



**ESTIMATES**

# **Medical Research Council of Canada**

**2000-2001  
Estimates**

Part III – Report on Plans and Priorities

**Canada**

## The Estimates Documents

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

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

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

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

- (1) **Reports on Plans and Priorities (RPPs)** are individual expenditure plans for each department and agency (excluding Crown corporations). These reports provide increased levels of detail on a business line basis and contain information on objectives, initiatives and planned results, including links to related resource requirements over a three-year period. The RPPs also provide details on human resource requirements, major capital projects, grants and contributions, and net program costs. They are tabled in Parliament by the President of the Treasury Board on behalf of the ministers who preside over the departments and agencies identified in Schedules I, I.1 and II of the *Financial Administration Act*. These documents are to be tabled on or before 31 March and referred to committees, which then report back to the House of Commons pursuant to Standing Order 81(4).
- (2) **Departmental Performance Reports (DPRs)** are individual department and agency accounts of accomplishments achieved against planned performance expectations as set out in respective RPPs. These Performance Reports, which cover the most recently completed fiscal year, are tabled in Parliament in the fall by the President of the Treasury Board on behalf of the ministers who preside over the departments and agencies identified in Schedules I, I.1 and II of the *Financial Administration Act*.

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

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MRCRM

*Medical Research Council of Canada*

**Report on  
Plans and Priorities**

*for the fiscal year*

**2000-2001**

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*Allan Rock*

**Minister of Health**

**Canada** 



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***Please Note***

It is expected that early in fiscal year 2000-01, the *Medical Research Council* will be replaced by a larger, more inclusive federal organization to support health research in Canada, the *Canadian Institutes of Health Research*.

The plans and priorities presented herein are thus those of an organization in transition.





# I PRESIDENT'S MESSAGE

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It is a pleasure to report to Parliament, and to all Canadians, on our plans for the year 2000-2001. These are very exciting times. As I write, an Act to establish the **Canadian Institutes of Health Research (CIHR)** is in the process of undergoing review by the two Houses of Parliament and the signs are positive that it will soon be proclaimed, ushering in a bold, new approach to the support of health research in Canada. With CIHR, the federal government will set in place a framework to bring together Canadians, their health researchers and the supporters of research for the joint setting of priorities in areas of mutual concern. The CIHR framework will bring greater focus to the Canadian health research enterprise and strengthen the links between those who produce and acquire knowledge and those who use it to improve health and health care.

Creation of the CIHR will herald a significant increase in federal funding for the health research that is conducted in universities, hospitals and research centres across the country. By the year 2001-02, the federal investment in extramural health research will be more than double the amount it was in 1997-98. Funding delivered through CIHR will transform the Canadian health research enterprise, improving the intensity of our health research efforts and providing the vibrant intellectual environment that will allow us to retain our best scientists and inspire young Canadians to pursue careers in research.

**Since 1993, the MRC has been building a foundation for CIHR by expanding its programs to cover all research with a relevance to health and by establishing strong, beneficial research partnerships with organizations in all sectors.** When CIHR becomes a reality, it will completely absorb the MRC: our grants and awards programs, our commitments to researchers, our budget and our staff will become the core of a bigger, more inclusive, federal organization. For the year 2000-01, our top priority will be an effective integration into the CIHR program framework. In 2000-2001 we will, with our partners, be fully engaged in making the CIHR vision a reality. Working together we will continue developing structures, programs and policies aimed at realizing the CIHR vision: a research community that is fully aware of the health concerns of Canadians, is linked across disciplines, across provinces and with researchers around the world, and is provided with the resources it needs to conduct world-class research that will lead to better prevention of illness and even more effective treatment and health care.



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*signature*

**Henry Friesen**  
OC, MD, FRCPC, FRSC

**For the year  
2000-2001,  
our top priority will be  
an effective integration  
into the *Canadian  
Institutes of Health  
Research (CIHR)*  
program framework.**



## II AGENCY OVERVIEW

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### A. Mandate, Roles and Responsibilities

<b>Mandate</b>	<p><i>The Medical Research Council has a mandate to:</i></p> <p><b>promote, assist and undertake basic, applied and clinical research in Canada in the health sciences.</b></p> <p>To advise the Minister of Health in respect of matters relating to such research [...]</p> <p>To expend any money appropriated by Parliament for the work of the Council or received by the Council through the conduct of its operations; and, to publish and sell or otherwise distribute such scholarly, scientific and technical information relating to the work of the Council as the Council considers necessary.</p>
<b>Vision</b>	<p><b>MRCRM</b></p> <p>An internationally-competitive Canadian health research community generating new knowledge that contributes to improvements in quality of life and supports the growth and expansion of Canadian industry in the health area.</p>

*Please Note*

It is expected that early in fiscal year 2000-01, the **Medical Research Council** will be replaced by a larger, more inclusive federal organization to support health research in Canada, the **Canadian Institutes of Health Research**.

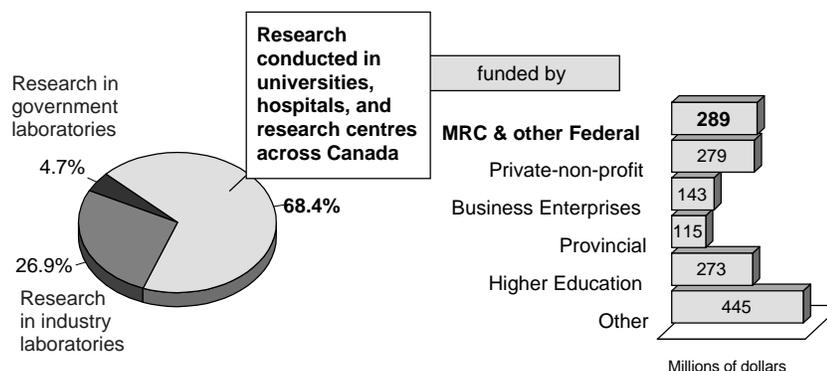
The plans and priorities presented herein are thus those of an organization in transition.

## *MRC's Role in Canadian Health Research Funding*

Health research in Canada is a partnered enterprise involving a wide variety of research funders, performers and consumers. Researchers in federal government facilities conduct a relatively small proportion of Canada's health research (about 5%), primarily focussed on ensuring the quality of our foods, drugs, air and water. Health-related firms, particularly in the pharmaceuticals industry, perform about 27% of the country's health research. **The majority of Canada's health research (68%) takes place in universities, hospitals and research centres across the country.**

The federal government provides the largest contribution of resources to academic research across the country. **Through MRC, government supports more than 3,000 projects in all areas of health research, thus ensuring a national capability to address health issues of all kinds.** Other funders invest in university research according to their special interests. Health charities focus their funding on research related to specific health problems; firms invest in university research relevant to their business. Provinces too fund academic research, both to build capacity for innovation and to answer specific questions related to their health care responsibilities. Universities and other institutions of higher education also contribute significantly to the national research enterprise by providing university professors with time for research and facilities in which to pursue their work.

### *Sector and Funding of Health Research*



Source: Statistics Canada, Science Statistics, V3 n4. 1998 data

# Responsibilities



## B. Objectives

<p><b><i>Objectives of the MRC</i></b></p>	<p>To build and maintain, in partnership with others, a national capacity to create and use new knowledge for maintaining and improving health and preventing, curing and treating illness, for the social and economic benefit of Canadians and the well-being of people everywhere</p> 
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## C. External Factors Influencing the Agency

Good health and health care are priorities for Canadians and their governments, both provincial and federal. The importance of health and the need to seize opportunities for improved health care were key themes in the speech with which Governor General Adrienne Clarkson opened the 1999-2000 session of Parliament.

*“Good health and quality care are essential to the well-being of all Canadians and are part of our strength in today’s global marketplace. Advances in technology, research and information are opening tremendous new opportunities for improving the health and well-being of citizens.”*

Health research illuminates new and better ways of achieving and maintaining health. It ensures a capacity not only to generate knowledge but also to appreciate the practical significance of the new knowledge produced elsewhere around the globe. Research is a critical element of any national strategy for innovation. As the Governor General emphasized:

*“Achieving a higher quality of life requires a comprehensive strategy to accelerate the transition to the knowledge-based economy, promote our interests and project our values in the world.”*

Canadian research has made important contributions to global understanding of threats to health and opportunities for improving health status but, by the mid 1990s, the breadth and depth of our health research activity had fallen far behind that of other highly developed countries. This jeopardized our ability to recruit research talent and put us at risk of losing Canadian researchers and hence our capacity to generate, absorb and use new knowledge of relevance to health. In his reply to the Speech from the Throne on October 13, 1999, Prime Minister Jean Chrétien set out the challenge facing Canadians.

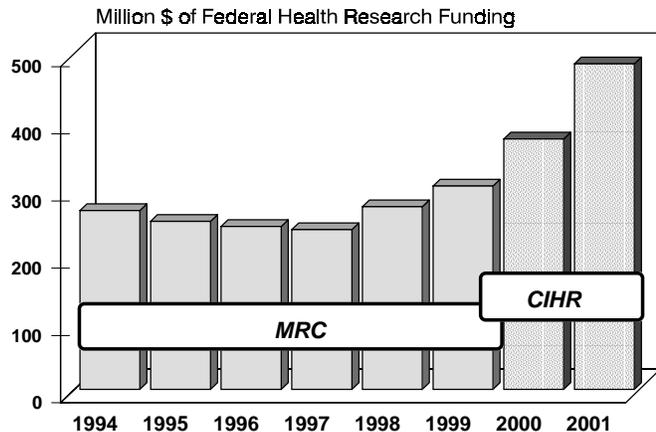
*“Today, our challenge as a country is to create a climate of opportunity for our graduate students and for our graduates. To provide exciting opportunities for Canadian researchers and to attract the best academic researchers in the world to Canadian universities. And to do so at a time when world-wide competition for them has never been so fierce. And particularly at a time when United States universities benefit from both permanent endowments and the generosity of private Foundations out of all proportion to those of our universities.”*

***One of our principal challenges as a country is to create a climate of research opportunity that will inspire our young people, support our researchers and enable us to attract research talent from around the world at a time when competition for it is fierce.***

Over the last several years, the federal government has been setting in place the physical infrastructure that must underlie a major expansion of Canadian capacity for knowledge creation and innovation. Through the Canada Foundation for Innovation, funding has been provided for renovation of research facilities in our universities and teaching hospitals. Most recently the government has announced a program to expand the human infrastructure for research. A program of Canada Research Chairs will provide opportunities for top Canadian researchers to dedicate themselves fully to their research and for Canadian universities to recruit outstanding researchers from around the world. In addition, government has put in motion its plan to create **Canadian Institutes for Health Research** to deliver an increased federal investment through a framework that integrates research across disciplines, across sectors and across regions, and helps to focus efforts on issues of concern shared by Canadians, their researchers, the funders of research, health practitioners and others with an interest in creating new knowledge for better health and health care. Prime Minister Chrétien described the initiative in the fall of 1999:

*“We will introduce legislation in the next few weeks to create the Canadian Institutes of Health Research. To ensure that Canada stays in the forefront of health research. To create a more integrated system of health research than in any other country. To ensure the pursuit of excellence in health research. To keep in Canada our best and brightest practitioners. To attract the best and brightest from elsewhere.”*

### An Organization in Transition



CIHR: Canadian Institutes of Health Research

## D. Agency Planned Spending

When the Canadian Institutes of Health Research comes into being, the Medical Research Council will cease to exist. The CIHR will absorb the funding committed to the MRC and all of MRC's obligations and liabilities will be transferred to the new organization.

### Medical Research Council Planned Spending

(millions of dollars)	Forecast Spending 1999-00 <sup>1</sup>	Planned Spending 2000-01	Planned Spending 2001-02	Planned Spending 2002-03
Budgetary Main Estimates	275	<b>308.6</b>	309.2	296.7
Non-Budgetary Main Estimates	-	-	-	-
<i>Less:</i> Respendable revenue	-	-	-	-
<b>Total Main Estimates</b>	275	<b>308.6</b>	309.2	296.7
Adjustments	28.5	<b>28.1</b>	49.1	63.0
<i>Net Planned Spending</i>	303.5	<b>336.7</b>	358.3	359.7
<i>Less:</i> Non-respendable revenue	0.7	<b>0.7</b>	0.7	0.7
<i>Plus:</i> Cost of services received without charge	0.8	<b>0.6</b>	0.6	0.6
<b>Net Program Cost <sup>2</sup></b>	303.6	<b>336.6</b>	358.2	359.6

<b>Full Time Equivalent</b>	102	<b>120</b>	90	90
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The table shows only funding that has been committed to the Medical Research Council program. In its February 1999 budget announcement, the government set out plans to provide *additional* federal funding for health research, through CIHR, in the order of \$65 million for 2000-01, and a further \$110 million for 2001-02.

While it would be inappropriate to present detailed plans for CIHR spending in this document from MRC, we will provide an indication of current planning (by MRC and the CIHR Interim Governing Council) for deployment of additional funding within a CIHR framework. When a CIHR Governing Council is formed, it may of course decide to adjust such plans.

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

<sup>2</sup> Note that rounding effects may be at play.

### III PLANS, EXPECTED RESULTS AND RESOURCES

#### A. Planned Spending and Full Time Equivalents

The Medical Research Council has but one line of business: to promote, assist and undertake research in the health sciences in Canada. The agency's planned spending and staffing levels are thus fully reflected in the preceding table.

#### B. Objectives

As indicated in the overview of the agency, the objective of the Medical Research Council is to build and maintain, in partnership with others, a national capacity to create and use new knowledge for maintaining and improving health and preventing, curing and treating illness, for the social and economic benefit of Canadians and the well-being of people everywhere.

#### C. Description

The agency promotes, assists and undertakes research in the health sciences in Canada by:

- generating the health science knowledge base;
- training and development of Canadian health scientists;
- targeting research efforts at specific health threats and opportunities;
- catalysing partnerships to diversify and strengthen Canadian health science;
- facilitating the return of research benefits to Canadians;
- national coordination of health research issues; and,
- providing scientific, technical and administrative support to the Council.

*Please Note*

It is expected that early in fiscal year 2000-01, the **Medical Research Council** will be replaced by a larger, more inclusive federal organization to support health research in Canada, the **Canadian Institutes of Health Research**.

The plans and priorities presented herein are thus those of an organization in transition.

## **D. Key Results Commitments, Planned Results, Related Activities and Resources**

In many respects the CIHR program will build on that of the MRC, providing research grants and awards to produce new knowledge, maintain a capacity to absorb knowledge generated elsewhere and support research career training and development. CIHR will likewise display many valued features of the MRC program: a focus on research excellence through peer review, research addressing health priorities, research partnership development and the provision of advice and guidance on research issues such as ethics and international cooperation.

**In addition, the CIHR will lead a new, multi-stakeholder approach to the setting of research priorities and to improving the mechanisms through which knowledge generated by research is transformed into better health practices and more effective health care. CIHR will strengthen and expand the Canadian federal extramural health research program. It will increase the rate, depth and breadth of research while focusing more attention on integration across disciplines and across regions.**

In the plans that follow, some activities have been identified as being specifically related to the transition of MRC to CIHR. This is a somewhat artificial distinction, since all MRC programs provide a foundation for the activities of CIHR, but is provided to give the reader a sense of how the transformation will begin to take place and the effects it will have on health research in Canada.

Responding to a request from the federal Treasury Board Secretariat to all federal organizations, MRC has attempted to estimate the amount of program funding related to each key result commitment. These estimates are intended to give the reader a general appreciation of the level of public investment related to the production of a given result. However, readers must be aware that, as most MRC research funding mechanisms contribute to more than one result, the figures are no more than a general indication of order of magnitude.

### **For more information**

*about . . .*

- *transition from MRC to CIHR*
- *MRC performance in 1998-99*
- *health research in Canada*
- *the impact of MRC funding*
- *MRC program mechanisms*

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**Table 3-1**

<p><b>Key Results Commitment 1</b></p>	<p><b>World-class research</b> aimed at ensuring good health and well-being</p>
<p><b>Planned Results</b></p>	<p><b>International calibre research projects</b> in institutions across Canada on fundamental processes underlying health and illness, prevention and treatment of disease, and health services.</p> <p>Special <b>research initiatives on health issues of particular concern</b> to Canadians, such as breast cancer, diabetes and AIDS.</p>
<p><b>Related Activities</b></p>	<p><b>Attract applications</b> for support of important research projects from scientists across Canada in all health fields.</p> <p><b>Obtain expert opinion</b> on the value of each proposal.</p> <p><b>Decide the most effective distribution of available resources</b> to research projects through grants for: research operations, maintenance, equipment, fostering of team research, promotion of university-industry linkages and regional research development.</p> <p>Continue providing financial and organizational <b>support to inter-organizational programs of research in areas that offer special threats or opportunities</b> to the health of Canadians.</p> <p><b>Identify research needs and priorities</b> in the health area in Canada.</p> <p><b>Seek opportunities to partner</b> with health charities, the private sector and other government organizations for research targeted at specific diseases.</p>
<p><b>Resources (\$ millions) <sup>3</sup></b></p>	<p>\$ 204.6</p>
<p><b>Transition to CIHR <sup>4</sup></b></p>	<p><i>Increase the size and number of research grants to strengthen research capacity.</i></p> <p><i>Create ten to twelve thematic research institutes that provide focal points for multi-stakeholder identification of areas requiring special research initiatives.</i></p>

<sup>3</sup> Includes funding for Operating Grants, AIDS, Breast Cancer, Genome, Maintenance, Equipment, Special Projects.

<sup>4</sup> With respect to the additional \$65 million for CIHR indicated in the February 1999 federal budget, an estimated \$23.8 million more might be invested in this results area: \$16.8M for strengthening research capacity, \$5M in Institute Development Fund and \$2M for implementation of expanded research areas through new peer review panels.

**Table 3-2**

<p><b>Key Results Commitment 2</b></p>	<p>The social and economic <b>benefits of health research</b> discoveries.</p>
<p><b>Planned Results</b></p>	<p>Research results having an <b>impact on illness prevention, identification and treatment of disease, or health services.</b></p> <p><b>Commercialization of health research discoveries</b> with resultant creation of jobs and economic opportunity.</p>
<p><b>Related Activities</b></p>	<p>Give weight to <b>potential health impact</b> in assessments of proposed research projects.</p> <p><b>Fund trials testing safety and effectiveness</b> of promising new health interventions or service delivery mechanisms.</p> <p>Support programs that <b>facilitate the communication of research findings</b> to clinical practitioners, patient groups, hospital administrators and the public.</p> <p><b>Promote awareness of Canadian health science research potential</b> around the world.</p> <p><b>Monitor the impact of Canadian health science discoveries</b> in terms of new health policies and interventions, businesses, employment creation and invested capital.</p> <p>Develop and operate programs and partnerships that promote communication and <b>collaboration between university researchers and users of research results.</b></p>
<p><b>Resources (\$ millions)<sup>5</sup></b></p>	<p>\$ 41.3</p>
<p><b>Transition to CIHR<sup>6</sup></b></p>	<p><i>Expand activities related to the dissemination and uptake of research results.</i></p> <p><i>Increase support for interdisciplinary and cross-sectoral research and research priority setting.</i></p>

<sup>5</sup> Includes funding for Clinical Trials, Health Services Research, University-Industry grants (including MRC/Rx&D), MRC Groups.

<sup>6</sup> With respect to the additional \$65 million for CIHR indicated in the February 1999 federal budget, an estimated \$9.2 million more might be invested in this results area: \$1.9M through the Capacity for Applied and Developmental Research and Evaluation (CADRE) program in health services and health systems, \$4M through Interdisciplinary Health Research Teams, plus \$3.3M for capacity strengthening.

**Table 3-3**

<p><b>Key Results Commitment 3</b></p>	<p>A <b>capacity</b> to respond to needs for research and development in all areas related to health.</p>
<p><b>Planned Results</b></p>	<p><b>Trained and experienced researchers</b> capable of responding to knowledge requirements in all health areas.</p> <p>Research resources and capacity generated by <b>partnerships</b> between MRC and other organizations.</p>
<p><b>Related Activities</b></p>	<p><b>Assess Canadian research capacity</b> in terms of personnel and estimate future needs.</p> <p><b>Attract applications</b> for support of research training and career development in all areas of health across Canada.</p> <p>Use expert panels to <b>assess and rank applications</b> according to applicants' merit.</p> <p><b>Decide the most effective distribution of available resources</b> to research training and development through personnel awards.</p> <p><b>Create and sustain partnerships</b> with other organizations in governments, industry and the voluntary sectors.</p> <p><b>Develop and disseminate information</b> on the positive contribution of health science to the well-being of Canadians, international competitiveness and economic sustainability.</p> <p><b>Facilitate the flow of funds to Canadian health science research</b> through all possible channels.</p>
<p><b>Resources (\$ millions)<sup>7</sup></b></p>	<p>\$ 79.9</p>
<p><b>Transition to CIHR<sup>8</sup></b></p>	<p><i>Strengthen Canadian capacity through increased support of training, development and establishment of health researchers.</i></p> <p><i>Increase the creation of partnerships with other federal agencies and departments, provincial governments, non-profit health research agencies.</i></p>

**Table 3-4**

<sup>7</sup> Includes funding of Canada Research Chairs, 11 Salary Support Programs, 10 Research Training Programs (including parity funding) and Regional Partnerships.

<sup>8</sup> With respect to the additional \$65 million for CIHR indicated in the February 1999 federal budget, an estimated \$19.8 million more might be invested in this results area through: Health Research Awards, \$5.6M; Community Alliances for Health Research, \$4M; Health Research Partnerships Fund, \$5M; Regional Partnership expansion, \$0.4M, \$3.8M for parity funding; plus \$4.8M for capacity strengthening.

<b>Key Results Commitment 4</b>	<b>A national perspective</b> on questions of health research priorities, ethics and safety.
<b>Planned Results</b>	<b>Advice and guidance</b> on research priorities, ethics and safety.
<b>Related Activities</b>	<p><b>Monitor national and international developments</b> that may require a Canadian position with respect to health research.</p> <p>Seek out <b>international partnerships</b>.</p> <p><b>Develop national perspectives</b> on research issues in consultation with key stakeholders.</p>
<b>Resources (\$ millions)<sup>9</sup></b>	\$ 2.5
<b>Transition to CIHR<sup>10</sup></b>	<i>Creation of Canada-wide Institutes as centres of advice and guidance on research issues and priorities in specific areas of health research.</i>

<sup>9</sup> Includes funding for Travel and Exchange Programs and Other Activities (Grants to other organizations *et cetera*).

<sup>10</sup> With respect to the additional \$65 million for CIHR indicated in the February 1999 federal budget, an estimated \$5.25 million more might be invested in this results area as: \$5M in Institute development plus \$0.25M for capacity building.

## IV HORIZONTAL INITIATIVES

As it proceeds to implement the CIHR program framework, the MRC will take advantage of opportunities offered for advancing federal initiatives in areas such as human resources development, performance accountability and financial administration. For example, plans are currently being developed to ensure that CIHR will become compliant with the government's Financial Information Strategy (FIS) by April 1, 2001.

*Please Note*

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## V FINANCIAL INFORMATION

**Table 5.1 Summary of Transfer Payments**

(millions of dollars)	Forecast 1999-00	Planned 2000-01	Planned 2001-02	Planned 2002-03
<i>Medical Research Council Program</i>				
Promote, assist and undertake research in the health sciences in Canada				
Grants	289.6	<b>322.7</b>	347.6	349.1
Contributions	-	-	-	-
Other Transfer Payments	-	-	-	-
<b>Total</b>	289.6	<b>322.7</b>	347.6	349.1

**Table 5.2 Source of Respendable and Non-Respendable Revenue**

(millions of dollars)	Forecast 1999-00	Planned 2000-01	Planned 2001-02	Planned 2002-03
<b>Respendable Revenue</b>				
<i>Nil</i>	-	-	-	-
<b>Non-Respendable Revenue</b>				
<i>Source: Refunds of Previous Years' Expenditure</i>	0.7	<b>0.7</b>	0.7	0.7
<b>Total</b>	0.7	<b>0.7</b>	0.7	0.7

**Table 5.3 Net Cost of Medical Research Council Program for the Estimates Year**

(millions of dollars)	Total
<b><i>Planned Spending</i></b>	
Budgetary and Non-budgetary Main Estimates plus adjustments	<b>336.7</b>
Plus:	
<i>Services received without charge</i>	
Accommodation provided by Public Works and Government Services Canada	0.2
Contributions covering employers' share of insurance premiums and costs paid by TBS	0.4
	0.6
<b><i>Total Cost of Program</i></b>	<b>337.3</b>
Less:	
<i>Respendable Revenue</i>	-
<i>Non-respendable Revenue</i>	0.7
<b>2000-2001 Net Program Cost</b> ( <i>Total Planned Spending</i> )	<b>336.6</b>

*Please Note*

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