



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

Canada

Canadian Institutes of Health Research

Report on Plans and Priorities

for the fiscal year

2004-2005

Submitted to the
Parliament of Canada
by

Ujjal Dosanjh
Minister of Health

Dr. Alan Bernstein
President
Canadian Institutes of Health Research



Report on Plans and Priorities 2004-2005

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Section 1: President's Message

I am proud to report on the measures being taken by the Canadian Institutes of Health Research (CIHR) to achieve its mandate to create and translate into action new knowledge to improve the health of Canadians, provide more effective health products and services and strengthen Canada's health care system.



Since its creation in June 2000, CIHR has taken bold steps to deliver on this ambitious mandate. Today, CIHR is funding over 8,000 health researchers and its 13 Institutes are funding researchers in strategic priority areas that were identified in consultation with their respective research communities and partners. SARS, BSE, obesity, and research on access to health services are just some of the challenging health issues being studied with federal health dollars. These achievements would not have been possible without the hard work of dedicated staff across CIHR, and the countless number of volunteers serving on Governing Council, Institute Advisory Boards and on peer review panels.

CIHR is now poised to move to its second stage of evolution - a stage that is designed to accelerate the pace of discovery and its application, ensuring that Canadians reap the health and economic benefits of health research. Guiding the organization in its decision making process will be CIHR's new strategic plan. Entitled *Investing in Canada's Future: CIHR's Blueprint for Health Research and Innovation*, the document was developed in 2003 through a national consultation process with wide-ranging stakeholders.

Among the activities CIHR will undertake in 2004-2005 to meet its expected results and achievements will be efforts to:

- develop and launch several large scientific initiatives reflecting the rapidly changing nature of health research;
- ensure the needs of the scientific communities are met by simplifying and improving the range of funding programs;
- accelerate the transformation of research into results for Canadians through the commercialization of discoveries and through bridging the gap between what we know and what we do in health care delivery;
- build the broad base of stakeholders across Canada and engage in mutually beneficial international partnerships; and
- enhance service delivery and effectiveness of CIHR's peer review system by leveraging technology.

As we move forward, I am confident that with the continued support of the Government of Canada, we will be able to deliver on our mandate and realize the highest standards of excellence in health research and the subsequent translation of this new knowledge into our health care system.

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

MANAGEMENT REPRESENTATION STATEMENT

I submit, for tabling in Parliament, the 2004-2005 Report on Plans and Priorities (RPP) for the Canadian Institutes of Health Research (CIHR).

This document has been prepared based on the reporting principles and disclosure requirements contained in the *Guide to the Preparation of the 2004-2005 Report on Plans and Priorities*:

- It accurately portrays the organization'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; and
- 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: Alan Bernstein, President

Signature:

Date:

Section 2: Raison d'être

The Canadian Institutes of Health Research (CIHR) is Canada's premier health research organization. CIHR's vision is to position Canada as a world leader in the creation and use of knowledge through health research that benefits Canadians and the global community.

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 (Bill C-13, April 13, 2000). To accomplish this, CIHR provides a range of programs and activities that are designed to support outstanding research – both investigator-driven and strategic; build health research capacity; and promote knowledge translation in accordance with CIHR's mandate and strategic directions. In fact, CIHR funds more than 8,500 health researchers in universities, teaching hospitals and other health organizations, research centres and government laboratories across the country to support research in the following areas: biomedical; clinical; health systems and services; and population and public health.

CIHR's mandate and structure are unique. CIHR is structured around 13 virtual Institutes that are led by Scientific Directors who are based in universities or teaching hospitals across the country. The Institutes form a national research network that links researchers and other stakeholders across the country.

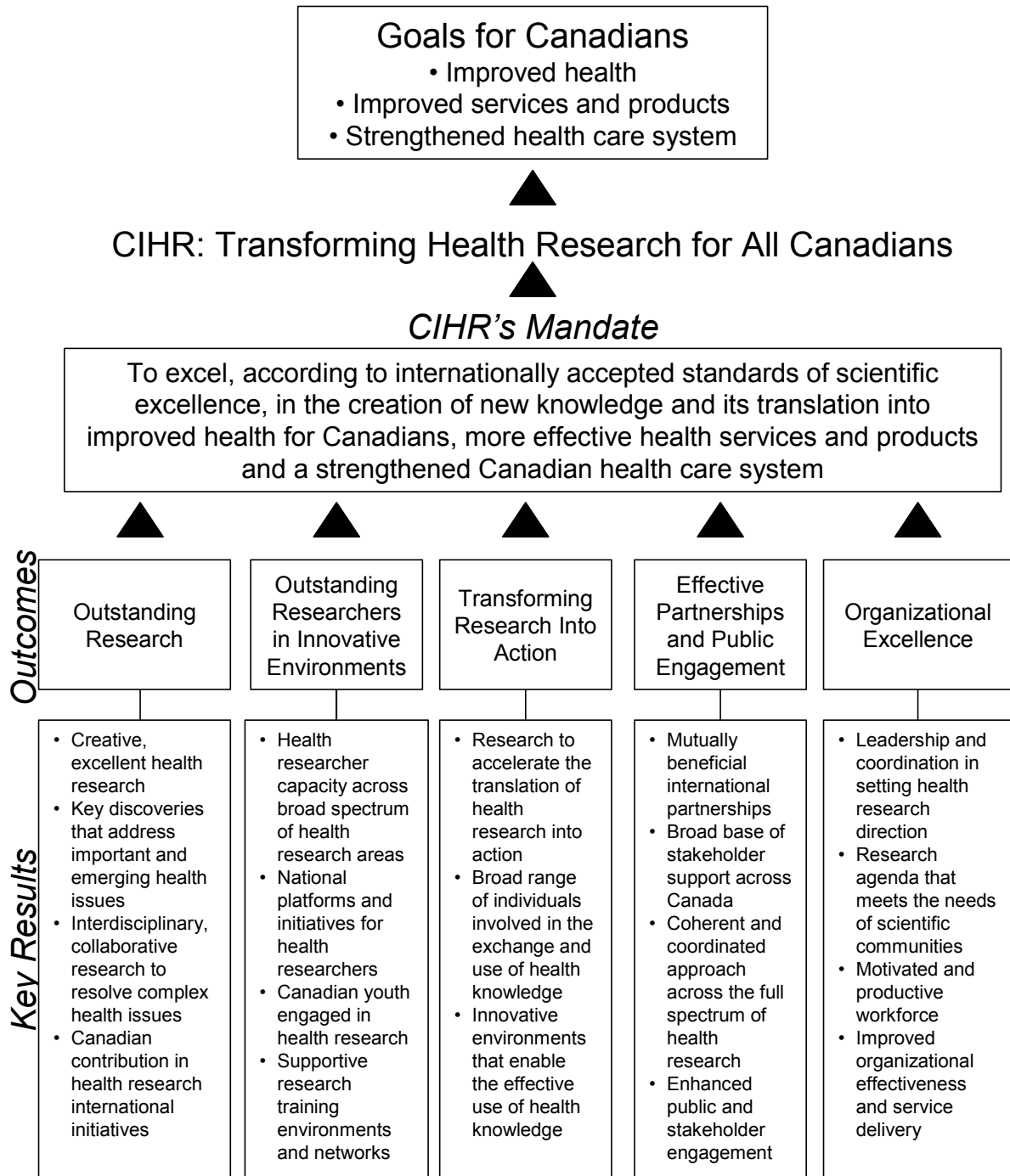
CIHR INSTITUTES

Aboriginal Peoples' Health
Aging
Cancer Research
Circulatory and Respiratory Health
Gender and Health
Genetics
Health Services and Policy Research
Human Development, Child and Youth Health
Infection and Immunity
Musculoskeletal Health and Arthritis
Neurosciences, Mental Health and Addiction
Nutrition, Metabolism and Diabetes
Population and Public Health

CIHR identifies health research and knowledge translation priorities for Canada based on:

- a growing understanding of the multi-factorial nature of human development and health;
- the involvement and recognition of, and respect for, the contributions of health researchers from all research disciplines and of researchers from outside traditional health research areas;
- the involvement and coordination of a wide range of partners from all relevant sectors, the federal government, the provinces/territories and other countries;
- the development, attraction and retention of the best possible health researchers for Canada;
- the creation of knowledge based on health research that meets the highest international standards of excellence and ethics; and
- the application of that knowledge to the development and implementation of innovative policies, programs and practice.

Delivering Results: Improving the Health of Canadians



Section 3: Planning Overview

3.1 Planning Context

Canada's future success depends on the health and well being of its people. The Government of Canada recognized the central importance of health research for the future of Canada by establishing CIHR in 2000 with the mandate of both stimulating excellent health research and accelerating its translation into more effective products and services, a strengthened health care system and ultimately, improved health for Canadians.

- Research advances are transforming the way in which we promote and protect the health of Canadians, as well as diagnose, treat and prevent disease. Spectacular advances in the understanding of human health and disease are also being fuelled by new ways of thinking, new transformative technologies, new partnerships, new interdisciplinary research collaborations, and new industries.
- The transformation of Canada's health system - the largest knowledge-based industry with total expenditures in excess of \$120 billion annually - into an evidence-based and research-oriented enterprise is essential if Canada is to capture the health, social and economic benefits of the current revolution in health research, and sustain an affordable system.
- Canada must create nimble, forward-looking policies and programs to enable Canadian researchers to be world leaders in their fields, and Canada to be internationally competitive.
- The complexity and scale of today's research challenges increasingly require that researchers and countries reach out beyond their own areas of expertise and experiment with new models to bring researchers from different disciplines and sectors together. This work will be further enabled through the technological advances that support virtual networks.
- Public safety and security requires a health system and research community that can respond quickly and appropriately to rapidly emerging threats to health.
- While health research has made revolutionary strides over the last 50 years, there remains an unacceptable lag time between discovery and the realization of health, social and economic benefits derived from applying the knowledge generated through research.
- Canada, like other industrialized countries, is competing for the best and brightest researchers.
- Canada must ensure it is firmly positioned at the cutting edge of an increasingly research-driven global economy.
- CIHR's broadened, problem-based mandate reflects a deliberate strategy to reach out to all disciplines and research approaches that are relevant to the challenges of human health and disease, and the efficient and effective delivery of effective and appropriate health services.

Since 1997, the Government of Canada has supported an unprecedented increase in health research through CIHR and other new funding organizations and programs. This has positioned Canada as a world leader in advancing the creation and use of new health knowledge for the benefit of Canadians and people everywhere. The benefits for Canada of sustaining and increasing investments in health research are clear. They include:

- a better quality of life for individuals and a healthier nation overall;
- a strengthened, sustainable and more productive health system;
- challenging careers for young Canadians;
- rewarding work, training opportunities and learning environments to keep the best and brightest researchers, mentors and educators in Canada;
- rapid adoption of sound research into evidence-based practice, programs and policies;
- stimulation of economic development through discovery and innovation; and
- branding of Canada as an international leader in health and health research.

3.2 CIHR's Core Business

CIHR is more than a granting council. Through its Institutes, CIHR is engaging the research community and other key stakeholders to identify research priorities that respond to the pressing 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.

For 2004-2005 and beyond, CIHR will continue to provide a range of programs and activities that are designed to support outstanding research (both investigator-driven and strategic); build health research capacity; and facilitate knowledge translation in accordance with CIHR's mandate and strategic directions.

Since its creation in June 2000, the number of CIHR-funded researchers has climbed steadily from over 5,600 to over 8,500. CIHR's base budget for grants and awards has increased from \$275 million in 1999-2000, to approximately \$580 million in 2003-2004. Annual operating grant sizes have also risen from an annual average of \$71,000 in 1997-1998 to an annual average of more than \$106,000 in 2003-2004.

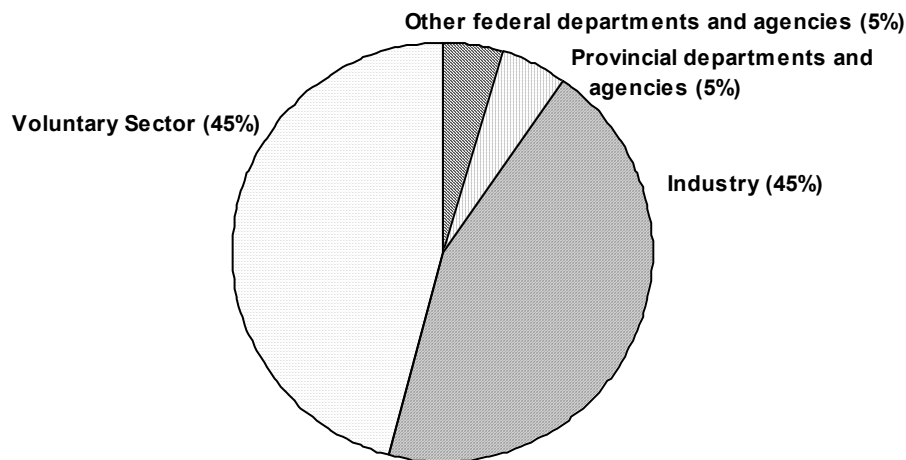
CIHR provides a range of career and training programs to support health researchers across all disciplines, building capacity in those areas, where needs are identified. It develops and supports innovative training programs that promote a multi-disciplinary approach to health and disease. CIHR is also working to accelerate the transformation of knowledge into benefits for Canadians in an innovative, coordinated and integrated fashion. Through innovative commercialization programs, such as the Proof of Principle (POP) program, CIHR enables health researchers to increase the likelihood of commercialization of their research discoveries.

3.3 Partnerships – Key to CIHR's Success

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, in order to leverage access to networks, patient groups, and efficient use of resources to achieve common objectives¹. For fiscal year 2003-2004, these partnerships represented a contribution of more than \$77 million for activities, which include health research funding, capacity building and commercialization.

Partner Contributions 2003-2004 - \$77M



CIHR Partnership Profile: Addressing Musculoskeletal Diseases

Musculoskeletal diseases represent the second highest economic burden of illness and account for over \$16 billion in direct and indirect annual costs to Canada. To reduce this burden, CIHR's Institute of Musculoskeletal Health and Arthritis has formed a collaboration with The Arthritis Society, Canadian Arthritis Network, Canadian Rheumatology Association, Canadian Orthopaedic Association, Cochrane Collaboration - Musculoskeletal Group, Canadian Arthritis Patients Alliance, Allied Health Professionals Association, Pediatric Rheumatology Association, and the Arthritis Consumer Experts, to establish the Alliance for a Canadian Arthritis Program (ACAP). This collaborative effort focuses on research, education and access to care to address diseases that currently affect over four million Canadians and is estimated to rise to over six million Canadians by 2026. ACAP held an Osteoarthritis Consensus Conference in 2002, which resulted in an additional \$5 million being targeted to musculoskeletal research in Canada. Future activities include hosting the "Frontiers in Inflammatory Joint Diseases Conference" in May 2004 and the "International Standards of Care Conference - Bone and Joint Decade" in fall 2005.

¹ The list of CIHR partners is extensive, both in size, breadth and scope – see CIHR's web site for additional information on CIHR's partners – <http://www.cihr-irsc.gc.ca/index.shtml>.

CIHR Partners: Working Together for the Health of Canadians²

Federal Departments/Agencies

- Agriculture and Agri-Food Canada
- Canadian Blood Services
- Canadian Food Inspection Agency
- Canadian Foundation for Innovation
- Canadian Health Services Research Foundation
- Canadian Institute for Health Information
- Canadian International Development Agency
- Department of National Defence
- Environment Canada
- Genome Canada
- Health Canada
- International Development Research Centre
- National Research Council
- National Secretariat on Homelessness
- Natural Sciences and Engineering Council of Canada
- Social Sciences and Humanities Research Council of Canada
- Statistics Canada

International

- Centre National de la Recherche Scientifique (France)
- CNPq (Brazil)
- CONICET (Argentina)
- Human Frontier Science Program
- Institut National de la Santé et de la Recherche Médicale (France)
- Institutos Nacionales de Salud (Mexico)
- International Agency for Research on Cancer
- Japan Society for the Promotion of Science (Japan)
- Max Planck Institute (Germany)
- National Institutes of Health (U.S.)
- National Natural Science Foundation of China (China)
- The National Research Council (Italy)
- Wellcome Trust (U.K.)

Voluntary Organizations

- ALS Society of Canada
- Alzheimer Society of Canada
- The Arthritis Society
- Canadian Allergy, Asthma & Immunology Foundation
- Canadian Association of Gastroenterology
- Canadian Association of Medical Oncologists
- Canadian Breast Cancer Research Alliance
- Canadian Cancer Society
- Canadian Diabetes Association
- Canadian Hypertension Society
- Canadian Lung Association
- Canadian Medical Association
- Health Charities Council of Canada
- Heart and Stroke Foundation of Canada
- Juvenile Diabetes Research Foundation
- The Kidney Foundation of Canada
- Muscular Dystrophy Canada
- NeuroScience Canada
- Ontario Neurotrauma Foundation

Provincial Departments/Agencies

- Alberta Heritage Foundation for Medical Research
- Fonds de la Recherche en Santé du Québec
- Michael Smith Foundation for Health Research (BC)
- Nova Scotia Foundation for Health Research
- Ontario Research and Development Challenge Fund
- Ontario Innovation Trust

Industry

- Canada's Research-Based Pharmaceutical Companies (Rx&D)
- Canadian and foreign biotechnology companies
- Canadian Drug Manufacturers Association
- National agri-food organizations

² This list is representative of CIHR partners. CIHR values all its partners; however, space limitations prevent the listing of all partner organizations.

3.4 Strategic Priorities

The February 2004 *Speech from the Throne* sets out the Government of Canada's priorities for the coming months and years. CIHR is already making significant contributions to key government priorities, as it works together with its many stakeholders in the health research enterprise – the voluntary, private and public sector. This includes research and innovation in the following areas:

- Supporting the health care system (e.g., wait times, preparedness/response to SARS);
- Protecting Canadians from emerging health threats (e.g., SARS, BSE);
- Aboriginal health and skills development (e.g., ACADRE);
- Improved quality of life and health promotion (e.g., Obesity initiative);
- Supporting food and water safety (e.g., Safe Food and Water Coalition);
- Fostering Innovation and commercialization (e.g., Proof of Principle Program);
- Promoting lifelong learning (e.g., Strategic Training Initiative in Health Research); and
- Applying research to developing countries (e.g., Global Health Research Initiative)

3.5 What's New

The Next Stage in CIHR's Evolution

Over the past year and a half, CIHR has been developing its strategic plan - CIHR's *Blueprint* - to guide its future directions. Over 800 individuals and organizations took part in the consultations to develop the plan – 650 in town hall meetings; the remainder provided direct feedback or responded through a web-survey. Over 30 non-government organizations attended specific NGO sessions and 12 federal government departments/agencies participated in the process.

The foundation for *Blueprint* was the extensive work of the 13 Institutes in developing their own strategic plans. The Institutes each undertook wide-ranging consultations with a variety of stakeholders to identify their individual research priorities and to contribute to the development of a national health research agenda. The strategic planning process enabled CIHR to update its five Strategic Outcomes and re-structure and re-align the priorities to better reflect CIHR's plans and activities.

Five key strategic directions will guide CIHR's activities over the coming years (more details can be found in *Blueprint* at <http://www.cihr-irsc.gc.ca/e/20266.shtml>):

1. Strengthen Canada's health research communities;
2. Address emerging health challenges and develop national research platforms and initiatives;
3. Develop and support a balanced research agenda that includes research on disease mechanisms, disease prevention and cure, and health promotion;
4. Harness research to improve the health status of vulnerable populations; and
5. Support health innovations that contribute to a more productive health system and prosperous economy.

These strategic directions are reflected throughout CIHR's priorities and related activities, as detailed in *Section 4 - Plans and Priorities by Strategic Outcome*.

Budget 2004

In this time of fiscal restraint, the Government of Canada has recognized the importance of health research, as well as the social and economic dividends of that research, with a \$39M increase in CIHR's budget announced in the 2004 federal budget. While this increase will not allow us to fund all the excellent opportunities for health research and innovation across the country, it will enable CIHR to further provide much needed support for health research, researchers and commercialization efforts in Canada.

Section 4: Plans and Priorities by Strategic Outcome

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

Summary

Strategic Outcome	Priorities	Resources 2004-2005³	Type of Priority
Outstanding Research⁴	Advance health knowledge, through excellent and ethical research, across disciplines, sectors, and geography.	\$523.7 M	Ongoing
Outstanding Researchers In Innovative Environments	Develop and sustain Canada's health researchers in vibrant, innovative and stable research environments.	\$172.3 M	Ongoing
Transforming Research Into Action	Catalyze health innovation in order to strengthen the health system and contribute to the growth of Canada's economy.	\$21.8 M	Ongoing
Enabling Outcome⁵	Priorities	Resources 2004-2005	Type of Priority
Effective Partnerships and Public Engagement	Engage with the public through meaningful dialogue and establish effective partnerships with key stakeholders.	\$27.8 M	Ongoing
Organizational Excellence	Achieve our mandate through excellence in staff, service delivery, systems, and management.	\$45.0 M	Ongoing

³ To be approved by CIHR Governing Council in April 2004.

⁴ Due to its recent Strategic Plan and operational planning process, CIHR has updated its Strategic Outcomes and re-structured and re-aligned the priorities to better reflect its plans and activities.

⁵ These outcomes are considered "Enabling Outcomes" – they support the other three strategic outcome areas.

**Strategic
Outcome 1****Outstanding Research****Priority: Advance health knowledge, through excellent and ethical research, across disciplines, sectors, and geography.****Planned Results for Canadians**

- Creative proposals of excellent Canadian health researchers supported across the full spectrum of health research.
- Research capitalizing on key scientific opportunities, addressing important and emerging health issues of concern to Canadians, and contributing to global health is stimulated and sustained.
- Interdisciplinary, collaborative research designed to resolve complex health issues encouraged and supported.
- Research activities that accelerate the translation of health research into action.
- Canadian contribution and visibility in international initiatives in health research are increased.

Forecast Spending 2003-04 \$459.5 M**Planned Spending 2004-05⁶ \$523.7 M****Planned Spending 2005-06 \$525.6 M****Planned Spending 2006-07 \$527.0 M**

CIHR supports the development of new knowledge through health research across all disciplines that are relevant to health.

Key Plans and Activities to Achieve the Priority

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 base budget for grants and awards to the support of non-targeted, investigator-initiated research programs.

Advancing the National Health Research Agenda—For next three years, CIHR will continue to provide leadership and coordination in setting direction on important health research issues that directly respond to policy, program and practice concerns. CIHR will continue towards advancing the national health research agenda and its strategic plan, *Blueprint*, developed in 2003. In 2004-2005, CIHR will continue to ensure appropriate collaboration on program and policy development with partners and stakeholders. For example, in 2004-2005 CIHR will absorb and begin to administer the Canadian Health Services Research Foundation’s (CHSRF) open grants competition for applied health services and policy research projects. This effort, in conjunction with the ongoing work of CIHR’s Institute of Health Services and Policy Research,

⁶ The variance to planned spending totals in the RPP 2003-2004 is largely due to the reallocation of programs associated with each of the outlined outcome areas.

will expand the organization's commitment to health services research funding and ultimately benefit the Canadian health care system. In addition, a number of the Institutes will revisit and update their strategic plans through consultations with their research communities and other stakeholders.

Responding to Strategic Health Priorities—CIHR's Institutes have collectively identified a number of major Multi-Institute Strategic Initiatives (e.g. tobacco, global health, regenerative medicine, health and environment, rural and northern health) to proactively address Canada's health research priorities. Through two announcements for Requests for Applications (RFAs) each year, CIHR and many of its partners in the private and public sectors will provide unique platforms and funding opportunities designed to address new research opportunities and the significant health challenges facing Canadians. CIHR is committing 30% of its grants and awards base budget to these strategic research initiatives – from rapid responsiveness to the unforeseen (e.g. CIHR's three-pronged approach to SARS), to long-term investments for Canada (e.g. the Canadian Lifelong Health Initiative)⁷, and the Strategic Training Initiative in Health Research), to high-risk investments with potential for big returns (e.g. proof-of-principle investments, new discoveries seed grants).

Enhancing the Effectiveness of CIHR's Peer Review System—With its broadened mandate, CIHR has faced a significant continual 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. In 2004-2005, CIHR will continue its multi-year project to address this issue by implementing ways to improve the effectiveness and efficiency of these processes, in particular through the use of electronic submission and processing throughout the peer review process. Other plans over the next three years include broadening peer review membership, improving current rating policies and practices, and exploring best practices with other health research agencies.

Helping Canada Innovate—CIHR will continue to administer \$25 M annually in the *Networks of Centres of Excellence* Program, in collaboration with Industry Canada and the federal granting councils, Natural Sciences and Engineering Research Council of Canada (NSERC) and Social Sciences and Humanities Research Council of Canada (SSHRC). This dynamic initiative mobilizes Canada's world-class research talent in academia and the private and public sectors by creating and investing in leading-edge, multidisciplinary national research networks across the country.

Promoting Research on Ethical, Legal and Socio-Cultural Issues Related to Health—CIHR and multiple partners promote research on cross-cutting ethical, legal and socio-cultural issues as an integral part of the national health research agenda. Such issues are highly relevant to the needs, expectations and priorities of Canadians. A special research fund of \$1M is now set aside on a regular, annual basis to serve as a minimum base amount to support strategic initiatives in this area. Particular attention will continue to be paid to helping build research capacity in ethics, law and the humanities.

⁷ See CIHR web site for more information: <http://www.cihr-irsc.gc.ca/e/strategic/18542.shtml>.

Fostering Discussion of Ethical Issues and the Application of Ethical Principles in Health Research—CIHR is committed to promoting health research that meets the highest international standards of excellence and ethics. CIHR works collaboratively with many partners to develop the highest ethical standards for health research and see to their application in practice, such as funding the Canadian Council on Animal Care (CCAC) in partnership with NSERC, and the National Council on Ethics of Human Research, in partnership with Health Canada. In addition CIHR, NSERC and SSHRC together created an Interagency Advisory Panel and Secretariat on Research Ethics in 2001 to advise on the further development, interpretation, implementation and education of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. When this Tri-Council Policy Statement was adopted in 1998, Canada's three federal granting agencies committed to keeping it a living document to respond to new research developments and to fill identified gaps. The objectives of this five-year, \$5.5 million initiative, with results to be reported in 2006, are to promote high ethical standards in Canadian research involving humans aimed at protecting human research participants and enhancing public trust and accountability in research ethics.

Contributing to Broader Health Policy Debate—CIHR is working with many interested stakeholders to help inform and support the development of public policy in areas that are relevant to CIHR. In 2004-2005, CIHR will continue to build on the work done to date: the development and implementation of national law and guidelines for regulating stem cell research; the development and harmonization of federal/provincial/territorial laws and policies governing privacy and confidentiality of personal information in health research; the harmonization of a national policy respecting the appropriate use of placebos in randomized controlled trials; and the need to develop national ethics guidelines for research involving Aboriginal peoples.

**Strategic
Outcome 2**

Outstanding Researchers in Innovative Environment

Priority: Develop and sustain Canada’s health researchers in vibrant, innovative and stable research environments.

<p>Planned Results for Canadians</p> <ul style="list-style-type: none"> • Health researcher capacity increased across the broad spectrum of health research in a vibrant, innovative, and stable research environment. • New national platforms and initiatives for health researchers developed, supported and sustained. • Canadian youth more engaged in health research. • Supportive research training environments and networks supported and enhanced. 	<p>Forecast Spending 2003-04 \$151.2 M</p> <p>Planned Spending 2004-05 \$172.3 M</p> <p>Planned Spending 2005-06 \$172.9 M</p> <p>Planned Spending 2006-07 \$173.4 M</p>
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CIHR is committed to strengthening Canada’s health research communities by continuing to broaden, deepen and sustain health research excellence. CIHR will continue to increase its support for multi-disciplinary and multi-sectoral teams of researchers. CIHR will ensure that it supports the right balance and mix of health researchers to realize its mandate and strategic objectives. CIHR recognizes the importance of new investigators to the Canadian health research enterprise.

Key Plans and Activities to Achieve the Priority

Strengthening the Supply of Researchers—In order to address Canada’s increased requirement for scientific and technical personnel, and health professionals, CIHR will continue to support programs such as the Strategic Training Initiative in Health Research (STIHR), which it launched in 2001. The 86 currently-funded Training Centres are supporting an estimated additional 800 new trainees. This \$142 M six-year investment funded in partnership with many health charities and four provincial health research agencies emphasizes excellent mentors, and a collaborative, interdisciplinary approach to health research of the 21st century. Funding for an additional four programs is expected to begin in 2004. 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; public health; aging; health informatics; ethics; knowledge translation; occupational health; and health law and policy. Others are in rapidly emerging areas at the frontiers of science such as proteomics and bioinformatics.

Promoting a Collaborative, Transdisciplinary Approach to Health Research—In three short years, CIHR and its Institutes have developed a suite of new research programs designed to build the transdisciplinary health research teams of the 21st century. The accelerating convergence in health research means that CIHR’s Institutes will continue to utilize program tools over the next three years that encourage collaborative, transdisciplinary, problem-based research, including New Emerging Teams, Aboriginal Capacity and Development Research Environments

(ACADRE), Centres for Research Development, Interdisciplinary Health Research Teams (IHRT), and Community Alliances for Health Research (CAHR). Through evaluations planned in 2004-2005 on the IHRT and CAHR programs, CIHR will consolidate and simplify its numerous program tools to become more efficient in program delivery and make it easier for researchers to access the support they need.

Supporting Investigators by Building the Necessary Skills—The skill sets researchers require to be successful in securing research funding – grant-writing, peer review and career development – 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. In addition, many CIHR Institute programs will continue to support trainees and young investigators, such as the Summer Institutes and young investigator forum.

Utilizing Technology to Enhance Service Delivery—A robust research environment requires an infrastructure that makes it easy for Canada’s researchers to do their work. CIHR created its e-Services strategy to lessen the application workload on researchers, as well as to assist research organizations manage a growing number of complex funding programs. It features the creation of ResearchNet, a Canadian research portal that offers electronic services and tools to support collaboration and information sharing amongst researchers, research organizations, government, industry and the public. Beginning April 2004, the pilot version of ResearchNet will be launched, and will link to the previously created Canadian Research Information System (CRIS), and the Common CV. It will also feature a Peer Review Pilot, which allows for the electronic submission and distribution of external/internal reviews to committee members and applicants. (See Annex 4 for the Horizontal Initiatives Table for the Common CV component.)

Enhancing Inter-agency Coordination and Collaboration—CIHR will continue to work with NSERC and SSHRC on a tri-agency and research community working group, to implement Phase Two of the *Memorandum of Understanding on Roles and Responsibilities* project, introduced in June 2002. This project represents an important and tangible element in the shared accountability of granting agencies and institutions in support of research. Phase Two involves the development of nine additional schedules, aimed at clarifying roles and responsibilities of the partners and the agencies as they pertain to specific issues (e.g., peer review, ethical review, financial management). The working group is planning to consult with the general research community and present the proposed schedules in April 2004, and finalize the *Memorandum of Understanding on Roles and Responsibilities* during 2004-2005.

Building Research Capacity in Universities—In collaboration with the federal funding agencies (NSERC and SSHRC), CIHR will invest in research capacity building through the *Canada Research Chairs Program* and the *Canada Graduate Scholarships Program*. CIHR will administer investment in the Canada Research Chairs Program of \$104 M per year for the next three years. Canada Graduate Scholarship amounts will equal \$5.5 M in 2004-2005; \$8.5 M in 2005-2006; and \$10.5 M in 2006-2007.

Advancing Research that is Relevant to Official Language Minority Communities—CIHR is committed to supporting health research related to issues facing official language minority communities. CIHR has appointed a research champion to advance work in this area, and held an invitational workshop in March 2004, titled “Needs, Gaps & Opportunities: Improving Access to Health Services for French and English Speaking Minorities”, with over 40 stakeholders from across Canada to discuss pertinent issues and to define a health research agenda. Following this meeting, a multi-year action plan is being developed to respond to the needs of the minority language communities. This will include activities such as incorporating the special circumstances affecting official linguistic minorities' access to care in the official language of choice into relevant open competition review processes and strategic initiatives; exploring the possibility of providing development grants to Universities that are members of the Consortium to assist network efforts across the country; and establishing a working group that will interact with other key groups such as the Société Santé en Français and the Consultative Committees for French and English Speaking Minority Communities. Progress against this plan will be reported annually in the CIHR Departmental Performance Report.

Strategic Outcome 3

Transforming Health Research into Action

Priority: **Catalyze health innovation in order to strengthen the health system and contribute to the growth of Canada’s economy.**

Planned Results for Canadians <ul style="list-style-type: none"> • Research in the use of health knowledge advanced. • Broad range of individuals involved in the exchange and use of health knowledge developed and sustained. • Innovative environments that enable the effective use of health knowledge developed and sustained. 	Forecast Spending 2003-04	\$19.2 M
	Planned Spending 2004-05	\$21.8 M
	Planned Spending 2005-06	\$21.9 M
	Planned Spending 2006-07	\$22.0 M

CIHR’s knowledge translation (KT) strategy aims to accelerate the transformation of research results into health benefits for Canadians and an improved health care system through effective action. This includes supporting knowledge translation research, building knowledge translation networks, and enhancing the knowledge translation field. CIHR also plays a role in helping to move promising new research breakthroughs toward potential commercial applications.

Key Plans and Activities to Achieve the Priority

Supporting Knowledge Translation Research—One of the imperatives for closing the gap between research and its use is a better understanding of how discoveries can be translated into action. To this end, CIHR will fund grants in 2004-2005 that support KT research in: the basic science of knowledge translation; KT intervention development, ramp-up, and sustainability research; evaluative research; and syntheses of evidence for application by a range of users (e.g. program administrators, policy makers, clinicians). CIHR will also develop KT-related research capacity through open awards and support of Institute-based or Cross-Institute Strategic Initiatives, as well as encourage recognition for science-based KT activities in universities and research-institutes.

Contributing to Building Knowledge Translation Networks—Knowledge translation is improved when users of research information are involved in setting research priorities. In 2004-2005, CIHR will provide advice and co-fund, in collaboration with external sponsors and stakeholders, strategic initiatives that build or strengthen KT networks and maximize KT potential. CIHR will also contribute to building much needed KT networks by launching a strategic initiative, Networks for Health Innovation, with competitively awarded long-term grants, to enhance the relevance and applicability of health research investments.

Advancing a Comprehensive Commercialization Strategy—In 2003, CIHR developed a comprehensive commercialization strategy to maximize the development of effective health products and services from health research. In 2004-2005, CIHR will support a suite of programs and policies that are focussed in three areas – mobilizing research, developing people and careers, and building partnerships. CIHR’s commercialization strategy focuses on the early

stages of commercialization, where there is a growing gap between a good idea and its exploitation for economic and health advantage. In the second-year of this multi-year strategy, CIHR will continue to ensure that the values of Canadians are reflected in all its activities, including partnerships. Initiatives include: enhancing the Proof of Principle program; launching initiatives for young researchers to advance their careers in research and management of research; and continuing the new industry-partnered version of the Proof of Principle initiative launched in 2003.

Enhancing the Impact of University/Industry Relationships—CIHR will continue to work closely with its stakeholders to enhance the commercial viability of research, thereby more effectively moving innovations from laboratories and offices to the marketplace and clinics. This includes strengthening the ability of universities and hospitals to manage their research knowledge, to attract potential users and to promote skills in intellectual property management. Partners include: NSERC, SSHRC, Canada’s Research-Based Pharmaceutical Companies (Rx&D), member companies of BIOTECCanada, Western Economic Diversification, and an increasing number of start-up and spin-off companies.

**Enabling
Outcome 1**

Effective Partnerships and Public Engagement

Priority: **Engage with the public through meaningful dialogue and establish effective partnerships with key stakeholders.**

<p>Planned Results for Canadians</p> <ul style="list-style-type: none"> • Mutually beneficial international partnerships established. • Broad base of stakeholder support across Canada developed and maintained. • Coherent and coordinated approach to research across the full spectrum of health research developed and maintained. • Enhanced public and stakeholder engagement in health research in Canada. • Improved awareness of science among Canadian children and youth. 	<p>Forecast Spending 2003-04 \$24.4 M</p>
	<p>Planned Spending 2004-05⁸ \$27.8 M</p>
	<p>Planned Spending 2005-06 \$27.9 M</p>
	<p>Planned Spending 2006-07 \$27.9 M</p>

Partnerships are increasingly the way that health research stakeholders do business, and they are a key to CIHR’s success in achieving its vision for the future. In the past three years, CIHR has developed strategic partnerships with a range of organizations including, other federal government departments and agencies, provincial research funding agencies and relevant provincial and territorial departments, health charities, professional associations, other non-governmental organizations, and industry. CIHR’s partners help set research priorities, share best practices in research and its peer review, build research capacity, leverage knowledge translation efforts and make more effective use of resources for research. CIHR will seek to expand its partnership base – reaching out to stakeholders and the public to ensure it responds to the needs of the health research community and Canadians in a coordinated and effective manner.

Key Plans and Activities to Achieve the Priority

Developing and Supporting Partnerships—CIHR will continue to promote research partnership opportunities to stakeholders across the health research landscape over the next three years. In particular, CIHR will aim to strengthen relationships with the provincial research funding agencies and health ministries. To support this effort, CIHR will create materials and tools to facilitate communication and develop a comprehensive partnership database in 2004-2005.

Implementing Partnership Framework—With the number and range of partners involved in health research increasing, and with organizations forming multiple partnerships with CIHR or individual Institutes, CIHR has recognized a need to have a common framework for research

⁸ The value of the partnership planned spending reflects only CIHR's contribution to partnered programs and does not include the partners' contribution.

partnerships. To this end, in 2004-2005 CIHR will collaboratively develop and implement a comprehensive partnership policy and framework.

Enhancing International Collaboration—Health research is a global enterprise, and, as such, CIHR will continue to build international partnerships and alliances to support international research and training projects over the next three years, including:

- CIHR will re-launch the International Opportunities Program (IOP) in 2004-2005, which supports Canadian researchers in international research projects.
- CIHR Institutes will continue to seek out opportunities to form international alliances and networks over the next three years, and continue with international partnerships advancing research of strategic importance, including: cardiovascular and respiratory diseases (U.S. National Institutes of Health); Aboriginal Health Disparities (Australia and New Zealand); and HIV/AIDS (U.K.).
- CIHR's involvement in an international partnership to fund the International Structural Genomics Consortium will continue through 2004-2005.
- CIHR will also continue its involvement in the Global Health Research Initiative, a partnership with the International Development Research Centre, the Canadian International Development Agency and Health Canada, to strengthen health research capacity in Canada and developing countries.

Promoting Science to Canadian Youth—CIHR supports activities to expose Canadian youth to scientific discovery and to make them aware of career opportunities in research. CIHR will create opportunities in collaboration with partners in 2004-2005, such as continuing to support the Youth Science Foundation, to interest Canadian youth in science.

**Enabling
Outcome 2****Organizational Excellence****Priority:** **Achieve our mandate through excellence in staff, service delivery, systems, and management.****Planned Results for Canadians**

- Leadership and coordination provided in setting direction on important health research issues.
- Awareness of CIHR's research agenda that meets the needs of the scientific communities.
- Committed, motivated and productive workforce built across the organization.
- Improved overall organizational effectiveness through ongoing improvements in programs, structures and processes.
- Technology capitalized to enhance service delivery.

Forecast Spending 2003-04 \$44.1 M**Planned Spending 2004-05 \$45.0 M****Planned Spending 2005-06 \$45.0 M****Planned Spending 2006-07 \$45.0 M**

CIHR achieves program delivery excellence and impressive research results by continually strengthening its internal organization and fostering a dedicated, well-informed workforce. The organization's leadership, responsible management and continuous-improvement practices, and high-quality work environment demonstrate an ongoing commitment to organizational excellence.

Key Plans and Activities to Achieve the Priority

Advancing Modern Management Practices—As a federal agency, CIHR has an ongoing responsibility to demonstrate to Canadians that tax dollars are spent wisely. Building on the results of the Capacity Assessment carried out in early 2003, CIHR has developed an action plan which includes a number of priority improvement projects, such as implementation of a risk management and control framework and an integrated planning and reporting framework. Over the next three years, senior executives will champion these projects to elevate awareness of their importance and work collaboratively with staff to ensure their completion.

Building a Committed and Productive Workforce through Recognition of Excellence—CIHR is a diverse organization that unites varied cultural and intellectual perspectives in a shared quest for excellence. In 2004-2005 CIHR will enhance its Human Resource Management Framework through the implementation of its Job Evaluation and Compensation system. Further to the implementation of the CIHR job evaluation plan on April 1, 2004, CIHR will undertake to develop and implement in 2004-2005 a new performance management system that recognizes and rewards high performance. In addition, CIHR will contribute to the development of a healthy workplace for its staff through the relocation of CIHR offices in the summer of 2004.

Enhancing Organizational Performance Measurement—To ensure that CIHR delivers results for Canadians, all CIHR managers are expected to monitor and evaluate the performance of the

programs, projects and initiatives for which they are responsible. In some cases this will involve quarterly variance reporting against plans. In other cases, specific data collection strategies will be developed to capture priority performance measures. Over the next year, CIHR managers will work together to implement a common Results-based Management and Accountability Framework – the foundation for performance measurement at CIHR.

Identifying the Return on Investment of Health Research—If CIHR is to be successful, it must demonstrate to Canadians not only the value of individual programs within its suite of programs but also the overall return on investment (ROI) to Canadians. In 2004-2005, CIHR will develop an ROI framework that aligns with its mandate, priorities, and scope of activities. To determine the best way to measure ROI, CIHR will examine how this is being done in other countries and will consult with relevant stakeholders – the funders, producers and users of research.

Ensuring Strategic Positioning of CIHR—In 2004-2005, CIHR will complete and launch its comprehensive branding strategy. Following the approval of this new strategy, branding activities will be implemented over the next three years, in conjunction with the communications strategy approved in 2003. The purpose of the strategy is to increase public awareness of the value and impact of health research; ensure partner collaboration and support for initiatives from key stakeholders; and elevate CIHR's profile nationally and internationally.

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 Ujjal Donsanjh, Minister of Health, 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. Anne Martin-Matthews 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 Research
- Dr. Michael Kramer 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. Each Institute is served by an Institute Advisory Board that consists of volunteers from the Institute's respective research communities. Institute

Advisory Boards are an essential mechanism for strengthening CIHR's link with the larger research community, and for providing guidance and direction on research priorities.

Governing Council

CIHR's Governing Council is chaired by CIHR's president and comprises 20 Canadians who have been appointed by Order in Council to renewable three-year terms. Council members represent a wide range of backgrounds and disciplines, reflecting CIHR's broad mandate and vision.

5.2. Planned Spending

Canadian Institutes of Health Research: Planned Spending

(\$ millions)	Forecast spending 2003-2004 ⁹	Planned Spending 2004-2005	Planned Spending 2005-2006	Planned Spending 2006-2007
Budgetary Main Estimates (Gross)	669.2	751.6	793.3	795.3
Non-Budgetary Main Estimates (Gross)	-	-	-	-
Less: Respendable Revenue	-	-	-	-
Total Main Estimates	669.2	751.6	793.3	795.3
<i>Adjustments</i>				
Operating budget carry-forward – 2002/03	1.0			
Transfer from SSHRC to administer “Indirect Costs”	0.1			
Transfer from Health Canada for “SARS”	1.0			
Permanent budget increase as per Federal Budget	54.6	39.0		
Funding for “Canada Graduate Scholarships”	2.5			
Transfer to CIHR – evaluation & internal audit	0.5			
Transfer to CIHR – Modern Comptrollership	0.1			
Reduction to Canada Research Chairs	-32.0			
Funding for Collective Bargaining Agreements	0.6			
Potential lapse of funds	-2.0			
<i>Total Adjustments</i>	26.4	39.0		
Net Planned Spending	695.6	790.6	793.3	795.3
Less: Non-Respendable revenue	2.6	2.6	2.6	2.6
Plus: Cost of Services received without charge	2.3	2.5	2.3	2.3
Net Cost of Program	695.3	790.5	793.0	795.0
Full Time Equivalents	282	347	351	351

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

⁹ Reflects best forecast of total spending to the end of the fiscal year.

ANNEXES

A. Financial Tables

Annex 1: Summary of Transfer Payments

(\$ millions)	Forecast spending 2003-2004	Planned Spending 2004-2005	Planned Spending 2005-2006	Planned Spending 2006-2007
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> ¹⁰	633.9	737.3	737.8	739.9
<u>Institute Support Grants</u>	13.0	13.0	13.0	13.0
Total Grants	646.9	750.3	750.8	752.9

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.

¹⁰ Reflects budget increase for Canada Graduate Scholarships Program as determined by Treasury Board.

Annex 2: Source of Respendable and Non Respendable Revenue

(\$ millions)	Forecast Revenue 2003- 2004	Planned Revenue 2004- 2005	Planned Revenue 2005- 2006	Planned Revenue 2006- 2007
<u>Respendable Revenue</u>				
Nil	-	-	-	-
<u>Non-Respendable Revenue</u>				
Refunds of Previous Years' Expenditures	2.6	2.6	2.6	2.6
Total Respendable and Non-Respendable Revenue	2.6	2.6	2.6	2.6

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	790.6
Plus:	
<i>Services received without charge</i>	
Legal Services	0.06
OAG Services	0.07
Accommodation provided by Public Works and Government Services Canada	0.9
Contributions covering employers' share of insurance premiums and costs paid by TBS (7.6% rate)	1.5
Total Cost of Program	793.1
Less:	
<u>Respendable Revenue</u>	
<i>Non-respendable revenue</i>	2.6
2004-2005 Net Program Cost (Total Planned Spending)	790.5

B. Horizontal Initiatives Table

CIHR delivers many of its programs through close collaboration and partnership with many stakeholders from the public (federal and provincial governments), private (i.e., Rx&D, life sciences) and non-profit (i.e., health charities) sectors. One such program is the multi-year Common CV project (detailed in the following Horizontal Initiatives Table), which is part of CIHR's ongoing ResearchNet initiative. Select examples of other programs of a horizontal nature include:

- **Food and Water Safety**—CIHR's Institute of Infection and Immunity has built a unique partnership consortium of 15 partners, including many government departments, such as Environment Canada, Health Canada, Agriculture and Agri-food Canada, Canadian Food Inspection Agency, National Research Council, food producers and others in building a research agenda and research network that will investigate microbial contamination of food and water and antimicrobial resistance in the food chain. See web site <http://www.cihr-irsc.gc.ca/e/institutes/iii/17762.shtml>.
- **Biotechnology, Health Technologies, Nanotechnologies, Regenerative Medicine Initiative**—Nanotechnology, stem cells and novel applications of surface chemistry promise to open up entirely new approaches to degenerative disorders, the repair of damaged tissues and organs and early diagnosis of disease. In partnership with the NRC, NSERC and others, the CIHR Institute of Neurosciences, Mental Health and Addiction, is launching a major Regenerative Medicine initiative designed to position Canada as a world leader in this high tech area of health research.
- **Musculoskeletal Diseases**—See *Section 3: Planning Overview* for a profile of this horizontal partnership.

Horizontal Initiatives Table: *Common CV Network*

Initiative Profile			
<p>The Common CV Network (CCV) is a collaborative effort between Canadian research funding organizations to provide a facility for researchers and students to create a Curriculum Vitae (CV) that can be used to apply to multiple funding agencies, thereby creating a national repository of researchers' and students' CV information. Data models from seventeen organizations were used to determine common standards and requirements to develop the CCV. Twelve organizations are currently working together to share in the delivery of the Common CV.</p>			
Partnering Efforts			
<p>The CCV was launched in July 2002. As of February 2004, there are over 20,100 registered users with the CCV. The following 12 agencies currently subscribe to the CCV and use it as part of their funding application and peer review process:</p>			
<i>Federal Departments/Agencies:</i>	2004-2005	2005-2006	2006-2007
<ul style="list-style-type: none"> • Canadian Institutes of Health Research <ul style="list-style-type: none"> ○ Planned Spending \$45,000 • Natural Sciences and Engineering Research Council <ul style="list-style-type: none"> ○ Planned Spending \$75,000 • Social Sciences and Humanities Research Council <ul style="list-style-type: none"> ○ Planned Spending \$75,000 • Networks of Centres of Excellence <ul style="list-style-type: none"> ○ Planned Spending \$15,000 • Genome Canada <ul style="list-style-type: none"> ○ Planned Spending \$5,000 			
<i>Provincial and territorial governments:</i>	2004-2005	2005-2006	2006-2007
<ul style="list-style-type: none"> • Fonds québécois de la recherche sur la nature et les technologies <ul style="list-style-type: none"> ○ Planned Spending \$140,000 • Fonds de la recherche en santé du Québec <ul style="list-style-type: none"> ○ Planned Spending \$140,000 • Fonds québécois de la recherche sur la société et la culture <ul style="list-style-type: none"> ○ Planned Spending \$140,000 			
<i>Non-government Organizations:</i>	2004-2005	2005-2006	2006-2007
<ul style="list-style-type: none"> • Heart and Stroke Foundation of Canada <ul style="list-style-type: none"> ○ Planned Spending \$15,000 • Canada Council for the Arts – Killam Programs <ul style="list-style-type: none"> ○ Planned Spending \$5,000 • Canadian Breast Cancer Research Alliance <ul style="list-style-type: none"> ○ Planned Spending \$2,000 • University of British Columbia <ul style="list-style-type: none"> ○ Planned Spending \$5,000 			
	Total \$662,000	Total \$227,000	Total \$227,000

Roles, Responsibilities and Governance Structures

The CCV is collectively governed by its four investing parties. They are:

- Canadian Institutes of Health Research: *Alan Bernstein, President*
- Natural Sciences and Engineering Research Council of Canada: *Tom Brzustowski, President*
- Social Sciences and Humanities Research Council of Canada: *Marc Renaud, President*
- Cantor, which is an alliance between the Quebec provincial research funding councils:
 - Fonds québécois de la recherche sur la nature et les technologies: *Sylvie Dillard, Président-directeur général*
 - Fonds de la recherche en santé du Québec : *Pierre Boyle, Président-directeur général par intérim*
 - Fonds québécois de la recherche sur la société et la culture: *Louise Dandurand, Président-directeur général*

Shared Outcome(s)

Strategic Intent

- To lighten the load of the research community in applying for research funding
- To allow researchers and students/trainees to promote/communicate their research area and expertise
- To facilitate the collection of information required for the funding/peer review process, as well as for the strategic planning and development of programs by funding agencies.

Vision

- To create a central repository of Common CV data for researchers, students, trainees, funding agencies, and potential future partners.

Objectives

For researchers/students/trainees, this will be achieved by:

- creating a common web based set of core CV data;
- standardizing and facilitating the presentation and collection of personal information required by the various funding agencies;
- consulting with research community to improve the mechanism for the collection of data and provide the most user-friendly interface; and
- ensuring that data management policies and procedures (access, privacy, security, transparency, etc.) meet the expectations of the research community while respecting applicable legislation regarding data management.

For agencies, this will be achieved by:

- encouraging subscribing agencies to analyze, on an on-going basis, the core and specific data modules to further increase the level of commonalities of the Common CV and to harmonize their internal systems/processes where mutually beneficial;
- providing a capability to extract and search data; and
- ensuring that data management policies and procedures (access, privacy, security, transparency, etc.) meet the expectations of the subscribing agencies as well as any applicable legislation regarding data management.

The planned shared outcome of operating a Common CV is funded through the fees paid by the participating funding agencies listed above. The level of spending will be directly related to the level of revenue from the participating agencies. Where additional spending is required to implement a new enhancement to the Common CV, the investing parties have an agreement to equally share in that cost. However, currently there are no enhancements planned which will exceed the total revenue from participating agencies.

Key Programs, Resources and Results						
Key Programs	Measurement Indicators			Planned Results		
	2004-2005	2005-2006	2006-2007	2004-2005	2005-2006	2006-2007
Canadian Common CV	1. Number of Researchers registered on the Canadian Common CV	2. Number of Funding Organizations subscribing to the Canadian CCV	3. Number of Research Institutions subscribing to the Canadian CCV	1. Target is for 40,000 researchers to be registered on Canadian CCV	2. Target is for 50 Funding Organizations to subscribe to the Canadian CCV	3. Target is for 10 Research Institutions to subscribe to the Canadian CCV
Contact						
<p>Lucie Kempffer Chief Information Officer (CIO) CIHR Lkempffer@cihr.gc.ca 613-954-1953.</p>						

C. Key Reference Documents and Internet Addresses

Key Reference Documents

1. **Investing in Canada's Future: CIHR's Blueprint for Health Research and Innovation 2003/04 – 2007/08**, CIHR's Strategic Plan
<http://www.cihr-irsc.gc.ca/e/publications/20266.shtml>
2. **Transforming Health Research for All Canadians**, CIHR 2002-2003 Annual Report
<http://www.cihr-irsc.gc.ca/e/publications/21821.shtml>
3. CIHR Institutes – More information, including Institute Strategic Plans and Annual Reports, is available through CIHR's web site.
<http://www.cihr-irsc.gc.ca/e/institutes/9466.shtml>

Internet Addresses

Canadian Institutes of Health Research Home Page	http://www.cihr-irsc.gc.ca/e/193.shtml
Aboriginal Peoples' Health	http://www.cihr-irsc.gc.ca/e/institutes/iaph/8668.shtml
Aging	http://www.cihr-irsc.gc.ca/e/institutes/ia/8671.shtml
Cancer Research	http://www.cihr-irsc.gc.ca/e/institutes/icr/12506.shtml
Circulatory and Respiratory Health	http://www.cihr-irsc.gc.ca/e/institutes/icrh/8663.shtml
Gender and Health	http://www.cihr-irsc.gc.ca/e/institutes/igh/8673.shtml
Genetics	http://www.cihr-irsc.gc.ca/e/institutes/ig/13147.shtml
Health Services and Policy Research	http://www.cihr-irsc.gc.ca/e/institutes/ihspr/13733.shtml
Human Development, Child and Youth Health	http://www.cihr-irsc.gc.ca/e/institutes/ihdcyh/8688.shtml
Infection & Immunity	http://www.cihr-irsc.gc.ca/e/institutes/iii/13533.shtml
Musculoskeletal Health and Arthritis	http://www.cihr-irsc.gc.ca/e/institutes/imha/13217.shtml
Neurosciences, Mental Health and Addiction	http://www.cihr-irsc.gc.ca/e/institutes/inmha/8602.shtml
Nutrition, Metabolism and Diabetes	http://www.cihr-irsc.gc.ca/e/institutes/inmd/13521.shtml
Population and Public Health	http://www.cihr-irsc.gc.ca/e/institutes/ipph/13777.shtml