

Canadian Institutes of Health Research

Report on Plans and Priorities

for the fiscal year

2003-2004



**Submitted to the
Parliament of Canada
by**

**Anne McLellan
Minister of Health**

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Report on Plans and Priorities, 2003-2004

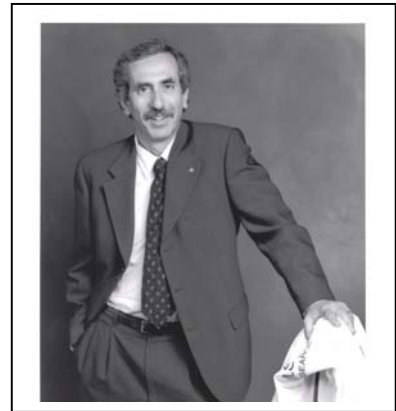
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Section 1: President's Message

The past year has been one of tremendous growth for CIHR. Through a coherent suite of programs, we are breaking down health research silos and fostering collaborations across both disciplinary and geographic boundaries. Our investments are training the next generation of health researchers and ensuring that this generation of outstanding researchers remains here in Canada.

CIHR's 13 Institutes are broadening and deepening the capacity to undertake strategic and groundbreaking research across Canada. Bringing new discoveries to the marketplace and focusing on health priorities and research gaps continues to be a priority. Over the coming year, CIHR will continue to build on our achievements while addressing several key areas discussed in this document.



Canada's First Ministers, in reaching agreement on health care reform, acknowledged the importance of health research to an innovative and evidence-based health care system that will continue to meet the needs of Canadians. CIHR will focus on providing the evidence that is needed to make the best possible decisions on treatments, delivery methods, and minimizing costs while maximizing benefits.

For instance, CIHR is supporting the research required for the development of a national strategy for healthy lifestyles. We will look to complement and support the work that has been undertaken through the Federal, Provincial and Territorial process. CIHR will also continue to fund research that will explore issues associated with healthy living and disease prevention.

The value of the knowledge we create is directly proportional to how effectively it can be translated into practice. Accordingly, CIHR will assist in this translation through the development of an innovative model that will turn research into action.

Health research is about wealth as well as health; indeed, health is Canada's largest knowledge-based industry, with \$112 billion in annual spending. It offers tremendous untapped opportunities to strengthen and diversify Canada's knowledge-based economy. As part of our commitment to supporting this growing area of our economy, CIHR will complete and implement its commercialization strategy. This strategy will recommend programs and policies to address the gaps in our current system of assisting the transformation of research discoveries into new health products and services.

CIHR is an innovative and successful federal R&D enterprise. To demonstrate to Canadians the return on investment, CIHR will undertake a process that will demonstrate clearly how investments in health research are making a difference.

With sustained support from the federal government, CIHR will continue to build an internationally competitive health research community across the full spectrum of health and realize our mandate to create “improved health for Canadians, more effective health services and products and a strengthened health care system.”

MANAGEMENT REPRESENTATION STATEMENT

I submit, for tabling in Parliament, the 2003-2004 Report on Plans and Priorities (RPP) for

The Canadian Institutes of Health Research

This document has been prepared based on the reporting principles and disclosure requirements contained in the *Guide to the Preparation of the 2003-2004 Report on Plans and Priorities*.

- It accurately portrays the organisation's plans and priorities.
- The planned spending information in this document is consistent with the directions provided in the Minister of Finance's Budget and by TBS.
- Is comprehensive and accurate.
- Is based on sound underlying departmental information and management systems.

The reporting structure on which this document is based has been approved by Treasury Board Ministers and is the basis for accountability for the results achieved with the resources and authorities provided.

Name: Christine Fitzgerald, Vice-President, Corporate Affairs

Section 2: Raison d'être

The Canadian Institutes of Health Research (CIHR) is Canada's premier funding agency for health research. In accordance with the CIHR Act (Bill C-13, April 13, 2000), the mandate 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.”

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

Section 3: Planning Overview

Planning Context

The 21st century is a time of great opportunities in the midst of complex challenges:

- Canada is in the midst of a global revolution in health research that is driven by a rapidly emerging understanding of the molecular basis of life, of human biology and disease. This revolution will fundamentally transform the focus of the health care system and the treatment of disease.
- Public safety and security related to terrorist threats and natural hazards requires a health system and research community that can respond quickly and appropriately to rapidly emerging health issues.
- Health research is an investment in the future of our nation, and requires a sustained commitment to the creation and use of new research knowledge.
- There is growing demand for highly skilled and adaptable individuals who can apply multiple approaches to solving complex problems. International competition for research expertise is intense; it is estimated that Canada will need 100,000 new researchers by 2010.
- Canada's ability to attract and retain the best researchers depends on our ability to foster a robust research community.
- The anticipated retirement of the 'baby boom' bulge of health care workers is creating its own challenge for future health human resources and planning. Many of the researchers funded by CIHR are also the teachers of Canada's next generation of caregivers; as such, these individuals are key to the future of our health system in both their roles as researcher and teacher.
- There are many opportunities for stakeholders, including universities, research hospitals, government departments and agencies, to engage in partnerships and create synergies in solving the health issues of Canadians.
- Health and health research, the largest sector of Canada's knowledge-based economy, has untapped potential to be a major contributor in strengthening and diversifying Canada's economy.
- The multi-year nature of research funding (three to five years) presents specific challenges that must be carefully managed in order to ensure strategic growth and financial stability. This includes a target level of yearly-uncommitted funds.

CIHR Core Business

CIHR is more than a funding council. Through its Institutes, CIHR is engaging the research community to identify research priorities that respond to the health needs of Canadians. Maintaining a balance between investigator-initiated research and strategic initiatives, CIHR selects the most promising applications for funding through a fair and rigorous expert peer review process. It also contributes to improved research ethics policies and practices in Canada.

CIHR provides a range of career and training programs to support researchers across all disciplines throughout their careers, building capacity in those areas where needs are identified. It develops and

supports innovative training programs that promote a multi-disciplinary approach to health and disease. CIHR is also working to accelerate the transformation of knowledge into benefits for Canadians in an innovative, coordinated and integrated way.

CIHR facilitates effective collaboration and coordination with many partners and stakeholders on health research and knowledge translation issues. Through its Institutes, CIHR has over 60 established partnerships with voluntary, non-government and government organizations and industry, with many more agreements being negotiated. (The list of CIHR partners is extensive, both in size and scope. Some examples of CIHR partners follow.) For fiscal year 2002-03, these partnerships represented a contribution of more than \$75 million, for a range of activities, including commercialization, capacity building and research funding,

Examples of CIHR Partners

| Federal Departments/Agencies and National Organizations | Provincial Organizations |
|--|---|
| Health Canada | Alberta Heritage Foundation for Medical Research |
| Canadian International Development Agency | Fonds de la Recherche en Santé du Québec |
| International Development Research Centre | Michael Smith Foundation for Health Research (BC) |
| Natural Sciences and Engineering Council of Canada | Nova Scotia Foundation for Health Research |
| Social Sciences and Humanities Research Council of Canada | |
| National Research Council | |
| Environment Canada | |
| Statistics Canada | Voluntary |
| Department of National Defence | The Kidney Foundation |
| National Secretariat on Homelessness | Alzheimer's Society |
| Canadian Foundation for Innovation | Canadian Cancer Society |
| Canadian Institutes for Health Information | Canadian Diabetes Association |
| Canadian Health Services Research Fdn. | Heart and Stroke Foundation of Canada |
| Genome Canada | ALS Society |
| National food producer organizations | MS Society |
| Industry | International |
| Small and medium-biotechnology companies | Max Planck Institute (Germany) |
| Research-based pharmaceutical companies (Rx& D) | National Institutes of Health (U.S.) |

Since its creation in June 2000, the number of CIHR-funded researchers has climbed steadily from 5,688 to over 7,800. Annual operating grant sizes have also risen from an annual average of \$71,000 in 1997-98 to a projected annual average of \$103,500 in 2002-03. The total number of research grants awarded in 2001-02 (the most recent complete year) was 4287.

Strategic Priorities

CIHR is making significant contributions to key Federal government priorities identified in the recent *Speech from the Throne*. These include:

- health care reform;
- aboriginal health;
- environment and health;
- healthy children and families;
- innovation and commercialization;
- competitive cities and healthy communities;
- health of Canadians living in rural and northern areas;
- graduate education.

For the planning period 2003 – 2005, CIHR's alignment with government priorities as articulated in the *Speech from the Throne* will be strengthened through specific research priorities that will support the achievement of key strategic outcome areas. These strategic priorities relate to three general themes:

- **Transforming the health care system for the 21st century**

Canadians want a sustainable health care system that provides timely access to quality health services. The adoption of innovations and the sharing of best practices is critical to making health care more efficient and to improving its quality. Health research is the foundation of Canada's health care system -- providing the essential underpinning for evidence-based innovation and reform in the health sector; and helping to build a leading edge and innovative health care system that is driven by excellence and evidence. Over the planning period, CIHR will continue to advance strategic research into areas that will respond to the health needs of Canadians and support key areas of health reform, such as those identified in the 2003 First Ministers' Accord on Health Care Renewal--access, quality, patient safety, primary health care, aboriginal health, pharmaceutical management, home care and fostering a healthier nation. It will develop mechanisms that will help translate new knowledge into a stronger health care system, through improved policies and practice. It will build relationships that will strengthen strategic research and knowledge translation, within Canada and abroad.

- **Talent and Investment -- Skills, Learning and Research**

Canadians want a strong economy, and the fuel of the new economy is knowledge. New knowledge is generated from the discoveries of a strong research community. CIHR will continue to build and sustain research capacity across the spectrum of health research in Canada.

With over \$112 billion in annual spending, the health care system is one of Canada's largest knowledge-based industries. From biopharmaceuticals to diagnostic imaging to telehealth to health care system management, the health sector offers tremendous untapped opportunities to strengthen and diversify Canada's knowledge-based economy. CIHR will further develop its commercialization strategy that identifies activities to ensure Canada increases its economic advantage from health research.

- **Government and Citizens**

Canadians want their government to be open, accountable and responsive to their changing needs. As a federal agency, CIHR will demonstrate accountability through building a strong, effective and efficient organization and through articulating Canadian's return on investment for health research. CIHR has made it a priority to be responsive to our many different client needs through

implementing major service improvements; it will develop strategies to more fully engage the public in decision-making. It will demonstrate leadership in ensuring that national research ethics and standards reflect Canadian values.

Section 4: Plans and Priorities by Strategic Outcome

This section identifies CIHR's strategic priorities and related activities within each strategic outcome area.

Summary

| CIHR's Commitment to Canadians | Strategic Outcome | Priorities and Related Activities | Planned Resources 2003-2004 ¹ |
|---|---|--|--|
| To Excel in <ul style="list-style-type: none"> the creation of new knowledge through research and its translation into improved health for Canadians, through improved health products and services and a strengthened health care system | Outstanding, Ethical And Responsive Canadian Health Research | Advance a strategic national health research agenda that responds to the needs of Canadians and promote research excellence (ongoing) Promote leadership in ethics (ongoing) | \$475.2 M |
| | A Strong Capacity For Health Research: Excellent Researchers And A Robust Research Environment | Strengthen and sustain health research capacity (ongoing) <ul style="list-style-type: none"> Support innovative training programs that promote a collaborative, trans-disciplinary approach to health research Provide a range of programs that strengthen and sustain research capacity Implement an Investigator Support program for new researchers Respond to client needs by implementing major service improvements (new) | \$151.0 M |
| | Translation And Use Of Knowledge | Turn Results Into Action through knowledge translation and commercialization of research (ongoing) <ul style="list-style-type: none"> Develop a knowledge translation strategy Develop a mechanism, Centres for Health Innovation, to translate new knowledge into a stronger health care system Help strengthen the Canadian economy through a more developed innovation (commercialization) strategy | \$26.8 M |
| | Partnerships And Public Engagement | Build relationships—strengthen a partnership base that supports health research, capacity building and knowledge translation; and engage the public in health research (ongoing) Increase Canada's involvement in international health research collaboration (new) | \$34.7 M |
| | Organizational Excellence | Implement structures and processes that will support a strong and dynamic organization. (ongoing) | \$39.0 M |

¹ To be approved by CIHR Governing Council in March 2003.

| | |
|----------------------------|---|
| Strategic Outcome 1 | Outstanding, Ethical And Responsive Canadian Health Research |
|----------------------------|---|

Results for Canadians

- Excellent research results that meet high ethical standards and add new knowledge to the global pool
- Development and advancement of research agendas of institutes and the nation
- Research that responds strategically to national health threats and opportunities

Budgeted Spending 2002-03 \$425.0 M

Planned Spending 2003- 04 \$475.2 M

Planned Spending 2004 – 05 \$492.7 M

Planned Spending 2005 – 06 \$492.7 M

Priority: Advance A Strategic National Health Research Agenda And Promote Research Excellence

National strategic research areas that respond to the health needs of Canadians and which provide an evidence base for health care system reform have been identified. Adequate resources will be applied to ensure this knowledge is developed.

What we aim to achieve

Building a national research agenda—Through wide-ranging consultations with partners and the research community, CIHR's 13 Institutes, over the past two years, have defined priority research themes that address the health needs of Canadians and harness scientific opportunity. Guided by the strategic priorities of its Institutes, CIHR will continue to work in consultation with partner organizations--across research, policy and practice communities --to consolidate these and other emerging priority research themes into a collective National Health Research Agenda. This will serve as a platform for collaboration across the spectrum of the research community, drawing together researchers, funders and users to address Canada's critical health challenges.

Advancing the health research agenda--CIHR started advancing these research priorities in 2001/02 when its Institutes launched the first wave of targeted, strategic research funding opportunities. Twice per year over the next three years, CIHR in collaboration with identified partners in the public and private sector, will announce a unique program of funding opportunities designed to attract the best and brightest research minds in Canada to focus their intellect and research abilities on addressing the significant health challenges of Canadians.

Funding excellence in health research-- Research initiated through the talent and curiosity of individual and self-assembled teams of researchers lies at the heart of Canada's health research enterprise. The pursuit of excellence in research, as judged by peers, inspires ideas that drive progress and ensures a continuous flow of fresh insights. Over the next three years, CIHR will reinforce its commitment to

research excellence through directing 70% of its grants and awards funding to the support of non-targeted, investigator-initiated research programs.

Helping Canada innovate—In collaboration with the other federal granting agencies, the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC) and Industry Canada, CIHR will invest \$25 M annually in the *Networks of Centres of Excellence Program*.

Priority: Promote Leadership In Ethics

Ethics are a key component of the Canadian legislative environment. Through its Ethics Office, CIHR will build on work to date in this area, demonstrating leadership, in collaboration with its multiple partners, in fostering the discussion of ethical issues and application of ethical principles to health research.

What we aim to achieve:

Strengthening Inter-agency collaboration on research involving humans: In November 2001, Canada's three federal granting agencies, CIHR, NSERC and SSHRC, launched a Panel and Secretariat on Research Ethics, to collaborate on research involving humans. The Panel advises on the development and interpretation, and supports the implementation of the 1998 *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. The objectives of this five-year, \$5.5 million initiative, with results to be reported in 2006, are to:

- contribute to better governance of research ethics policies and practices in Canada;
- promote high ethical standards in Canadian research involving humans to ensure the protection of human participants; and,
- enhance public trust in Canadian research ethics policies.

Privacy and confidentiality of personal information: Canadians highly value their rights to privacy and the confidentiality of their personal information. At the same time, health information is needed to discover ways to improve the health of Canadians. The challenge of health research is to find a balance between protecting Canadians' right to privacy and the benefits derived from using this information for health research. Building on work started in 2002, CIHR will continue to foster a dialogue on this issue—bringing the relevant individuals from different disciplines, sectors and regions together on specific topics to advance the debate, and to work towards development of harmonized ethical and legal guidelines.

Placebo Policy for Canada: Placebos are critical for determining the effectiveness of interventions; however, ethical concerns have arisen over the circumstances under which they should be used. CIHR is collaborating with Health Canada to examine the use of placebos in clinical trials. Recommendations coming from this project in 2003-04 will inform a common placebo policy, a first for Canada.

Strategic Outcome 2

A Strong Capacity for Health Research: Excellent Researchers and a Robust Research Environment

Results for Canadians

- An expanding pool of trained and highly capable researchers
- A robust research environment

Budgeted Spending 2002-03 \$135.0 M

Planned Spending 2003- 04 \$151.0 M

Planned Spending 2004 – 05 \$156.5 M

Planned Spending 2005 – 06 \$156.5 M

Priority: Strengthen And Sustain Health Research Capacity

CIHR will lead in the further development of Canada's research capacity, both directly and in partnership with other stakeholders.

What we aim to achieve:

Strengthening the supply of researchers— In anticipation of Canada's significant increased requirements for scientific and technical personnel, as well as health human resources, CIHR launched the Strategic Training Initiative in Health Research (STIHR) in 2001 to help meet this need. The 51 currently-funded Training Centres—a \$90 M six-year investment funded in partnership with many health charities and four provincial health research agencies--emphasize excellent mentors, and a collaborative, interdisciplinary approach to health research of the 21st century. Funding for an additional twenty programs is expected to begin in 2003. Collectively, these training programs are supporting an additional 500 new trainees, some of whom will be involved in the training of health human resource professionals. Many of the Training Centres are in policy-relevant areas, such as: aboriginal health, healthcare technology, tobacco control, primary care, community and population health, diabetes prevention, rural health, population health, aging, health informatics, ethics, knowledge translation, occupational health, health law and policy. Others are in rapidly emerging areas at the frontiers of science such as proteomics and bioinformatics.

Promoting a collaborative, trans-disciplinary approach to health research--CIHR brings together researchers from different disciplines to address the most complex of health problems. This approach relies on creating teams with differing backgrounds who are located in different parts of Canada. Over the past two years, CIHR has developed a number of programs specifically designed to build and support these research teams. For example, CIHR's Community Alliances for Health Research (CAHR) is a \$50 M five-year program supporting 19 teams of research from coast to coast, who are working closely with dozens of community-based groups on issues such as Maritime work safety, the promotion of active lifestyles in Saskatoon, delivery of health services to rural and small town Canada, diabetes in Canada's Aboriginal population, and teenage violence. Over the next three years, CIHR will continue to pilot new programs and also review all existing programs to ensure that they support the needs of researchers pursuing a problem-based, trans-disciplinary, team approach.

Supporting our Investigators – Building the necessary skills--Before a researcher can begin to act on a research idea or make advances in health research, he or she must navigate a complex maze to obtain an appointment (academic or otherwise) and secure research funding. The skill sets required to be successful in this endeavour – grant-writing, peer review and job hunting – are not often developed through traditional academic training programs. Over the next three years, CIHR will build a robust *Investigator Support* program designed to equip Canadian trainees and young investigators with the tools that will support their future success as Canadian researchers.

Building research capacity in universities—CIHR will invest in research capacity building through the *Canada Research Chairs Program* and the *Canada Graduate Scholarships Program* in collaboration with the other federal granting agencies (NSERC and SSHRC). Investments in the Canada Research Chairs Program will equal \$82.6 M in 2003-04 and \$105 M for 2004-05 and 2005-06.

Priority: Implement Major Service Improvements

A robust research environment requires an infrastructure that makes it easy for Canada's researchers to do their work. Several key service improvements will be implemented over the next three years. Some of these are in follow up to a baseline client satisfaction survey completed in early 2002.

What we aim to achieve

Enhancing modern peer review practice—With its broadened mandate, CIHR has faced a significant increase in the volume and breadth of grant applications, thus straining the peer review process—the method used to determine the most promising researchers and research proposals to fund. To address this, CIHR will be implementing ways to improve the effectiveness and efficiency of these processes. Short to medium term plans for this multi-year project will include leveraging technology, broadening peer review membership beyond scientific experts, examining the equity of current policies and practices, and exploring best practices with other health research agencies.

Promoting Electronic Service--Common CV -- The CV is a key requirement of all applications for funding. The Common CV, a partnership project with several federal and NGO partners, such as NSERC, Fonds de la recherche en santé du Québec, Fonds québécois de la recherche sur la nature et les technologies, Fonds québécois de la recherche sur la société et la culture, Networks of Centres of Excellence, Canada Council for the Arts, simplifies the process of creating a CV by providing researchers with a common, one-stop, electronic service. With this e-service, researchers keep their CV up-to-date in a secure, web-based format that they can easily submit to different granting agencies, according to their unique specifications. This innovative common tool also provides opportunities to connect with other online tools and services within the research community and can be the basis for new services that access this same data. The close alignment of this service with GoL (*Government Online*) priorities is demonstrated through this project's central coordination, cross-sector and departmental collaborative management approach and its innovative and transformative impact on business processes. Launched in July 2002, in the first 5 months of the service over 6,000 researchers and students have put their CV online. The partnership will grow over time, increasing the number of participating agencies, and improving service to clients.

ResearchNet--CIHR's eservices vision is to build a Canadian research portal that supports collaboration and information sharing among researchers, research organizations, government, industry and the public, and across CIHR's secretariat and Institutes. The portal is envisioned as a virtual "one-stop-shop" for Canadian research--a virtual meeting place where stakeholders would

obtain funding or information, and streamline administrative tasks. The first step to realizing this vision is the formation of a granting organization partnership or consortium to share in the funding, direction, and other capabilities needed to create this portal. The CommonCV initiative, described above, is the foundation of such a partnership.

Harmonizing Policies and Practices with other Research Agencies -- Building on work completed to date, a tri-council working group of the three federal granting agencies, CIHR, NSERC and SSHRC, and their client communities, will put into operation the second phase of a *Memorandum of Understanding on Roles and Responsibilities* project that will harmonize, clarify and improve consistency of a broad spectrum of policies and regulations pertaining to grants and awards (including procedures for cases of non-compliance). The Working Group which plans to finish its work by the end of 2003 aims to:

- articulate the broad principles for administering funds that underlie the partnerships among the three agencies, researchers and recipient institutions;
- clarify the roles and responsibilities of the partners through written policies and procedures; and,
- eliminate inconsistencies and redundancies in the three agencies' policies, guidelines and practices.

Strategic Outcome 3

Translation and Use of Knowledge

Results for Canadians

- Effective translation and dissemination of research findings
- Exchange of information between researchers and users
- Application of research findings
- Impacts resulting from application of research findings

Budgeted Spending 2002-03 \$24.0 M

Planned Spending 2003- 04 \$26.8 M

Planned Spending 2004 – 05 \$27.8 M

Planned Spending 2005 – 06 \$27.8 M

Priority: Turn Results Into Action through Knowledge Translation

The translation of research results into action is critical if Canada is to reap the benefits of its investments in health research. CIHR will continue to develop its role in knowledge translation that is consistent with its strategic objectives and measurable in terms of impact.

What we aim to achieve:

Articulating a Knowledge Translation Strategy—CIHR will refine its knowledge translation strategy and implement a three-year work plan that focuses on the key aspects of strengthening knowledge translation nationally, building capacity, advancing knowledge translation in research and enhancing CIHR's contribution to the field of knowledge translation.

Developing a new mechanism--Centres for Health Innovation--CIHR will help bridge the knowledge gap in applied policy areas through developing conceptual models for Centres for Health Innovation. These centres will focus on improving the effectiveness and efficiency of the health care system by bringing together stakeholders, including researchers, health care organizations, decision and policy makers, caregivers, patients and community groups, NGOs and the private sector in all aspects of health and knowledge translation. The Centres will cross provincial, geographic and institutional boundaries to create environments where the results of research are translated into improved and more cost-effective services and practices within Canada's health system.

Priority: Turn Results Into Action through Commercialization Of Research

Outstanding research is the engine that drives the development of new products, practices and policies to improve the health and quality of life of Canadians and people around the world. CIHR will further develop its innovation (commercialization) strategy to help strengthen the Canadian economy.

What we aim to achieve:

Advancing a comprehensive commercialization strategy--In order to maximize the development of effective health products and services from health research, CIHR is developing a comprehensive proactive commercialization strategy. In consultation with a multi-stakeholder group, CIHR has completed a

needs assessment that will be used as the basis for developing new programs and policies. This multi-year strategy, which includes the development of guidelines to ensure that the values of Canadians are reflected in all public-private partnerships, will be implemented through a staged approach.

Enhancing the impact of University/Industry relationships--Through targeted activities, CIHR will continue to work closely with the research community, universities, research institutions and industry partners to enhance the commercial viability of research so that research moves effectively from laboratories and offices to the marketplace and clinics for the benefit of Canadians. CIHR will strengthen the ability of universities and hospitals to manage their research knowledge, attract potential users and promote the professional development of persons involved in intellectual property management. Partners in these activities are NSERC, SSHRC, Canada's Research-Based Pharmaceutical Companies (Rx&D), and Western Economic Diversification.

Results for Canadians

- Innovative national and international alliances for more and better research.
- Intellectual and administrative synergy in the national health research effort
- Involvement of the public, partners and others in CIHR activities and achievements
- Raised public awareness of research

Budgeted Spending 2002-03 \$31.0 M

Planned Spending 2003- 04 \$34.7 M

Planned Spending 2004 – 05 \$36.0 M

Planned Spending 2005 – 06 \$36.0 M

Priority: Build Relationships

Relationships are fundamental to effective collaboration and coordination of health research and knowledge translation. They create a synergy that multiplies efforts, ideas and resources.

Partnerships are valuable to achieving results in key areas, such as in identifying research priorities, building research capacity; making effective use of resources through aligning activities and creating synergistic teams to tackle specific challenges. CIHR will strengthen its role in developing mutually beneficial relationships with potential partners, both domestically and internationally, and with the public.

What we aim to achieve

Advancing Stakeholder Partnerships—CIHR will continue to deepen and expand its partnership base.

Engaging the Public in Health Research—CIHR will develop a strategy that engages the public more fully in health research.

Priority: Position CIHR Internationally

Research is an international enterprise. The complex problems identified as priorities for Canada are often priorities world-wide - the prevention of HIV/AIDS as an example. The same is true for the challenges in building the next generation of researchers. CIHR will develop a proactive strategy to increase Canada's involvement in international research collaboration—furthering its reputation as the “place to be” for health research.

What we aim to achieve

Collaboration on health research priorities: As CIHR pursues its research priorities over the next three years, it will consistently seek out international collaborations. In particular, through its Institutes, CIHR will expand its cooperation with international research agencies, such as the U.S. National Institutes of Health Research, on such priorities as osteoporosis, placebos, brain disorders and proteomics. Other examples include:

- *Aboriginal Health Disparities:* Canada, Australia and New Zealand are joining forces through an International Cooperation Agreement on Indigenous Health, with Canada's participation

being led by CIHR's Institute of Aboriginal People's Health. The partners have agreed to exchange graduate students, develop international research priorities and share scientific expertise.

- *HIV/AIDs*: CIHR is supporting a \$25 million tri-national clinical trial to investigate clinical management alternatives for best use of anti-HIV drug combination treatments, for AIDS patients who have not responded well to anti-HIV therapy. This study involves 77 clinics associated with the Canadian HIV Trials Network, the Medical Research Council in the United Kingdom and Veterans Administration institutions in the United States. A second major international collaborative trial is under review.

Results for Canadians

- Demonstrated leadership and coordination of national health research issues
- Innovative programming, activities and structures
- Excellence in management and operations
- An outstanding work environment

Budgeted Spending 2002- 03 \$35.0 M

Planned Spending 2003--04 \$39.0 M

Planned Spending 2004 – 05 \$39.0 M

Planned Spending 2005 – 06 \$39.0 M

Priority: Build A Strong and Dynamic Organization

Building the future of CIHR requires a solid foundation—a strong organization that achieves results. CIHR will implement modern management practices to develop a client-focused organization with well-developed business processes and skilled, healthy staff.

What we aim to achieve

Advancing Modern Management Practices--CIHR's commitment as an organization to continuous improvement is demonstrated through its *Modern Management Initiative*, which focuses on improving management practices. This initiative, which includes the creation of the Modern Comptrollership office in January 2003, will ensure that CIHR meets the objectives of the Government set out in *Results for Canadians: A Management Framework for the Government of Canada*. Key activities for 2003-2004 are completion of a capacity assessment and an action plan. Some results to be achieved over the next three years are strengthened strategic and operational planning, risk management, integrated performance information.

Building a Committed and Productive Workforce--Through its organizational design project completed in 2002, CIHR identified the need to attract and retain qualified employees by encouraging and recognizing excellent performance, and developing an atmosphere of continuous learning. In 2003-2004 CIHR will enhance its *Human Resource Management Framework* through the completion of its Job Evaluation and Compensation Project.

Enhancing Performance Management - To ensure that CIHR delivers results for Canadians, all CIHR managers are expected to monitor and evaluate the performance of the programs for which they are responsible. Where programs and expected results are similar, it can be efficient to develop a common approach. Over the next year, the CIHR Institutes will work together to develop a common evaluation framework—the foundation for performance measurement. This common framework will be used to develop Institute-specific performance monitoring and evaluation systems.

Supporting Strong Governance—CIHR’s success is largely dependent on its governance structure, an extensive array of over 1000 talented and committed volunteers whose responsibilities range from Governing Council and its Standing Committees to its 50 Grants Panels to its 13 Institute Advisory Boards. To ensure continuity in strong governance, over the next year CIHR will develop and implement a governance renewal process and identify ways to support excellence in governance.

Section 5: Organization

5.1 Accountability

CIHR has one business line—to *achieve excellence in the creation of new knowledge, through research, and its translation into improved health for Canadians, through improved health products and services and a strengthened health care system.*

Minister: The Honourable Anne McLellan is responsible for the Canadian Institutes of Health Research.

President: Dr. Alan Bernstein reports to the Minister and has four Vice-Presidents, a Director of Ethics and 13 Institute Scientific Directors who report to him. The following individuals report to the President:

Vice-Presidents and Director:

- Dr. Mark Bisby is responsible for the Research Portfolio
- Guy D'Aloisio is responsible for the Service and Operations Portfolio
- Christine Fitzgerald is responsible for the Corporate Affairs Portfolio
- Sonya Corkum is responsible for the Knowledge Translation and Partnerships Portfolio
- Patricia Kosseim, Acting Director, is responsible for the Ethics Office

Institute Scientific Directors:

- | | |
|------------------------|--|
| • Dr. Jeff Reading | Aboriginal Peoples' Health |
| • Dr. Réjean Hebert | Aging |
| • Dr. Philip Branton | Cancer Research |
| • Dr. Bruce McManus | Circulatory and Respiratory Health |
| • Dr. Miriam Stewart | Gender and Health |
| • Dr. Roderick McInnes | Genetics |
| • Dr. Morris Barer | Health Services and Policy |
| • Dr. John Challis | Human Development, Child and Youth Health |
| • Dr. Bhagirath Singh | Infection and Immunity |
| • Dr. Cyril Frank | Musculoskeletal Health and Arthritis |
| • Dr. Rémi Quirion | Neurosciences, Mental Health and Addiction |
| • Dr. Diane Finegood | Nutrition, Metabolism and Diabetes |
| • Dr. John Frank | Population and Public Health |

The host institution of each Institute is provided with an Institute support grant each year. Persons employed by the Institute, including the Scientific Director, are employees of the host institution and not employees of CIHR.

5.2 Planned Spending

Canadian Institute of Health Research: Planned Spending

| (\$ millions) | Forecast spending 2002-2003 ² | Planned Spending 2003-2004³ | Planned Spending 2004-2005 | Planned Spending 2005-2006 |
|---|--|---|----------------------------------|----------------------------------|
| Budgetary Main Estimates (Gross) | 465.3 | 669.2 | 691.5 | 691.5 |
| Non-Budgetary Main Estimates (Gross) | — | - | - | - |
| Less: Respendable Revenue | — | - | - | - |
| <u>Total Main Estimates</u> | 465.3 | 669.2 | 691.5 | 691.5 |
| Adjustments | 186.3 | 57.5 | 60.5 | 60.5 |
| <u>Net Planned Spending</u> | 651.6 | 726.7 | 752 | 752 |
| Less: Non-Respendable revenue | 1.4 | 1.4 | 1.4 | 1.4 |
| Plus: Cost of Services received without charge | 1.8 | 1.9 | 1.9 | 1.9 |
| <u>Net Cost of Program</u> | 652.0 | 727.2 | 752.5 | 752.5 |
| Full Time Equivalents | 252 | 285 | 285 | 285 |

CIHR's greatly expanded mandate along with increasing demands for resources for both open competitions and strategic initiatives, will require a concerted effort in upcoming budget planning cycles to develop strategies which maximize CIHR's research investments. CIHR's Governing Council determined to maintain 70% of the grants and awards budget allocation for open competitions and 30% for strategic initiatives

² Reflects best forecast of total planned spending to the end of the fiscal year

³ The Budget Plan 2003 will provide \$225 million per year through the granting councils beginning 2003-04 to help fund indirect costs associated with federally supported research at universities, colleges and research hospitals. CIHR's portion of the funding was unknown at the time of the production of the Report on Plans and Priorities.

ANNEXES

A. Financial Tables

Annex 1: Summary of Transfer Payments

| (\$ millions) | Forecast spending 2002-2003 | Planned Spending 2003-2004 | Planned Spending 2004-2005 | Planned Spending 2005-2006 |
|---|-----------------------------------|---|----------------------------------|----------------------------------|
| Canadian Institutes of Health Research Programs | | | | |
| Creation and exchange of new health knowledge in support of the objective of CIHR | | | | |
| <u>Grants for research projects and personnel support</u> | 602.6 | 674.4 | 699.8 | 699.8 |
| <u>Institute Support Grants</u> | 13.0 | 13.0 | 13.0 | 13.0 |
| Total Grants | 615.6 | 687.4 | 712.8 | 712.8 |

Note on Transfer Payments:

The entire CIHR Program, administration excepted, is affected through transfers in the form of grants for research projects, personnel awards and institute support grants. The objectives and planned results for these transfers are therefore those for the CIHR program, as presented in Section 4 of this report.

The specific accountabilities for the CIHR transfer payments are set out in their Terms and Conditions, approved by Treasury Board in October 2000.

Annex 2: Source of Respendable and Non Respendable Revenue

| (\$ millions) | Forecast Revenue 2002- 2003 | Planned Revenue 2003- 2004 | Planned Revenue 2004- 2005 | Planned Revenue 2005- 2006 |
|--|--------------------------------------|---|-------------------------------------|-------------------------------------|
| <u>Respendable Revenue</u> | | | | |
| Nil | - | - | - | - |
| <u>Non-Respendable Revenue</u> | | | | |
| Refunds of Previous Years' Expenditures | 1.4 | 1.4 | 1.4 | 1.4 |
| Total Respendable and Non-Respendable Revenue | 1.4 | 1.4 | 1.4 | 1.4 |

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

| | |
|---|--------------|
| (\$ millions) | |
| <u>Planned Spending</u> | |
| Budgetary and Non-budgetary Main Estimates plus adjustments | 726.7 |
| Plus: | |
| <i>Services received without charge</i> | |
| Accommodation provided by Public Works and Government Services Canada | 0.7 |
| Contributions covering employers' share of insurance premiums and costs paid by TBS | 1.2 |
| | 1.9 |
| <i>Total Cost of Program</i> | 728.6 |
| Less: | |
| <u>Respendable Revenue</u> | - |
| <i>Non-respendable revenue</i> | 1.4 |
| | |
| <i>2003-2004 Net Program Cost (Total Planned Spending)</i> | 727.2 |

B. Key Reference Documents and Internet Addresses

Key Reference Documents

1. **Building for Better Health**, CIHR 2001-02 Annual Report
2. **r:evolution CIHR: Towards a National Health Research Agenda**
http://www.cihr-irsc.gc.ca/publications/about_cihr/revolution.pdf
3. CIHR Institutes – More information, including Institute Strategic Plans and Annual Reports, is available through CIHR's web site.

Internet Addresses

| | |
|---|---|
| Canadian Institutes of Health Research Home Page | http://www.cihr-irsc.gc.ca/index_e.shtml |
| Aboriginal Peoples' Health | http://www.cihr-irsc.gc.ca/institutes/iaph/index_e.shtml |
| Aging | http://www.cihr-irsc.gc.ca/institutes/ia/index_e.shtml |
| Cancer Research | http://www.cihr-irsc.gc.ca/institutes/icr/index_e.shtml |
| Circulatory and Respiratory Health | http://www.cihr-irsc.gc.ca/institutes/icrh/index_e.shtml |
| Gender and Health | http://www.cihr-irsc.gc.ca/institutes/igh/index_e.shtml |
| Genetics | http://www.cihr-irsc.gc.ca/institutes/ig/index_e.shtml |
| Health Services and Policy Research | http://www.cihr-irsc.gc.ca/institutes/ihspr/index_e.shtml |
| Human Development, Child and Youth Health | http://www.cihr-irsc.gc.ca/institutes/ihdcyh/index_e.shtml |
| Infection & Immunity | http://www.cihr-irsc.gc.ca/institutes/iii/index_e.shtml |
| Musculoskeletal Health and Arthritis | http://www.cihr-irsc.gc.ca/institutes/imha/index_e.shtml |

| | |
|---|---|
| Neurosciences, Mental Health and Addiction | http://www.cihr-irsc.gc.ca/institutes/inmha/index_e.shtml |
| Nutrition, Metabolism and Diabetes | http://www.cihr-irsc.gc.ca/institutes/inmd/index_e.shtml |
| Population and Public Health | http://www.cihr-irsc.gc.ca/institutes/ipph/index_e.shtml |