begin a three-year national tour.

- CIHR's new Science Writer Scholarships encourage young people to pursue careers as science writers and journalists. The scholarships are open to outstanding individuals who have been accepted into recognized journalism or communications degree programs, or who have human-health related degrees. Two annual awards are made at the undergraduate level, while up to five graduate-level scholarships are awarded each year.



Reducing health care costs

Dr. Bosco Chan estimates that a 10-percent increase in wound-healing rates will translate into multi-million dollar savings for the Canadian health care system. He's using a CIHR Proof of Principle grant to bring Canada closer to realizing those savings. Dr. Chan is designing and validating new ways to dress wounds using biomaterials that gradually release healing agents. His discovery could improve the physical and psychological well-being of many Canadians, including the elderly, those with compromised immune systems and people with diabetes.



Patricia Kosseim

Office of Ethics
Canadian Institutes of Health Research

CIHR is committed to fostering a culture of organizational excellence to complement its support for research excellence across Canada.

RECONCILING CONCERNS OF PRIVACY

As a lawyer, Patricia Kosseim knows it's important to protect the privacy of Canadians. As Senior Ethics Policy Advisor at CIHR, she also realizes that access to personal information is critical for research needed to improve health and health care. "Privacy in health research involves a complex package of rights and interests," says Kosseim. "These rights and interests are not diametrically opposed; they require delicate balance." Spearheading CIHR's efforts to achieve this balance, Kosseim is excited by the promise of creative and innovative solutions that may stem from privacy-enhancing technologies and further research on consent and other issues. She is also encouraged by the increasing dialogue and engagement of key stakeholders who will propel this crucial advance in public policy.

ORGANIZATIONAL EXCELLENCE

Performance Measures

Recognition of CIHR leadership in the coordination of national health research issues

Innovation in programming, structures and review systems for health research

Quality of management and program delivery

Quality of CIHR's work environment



Establishing research priorities

Following consultations with stakeholders this past year, the CIHR Institute of Nutrition, Metabolism and Diabetes identified obesity as one of the most pressing and neglected contemporary public-health problems – and as a primary research focus. In response, the Institute launched strategic initiatives to develop a coordinated, multidisciplinary approach to healthy body weight research.



Organizational Innovation

At CIHR, an increased budget and new programs have led to significant organizational growth – more than one half of CIHR's staff has joined in the past year alone. To ensure it becomes a dynamic and flexible research agency, in 2001–2002 CIHR undertook a comprehensive organizational review. Four portfolios were created: Research, Partnerships and Knowledge Translation, Corporate Affairs, and Operations and Services. In the coming year, CIHR will begin a competitive staffing process to hire outstanding individuals who will contribute to the development of these new portfolios.

Another important development in 2001–2002 was the adoption of a performance management framework against which CIHR's ongoing performance will be assessed. The focus in the coming year will be on collection of baseline performance data.

Confronting Challenging Issues

Some of the most exciting advances in health research – such as those resulting from the study of stem cells – are also the most ethically challenging. Stem cell research offers tremendous potential for the treatment of numerous diseases. Currently, however, there are significant ethical concerns arising from the use of human embryonic stem cells in this research.

Recognizing the need to address this issue, CIHR established an ad hoc Working Group on Stem Cell Research. The group assembled various stakeholders to examine the issue and make recommendations concerning the conditions under which CIHR should fund embryonic stem cell research. In March 2002, and under intense media scrutiny, CIHR's Governing Council adopted guidelines based on the working group's recommendations. Consistent with the provisions of the government's proposed legislation on assisted human reproduction, the guidelines define eligibility requirements for stem cell research funded by CIHR. In addition, the Governing Council also approved the creation of a National Stem Cell Oversight Committee to provide ethical review of all stem cell research proposals made to CIHR.



A Placebo Policy for Canada

In another initiative involving ethics in health research, CIHR is collaborating with Health Canada to examine the use of placebos in clinical trials. Placebos are critical for determining the effectiveness of medications; however, ethical concerns have arisen over the circumstances in which placebos are used. Following public consultation in February 2002, a National Stakeholders Conference on Appropriate Use of Placebos in Clinical Trials was held in March 2002. A draft report is being prepared, and public consultations will follow. Recommendations will be presented later this year on a common placebo policy, which would be a first not only in Canada, but also in the world.

Addressing social health issues

In establishing research priorities, three CIHR Institutes recognized common concerns in the study of marginalized groups – including the homeless, Aboriginal peoples and those with mental disabilities – who are often isolated from the benefits of quality health care. As a result, the CIHR Institutes of Aboriginal Peoples’ Health, Gender and Health, and Health Services and Policy Research are coming together to address the many dimensions of a serious social health problem.

Delivering better service

CIHR is committed to improving service to all clients, including more than 5,000 researchers who apply for funding each year, close to 1,000 volunteer peer reviewers who assess funding applications, and institutions and individual researchers who receive funds from CIHR.

To formalize this commitment, in early 2002 CIHR initiated an agency-wide service-improvement initiative, setting baseline client-satisfaction levels. A cross-section of clients completed surveys that were consistent with the terms of the Government of Canada’s Service Improvement Initiative. While respondents reported a relatively high average overall satisfaction level of 78 percent, they also identified some systems and processes in need of simplification and streamlining. CIHR is currently reviewing the survey results and will prepare a Service Improvement Plan during 2002–2003.



Improved Grant-review Processes

With a larger budget and a broader research and knowledge-translation mandate to support, CIHR faces a significant increase in the volume and breadth of grant applications. To improve the efficiency and responsiveness of grant reviews, CIHR established a Peer Review and Grants and Awards Administration Process Design Work Group. The group’s recommendations will be presented in mid-2002 and address four areas: pre-decision activities, post-decision activities, peer review and the use of technology to streamline the application process.

CIHR: staff and volunteers

CIHR employees,
April 1, 2001
137

CIHR employees,
March 31, 2002
175

Peer review
committee members
920

Institute Advisory
Board members
215

GOVERNANCE

Through full accountability and transparency, CIHR's governance structure assures Canadians that the country's investment in research will result in improvements to health, the health care system and the economy.



2001–2002 Highlights

The Governing Council met on five occasions during the 2001–2002 fiscal year. At meeting locations which included Halifax, Victoria, Ottawa and Vaudreuil council members addressed a number of key issues:

- GC adopted CIHR's Policy on Evaluation and Performance Measurement in March 2002. This policy will enable CIHR to improve the design of its programs, policies and initiatives, to allocate its resources appropriately, and to fulfill its accountability and reporting obligations. Concurrently, GC committed to create, in the coming year, a permanent standing committee to oversee performance-measurement, evaluation and audit activities.
- Recognizing that CIHR Institute mandates often intersect in addressing broader health-research issues, in March 2002 GC approved funding to launch a series of multi-institute strategic initiatives: Rural and Northern Health Research, Population Platform for Integrated Gene-Environment Health Research, Global Health Research, and the Clinical Research Initiative. These initiatives stem from consolidated planning efforts by CIHR's 13 Scientific Directors. Additional multi-institute initiatives will be submitted for GC's approval in June 2002.

Governance – Open and Transparent

CIHR's Governing Council (GC) is composed of up to 20 men and women from across Canada, including the president of CIHR, who is appointed by the Governor in Council to a renewable five-year term. CIHR's first and current president is Dr. Alan Bernstein, a world-renowned geneticist. Dr. Bernstein and other GC members represent a wide range of relevant backgrounds and disciplines, reflecting CIHR's broad mandate and vision.

GC assumes responsibility for the stewardship of CIHR. It fulfills its mandate through the work of four committees, overseeing all CIHR activities, programs and affairs. Their responsibilities include formulating strategic directions, goals and policies; evaluating CIHR's overall performance; approving budgets; overseeing research-proposal peer review processes; developing frameworks for consultation and collaboration with other members of the health research community; and appointing Scientific Directors and Advisory Boards of CIHR's 13 Institutes.

January 2002: Approval of CIHR's 2002–2003 budget

\$650 million

allocated to grants, awards and operating expenditures including

\$35 million

for operating costs

\$58 million

for training and salary awards

\$329 million

for open competition research projects

Operation grants' success rates

2001 **33.6%**

2002 **31.6%**

Average value of new operating grants

2001 **\$89,200**

2002 **\$95,500**

GOVERNANCE



- To give priority to ethical conduct in all aspects of health research, GC created the Standing Committee on Ethics. The committee is co-chaired by Dr. Françoise Baylis, professor of bioethics and philosophy at Dalhousie University, and Dr. Michael McDonald, the Maurice Young Chair in Applied Ethics at the University of British Columbia. The committee will advise GC on the ethical dimensions of research and ensure that CIHR continues to adhere to the highest ethical standards.
- In January 2002, GC unanimously accepted the final report from the Working Group on Stem Cell Research. The group was chaired by Dr. Janet Rossant, CIHR Distinguished Investigator, Joint Head of the Program in Development and Fetal Health at the Samuel Lunenfeld Research Institute at Mount Sinai Hospital, and Professor in the Department of Obstetrics/Gynaecology at the University of Toronto. Going forward, GC will adopt and ensure adherence to guidelines based on the working group's recommendations; GC is committed to revisit these guidelines on an ongoing basis.
- As part of CIHR's mandate in knowledge translation, in January 2002 GC discussed development of a CIHR innovation strategy; preliminary components of this strategy may include an innovation report, which would detail CIHR's activities to date. GC will continue to discuss this strategy at upcoming meetings.
- In November 2001, GC received the final report of the Working Group on Partnerships. The group was co-chaired by Dr. Matthew Spence, CEO of the Alberta Heritage Foundation of Medical Research, and Dr. Michel Bureau, President and CEO of the Fonds de recherches en santé du Québec. The report offers 19 specific recommendations that will guide GC as it formulates CIHR's partnership policy.
- Also in November 2001, GC approved CIHR's response to the *Personal Information Protection and Electronic Document (PIPED) Act*, which was due to come into force January 1, 2002. The Act balances the personal information rights of Canadians and the interests of health researchers who require access to such information. Going forward, CIHR will provide interpretation of PIPED for the health research community; CIHR will also address any future amendments to the Act, particularly as they affect the collection, use and disclosure of personal information for scholarly health research purposes.
- GC achieved consensus in August 2001 on a number of strategic directions that will guide CIHR activities over the next few years. These objectives were presented in *r:evolution*, a discussion paper presented by CIHR President, Dr. Alan Bernstein.
- In June 2001, GC endorsed the Planning, Reporting and Accountability Structure (PRAS) – the underpinning for CIHR's corporate responsibility to Parliament and the people of Canada. PRAS describes CIHR's long-term commitments in all aspects of health research. Currently, CIHR is seeking final approval of PRAS from the Minister of Health.

GOVERNING COUNCIL

Dr. Alan Bernstein (Chair)
Dr. Denise Alcock
Dr. Stephanie Atkinson
Dr. Françoise Baylis
Dr. Ruth Collins-Nakai
Dr. Alastair Cribb
Dr. Jean Davignon
Mr. Hubert Gauthier
Dr. Gary Glavin (to Sept. 2001)
Mr. Ian Green (Ex-Officio)
Dr. Philippe Gros
Ms. Mavis M. Hurley (to Sept. 2001)
Dr. Nualla Kenny (to June 2001)
Dr. Kevin Keough
Dr. Malcolm King
Mr. Steven Lewis
Dr. Victor Ling (Associate Vice-Chair)
Mr. Eric Maldoff (to July 2001)
Dr. Louise Nadeau (Vice-Chair)
Dr. David Naylor
Dr. Rodney Ouellette
Dr. Sarah Stobo Prichard
Dr. Carol Richards
Mr. Joseph Rotman

SCIENTIFIC DIRECTORS

“What a year – what a challenging, fun and exhausting year. As researchers and Scientific Directors, we all love experiments, and for me CIHR is the greatest of all. We’re all committed to ensuring this enterprise is a resounding success.”

Dr. Rémi Quirion, Douglas Hospital of McGill University
Scientific Director, Institute of Neurosciences, Mental Health and Addiction



Scientific Directors (Left to right)

Institute of Aboriginal Peoples' Health
Dr. Jeff Reading, University of Toronto

Institute of Aging
Dr. Réjean Hébert, University of Sherbrooke

Institute of Cancer Research
Dr. Philip Branton, McGill University

Institute of Circulatory and Respiratory Health
Dr. Bruce McManus, University of British Columbia

Institute of Gender and Health
Dr. Miriam Stewart, University of Alberta

Institute of Genetics
Dr. Roderick McInnes, University of Toronto

The Canadian Institutes of Health Research

In 2001–2002, all 13 CIHR Institutes became fully operational. Final Scientific Director appointments were made to ensure that each Institute is led by a recognized research expert – an investigator who has achieved excellence in his or her field. Scientific Directors are responsible for developing their Institutes, championing research at the highest levels of international excellence, establishing and nurturing partnerships, and fostering effective communication and knowledge dissemination.

SCIENTIFIC DIRECTORS



Each Scientific Director is assisted by an Institute Advisory Board (IAB) made up of 15 to 18 volunteers from Canada and abroad. These board members were selected from a list of over 1,500 candidates to ensure effective representation of the broader research community. In IABs, experts from government, industry and charities – as well as members of the general public – come together to advise their Scientific Directors and provide critical links between CIHR and other key stakeholders.

In 2001–2002, CIHR’s Scientific Directors met with their IABs for the first time, consulted widely with stakeholders, identified research priorities, and began drafting strategic plans. These plans will provide a platform for future research and knowledge translation activities.

Institute of Health Services and Policy Research
Dr. Morris Barer, University of British Columbia

Institute of Human Development, Child and Youth Health
Dr. John Challis, University of Toronto

Institute of Infection and Immunity
Dr. Bhagirath Singh, University of Western Ontario

Institute of Musculoskeletal Health and Arthritis
Dr. Cyril Frank, University of Calgary

Institute of Neurosciences, Mental Health and Addiction
Dr. R  mi Quirion, McGill University

Institute of Nutrition, Metabolism and Diabetes
Dr. Diane Finegood, Simon Fraser University

Institute of Population and Public Health
Dr. John Frank, University of Toronto

VOLUNTEERS AT CIHR



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NOMINATING COMMITTEE Denise Alcock	Kevin Keough	Louise Nadeau	

WORKING GROUP ON PROGRAMS AND PEER REVIEW

Gary Glavin Jack Antel Stephanie Atkinson	Alastair Cribb Jean Davignon	Steven Lewis Grant McFadden	Patrick McGrath Joseph Rotman
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WORKING GROUP ON ETHICS

Nuala Kenny Ruth L. Collins-Nakai Mavis M. Hurley	Bartha-Maria Knoppers Michael McDonald	Eric Meslin Kathy Oberle	Susan Sherwin Janet Storch
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WORKING GROUP ON FINANCE, PLANNING AND EVALUATION

Kevin Keough Ruth L. Collins-Nakai	Philippe Gros Mavis M. Hurley	Malcolm King
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STANDING COMMITTEE ON THE OVERSIGHT OF GRANTS AND AWARDS COMPETITIONS

Stephanie Atkinson Martin Schechter Michel Bouvier Elizabeth Braden	Gina Bravo Dale Corbett Alastair Cribb Raissa Deber	Andrée Demers Robin Hill Michael Rudnicki Robert Sheldon	Helen Clare Stokes Valerie Verge James Wright
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AD HOC WORKING GROUP ON STEM CELL RESEARCH

Janet Rossant Françoise Baylis Barbara Beckett	Timothy Caulfield Roger Gosden Keith Humphries	Gregory Korbitt Anne McLaren	Marcel Mélançon Samuel Weiss
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T. Kue Young

VOLUNTEER PEER REVIEW COMMITTEES

The peer review committees and their membership for 2001–2002 are listed below. University affiliations follow the names; company names are indicated in the case of university-industry committee members.



BEHAVIOURAL SCIENCES — A (DECEMBER 2001)

Terence Picton	Toronto	Shitij Kapur	Toronto
<i>Andrew Greenshaw</i>	Alberta	Sonia Lupien	McGill
Curtis Baker	McGill	Kathryn Murphy	McMaster
James Eubanks	Toronto	Tomas Paus	McGill
Paul Fletcher	Toronto	Pierre-Paul Rompre	Montréal
Ruth Grunau	British Columbia		

BEHAVIOURAL SCIENCES — B (DECEMBER 2001)

Martin Alda	Dalhousie	Cheryl Grady	Toronto
<i>Kathryn Gill</i>	McGill	Jean-Michel LeMelledo	Alberta
Nicholas Barden	Laval	Ross Norman	Western Ontario
Anne Bassett	Toronto	L. Trevor Young	McMaster
Sylvie Belleville	Montréal	Robert Zipursky	Toronto
Alain Dagher	McGill		

LEGEND

Chairperson
Scientific Officer

BEHAVIOURAL SCIENCES — A (MAY 2001)

Andrew Greenshaw	Alberta	Xin-Min Li	Saskatchewan
<i>Barbara Woodside</i>	Concordia	Sonia Lupien	McGill
Karen Davis	Toronto	Tomas Paus	McGill
Paul Fletcher	Toronto	Pierre-Paul Rompre	Montréal
Ruth Grunau	British Columbia	Benjamin Rusak	Dalhousie
Shitij Kapur	Toronto	Henry Szechtman	McMaster

BEHAVIOURAL SCIENCES — B (MAY 2002)

Martin Alda	Dalhousie	Jean-Michel Le Melledo	Alberta
<i>Kathryn Gill</i>	McGill	Laurent Motttron	Montréal
Nicholas Barden	Laval	Ross Norman	Western Ontario
Anne Bassett	Toronto	Marc-André Roy	Laval
Sylvie Belleville	Montréal	L. Trevor Young	McMaster
Cheryl Grady	Toronto	Robert Zipursky	Toronto
Ridha Joobar	McGill		

BEHAVIOURAL SCIENCES — C (MAY 2002)

Terence Picton	Toronto	Gail Eskes	Dalhousie
<i>Kathryn Murphy</i>	McMaster	Eva Libman	McGill
Martin Arguin	Montréal	William McIlroy	Toronto
Curtis Baker	McGill	Anthony McIntosh	Toronto
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Peter Coyte	Toronto	Harriet MacMillan	McMaster
Paul Demers	British Columbia	Michael Schull	Toronto
Laurette Dube	McGill	Jack Ven Tu	Toronto
William Ghali	Calgary	Christine Wolfson	McGill

VOLUNTEER PEER REVIEW COMMITTEES



HEALTH RESEARCH TRAINING — B

Nancy Kreiger	Toronto	Mark Loeb	McMaster
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J. Bruno Debrulle	McGill	Margaret Penning	Victoria
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Ian Graham	Ottawa	Thomas Wild	Alberta
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INVESTIGATORS

Jean-Pierre Julien	McGill	Aled Edwards	Toronto
Brenda Andrews	Toronto	Alexander MacKenzie	Ottawa
Charles Bourque	McGill	Douglas Munoz	Queen's
David Brindley	Alberta	Leigh Murphy	Manitoba
Roger Brownsey	British Columbia	Michal Opas	Toronto
Benoit Chabot	Sherbrooke	Peter Pare	British Columbia
Richard Collins	Toronto	Patrick Parfrey	Memorial
Gregory Downey	Toronto	Lawrence Rosenberg	McGill
Susan Dunn	Alberta	Christopher Whitfield	Guelph

MICHAEL SMITH PRIZE IN HEALTH RESEARCH

James (Jim) Woodgett	Toronto	Robert French	Calgary
George Chaconas	Western Ontario	Maureen Hack	Rainbow Babies & Children Hospital (Ohio)
David Clayton	Howard Hughes (Bethesda)		
Jack Dixon	Michigan	Ian Stiell	Ottawa
Eduardo Franco	McGill		

NEW INVESTIGATORS — A

Susan Meakin	Western Ontario	David Ragsdale	McGill
William Cole	Calgary	Andrea Richter	Montréal
Claire Cupples	Concordia	Horacio Saragovi	McGill
Giovanni (John) DiBattista	McGill	Masahiko Satoh	Laval
Timothy Kennedy	McGill	Chun Seow	British Columbia
Jean Marshall	Dalhousie	Yu Tian Wang	British Columbia
Anthony McIntosh	Toronto	Michael Ward	Toronto
Marek Radomski	Alberta	Jeffrey Wrana	Toronto

NEW INVESTIGATORS — B

Jean-Pierre Perreault	Sherbrooke	Christopher Mody	Calgary
William Baldrige	Dalhousie	Ivan Nabi	Montréal
William Brook	Calgary	Barbara Papadopolou	Laval
David Byers	Dalhousie	Daniela Rotin	Toronto
Daniel Dumont	Toronto	Garry Shen	Manitoba
Richard Epan	McMaster	Stefano Stifani	McGill
Lucie Gemin	Laval	Jacquetta Trasler	McGill
John N.M. Glover	Alberta		

NEW INVESTIGATORS — C

Christine Bear	Toronto	Joséphine Nalbantoglu	McGill
Mark Baker	Guelph	David Pilgrim	Alberta
Brian Bennett	Queen's	Thomas Podor	McMaster
Graham Côté	Queen's	Ellen Shibuya	Alberta
Grant Hatch	Manitoba	Jean Sirois	Montréal
Karen Mearow	Memorial	Naweed Syed	Calgary
Sylvain Meloche	Montréal	Bernard Turcotte	McGill

VOLUNTEER PEER REVIEW COMMITTEES

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Pnina Brodt	McGill	Bodh Juggdutt	Alberta
Joseph Culotti	Toronto	Fernand Labrie	Laval
Louis Delbaere	Saskatchewan	Atsuo Ochi	Western
Eduardo Franco	McGill	P. Kenneth Rose	Queen's
Larry Guilbert	Alberta	Nabil Seidah	Montréal
John Hassell	McMaster		



CELERA GENOME DATABASE GRANT COMMITTEE

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Régen Drouin	Laval	Stephen Scherer	Toronto
Robert Hegele	Western	Michael Walter	Alberta

INSTITUTE OF ABORIGINAL PEOPLES' HEALTH — ABORIGINAL CAPACITY AND DEVELOPMENTAL RESEARCH ENVIRONMENTS (ACADRE)

Bernard Zinman	Toronto	Verena Menec	Manitoba
Cameron Blinkie	McMaster	Ted Myers	Toronto
Jocelynn Cook	Saskatchewan	Peter Rothe	Alberta
Anthony Hanley	Toronto	Noreen Willows	Alberta
Marcia Hills	Victoria		

LEGEND

Chairperson
Scientific Officer

INSTITUTE OF ABORIGINAL PEOPLES' HEALTH — STRATEGIC INITIATIVES

Frederic Wien	Dalhousie	Ann Macaulay	McGill
Sonia Anand	McMaster	Verena Menec	Manitoba
Jocelynn Cook	Saskatchewan	Vianne Timmons	Prince Edward Island
Marcia Hills	Victoria		

INSTITUTE OF GENDER AND HEALTH STRATEGIC INITIATIVES

Nancy Frasure-Smith	Montréal	Karyn Locken	—
Pat Armstrong	York	Margaret Penning	Victoria
Lynn B. Beattie	British Columbia	Denise Spitzer	Alberta
Marie Boutilier	Toronto	Linda Van Til	Dalhousie
Marcia Hills	Victoria	Maria-Victoria Zunzunegui	Montréal
Gabrielle Horne	Dalhousie		

INSTITUTE OF GENETICS SHORT-TERM EXCHANGE GRANTS

Denise Avard	Montréal	Chris Hogue	Toronto
Nils Torben Bech-Hansen	Calgary	Paul Neumann	Dalhousie
Hickey Donal	Ottawa	Christopher Yip	Toronto

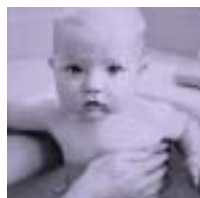
INSTITUTE OF INFECTION AND IMMUNITY HEALTH RESEARCH PROGRAMS OF EXCELLENCE

Roy Duncan	Dalhousie	Nancy Haigwood	Seattle Biomedical Research
Christopher Richardson	Ontario Cancer Institute		Institute (Seattle, WA)
Anil Chandraker	Brigham and Women's Hospital (Boston, MA)	David Hoskin	Dalhousie
	Wyeth Lederle Vaccines (Pearl River, NY)	Erling Rud	Ottawa
Michael Egan			

INSTITUTE OF POPULATION AND PUBLIC HEALTH AND INSTITUTE OF CANCER RESEARCH INITIATIVE: NEEDS, GAPS AND OPPORTUNITIES ASSESSMENTS (NGOA) GRANTS IN PRIORITY RESEARCH AREAS

Samuel Sheps	British Columbia	Isra Levy	Canadian Medical Association
Richard Gallagher	British Columbia	Sydney Librach	Toronto
David Hartley	Muskie School of Public Service (Portland, ME)	Roger Mannell	Waterloo
		Roger Thomas	Calgary
Betty Havens	Manitoba	Donna Wilson	Alberta

VOLUNTEER PEER REVIEW COMMITTEES



NEW EMERGING TEAM GRANT PROGRAM — A

Lynn Beattie	British Columbia	Sheilagh Hodgins	Montréal
Larry Chambers	Ottawa	Susan Kirkland	Dalhousie
Marilynne Bell	Dalhousie	George Kuchel	University of Connecticut
Anne Carswell	British Columbia	Louise Levesque	Montréal
Henri Cohen	Québec	Kieron O'Connor	Montréal
Joyce Fung	McGill	Niva Piran	Toronto
Carol Greenwood	Toronto	Mary Tierney	Toronto
Angela Henderson	British Columbia	Marie-Victoria Zunzunegui	Montréal

NEW EMERGING TEAM GRANT PROGRAM — B

Harold Cook	British Columbia	Nigel Paterson	Western
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Karen Chad	Saskatchewan	Saroj Saigal	McMaster
Thomas Clandinin	Alberta	Lalit Srivastava	McGill
Jim Hu	Toronto	Rosalie Starzomski	Victoria
Peter Jones	McGill	Nicholas Swindale	British Columbia
Lynn Megeney	Ottawa	John Tyberg	Calgary
Robert Nolan	Toronto		

TRAINING PROGRAM GRANTS MERIT REVIEW COMMITTEE — A

Susan Kennedy	British Columbia	Elizabeth Lawlor	University of California
James Brien	Queen's	Colin MacCalman	British Columbia
Yaacov Ben-David	Toronto	David Marshall	Scottish Crop Research Unit
Stephen Bornstein	Toronto	Alex Schwartzman	Concordia
Michel Bouvier	Montréal	Trevor Sheldon	University of York (England)
Diane Cox	Alberta	Barbara Sherwin	McGill
Judah Denburg	McMaster	Samy Suissa	McGill
G. Rex Holland	University of Michigan	Annalee Yassi	British Columbia
Anthony Jevnikar	Western Ontario		

TRAINING PROGRAM GRANTS MERIT REVIEW COMMITTEE — B

Jane Evans	Manitoba	Anne-Marie Guerguerian	Johns Hopkins University
Marek Rola-Pleszczynski	Sherbrooke	Joy Johnson	British Columbia
Peter Backx	Toronto	Josée Lavoie	Laval
Robert Bortolussi	Dalhousie	Barry McPherson	Wilfrid Laurier
Flavio Cocceani	Scuola Superiore S. Anna (Italy)	Randy Read	University of Cambridge (England)
Kenneth Craig	British Columbia	Leo Renaud	Ottawa
Ken Davey	York	John Reynolds	Calgary
Stephen Goodman	University of Colorado	Pamela Sankar	University of Pennsylvania
	Health Science Center	Jean Wessel	McMaster
Frances Gotch	Imperial College (England)		

TRAINING PROGRAM GRANTS MERIT REVIEW COMMITTEE (LETTER OF INTENT)

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Heather Arthur	McMaster	Grant Pierce	Manitoba
Yaacov Ben-David	Toronto	Robert Pihl	McGill
Claire Bombardier	Toronto	Thomas Rathwell	Dalhousie
Stephen Bornstein	Memorial	Leo Renaud	Ottawa
Julie Carrier	Montréal	John Reynolds	Calgary
Diane Cox	Alberta	Alex Schwartzman	Concordia
Kenneth Craig	British Columbia	Barbara Sherwin	McGill
Ken Davey	York	Michael Surette	Calgary
Judah Denburg	McMaster	Michael Walter	Alberta
Robert Hache	Ottawa	Christina Wolfson	McGill
Josée Lavoie	Laval	Annalee Yassi	British Columbia
Colin MacCalman	British Columbia		

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Michal Abrahamowicz	McGill	James Hammond	Western
David Abussafy	British Columbia	Victor Han	Western
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Charles Doillon	Laval	M. Stephen Meyn	Toronto
Maurice Dongier	McGill	Redwan Moqbel	Alberta
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Michel Fortier	Laval	Johnny Ngsee	Ottawa
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Lori Frappier	Toronto	Antoine Nietu	Québec à Chicoutimi
Norman Geoffrey	McMaster	Zdenka Pausova	Montréal
Parviz Ghadirian	Montréal	York Pei	Toronto
Adria Giacca	Toronto	Daniel Perusse	Montréal
William Gibb	Ottawa	G. Bruce Pike	McGill
Jody Ginsberg	Alberta	Robert Pilliar	Toronto
David Gius	N.L.H.	Ronald Plotnikoff	Alberta
John Gordon	Saskatchewan		
Robert Haché	Ottawa		



LEGEND

Chairperson
Scientific Officer

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Harold Preiksaitis
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Wendy Rodgers
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Joanne Rovet
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Michael Rudnicki
Reg Sauve
Michael Sawyer

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Alberta
Sherbrooke
McGill
British Columbia
Direction de la santé publique
(Montréal)
Toronto
Laval
McMaster
Ottawa
Calgary
Cross Cancer Institute (Edmonton)

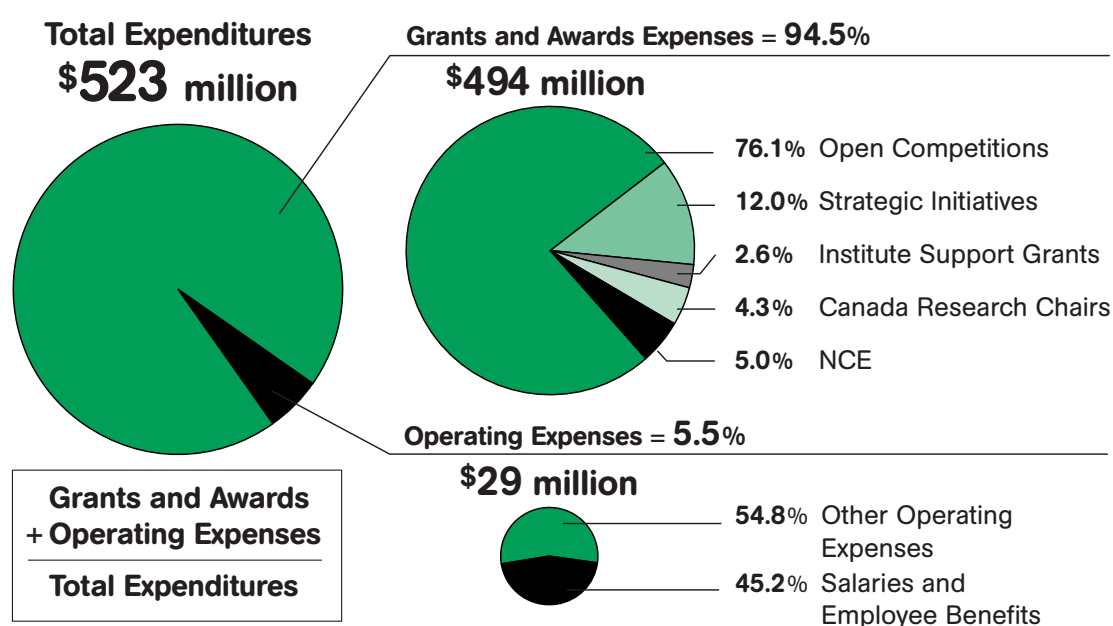
Patricia Shaw
Samuel Shortt
J. Neil Simonsen
Allan Smith
Hugo Soudeyns
Esther Strauss
Heather Stuart
Mark Swain
Pierre Talbot
Diane Taylor
Kay Teschke
Robert Tsushima
Elaine Wang
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Peter Watson
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Richard Woodman
Linda Wykes
Urs Wyss

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Toronto
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Montréal
Calgary
McGill
Queen's

MANAGEMENT DISCUSSION AND ANALYSIS

The 2001–2002 fiscal year was CIHR's first full year of operations. Increases in federal appropriations associated with additional funding for CIHR operations, Networks of Centres of Excellence, and Canada Research Chairs, amounted to \$153M or 38% over fiscal 2000–2001.

2001–2002 Expenditures



Note: Donations for Research (\$4 million) not included.

MANAGEMENT DISCUSSION AND ANALYSIS

Highlights

- Redesign of organizational structure to address extensive legislative mandate.
- Growth in the organization over 2000–2001 both in budget (38%) and people (27%).
- Establishment and integration of Institutes into CIHR operations and program delivery mechanisms.
- Launch of 23 Institute-led Request For Applications (RFAs) for the funding of Strategic Initiatives sponsored by the Institutes.
- Increase in average value of Operating Grants from the Open Competitions – which comprises 51% of expenditures in total Grants and Awards (excluding Networks of Centres of Excellence and Canada Research Chairs) – from \$92,200 in 2000–2001 to \$102,100 in 2001–2002 representing an increase of 10.1%.
- Participation of partners in strategic initiatives – from government, voluntary, and private sector – attracted an estimated \$61 million in additional funding for grants and awards.
- Maintenance of the ratio of operating expenditure to total budget at less than 6%.
- Conversion of corporate accounting systems from a modified cash basis to full accrual accounting in compliance with the federal government's Financial Information Strategy (FIS), and enhanced information needs of management.
- Lapsed \$5.5 million in the parliamentary vote for Operating Expenditures as a result of less than anticipated staff growth and related capacity to complete planned initiatives. Federal policy allows CIHR to carry forward to 2002–2003 approximately \$1 million of this amount.
- Lapsed \$24.2 million in the parliamentary vote for Grants, 85% of which is attributable to the Canada Research Chairs program. Although Federal policy allows no carry forward of lapsed funds in Grants, the lapse has no material effect on the ability of CIHR to fund Chairs in subsequent years in accordance with established plans.

Key Financial Results (Year 2001–2002)		
OPERATING EXPENSES		(in thousands of dollars)
Capital Assets		1,955
Salaries and Employee Benefits		13,291
Other Operating Expenses		16,094
Full Time Equivalent Employees (FTE)	175 FTE	
Percentage of Operating Expenditures to Total	5.5%	
GRANTS AND AWARDS		(in thousands of dollars)
Total Grants and Awards Expenses*		494,540
<i>Total Number of Grants and Awards</i>	<i>6,930</i>	
Expenses in Research Grants		398,732
<i>Number of Research Grants Funded</i>	<i>4,287</i>	
Expenses in Salary Support Awards		35,073
<i>Number of Salary Support Awards</i>	<i>648</i>	
Expenses in Research Training Awards		39,535
<i>Number of Research Training Awards</i>	<i>1,828</i>	
Average Value of Operating Grants from Open Competitions		102

* Donations for Research (\$4 million) not included.

MANAGEMENT DISCUSSION AND ANALYSIS

Affiliation of Grants and Awards to Institutes (Year 2001–2002)			
INSTITUTE	No. of Grants and Awards	Total Funded (in thousands of dollars)	Percent of Total
Aboriginal Peoples' Health	39	4,577	1.0
Aging	82	7,730	1.7
Cancer	461	33,558	7.5
Circulatory and Respiratory Health	667	51,667	11.5
Gender and Health	57	3,790	0.8
Genetics	429	40,256	9.0
Health Services and Policy Research	191	12,040	2.7
Human Development, Child and Youth Health	282	23,412	5.2
Infection and Immunity	538	42,662	9.5
Musculoskeletal Health and Arthritis	248	16,605	3.7
Neurosciences, Mental Health and Addiction	909	66,121	14.7
Nutrition, Metabolism and Diabetes	404	31,265	7.0
Population and Public Health	206	14,481	3.2
Unable to allocate	166	8,015	1.8
Unallocated	2,015	92,352	20.6
	6,694	448,531	100.0

- Applicants are asked to select a CIHR Institute whose research mandate is related to the application's research areas and objectives.
- Networks of Centres of Excellence, Canada Research Chairs, and Donations for Research are not included in these figures.

Outlook 2002–2003

The nature of research funding calls for multi-year financial commitments. Careful financial planning is required to manage risk associated with balancing the level of commitments in grants and awards in future years, with the funding levels expected to be provided to the Institutes by Parliament in those years. The December 2001 Federal Budget announced an additional \$75 million in funding for CIHR in fiscal year 2002–2003. As a result, it is expected that the amount of uncommitted funds (budget less commitments entered into in previous years) available for the funding of new grants and awards, will remain at approximately the same level it was in 2001–2002.

The full financial impact of grants and awards approved through the Institutes' Strategic Initiatives launched in 2001–2002 will not be felt until 2002–2003, when full year funding of projects come due. This accumulation of previously approved commitments, plus new Strategic Initiatives to be launched in 2002–2003, will result in an increase in the proportion of CIHR's budget allocated to Strategic Initiatives.



AUDITOR GENERAL OF CANADA

VÉRIFICATEUR GÉNÉRAL DU CANADA

AUDITOR'S REPORT

To the Canadian Institutes of Health Research and the Minister of Health:

I have audited the statement of financial position of the Canadian Institutes of Health Research as at March 31, 2002 and the statements of operations and net assets and cash flows for the year then ended. These financial statements are the responsibility of the corporation's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the corporation as at March 31, 2002 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Sheila Fraser, FCA
Auditor General of Canada

Ottawa, Canada

July 19, 2002

CANADIAN INSTITUTES OF HEALTH RESEARCH MANAGEMENT RESPONSIBILITY FOR FINANCIAL STATEMENTS

Responsibility for the integrity and objectivity of the accompanying financial statements of the Canadian Institutes of Health Research for the year ended March 31, 2002 and all information contained in this report rests with CIHR's management.

These financial statements have been prepared by management in accordance with Treasury Board of Canada accounting standards based on Canadian generally accepted accounting principles and, where appropriate, they include amounts that have been estimated according to management's best judgement.

Management has developed and maintains books of accounts, records, financial and management controls and practices, and information systems. They are designed to provide reasonable assurance that CIHR's assets are safeguarded and controlled, that resources are managed economically and efficiently in the attainment of corporate objectives, and that transactions are in accordance with the *Financial Administration Act* and regulations as well as CIHR policies and statutory requirements.

The transactions and financial statements of CIHR have been audited by the Auditor General of Canada, the independent auditor for the Government of Canada.

Approved by:



Robert Zeller, CMA
Manager, Corporate Finance



Guy D'Aloisio, CMA
Vice-President, Services & Operations

STATEMENT OF FINANCIAL POSITION

(in thousands of dollars)

ASSETS	As at 31 March 2002	As at 1 April 2001
Financial Assets		
Due from the Consolidated Revenue Fund	4,644	4,198
Accounts Receivable	183	60
Advances	343	81
Total Financial Assets	5,170	4,339
Non-financial Assets		
Prepaid expenses	24	–
Capital assets (Note 4)	1,955	190
Total Non-financial Assets	1,979	190
TOTAL ASSETS	7,149	4,529
 LIABILITIES		
Accounts payable and accrued liabilities	3,444	2,388
Allowances for employee vacation and compensatory benefits	495	437
Deferred revenue (Note 5)	1,384	1,810
Allowance for employee severance benefits	1,485	1,195
TOTAL LIABILITIES	6,808	5,830
 NET ASSETS (Note 6)	341	(1,301)
 TOTAL LIABILITIES AND NET ASSETS	7,149	4,529
 Contingencies (Note 7)		
Commitments (Note 8)		

The accompanying notes and schedule form an integral part of these statements.

Approved by CIHR:



Dr. Alan Bernstein, OC, FRSC
President

Approved by Management:



Guy D'Aloisio, CMA
Vice-President, Services & Operations

STATEMENT OF OPERATIONS AND NET ASSETS

for the year ended 31 March 2002 (in thousands of dollars)

REVENUES

Donations	4,000
Endowments for health research	65
Other	11
TOTAL REVENUES	4,076

EXPENSES

Grants and awards	
Open Competitions (Note 9 and Schedule 1)	376,206
Strategic initiatives (Note 9 and Schedule 1)	59,324
Institute support grants	13,000
Canada research chairs	21,200
Networks of centres of excellence	24,810
Donations for research	4,000
	498,540
Less: Refunds of previous years' expenditures	(1,403)
Total grants and awards	497,137
Operations and administration	
Salaries and employee benefits	13,291
Professional and special services	7,812
Travel	3,211
Information services – communications	1,301
Furniture and equipment	1,253
Accommodation	629
Other expenses	1,888
Total operations and administration	29,385
TOTAL EXPENSES	526,522
NET COST OF OPERATIONS	522,446
Net Liabilities, beginning of the year	(1,301)
Net cash provided by Government	522,145
Change in Due from Consolidated Revenue Fund	446
Services provided without charge by other government departments (Note 10)	1,497
NET ASSETS, END OF THE YEAR (NOTE 6)	341

The accompanying notes and schedule form an integral part of these statements.

STATEMENT OF CASH FLOWS

for the year ended 31 March 2002 (in thousands of dollars)

OPERATING ACTIVITIES

Net cost of operations	522,446
Non-cash items included in net results	
Amortization of capital assets	106
Services provided without charge by other government departments	1,497
	1,603
Statement of financial position adjustments	
Change in total liabilities	978
Change in accounts receivable	(123)
Change in prepaid expenses	(24)
	831
Net Cash Used in Operating Activities	520,012

INVESTING ACTIVITIES

Acquisitions of capital assets	1,871
Increase in advances	262
Net Cash Used in Investing Activities	2,133

NET CASH PROVIDED BY GOVERNMENT	522,145
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The accompanying notes and schedule form an integral part of these statements.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 March 2002

1. Authority and Objectives

The Canadian Institutes of Health Research (CIHR) was established in June 2000 under the Canadian Institutes of Health Act. It is listed in Schedule II to the Financial Administration Act as a departmental corporation. CIHR's objective is to excel, according to international standards of scientific excellence, in the creation of new knowledge, and its translation into improved health, more effective health services and products, and a strengthened Canadian health care system.

CIHR is led by a President who heads a Governing Council of nineteen other Canadians appointed by Order in Council. The Governing Council sets overall strategic direction, goals and policies and oversees programming, resource allocation, ethics, finances, planning and accountability.

CIHR operates a wide variety of grants and awards programs to support health research, develop researchers, build a robust health research environment, promote partnerships, engage the public, and foster use of research results. Its 13 Institutes focus on identifying the research needs and priorities for specific health areas, or for specific populations, then developing strategic initiatives to address those needs.

Each Institute is led by a Scientific Director who is guided by an Institute Advisory Board, which strives to include representation of the public, researcher communities, research funders, health professionals, health policy specialists and other users of research results.

CIHR strives to support the full spectrum of health research – biomedical, clinical, health services and health populations – and recognizes that the complexity of many health issues requires an integration of the perspectives and research approaches of different health disciplines.

The entire CIHR program, administration excepted, is achieved through transfers in the form of grants for research projects, personnel awards and institute support grants.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Treasury Board of Canada accounting standards based on Canadian generally accepted accounting principles. The most significant accounting policies are as follows:

(a) Parliamentary appropriations – CIHR is financed by the Government of Canada through Parliamentary appropriations. Appropriations provided to CIHR do not parallel financial reporting according to generally accepted accounting principles. They are based in a large part on cash flow requirements. Consequently, items recognized in the statement of operations and the statement of financial position are not necessarily the same as those provided through appropriations from Parliament. Note 11 provides a high-level reconciliation between the two bases of reporting.

(b) Due from the Consolidated Revenue Fund – all departments including agencies and departmental corporations operate within the Consolidated Revenue Fund (CRF). The CRF is administered by the Receiver General for Canada. All cash receipts are deposited to the CRF and all cash disbursements made by departments are paid from the CRF. Due from the CRF represents the amount of cash that CIHR is entitled to draw from the Consolidated Revenue Fund without further appropriations, in order to discharge its liabilities.

(c) Revenues – these are accounted for in the period in which the underlying transaction or event occurred that gave rise to the revenues.

(d) Deferred revenue – monies received as donations and contributions from various organizations and individuals for health research as well as interest on endowments are recorded as deferred revenue until such time that they are disbursed in accordance with agreements between the contributor and CIHR or in accordance with the terms of the endowments.

(e) Expenses – these are recorded when the underlying transaction or expense occurred subject to the following:

- Grants and awards are recognized in the year in which payment is due or in which the recipient has met the eligibility criteria.
- Employee severance benefits are accrued as earned and are calculated using information derived from the results of the actuarially determined liability for employee severance benefits for the Government as a whole. Employee severance benefits on cessation of employment represent obligations of CIHR that are normally funded through Treasury Board.
- Vacation pay and overtime are expensed in the year that the entitlement occurs.
- Contributions to superannuation plans are recognized in the period that the contributions are made. Actuarial surpluses or deficiencies are not recorded in CIHR's accounts but are recognized in the consolidated financial statements of the Government of Canada.
- Services provided without charge by other government departments and agencies are recorded as operating expenditures at their estimated cost and a corresponding amount is credited directly to the Net Assets.

NOTES TO THE FINANCIAL STATEMENTS

(f) **Accounts Receivable** – these are stated at amounts expected to be ultimately realized. A provision is made for receivables, where the recovery is considered uncertain.

(g) **Capital assets** – all tangible assets having an initial cost of \$5,000 or more are recorded at their acquisition cost. Amortization of capital assets is done on a straight-line basis over the estimated useful life of the capital asset as follows:

Asset	Useful life
Informatics hardware and software	3–5 years
Machinery and equipment	10 years
Motor vehicles	5 years

(h) **Foreign currency transactions** – transactions involving foreign currencies are translated into Canadian dollar equivalents using rates of exchange at the time of those transactions.

(i) **Refunds of previous years' expenditures** – these are recorded as a reduction in expenses when received.

(j) **Measurement uncertainty** – the preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses reported in the financial statements. At the time of preparation of these statements, management believes the estimates and assumptions to be reasonable. The most significant items where estimates are used are allowances for employee vacation and compensatory benefits, allowance for employee severance benefits and amortization of capital assets.

3. Changes in Accounting Policies

In previous years, the CIHR prepared only a Statement of Operations in accordance with the reporting requirement and standards established by the Receiver General for Canada for departmental corporations. That statement was basically prepared on a modified cash basis of accounting. However, departments including departmental corporations are now required to produce a set of financial statements including a Statement of Financial Position, Statement of Operations and Net Assets and a Statement of Cash Flows on a full-accrual accounting basis.

It is neither practical nor possible for CIHR to show comparative amounts for the Statement of Operations and Net Asset/Liability or the Statement of Cash Flow because the information is not readily available and any estimation of previous years would not be able to be substantiated with any degree of precision.

The opening balance for the previous year for Deferred Revenue (previously referred to as trust funds) has been changed to conform to the new reporting requirements. An amount of \$75,000 has been reclassified from deferred revenue to an endowment account, which is now treated as a restricted asset and included as part of Net Asset/Liability as shown in Note 6.

In prior years, CIHR recognized expenditures relating to employee severance benefits on a cash basis. During the year, CIHR retroactively changed its accounting policy with respect to employee severance benefits to that described in Note 2(e).

NOTES TO THE FINANCIAL STATEMENTS

4. Capital Assets

(in thousands of dollars)						31 March 2002	1 April 2001
	Opening Cost	Additions	Disposals	Amortization	Accumulated Amortization	Net Book Value	Net Book Value
Informatics Hardware	165	832	-	82	128	869	119
Informatics Software	-	396	-	15	15	381	-
Machinery and Equipment	55	12	-	6	10	57	51
Motor Vehicles	23	-	-	3	6	17	20
Work-in-progress	-	631	-	-	-	631	-
Totals	243	1,871	-	106	159	1,955	190

5. Deferred Revenue

Included in deferred revenue are donations and contributions from various organizations and individuals for health research as well as interest on endowment accounts. These monies remain as deferred revenue until such time that they are disbursed in accordance with agreements between the contributor and CIHR or in accordance with the terms of the endowments. The transactions relating to these accounts are as follows:

(in thousands of dollars)		31 March 2002	1 April 2001
Donations for health research			
Balance, beginning of the year		1,807	1,476
Add:			
Donations received		3,535	3,466
Interest earned		37	54
Less:			
Grants paid		4,000	3,189
Balance, end of the year		1,379	1,807
Interest on endowments for health research			
Balance, beginning of the year		3	10
Add:			
Interest earned		2	4
Less:			
Grants paid		-	11
Balance, end of the year		5	3
Total Deferred Revenue		1,384	1,810

NOTES TO THE FINANCIAL STATEMENTS

6. Net Assets

Included in the Net Assets are two endowments for health research. These endowments are treated as internally restricted assets that cannot be spent. The interest on these accounts is credited to deferred revenue.

(in thousands of dollars)	31 March 2002	1 April 2001
Endowments for Health Research, beginning of the year	75	75
Endowment received	65	-
Endowments for Health Research, end of the year	140	75
Unrestricted net assets (liabilities)	201	(1,376)
Net Assets	341	(1,301)

7. Contingent Liabilities

A legal suit for employment equity was initiated by the Public Service Alliance of Canada against Her Majesty the Queen naming certain separate employer organizations of the Government of Canada, including the Canadian Institutes of Health Research, as defendants. The amount of this claim is estimated to be \$750,000. In management's opinion, the outcome of this litigation is not presently determinable.

Two other legal suits launched by individuals alleging damage from participation in projects funded by grants from the Medical Research Council are pending. The amount of these claims is estimated at \$50,000. In management's opinion, the outcome of this litigation is not presently determinable.

8. Commitments

The Canadian Institutes of Health Research is committed to disburse grants and awards in future years subject to the provision of funds by Parliament. Future year commitments are as follows:

(in thousands of dollars)	
Year of Payment	
2002-2003	491,963
2003-2004	385,365
2004-2005	264,242
2005-2006	147,811
2006-2011	116,832
Total Commitments	1,406,213

9. Open Competitions Research and Strategic Initiatives

Schedule 1 displays CIHR's grants and awards programs. Canadian health researchers may compete for grants and awards from these programs through two funding mechanisms. *Open competitions* refer to competitions in each of these programs which do not relate to any specific area of scientific inquiry. Peer review ranks the scientific merit of each application and the top ranked applications are funded regardless of which area of science they represent. *Strategic Initiatives* refer to competitions aimed at supporting research in very specific areas of science or for developing research capacity in specific segments of the Canadian research enterprise. Strategic Initiatives, in addition to being classified under the family of CIHR funding programs shown in Schedule 1, are also categorized under the types of Strategic Initiatives listed below. There are two main categories of Strategic Initiatives: CIHR Initiatives and Institute Initiatives. CIHR Initiatives are initiated at the corporate level whereas Institute Initiatives are initiated at the Institute level.

NOTES TO THE FINANCIAL STATEMENTS

The Strategic Initiatives expenditures for the year ended 31 March 2002 are as follows:

(in thousands of dollars)

CIHR Initiatives

University-industry program	2,499
CIHR/Canada's research-based pharmaceutical companies health program	6,913
Regional partnership program	3,707
Genomics research program	6,270
HIV/AIDS research program	12,756
Research initiative on hepatitis C	803
Institutional and Establishment Development Grants	4,054
Rural Health	558
Intellectual Property Management	2,000
Proof of Concept Principles	4,330
Capacity for Applied and Development Research and Evaluation (CADRE)	1,554
Health Research Partnership Program	3,686
Strategic Training Initiative in Health Research	823
Aboriginal Capacity and Developmental Research Environments (ACADRE)	849
Other Strategic Initiatives	4,432
	55,234

Institute Initiatives

Special Initiative in Cystic Fibrosis Research	39
Short-Term Exchange Program	15
Health Research Programs of Excellence	231
Knowledge Translation	149
New Emerging Teams	520
Financing Health Care in Changing Public Expectations	43
Needs, Gaps and Opportunities Assessments	550
Gene Environment Interactions in Circulatory and Respiratory Diseases	269
New Perspectives in Gender and Health	156
Improved Access for Marginalized Groups	54
IAPH Strategic Initiatives	150
Training Awards	96
National Network for Aboriginal Mental Health Research	95
Gene-Therapy Neurological Diseases	750
Strategic Training Initiative in Health Research	797
Aboriginal Capacity and Developmental Research Environments (ACADRE)	176
	4,090
Total Strategic Initiatives	59,324

10. Related Party Transactions

CIHR is related in terms of common ownership to all Government of Canada departments, and Crown Corporations. CIHR enters into transactions with these entities in the normal course of business and on normal trade terms applicable to all individuals and enterprises except that certain services, as shown below, are provided without charge.

Services provided without charge (in thousands of dollars)	Amount
Accommodation services provided by Public Works and Government Services Canada	629
Contributions covering employer's share of employees' insurance premiums and costs paid by Treasury Board Secretariat	808
Audit services provided by the Office of the Auditor General	60
TOTAL SERVICES PROVIDED WITHOUT CHARGE	1,497

NOTES TO THE FINANCIAL STATEMENTS

11. Parliamentary Appropriations	
(in thousands of dollars)	31 March 2002
(a) Reconciliation to net cost of operations	
Net cost of operations	522,446
Adjustments for items affecting Net Results but not affecting Appropriations	
Less: Items recorded as expenses but not affecting appropriations	
Grants funded from donations	4,000
Services provided without charge	1,497
Employee severance benefits	290
Amortization	106
Vacation pay	100
Bad debts	14
Refunds of previous years' expenditures – grants and awards	(1,403)
Refunds of previous years' expenditures – operations and administration	(41)
Adjustments of previous years payable	(257)
Retroactive salaries	(41)
Time off in lieu	(1)
	<hr/> 4,264
Add: Items recorded as revenue but not affecting appropriations	
Donations	4,000
Endowment bequest	65
Other	5
	<hr/> 4,070
Adjustments for items not affecting Net Results but affecting Appropriations	
Add: Capital acquisitions	1,871
Prepaid expenses	24
	<hr/> 1,895
Total Parliamentary appropriations used	<u>524,147</u>
(b) Reconciliation to Parliamentary appropriations voted	
Parliamentary appropriations voted:	
Vote 10 – Operating expenditures	19,748
Supplementary Vote 10a	13,216
Transfer from Treasury Board Vote 10	75
Transfer from Treasury Board Vote 15	97
	<hr/> 33,136
Less: Lapsed appropriation	5,496
	<hr/> 27,640
Vote 15 – Grants	408,885
Supplementary Vote 15a	109,832
	<hr/> 518,717
Less: Lapsed appropriation	24,177
	<hr/> 494,540
Statutory contributions to employee benefit plans	1,967
Total Parliamentary appropriations used	<u>524,147</u>

SCHEDULE 1 TO THE FINANCIAL STATEMENTS — GRANTS AND AWARDS

For the year ended 31 March 2002 (in thousands of dollars)

	Open Competitions (Note 9)	Strategic Initiatives (Note 9)
GRANTS		
Operating grants	229,746	23,318
Clinical trials	17,553	5,468
Maintenance and equipment	10,196	–
Special projects	683	4,455
Groups	38,822	3,376
Development grants	–	3,220
Community alliance for health research	5,740	–
Strategic training initiative in health research	85	1,620
Interdisciplinary health research team	9,026	1,019
CADRE – Research Grants	–	125
Centre grants	–	1,025
Opportunity grants	–	60
Retraining grants	–	50
Seed grants	–	46
Establishment grants	–	834
Short-term exchange program	–	15
	311,851	44,631
SALARY SUPPORT		
Development grants	39	–
Research chairs	–	812
Career Awards	–	345
Distinguished investigators	1,843	62
Senior investigators	3,552	440
Investigators	9,007	1,109
New investigators	13,758	1,647
Clinician scientists 2	1,065	8
Senior research fellowships 2	491	–
CADRE – Salary Awards	–	895
	29,755	5,318
RESEARCH TRAINING		
Clinician scientists 1	1,285	–
Centennial fellowships	75	–
Postdoctoral fellowships	18,788	3,875
Studentships	3,184	280
MD/PhD studentships	924	57
Doctoral research awards	7,860	774
Summer research award	678	192
Senior research fellowships 1	1,022	–
CADRE – Regional Training Centre	–	479
CIHR Science Writer Scholarships	62	–
	33,878	5,657
TRAVEL AND EXCHANGE		
Visiting scientists	102	–
Symposia and workshops	232	65
	334	65
OTHER ACTIVITIES		
President's fund	388	–
Other grants	–	3,653
	388	3,653
	376,206	59,324