



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada



# Canadian Institutes of Health Research

**2006-2007**

**Report on Plans and Priorities**



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## **SECTION I – OVERVIEW**

## **Minister's Message**

It is my pleasure to present to my parliamentary colleagues, and all Canadians, the Canadian Institutes of Health Research's (CIHR) Report on Plans and Priorities for the fiscal year 2006-2007. As an important member of the Government of Canada's Health Portfolio, CIHR supports more than 10,000 health researchers and trainees in universities, teaching hospitals and other health organizations and research centres across Canada.

CIHR plays a critical role in providing health and economic benefits for Canadians. As a strategic funder of health research, CIHR is building on the foundation of research excellence through research investments focused on activities that are helping the Government of Canada to address important priorities such as the development of a cancer strategy, pandemic preparedness and a healthy environment. As well, in partnership with the Provincial/Territorial Deputy Ministers of Health, CIHR funded research related to establishing evidence-based benchmarks for medically acceptable Wait Times. This research was essential in assisting them in meeting provincial commitments outlined in the Ten-Year Plan to Strengthen Health Care. CIHR continues to work with the Provinces and Territories to develop additional benchmarks in the areas of cardiac procedures, diagnostic imaging, and cancer.

The ability to build meaningful partnerships, the ability to help shape and articulate and mobilize world-class research activities and the capacity to help transform this research into action are all qualities that have helped distinguish CIHR in its first five years of its existence and will continue to play an important role as the organization continues to evolve. The Government of Canada relies on these qualities as it strives to serve the health needs of Canadians in a way that is both accountable and grounded in evidence.

CIHR has a clearly articulated plan for achieving its objectives – advancing health knowledge through research, developing and sustaining Canada's health researchers and catalyzing health innovation for the benefit of the healthcare system and the economy. CIHR has greatly expanded the scope of health research conducted in Canada, building the expertise needed to address important and pressing issues across the full spectrum of health research. This expanded vision has likewise increased the opportunity for health research to inform policy development across a wide area of government priorities.

CIHR's Report on Plans and Priorities presents a detailed picture of results-based planning and budgeting for the year ahead and beyond. In the coming fiscal year, CIHR will continue to focus on these objectives which, in turn, will help the Government of Canada meet its broader objectives.

**Tony Clement**  
**Minister of Health and**  
**Minister for the Federal Economic Development Initiative for Northern Ontario**

## President's Message

Since its creation in 2000 as a federal agency within the Health Portfolio, CIHR has moved carefully and deliberately from its origins as a largely reactive biomedical granting council to an outcomes-driven, excellence-based strategic research organization.

Today, CIHR has 13 health research Institutes, each led by an internationally recognized Scientific Director. Over 225 Institute advisory board members provide advice and support to their respective Institutes, linking individual Institutes to CIHR overall, to the wider health research and research user communities, to the public and other stakeholders. CIHR has a strategic plan, *Blueprint*, which is the culmination of broad national consultations with health researchers and other stakeholders. Each Institute also has a strategic plan from which national research agendas on everything from obesity, aboriginal peoples' health, and regenerative medicine, have been implemented.

Beyond our development as an organization, CIHR has had profound impact on the Canadian health research landscape. Numerically, more health researchers are being funded at higher levels of funding than ever before, allowing Canadian investigators to remain internationally competitive. Fundamentally, a transformation has occurred in the way health research is conducted in Canada.

CIHR-funded researchers are now working in all health-related disciplines, from the biosciences, to engineering and bioinformatics, to the humanities and social sciences. CIHR also directs approximately 30% of its funds into strategic initiatives that respond to important scientific opportunities and/or to health challenges of priority to Canadians. These initiatives are led by CIHR's 13 Institutes, which have built research communities, bringing together funders, researchers and research users, including policy-makers and practitioners, to work in collaboration to set strategic priorities for research and to ensure that Canadians realize the value of research through results that are applied as quickly and effectively as possible.

Knowledge translation activities – moving research from the lab or research office into clinical practice, policy, or the private sector – that were essentially non-existent, now account for over \$20 million annually. Targeted programs have been developed to fill key gaps in this pipeline from academia to the health system, population or marketplace

CIHR is not working in isolation, having developed important new partnerships in Canada – with federal departments, provincial health research agencies, provincial and territorial ministries of health, industry, trade unions and health charities – and internationally. Since 2000, these partnerships have contributed close to \$500 million in support of common national priorities in health research.

The impact of all of these investments and new programs are becoming clear. In objective international analyses of research activities around the world, the Canadian health research community ranks at or near the top and it is clear that health research is perceived internationally as one of Canada's key strengths in research. And CIHR is producing research outcomes that matter to Canadians, in areas like improving access to quality care, developing new health policies, and supporting the development of new treatments, therapeutics and spin-off companies.

In short, a great deal has been accomplished since 2000. Without question, there is more to do and in many ways, CIHR is about to enter the most interesting part of its development. As noted on the pages ahead, CIHR is ready to move forward with strategic new investments that will continue to improve the health of Canadians, strengthen our health care system and support a more productive and knowledge-based economy.

A handwritten signature in black ink, appearing to read "Alan Bernstein". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

**Dr. Alan Bernstein, O.C., FRSC**  
**President, Canadian Institutes of Health Research**



## Management Representation Statement

I submit for tabling in Parliament, the 2006-2007 Report on Plans and Priorities (RPP) for the Canadian Institutes of Health Research.

This document has been prepared based on the reporting principles contained in *Guide for the Preparation of Part III of the 2006-2007 Estimates: Reports on Plans and Priorities and Departmental Performance Reports*:

- It adheres to the specific reporting requirements outlined in the TBS guidance;
- It is based on the department's approved Program Activity Architecture structure as reflected in its Management Resources and Results Structure (MRRS);
- It presents consistent, comprehensive, balanced and accurate information;
- It provides a basis of accountability for the results achieved with the resources and authorities entrusted to it; and
- It reports finances based on approved planned spending numbers from the Treasury Board Secretariat in the RPP.

A handwritten signature in black ink, appearing to read "Alan Bernstein". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

**Dr. Alan Bernstein, O.C., FRSC**  
**President, Canadian Institutes of Health Research**

## Summary Information

### Raison d'être

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, to build health research capacity, and to promote knowledge translation in accordance with CIHR's mandate and strategic directions. CIHR funds more than 10,000 health researchers and trainees in universities, teaching hospitals and other health organizations and research centres across the country who conduct research in the following areas: biomedical; clinical; health systems and services; and the health of populations, societal and cultural dimensions of health and environmental influences on health. Together, these activities will position Canada as a world leader in the creation and use of health knowledge for the betterment of Canadians and people everywhere.

In support of these programs and activities, Federal Budget 2006 announced a \$17M increase to CIHR's annual budget and an additional \$2.5M in 2006-2007 for Avian and Pandemic Influenza Preparedness. A further \$11M increase in 2006-2007 has been allotted for a post-market study of treatments for Fabry disease and Hurler-Schie disease.

### Financial Resources: (in millions)

2006-2007	2007-2008	2008-2009
\$862.8	\$871.5	\$878.7

### Human Resources:<sup>1</sup>

2006-2007	2007-2008	2008-2009
390	390	390

### Departmental Priorities:

Priority	Type	Programs	Planned Spending (in millions)		
			2006-2007	2007-2008	2008-2009
<b>Strategic Outcome:</b> Outstanding Research					
<b>Strategic Priority #1: Research</b> Advance health knowledge, through excellent and ethical research, across disciplines, sectors, and geography.	Ongoing	1.1. Fund Health Research	\$469.4	\$472.9	\$480.1

### Strategic Outcome: Outstanding Research

<b>Strategic Priority #1: Research</b> Advance health knowledge, through excellent and ethical research, across disciplines, sectors, and geography.	Ongoing	1.1. Fund Health Research	\$469.4	\$472.9	\$480.1
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<sup>1</sup> All references to human resources are for Full Time Equivalents (FTEs), unless otherwise noted.

Priority	Type	Programs	Planned Spending (in millions)		
			2006-2007	2007-2008	2008-2009
<b>Strategic Outcome: Outstanding Researchers in Innovative Environments</b>					
<b>Strategic Priority #2: Researchers</b> Develop and sustain Canada's health researchers in vibrant, innovative and stable research environments.	Ongoing	2.1. Fund Health Researchers and Trainees 2.2. Fund research resources, collaboration and other grants to strengthen the health research community 2.3. Develop and support a strong health research community through national and international alliances and priority setting 2.4. Inform research, clinical practice and public policy on ethical, legal and social issues (ELSI) related to health and health research	\$325.4	\$330.5	\$330.5
<b>Strategic Outcome: Transforming Health Research into Action</b>					
<b>Strategic Priority #3: Knowledge Translation</b> Catalyze health innovation in order to strengthen health and the health care system and contribute to the growth of Canada's economy.	Ongoing	3.1. Support activities on knowledge translation, exchange, use and strategies to strengthen the health system 3.2. Support national efforts to capture the economic value for Canada of health research advances made at Canadian institutions	\$68.0	\$68.1	\$68.1

### Management Priorities

In December 2005, CIHR's senior management cadre, including representatives from the 13 Institutes, developed three-year operational priorities (2006-2007 to 2008-2009) to guide business planning across the organization. These priorities and the related key activities will be reviewed annually:

- Continue transformation and improvement of CIHR's programs and peer review system;
- Improve CIHR's service delivery and streamline processes;
- Strengthen accountability and reporting;
- Promote and integrate knowledge translation into CIHR's culture;
- Foster a motivated, committed and productive workforce; and
- Manage organizational change.

## CIHR Plans and Priorities

### 1. Approach to Health Research

CIHR is the Government of Canada's agency for health research. CIHR's vision is to position Canada as a world leader in the creation and use of new knowledge through health research that benefits the health of Canadians and the global community.

#### A Problem-Based Multidisciplinary Approach

Through its 13 Institutes, CIHR is creating new opportunities for Canadian health researchers to produce results that matter to Canadians and the rest of the world.

CIHR uses a problem-based, multidisciplinary and collaborative approach to health research. The majority of its funded research is investigator-driven, while funding is also directed towards specific strategic initiatives that respond to health challenges that are of high priority to Canadians.

CIHR's approach is enabled by its structure—unique in the world—that brings together researchers from across disciplinary and geographic boundaries through its 13 Institutes. Each Institute addresses a health research theme that is of importance to Canadians.

#### 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**

In total, CIHR funds more than 10,000 health researchers and trainees in universities, teaching hospitals and other health organizations and research centres across the country. It supports health research that meets the highest international standards of excellence and ethics in the following areas: biomedical; clinical; health systems and services; and the health of populations, societal and cultural dimensions of health and environmental influences on health.

### 2. CIHR's Core Business

CIHR activities include the funding, coordination and promotion of health research through open competitions, strategic initiatives, and knowledge translation. CIHR also participates with other federal agencies in a number of programs, including the Networks of Centres of Excellence program, Canada Research Chairs, and Canada Graduate Scholarships.

CIHR invests a significant portion of its budget on research grants and personnel support awards in "open" competitions, enabling individual researchers or groups of investigators to identify research areas that they consider to be of importance. The remainder of the CIHR budget is invested in "strategic" research, that is, research on specific topics identified by CIHR's Institutes following broad consultation.

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 multidisciplinary approach to understanding health and disease. CIHR also contributes to improved research ethics policies and practices in Canada.

During its first six years, CIHR has established many new initiatives, almost all in partnership with others, to realize the potential of research to improve the health of Canadians, strengthen Canada's health care system, and contribute to our knowledge-based economy. They include:

- programs to assist researchers in translating their discoveries to applications in the marketplace, and to engage communities across Canada in health research;
- strategic initiatives that address emerging health threats and other important issues of concern to Canadians; and
- innovative training initiatives that will support the next generation of health researchers and provide them with the training they need in a collaborative, interdisciplinary research environment.

### **Knowledge Translation**

A key part of CIHR's mandate, knowledge translation (KT) is about turning the knowledge gained through health research into improved health for Canadians, more effective services and products, and a strengthened health system. This includes supporting initiatives, like the Partnerships for Health System Improvement program—an initiative that produces high quality evidence that will inform priority areas in the health care system. It also includes funding research into how best to promote knowledge translation.

### **Commercialization**

Health-related companies, including biotech companies, are responsible for more than \$20 billion in revenues each year. CIHR has developed a coherent suite of programs to help move research discoveries from the academic setting to the marketplace. CIHR's new Commercialization and Innovation Strategy builds on work done to date, and fills gaps identified in moving discovery to the marketplace.

### **World Class Research Through CIHR's Peer Review Process**

Applications for support from CIHR undergo rigorous peer review on a competitive basis by committees of experts in the field. These experts examine proposals with respect to their significance in advancing knowledge and promoting the health of Canadians. They also assess them on the basis of innovation and feasibility of technical approach. The qualifications and track record of the researchers and the availability of the resources and expertise necessary for the proposed studies are also examined. Through a process of consensus, the committee arrives at a numerical rating for each proposal. As a result, only those that meet internationally accepted standards of excellence are funded.

There are now more than 100 CIHR peer review committees and the peer review process involves over 2,300 volunteer expert reviewers each year, from Canada and abroad. The committees make recommendations on the merits of applications to CIHR's Governing Council, which then decides which applications will be funded within the available budget.

### 3. Supporting and Aligning to Government of Canada Strategic Outcomes

CIHR's programs contributes to a number of Government of Canada outcomes reported in [Canada's Performance 2005](#), the federal government's report to Canadians on national performance. CIHR directly contributes to Canadian progress, as shown in the table below.

CIHR Strategic Outcome	CIHR Program Activity	Alignment to Government of Canada Strategic Outcomes (Theme: Outcome)
1. Outstanding Research	1.1. Fund health research	Economic: An innovative and knowledge based economy Social: Healthy Canadians With Access to Quality Health Care
2. Outstanding Researchers in Innovative Environments	2.1. Fund health researchers and trainees	Economic: An innovative and knowledge based economy Social: Healthy Canadians With Access to Quality Health Care
	2.2. Fund Research resources, collaboration and other grants to strengthen the health research community	
	2.3. Develop and support strong health research community through national and international alliances and priority-setting	
	2.4. Inform research, clinical practice and public policy on ethical, legal and social issues related to health and health research	
3. Transforming Health Research into Action	3.1. Support activities on knowledge translation, exchange, use and strategies to strengthen the health system	Social: Healthy Canadians With Access to Quality Health Care
	3.2. Support national efforts to capture the economic value for Canada of health research advances made at Canadian institutions	Economic: An innovative and knowledge based economy

CIHR also contributes indirectly to several other Government of Canada outcomes, including; Clean and Healthy Environment, Safe and Secure Communities, and A Secure World through Multilateral Cooperation.

### 4. CIHR's Partnerships—The Key to Success

The *CIHR Act* requires CIHR to engage voluntary organizations, the private sector, the public sector and others, in or outside Canada, with complementary research interests; to pursue opportunities and provide support for the participation of Canadian scientists in international collaboration and partnerships in health research; and to consult, collaborate and form partnerships with the provinces and with persons and organizations in or outside Canada that have an interest in issues pertaining to health or health research. CIHR's Institutes are the primary focus for development of partnerships relevant to their mandates.

In 2005–2006, CIHR had approximately 160 established partnerships, with many more being negotiated. These partnerships represented a realized financial contribution of more than \$104 million<sup>2</sup>, a 19% increase over the level of the previous year. The value of partnerships, however,

<sup>2</sup> As of March 7, 2006.

extends beyond that of a financial transaction. Non-financial contributions can include access to professional networks, areas of expertise, shared tools and documentation, and in-kind resources. Whatever the contribution, CIHR partnerships are true collaborations—driven by shared goals and a desire to improve health and quality of life.

CIHR engages partners along the entire spectrum of health research, from the setting of research priorities, through the funding of the actual research, and eventually to translating the resulting knowledge into practice. Partnerships are developed primarily by Institutes to address the research they have identified, in collaboration with their partners, but can also involve CIHR-wide programs, such as those involving industry. Through strategic partnerships, CIHR is leveraging support for government priority areas.

**Partnership Example—*Partnering to Battle Canada’s Growing Obesity Problem***

The Institute of Nutrition, Metabolism and Diabetes (INMD) has chosen a single research priority: obesity. Unravelling the mystery of obesity isn’t a job for just one researcher, so the Target Obesity initiative is supporting the training of 14 new obesity researchers, each bringing a different perspective to bear on the issue. The Heart and Stroke Foundation, the Canadian Diabetes Association and five other CIHR Institutes are partners in the initiative, which is devoting \$1.4 million over five years, commencing 2004-05, to supporting trainees investigating such areas as chemicals in the brain that regulate food intake and body weight gain, childhood predictors of adult obesity among Aboriginal youth, and the genes involved in obesity.

INMD also has launched “Canada on the Move”, a national initiative, with partners such as Kellogg Canada, that asks Canadians to “donate their steps to research”. By recording the number of steps they take each day on the website, Canadians will help researchers determine what motivates Canadians to be active and design programs to increase activity and reduce obesity. In addition, INMD is also developing a new partnership, with the Centre de prévention de l’obésité de la Fondation Lucie et André Chagnon, focusing on childhood obesity.

**Partnership Example—*Partnering with Decision Makers to Establish Wait Times for Medical Treatments and Screening Services***

In the 2004 *Ten-Year Plan to Strengthen Health Care*, the federal and provincial governments agreed to establish maximum acceptable waiting times for cancer care, heart surgery, diagnostic imaging, joint replacement surgery, and sight restoration by December 2005.

In partnership with the Provincial/Territorial Deputy Ministers of Health, CIHR recently funded research to assist them in meeting provincial commitments related to establishing evidence-based benchmarks for medically acceptable Wait Times. Eight national research teams, funded by the provinces, territories and CIHR, recently delivered their second report synthesizing the world’s best research evidence related to a number of key priority areas including hip replacement and sight restoration. On December 12, provinces and territories announced common wait time benchmarks for medical treatments and screening services.

This research will help inform the development of evidence-based benchmarks and identify key gaps where further research is needed in order to establish new benchmarks or to modify existing benchmarks as new evidence emerges. The third research report, due April 30, 2006, will provide gap analysis and identification of priority areas and questions for future research.

### Examples of Current CIHR Partners: Working Together for the Health of Canadians<sup>3</sup>

<i>Federal Departments/Agencies</i>	<i>Provincial Departments/Agencies</i>
<ul style="list-style-type: none"> <li>• Agriculture and Agri-Food Canada</li> <li>• Canada Foundation for Innovation</li> <li>• Canadian Blood Services</li> <li>• Canadian Food Inspection Agency</li> <li>• Canadian Health Services Research Foundation</li> <li>• Canadian Institute for Health Information</li> <li>• Canadian International Development Agency</li> <li>• Department of National Defence</li> <li>• Environment Canada</li> <li>• Genome Canada</li> <li>• Health Canada</li> <li>• International Development Research Centre</li> <li>• National Research Council</li> <li>• National Secretariat on Homelessness</li> <li>• Natural Sciences and Engineering Council</li> <li>• Public Health Agency of Canada</li> <li>• Social Sciences and Humanities Research Council</li> <li>• Statistics Canada</li> </ul>	<ul style="list-style-type: none"> <li>• Alberta Heritage Foundation for Medical Research</li> <li>• Fonds de la recherche en santé du Québec</li> <li>• Government of Saskatchewan (Innovation and Science Fund)</li> <li>• Manitoba Health</li> <li>• Medical Research Fund of New Brunswick</li> <li>• Michael Smith Foundation for Health Research (BC)</li> <li>• Ministère de la santé et des services sociaux du Québec</li> <li>• Newfoundland and Labrador Centre for Applied Health Research</li> <li>• Nova Scotia Health Research Foundation</li> <li>• Ontario Innovation Trust</li> <li>• Ontario Ministry of Health and Long-Term Care</li> <li>• Ontario Research &amp; Development Challenge Fund</li> <li>• PEI, through the Regional Partnerships Program</li> <li>• Provincial/Territorial Deputy Ministers of Health</li> </ul>
<i>Voluntary Organizations</i>	<i>Industry</i>
<ul style="list-style-type: none"> <li>• ALS Society of Canada</li> <li>• Alzheimer Society of Canada</li> <li>• The Arthritis Society</li> <li>• Canadian Allergy, Asthma &amp; Immunology Foundation</li> <li>• Canadian Association of Gastroenterology</li> <li>• Canadian Association of Medical Oncologists</li> <li>• Canadian Breast Cancer Research Alliance</li> <li>• Canadian Cancer Society</li> <li>• Canadian Chiropractic Research Foundation</li> <li>• Canadian Diabetes Association</li> <li>• Canadian Digestive Health Foundation</li> <li>• Canadian Fanconi Anemia Research Fund</li> <li>• Canadian Hypertension Society</li> <li>• Canadian Institute for Relief of Pain and Disability</li> <li>• Canadian Lung Association</li> <li>• Canadian Medical Association</li> <li>• CNIB E.A. Baker Foundation</li> <li>• Epilepsy Canada</li> <li>• Health Charities Coalition of Canada</li> <li>• Fragile X Research Foundation of Canada</li> <li>• Heart and Stroke Foundation of Canada</li> <li>• Juvenile Diabetes Research Foundation</li> <li>• The Kidney Foundation of Canada</li> <li>• Muscular Dystrophy Canada</li> <li>• NeuroScience Canada</li> <li>• Ontario Neurotrauma Foundation</li> </ul>	<ul style="list-style-type: none"> <li>• Canada's research-based pharmaceutical companies (Rx&amp;D)</li> <li>• Canadian biotechnology companies</li> <li>• National agri-food organizations</li> </ul>
	<i>International</i>
	<ul style="list-style-type: none"> <li>• Australia Research Council</li> <li>• Bill and Melinda Gates Foundation (U.S.)</li> <li>• Centre National de la Recherche Scientifique (France)</li> <li>• CNPq (Brazil)</li> <li>• CONICET (Argentina)</li> <li>• Human Frontier Science Program (France)</li> <li>• Indian Council for Medical Research</li> <li>• Institut National de la Santé et de la Recherche Médicale (France)</li> <li>• International Agency for Research on Cancer (France)</li> <li>• Japan Society for the Promotion of Science</li> <li>• Max Planck Institute (Germany)</li> <li>• Medical Research Council (U.K.)</li> <li>• National Institute of Health of Mexico</li> <li>• National Institutes of Health (U.S.)</li> <li>• National Natural Science Foundation of China</li> <li>• The National Research Council (Italy)</li> <li>• New Zealand Health Research Council</li> <li>• Veterans Administration (U.S.)</li> <li>• Wellcome Trust (U.K.)</li> </ul>

<sup>3</sup> This list is representative of CIHR partners. CIHR values all its partners; however, space limitations prevent the listing of all partner organizations.



CIHR has also established various funding programs to facilitate partnership activities with international partners including:

- Canada, through CIHR, was the only country that was a funding partner in the Gates Grand Challenges for Global Health initiative. Three of the 43 teams funded are based in Canada. CIHR is providing \$5.6M over 5 years towards these projects;
- Various CIHR Institutes have been active in establishing collaborations with counterpart organizations in China (neuroscience, maternal and child health, cardiovascular disease, genetics, diabetes and obesity, and infection and immunity), Japan (neuroscience, maternal child and youth health, aging), Germany and Italy (genomics), Mexico (tuberculosis, influenza), Australia and New Zealand (Aboriginal peoples' health), the U.S. (mental health, heart/lung/blood), and India (chronic and life-style diseases);
- CIHR has been the lead, along with Health Canada, the International Development Research Centre, and the Canadian International Development Agency, in developing the Global Health Research Initiative, a novel initiative to increase Canada's involvement in addressing the health research needs in the developing world;
- CIHR participates in seven international scientific exchange programs, which are intended to foster collaboration between independent investigators in Canada and those from Argentina, Brazil, China, France, Italy and Japan;
- CIHR contributes to the 31-nation Human Frontiers Science Program (HSFP), both in terms of funding and the participation of CIHR's VP Research as VP of the HFSP organization;
- CIHR is a major contributor to Heads of International Research Organizations (HIRO), the informal group of equivalent health research funding agencies in countries including the U.S. (NIH), U.K. (MRC), France (INSERM), Germany (Max Planck), China (Chinese Academy of Sciences), and Australia (NHMRC); and
- CIHR contributes to the International Agency for Research against Cancer (IARC), both in terms of funds and the participation of the Scientific Director of CIHR's Institute of Cancer Research.

## **5. Moving Forward: Blueprint for Health Research and Innovation**

In January 2004, CIHR launched its first strategic plan: *Investing in Canada's Future: CIHR's Blueprint for Health Research and Innovation*. The foundation of *Blueprint* was the extensive work of CIHR's 13 Institutes in developing their individual strategic plans, and included wide-ranging consultations with a variety of stakeholders to identify research needs and priorities and to contribute to the development of Canada's first national health research agenda. In addition, CIHR conducted national consultations to gain input from health researchers and other stakeholders (federal and provincial governments, health charities, industry, and others) across the country.

*Blueprint* builds on CIHR's early years, charting a path for the next phase of growth and setting out its future direction. The plan sets out five key areas where CIHR will focus over the period 2003-2004 to 2007-2008:

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.

Through the implementation of *Blueprint*, Canada will be a leader in the international health research community, carrying out research that is strategic, responsive, and relevant. Benefits to Canadians will include better health, a stronger and sustainable health care system, and a knowledge-based economy.

## **6. Exceptional Value for Canadians**

CIHR is creating new opportunities for Canadian researchers to be internationally competitive at home in Canada. Today, more researchers are being funded with higher levels of funding in more disciplines and more institutions than ever before. For example, since its inception in 2000, CIHR has been able to:

- increase the number of CIHR-funded researchers from approximately 5,600 to more than 10,000 in 2005-2006;
- increase average annual open competition operating grants for researchers from \$92,000 to over \$111,000 in 2005-2006;
- create innovative new programs to encourage and catalyze the commercialization of research; and
- support the work of the Provincial/Territorial Deputy Ministers of Health through the funding of research to assist them in meeting provincial commitments outlined in the Ten-Year Plan to Strengthen Health Care related to establishing evidence-based benchmarks for medically acceptable Wait Times.

As part of its commitment to accountability and transparency in delivering results to Canadians, CIHR's Governing Council has commissioned its first External Review of CIHR and its 13 Institutes. An international panel has been appointed to evaluate the organization's progress towards meeting its mandate. The results of this review will be made public in mid 2006.

## **7. Managing Risks and Challenges**

CIHR is continuously assessing opportunities, challenges and risks at three levels: strategic, programmatic and administrative. Each of the thirteen Institutes has an Advisory Board that provides a wide variety of perspectives on health and health research issues. The Advisory Boards aim to identify those threats to the health of Canadians, or opportunities for rapid advances in health knowledge, that require strategic research initiatives. At the programmatic level, CIHR develops research funding mechanisms and review systems that take into account the opportunities and risks associated with different types of research. It aims to support not only established projects with high likelihood of success but also highly innovative projects for which the outcome is less certain. Administrative opportunities and threats are regularly assessed and responses approved by management committees.

Research takes time and a sustained investment, and as a result, a large portion of CIHR's budget is committed to grants and awards that extend over three to five years. A significant amount of the money CIHR has to invest in new research each year stems from the redistribution of funds from research projects that have come to an end. This provides a challenge for CIHR to manage research funding strategically since decisions must be made

based of funds available in any fiscal year rather than funds required to deliver on specific research initiatives.

Another major challenge facing CIHR is the increased application pressure from the research community, driven not only by CIHR's broadened research community, but also by the other investments in health research made by the federal and provincial governments and other funders. During the time that CIHR's budget has more than doubled, the success rates in major competitions have gone down. It is important to note that the growth in applications has not been accompanied by deterioration in quality. In fact, the number of applications that are assessed by peer review as deserving funding has increased from about 200 per competition to over 600, and therefore the funding cutoffs now routinely exclude many research applications rated "excellent". Going forward, it will be important to ensure a stable source of funds to keep pace with this increasing research capacity and ensure Canada does not begin to lose many of its outstanding investigators.

In addition, specific risks and challenges related to each Strategic Outcome have been identified in Section II of this report.



## **SECTION II – ANALYSIS OF PROGRAM ACTIVITIES BY STRATEGIC OUTCOME**

## Analysis by Program Activity

This section summarizes and identifies CIHR's planned programs and activities within each of the three strategic outcome areas.

### 1. Strategic Outcome: Outstanding Research

CIHR supports the development of new knowledge through health research across all disciplines that are relevant to health. Throughout 2006–2007 and beyond, CIHR will continue to support outstanding health research in order to create health knowledge responding to opportunities and priorities.

#### 1.1. Program Activity: Fund Health Research

##### Financial Resources: (in millions)

2006-2007	2007-2008	2008-2009
\$444.6	\$446.9	\$450.3
<b>Budget 2006 Announcement:</b>		
\$24.8	\$26.0	\$29.8

##### Human Resources:

2006-2007	2007-2008	2008-2009
207	207	207

##### Program Summary:

###### *Program Activity Description*

Plan, launch and manage competitions and programs for grant funds to facilitate and enable the conduct of outstanding health research including collaborative programs in investigator-framed and Institute-framed initiatives.

###### *Expected Results*

Effective and efficient funding programs that enable ethical health research, responding to opportunities and priorities.

###### *Indicators*

- ▶ Success of CIHR-funded research programs including results, awareness and satisfaction levels.
- ▶ Extent to which Institutes have appropriately influenced the research, policy and/or practice agendas in their communities.

###### *Link to Priority*

Priority #1: Research—Advance health knowledge, through excellent and ethical research, across disciplines, sectors, and geography.

### Description of Key Programs and Services

CIHR supports the development of new knowledge through health research across all disciplines that are relevant to health. In order to effectively fund this research, CIHR provides grants for both investigator-initiated and strategic research through competitions and requests for applications (RFAs) in conjunction with many partners.

### Funding Excellence in Health Research

Research driven by the creativity of individuals and teams lies at the heart of Canada's health research enterprise. CIHR encourages and promotes excellence in research, as judged by peers, recognizing that innovative research drives progress and ensures a continuous flow of fresh insights. Over the next three years, CIHR will reinforce its commitment to research excellence through directing approximately 70% of its base budget to grants and awards in

support of investigator-initiated research programs that address significant questions in biomedical and clinical research as well as in the areas of health systems and population health research. CIHR is committing 30% of its grants and awards base budget to its various strategic research initiatives.

**Funding Excellence in Health Research: CIHR's Open Operating Grants Program**

The Open Operating Grants Program represents CIHR's single largest investment, with a 2006-2007 program budget accounting for more than half of CIHR's grants and awards budget. This "untargeted" or "unstructured" research support program encourages Canadian health researchers to pursue their very best ideas, define and pursue the mode of research best suited to advance those ideas, and to pursue the opportunities most likely to maximize the impact of their work. This program recognizes the reality that the pursuit of excellence in research, as judged by peers, is a powerful source of inspiration. Through the Open Operating Grants program, that inspiration is converted into a continuous flow of fresh insights and into tangible progress towards improving the health of Canadians.

In 2006-2007 CIHR will reinforce its long-term commitment to the Open Operating Grants Program through implementation of a performance reporting system for individual grant holders and through enhancements to the peer review system applied within the program.

**Supporting Strategic Research through Institutes**

CIHR's broad-based approach brings together researchers across disciplinary and geographic boundaries through its 13 Institutes, each of which addresses an area of health research that is of importance to Canadians. Each Institute is headed by a Scientific Director who is a leader in his or her field, and is guided by an Institute Advisory Board comprising volunteers from the health research community.

Each Institute has worked closely with its partners, including other research funders, those who carry out the research, and those who use its findings, to develop strategic plans which identify research priority themes. These themes are highly relevant to government priorities such as: Aboriginal health and skills development; access to health care; and solidifying Canada's place in the world.

Examples of the Institute's strategic research themes and funded research in 2006-2007 include:

<i><b>Institute</b></i>	<i><b>Select examples of strategic research themes</b></i>
Aboriginal Peoples' Health	<ul style="list-style-type: none"> <li>• Suicide Prevention Targeting Aboriginal People</li> </ul>
Aging	<ul style="list-style-type: none"> <li>• Mobility in Aging</li> <li>• Cognitive Impairment in Aging</li> </ul>
Cancer Research	<ul style="list-style-type: none"> <li>• Access to Quality Cancer Care</li> <li>• Palliative and end-of-life care</li> </ul>
Circulatory and Respiratory Health	<ul style="list-style-type: none"> <li>• Cardiovascular Complications of Diabetes</li> <li>• Inflammation &amp; Thrombosis</li> </ul>
Gender and Health	<ul style="list-style-type: none"> <li>• Gender, Sex and Health research</li> </ul>
Genetics	<ul style="list-style-type: none"> <li>• Proteomics &amp; Bioinformatics</li> <li>• Genes to Genomic Medicine</li> </ul>
Health Services and Policy Research	<ul style="list-style-type: none"> <li>• Sustainable Financing &amp; Funding in Health Care</li> <li>• Addressing Health Care and Health Policy Challenges</li> </ul>
Human Development, Child and Youth Health	<ul style="list-style-type: none"> <li>• Indoor Air Exposures, Genes, and Gene-Environment Interactions in the Etiology of Asthma and Allergy in Early Childhood</li> <li>• Healthy Pregnancy</li> </ul>

<i>Institute</i>	<i>Select examples of strategic research themes</i>
Infection and Immunity	<ul style="list-style-type: none"> <li>• HIV/AIDS Research program</li> <li>• Host Susceptibility Resistance</li> </ul>
Musculoskeletal Health and Arthritis	<ul style="list-style-type: none"> <li>• Tissue Injury, Repair Replacement</li> <li>• Pain, Disability Chronic Diseases</li> </ul>
Neurosciences, Mental Health and Addiction	<ul style="list-style-type: none"> <li>• Neuromuscular Research Partnership</li> <li>• Regenerative Medicine and Nanomedicine</li> </ul>
Nutrition, Metabolism and Diabetes	<ul style="list-style-type: none"> <li>• Childhood Obesity &amp; Healthy Body Weights</li> <li>• Excellence, Innovation and Advancement in the Study of Obesity</li> </ul>
Population and Public Health	<ul style="list-style-type: none"> <li>• Partnerships for Health System Improvement</li> <li>• Population Genetics &amp; Genetic Epidemiology of Complex Diseases</li> </ul>

### **Developing National Research Platforms and Initiatives**

CIHR's Strategic Plan, *Blueprint*, calls upon the organization to develop national research platforms and initiatives. CIHR's Governing Council has identified a number of partnered, long-term strategic initiatives to pursue to address Canada's health research priorities. These include:

1. The Global Health Research Initiative which will develop practical solutions for the health and healthcare problems of the developing world (in conjunction with Canadian International Development Agency, International Development Research Centre and Health Canada);
2. The Clinical Research Initiative which will modernize Canada's platform for clinical research including national networks, core facilities, sustainable support mechanisms for clinician researchers, and innovative mentoring and training opportunities (planned in conjunction with Canadian Foundation for Innovation); and
3. The Regenerative Medicine and Nanotechnology Initiative which will harness the full potential of a number of new technologies, and examine their impact on society and the health care system (in conjunction with Natural Sciences and Engineering Research Council, National Research Council Canada, Heart and Stroke Foundation and others).

The scale to which these three initiatives are implemented is contingent on the availability of finances and contributing partners.

\* \* \*

### **Risks and Challenges**

In delivering results related to Strategic Outcome #1, Outstanding Research, the challenges to CIHR include:

- selecting for funding the very best from among the excellent proposals for high-quality research that it receives (the number of high quality proposals far exceeds the amount of available funding);
- encouraging applications from a broad spectrum of research areas of importance to Canadians; and
- achieving the right balance between funding more applications, and ensuring that each has adequate funding to realise its goals.

The risks of not adequately addressing these challenges are that CIHR might not fully provide the research base needed for improving health and health care in Canada. Further, CIHR risks not finding the right balance between number of projects funded and size of individual grants.



To face these challenges and mitigate these risks, CIHR:

- conducts a rigorous peer-reviewed, competitive process for screening applications for funding;
- actively uses its Institute Advisory Boards, a University delegate network, and a regular e-bulletin for researchers to ensure that the entire health research community is aware of funding opportunities;
- regularly re-visits and balances the issue of grant and award numbers and size; and
- primarily through the 13 Institutes, launches strategic research initiatives encompassing the broad spectrum of health research.

## 2. Strategic Outcome: Outstanding Researchers in Innovative Environments

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 interdisciplinary and multisectoral teams of researchers. CIHR will ensure that it supports an appropriate 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. Throughout 2006–2007 and beyond, CIHR will work to ensure a strong Canadian health research community that is able to undertake outstanding research.

### 2.1. Program Activity: Fund Health Researchers and Trainees.

#### Financial Resources: (in millions)

2006-2007	2007-2008	2008-2009
\$217.5	\$222.5	\$222.5
<b>Budget 2006 Announcement:</b>		
\$0.2	\$0.3	\$0.3

#### Human Resources:

2006-2007	2007-2008	2008-2009
105	105	105

#### Program Summary:

##### *Program Activity Description*

Plan, launch and manage competitions and programs for both salary awards to enable health researchers to devote more time to their research, as well as competitions for training awards to develop future health researchers.

##### *Expected Results*

Effective and efficient funding programs that ensure a supply of highly qualified health researchers and trainees are available to conduct outstanding research.

##### *Indicators*

- ▶ Success of CIHR-funded salary and training programs including results, awareness and satisfaction levels.
- ▶ Level and success of Institute activity in creating opportunities for capacity development based on successful initial and ongoing identification and targeting of research domains in need of capacity development.

##### *Link to Priority*

Priority #2: Researchers—Develop and sustain Canada's health researchers in vibrant, innovative and stable research environments.

## Description of Key Programs and Services

CIHR provides various training and salary programs, to support and nurture Canada's health research community. Other activities include CIHR's participation in the Canada Research Chairs and Canada Graduate Scholarships programs. CIHR will continue to evaluate 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.

### Training the Next Generation of Researchers

Training the next generation of researchers is crucial to the future of health research in Canada. Demographic trends indicate an increasing need for young researchers. In turn, the health care system depends on research for continual improvements. Trainees not only replenish the ranks

of independent investigators, but also help to fill the needs of industry for HQP, and provide health professionals, financial managers, and policy decision-makers with a research background.

CIHR's regular training awards support more than 2,100 individuals, including undergraduates, masters and, doctoral students and postdoctoral fellows. CIHR's single largest source of support for research training continues to be its regular research grant programs. With the growth in number and size of these in recent years, there has been a corresponding increase in the number of trainees supported from grants held by researchers, with the current total being more than 4,200. CIHR will continue to explore ways of enhancing the effectiveness and efficiency of these programs.

The trend in research is for the really cutting edge discoveries to be made at the intersection of disciplines. CIHR encourages and supports training programs that prepare young researchers to work effectively with a team of colleagues from various disciplines able to focus multiple talents on a single health issue. CIHR took a bold step in 2001 in an effort to improve the health research training environment and increase health research capacity by launching the Strategic Training Initiative in Health Research (STIHR). STIHR provides funding to innovative, interdisciplinary training programs and currently supports nearly 600 trainees at different levels through training centres across the country. The consensus for the need for this type of training is shown by the large number of external partners that were part of the STIHR launch. In addition, the Institute of Aboriginal People's Health is building capacity in their area by supporting Aboriginal Capacity and Developmental Research Environments (ACADRE) grants. CIHR will continue funding these innovative programs and at the same time evaluating their effectiveness. For example, in 2006-2007, the STIHR program will be evaluated.

Clinician-investigators in all the health professions are a key element in the transfer of new knowledge to applications in the health care system, and CIHR's Clinical Research Initiative is helping to ensure that those clinicians with a commitment to research have an opportunity to pursue their interests. CIHR will continue to increase capacity in clinical research by providing additional training and salary awards to clinician-investigators through dedicated funding.

### **Supporting Research Careers**

One of CIHR's core objectives is to provide leadership in building capacity within Canada's health research community. This is done through the training and development of researchers, and by fostering the development and ongoing support of scientific careers in health research. In 2005, CIHR formed a Task Force on Career Support to advise its Governing Council on an appropriate niche for CIHR in the area of salary support. Following delivery of the final Task Force report, CIHR has begun the process of designing a revised portfolio of career support programs through broad consultation with all stakeholders. The new portfolio is intended to address the issues raised by the Task Force, including program sustainability. Roll-out of the newly designed programs, intended to complement support provided through the Canada Research Chairs program, will begin in late 2006 if funding is available.

In addition to providing trainees and independent investigators with salary support, CIHR is committed to helping them develop the skills they require to succeed in the modern research environment. Several Institutes provide their trainees and new investigators interdisciplinary networking opportunities as well as workshops on topics such as building and managing a research team, how to write effective grant proposals, and time management.

### **Building Research Capacity in Universities**

In collaboration with the federal funding agencies (Natural Sciences and Engineering Research Council and Social Sciences and Humanities Research Council of Canada) CIHR will continue to invest in research capacity building through the Canada Research Chairs program and the Canada Graduate Scholarships program in 2006–2007 and beyond. For example, CIHR has the lead for the tri-agency evaluation of the Canada Graduate Scholarships program, which supports both masters and doctoral students.

### **Institute-led Capacity Building**

A key role of CIHR's Institutes is capacity building. Several large initiatives will continue in 2006-2007 and beyond, including:

- The Institute of Aboriginal Peoples' Health has established eight Aboriginal Capacity and Developmental Research Environments (ACADRE) centres to develop a network of supportive research environments across Canada that continue to facilitate the development of aboriginal capacity in health research.
- The Institute of Health Services and Policy Research launched Partnerships for Health System Improvement, with the Canadian Health Services Research Foundation, to support teams of researchers and decision-makers interested in conducting applied health research useful to health system managers and/or policymakers. Researchers are focusing on priority areas identified through national consultations undertaken by IHSPR in partnership with provincial and federal health system organizations.
- The Institute of Population and Public Health will continue to hold Summer Institutes, bringing together expert tutors and students to improve their understanding and skills in building interdisciplinary partnerships, and allow students to interact with decision-makers with interests in population health research. These events also are creating a Canadian research network of future young investigators.

**2.2. Program Activity:** Fund research resources, collaboration and other grants to strengthen the health research community.

#### **Financial Resources:** (in millions)

<b>2006-2007</b>	<b>2007-2008</b>	<b>2008-2009</b>
\$68.2	\$68.2	\$68.2
<b>Budget 2006 Announcement:</b>		
\$5.0	\$5.0	\$5.0

#### **Human Resources:**

<b>2006-2007</b>	<b>2007-2008</b>	<b>2008-2009</b>
31	31	31

#### **Program Summary:**

##### ***Program Activity Description***

Plan, launch and manage competitions and programs for grant funds for research-enabling activities, such as networking, provision of new equipment, databases and/or specialized resources. Encourage participation and involvement of stakeholders in the public and private sectors through collaborative, enabling programs and competitions.

<p><b>Expected Results</b></p> <p>Effective and efficient partnerships and funding programs that lead to a dynamic research environment and enable outstanding research.</p>	<p><b>Indicators</b></p> <ul style="list-style-type: none"> <li>▶ Success of CIHR-funded research resources and collaboration programs including results, awareness and satisfaction levels.</li> <li>▶ Expenditure levels and distribution.</li> <li>▶ Level of Institute leadership, activity and success in strengthening research infrastructure/environment.</li> </ul>
<p><b>Link to Priority</b></p> <p>Priority #2: Researchers—Develop and sustain Canada’s health researchers in vibrant, innovative and stable research environments.</p>	

**Description of Key Programs and Services**

CIHR contributes funding to a number of team-related programs as part of its strategy to strengthen the research environment and enable outstanding research.

**Advancing Multidisciplinary Research**

In 2004, CIHR introduced the Team Grant program. It is designed to bring together researchers from across multiple disciplines in order to harness their collective expertise to solve complex, multi-faceted, health challenges. In 2006-2007, CIHR will fund nineteen innovative proposals, focused on resolving health issues of high importance to Canadians. These 19 projects will be selected from over 200 original proposals – a clear indication the research community has taken up the challenge. In addition, CIHR will continue with the full implementation of the Team Grant strategy, launching its third annual request for proposals under the program. Once running at full capacity, it is anticipated that up to 100 teams, bringing together researchers across geographic and disciplinary boundaries, will be supported.

**Advancing Research that is Relevant to Official Language Minority Communities**

CIHR is committed to supporting health research related issues facing official language minority communities (OLMC) and thus has included the OLMC initiative as one of the CIHR multi-institute strategic initiatives. Furthermore, CIHR’s financial support for the next four fiscal years will result in increased funding opportunities for research projects focusing on health issues pertinent to OLMC in Canada. In compliance with the Official Languages Act, CIHR will continue to collaborate with the Office of the Commissioner of Official Languages and its representatives by having an official observer present at all consultative committee meetings. Plans for 2006-2007 also include the creation of partnerships with other government and non-governmental organizations to maximize funding and expand the scope of OLMC research activities in Canada; the elaboration of a three year strategic plan with clear measurable outcomes; and the inclusion of sessions within a summer institute that will aim to increase awareness of the challenges facing OLMC among young researchers.

**Regional Partnerships Program (RPP)**

CIHR’s Regional Partnerships Program (RPP) promotes health research in provinces that traditionally are not considered as being major centres of health research in Canada. CIHR, together with partners in these regions, will co-fund applications submitted to CIHR which are shown to be fundable through CIHR’s peer review process, but are below the funding capacity of various CIHR competitions. CIHR’s current commitment to the program is \$4.4 million per annum. In 2006-2007, a new program design will be presented to CIHR’s Governing Council following on from the recommendations contained in a program evaluation conducted in 2005.

### Institute-led collaboration

A key role of CIHR's Institutes is collaboration within and across their research communities. Several large initiatives will continue in 2006-2007 and beyond, including:

- The Institute of Circulatory and Respiratory Health has developed the New Frontiers Program, which supports workshops, consensus conferences, opportunities for research collaboration and similar activities that lead to the identification of research priorities and the development of successful new research proposals. Recent focus has been on clinical trials networks in critical and respiratory health, and the cardiovascular complications of diabetes.
- The Institute of Musculoskeletal Health and Arthritis, recognizing that successful health research is tied to the availability of an array of tools, techniques and methodologies, has launched the "Inventions: Tools and Techniques in Health Research" funding program, together with two other Institutes. This program is funding an impressive array of research, including investigation into gene therapy, transplantation, and new analytical and diagnostic techniques.
- The Institute of Neurosciences, Mental Health and Addiction is a co-lead for CIHR's multi-year Regenerative Medicine and Nanomedicine Initiative, with a total investment of over \$12M, and an emphasis on building multidisciplinary teams, including participants from the physical sciences and engineering. The National Research Council and the Natural Sciences and Engineering Research Council are among the many partners.

**2.3. Program Activity:** Develop and support a strong health research community through national and international alliances and priority setting.

#### Financial Resources: (in millions)

2006-2007	2007-2008	2008-2009
\$28.1	\$28.1	\$28.1
<b>Budget 2006 Announcement:</b>		
\$0.1	\$0.1	\$0.1

#### Human Resources:

2006-2007	2007-2008	2008-2009
12	12	12

#### Program Summary:

##### *Program Activity Description*

Plan, launch and manage both Institute Support Grants that enable Institute activities such as the development of strategic health research priorities and development of alliances, as well as competitions and programs for grant funds for both national and international partnered programs.

##### *Expected Results*

National and international health research agendas are formulated and implemented.

##### *Indicators*

- ▶ Success of CIHR-funded partnership research programs including results, awareness and satisfaction levels.
- ▶ Number, diversity and scope of linkages, exchanges, alliances and partnerships with other organizations including health policy-makers at all levels of government (especially provincial governments) compared to baseline. Includes willingness of stakeholders to support research in Institute domains and number and size of funding flows through jointly-funded partnership programs where relevant.

**Link to Priority**

Priority #2: Researchers—Develop and sustain Canada’s health researchers in vibrant, innovative and stable research environments.

**Description of Key Programs and Services**

CIHR will work towards the development of innovative national and international alliances to increase the quality and quantity of research, as well as to provide operational support to the Institutes to carry out their collaborative work.

**Building and Cultivating Partnerships for Health Research**

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 five 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 peer review, build research capacity, leverage knowledge translation efforts and make more effective use of resources for research. CIHR will continue to expand its partnership base by reaching out to stakeholders to ensure it responds to the needs of the health research community in a coordinated and effective manner.

**Enhancing International Collaboration**

Canadians learned first-hand from the SARS outbreak that disease knows no borders. This has underlined the importance of a global perspective in collectively addressing health priorities through research, policy and collective action. CIHR has developed an International Framework and organizational best practices to guide its international activities through the identification of five priorities and criteria for selecting the opportunities to pursue. The five priority areas are: research, talent, global health, safety and security. CIHR will continue to build international partnerships and alliances to support international research and training projects over the next three years in order to protect the health of Canadians and to ensure that Canada is on the leading edge of health research developments.

**Institute Support Grants**

CIHR provides each of its 13 Institutes with a \$1 million support grant annually to facilitate and develop national research networks that link researchers. These grants also engage other stakeholders across the country in pursuit of common health research objectives. The Institutes will continue to seek out opportunities to form alliances and networks over the next three years, and will continue to form international partnerships that address the research agendas they have established with their communities.

**2.4. Program Activity:** Inform research, clinical practice and public policy on ethical, legal and social issues (ELSI) related to health and health research.

**Financial Resources:** (in millions)

2006-2007	2007-2008	2008-2009
\$6.3	\$6.3	\$6.3

**Human Resources:**

2006-2007	2007-2008	2008-2009
3	3	3

## Program Summary:

<b>Program Activity Description</b> Undertake consultations to enable inclusive dialogue across sectors, disciplines and communities to lead to greater public engagement, improved knowledge and understanding of the ethical, legal and social issues in the context of health and health research. As well, plan, launch and manage competitions and programs for grant funds to create new knowledge and provide grant funds that enable effective insights pertaining to the ethical, legal and social issues in the context of health and health research.	
<b>Expected Results</b> Uptake and application of ethics knowledge as an integral part of decision-making in health practice, research and policy.	<b>Indicators</b> <ul style="list-style-type: none"><li>▶ Success of CIHR's ELSI activities, for example, changes in the number of ethics-related incidents that arise from health practice, research, and policies.</li><li>▶ Number of publications resulting from ELSI research.</li><li>▶ Number of public policies influenced by ELSI principles.</li><li>▶ Opinions of health researchers, and policy-makers regarding their success in uptake and application of new ethical knowledge.</li></ul>
<b>Link to Priority</b> Priority #2: Researchers—Develop and sustain Canada's health researchers in vibrant, innovative and stable research environments.	

## Description of Key Programs and Services

CIHR funds research on ELSI related to health and health research. In addition, CIHR engages in inclusive dialogue across sectors, disciplines and communities and pursues public engagement to improve knowledge and understanding of ELSI in the context of health and health research.

### Promoting Research on ELSI Related to Health and Health Research

CIHR and multiple partners promote research on cross-cutting ELSI as an integral part of the national health research agenda. In 2006-2007, CIHR will provide a research fund of approximately \$1.8 million to serve as a minimum base amount to support strategic initiatives in this area. CIHR will also support additional research in this area through its open funding competitions, and a number of Institute-sponsored initiatives. By providing this fund CIHR has signaled a commitment to build capacity among investigators who are poised to conduct research and translate new knowledge in strategically important research areas related to ELSI. Ultimately, this CIHR initiative will further its mandate to promote, assist and undertake research that meets the highest international scientific standards of excellence and ethics, and enhance Canada's reputation for producing cutting-edge research in ELSI.

### Contributing to Broader Health Policy Debate

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 to see to their application in practice. This includes funding the Canadian Council on Animal Care, in partnership with the Natural Sciences and Engineering Research Council and the National Council on Ethics of Human Research, in partnership with Health Canada. In addition, CIHR will continue to build on the work done to date in relevant public policy areas:

- The launch of the initial implementation phase for CIHR's Best Practices for Protecting Privacy in Health Research, along with ongoing contribution to policy and legislative initiatives at the federal and national level relevant to health research and privacy issues



- The implementation of a national policy respecting the appropriate use of placebos in randomized controlled trials;
- The development of conflict of interest guidelines for CIHR-funded institutions and the broader community; and
- The launch of national ethics guidelines for research involving Aboriginal peoples.

### **Addressing Allegations of Non-Compliance with Research Policies**

The permanent CIHR Research Integrity Committee (RIC), which has been in place since February 2005, considers allegations of non-compliance with CIHR research policies. The committee is chaired by the Director of the Ethics Office, with members drawn from academic institutions and from within CIHR. This committee serves to identify and remedy breaches of ethics policies.

### **Governance of Ethics on Research Involving Humans**

CIHR is committed to promoting and enhancing governance of research involving human subjects. Since such governance is multi-jurisdictional, multi-sectoral, and of interest to a spectrum of other stakeholders, CIHR is collaborating with a multi-stakeholder Table of Sponsors. Its goal is to develop an action plan for the governance of human research in Canada that will protect human participants and increase public trust in health research.

\* \* \*

### **Risks and Challenges**

In delivering results related to Strategic Outcome #2, Outstanding Researchers in Innovative Environments, the challenges to CIHR include:

- the country faces potential shortages in scientific, research and academic personnel, including medical professionals, due to an ageing workforce, as well as international competition for highly qualified people; and
- there is a need for sustained and improved research funding to continue to support an expanding pool of researchers, stimulated by other federal investments in research, particularly CFI and the Canada Research Chairs.

The risks of not adequately addressing these challenges are that CIHR and Canada might not have the intellectual capital to conduct the research needed to support improvements in personal, population and public health, as well as health care and the health system in Canada. Failure to address the capacity issue also places Canadian economic competitiveness at risk.

In order to help face these challenges and mitigate these risks, CIHR has made research capacity development a priority and has launched strategic programs to address capacity gaps.

### 3. Strategic Outcome: Transforming Health Research into Action

CIHR's knowledge translation activities aim to accelerate the transformation of research results into health benefits for Canadians and an improved health care system. This includes funding knowledge translation research and building knowledge translation networks. CIHR also plays a role in helping to move promising new research breakthroughs toward potential commercial applications. Throughout 2006–2007 and beyond, CIHR will work to ensure that relevant health research is adopted into practice, programs and policies for a productive health system, and to stimulate economic development through discovery and innovation.

**3.1. Program Activity:** Support activities on knowledge translation, exchange, use and strategies to strengthen the health system.

**Financial Resources:** (in millions)

2006-2007	2007-2008	2008-2009
\$40.7	\$40.7	\$40.7
<b>Budget 2006 Announcement:</b>		
\$0	\$0.1	\$0.1

**Human Resources:**

2006-2007	2007-2008	2008-2009
20	20	20

**Program Summary:**

***Program Activity Description***

Implement strategies to enable the effective dissemination, exchange, synthesis and application of health research results that will lead to improvements in the Canadian health system. As well, plan, launch and manage competitions and programs for grant funds designed to create new knowledge, strengthen Canadian capacity and networks, and together with our partners undertake effective research and knowledge translation of health research.

***Expected Results***

Effective dissemination, exchange, synthesis and application of research results take place to create new knowledge, strengthen Canadian capacity and networks, and together with our partners, enable effective research and knowledge translation of health research.

***Indicators***

- ▶ Success of CIHR-funded research programs including results, awareness and satisfaction levels.
- ▶ Increased number, scope and diversity of knowledge translation activities supported by CIHR (and its partners where relevant) or resulting from CIHR activities (for example, synthesis papers, briefs, participation in policy task forces) compared to baseline.
- ▶ Identification of and initial communication with key knowledge translation stakeholders, followed by increased number of inputs (driven by research evidence) to stakeholders' decision processes.

***Link to Priority***

Priority #3: Knowledge Translation—Catalyze health innovation in order to strengthen health and the health care system and contribute to the growth of Canada's economy.

### Description of Key Programs and Services

CIHR supports dissemination and use of research knowledge through funding research on knowledge translation and developing tools, programs and strategies.

## Knowledge Translation

A key part of CIHR's mandate, knowledge translation (KT) is about turning the knowledge gained through health research into improved health for Canadians, more effective services and products, and a strengthened health system. CIHR's KT Strategy is designed to further expand and increase its ongoing efforts in this area. The strategy is a multi-year plan based on *Blueprint*, and identifies planned activities in the following four areas:

1. supporting research on KT concepts and processes;
2. contributing to building networks of researchers and end-users;
3. improving capability to support KT research at CIHR and with partners; and
4. supporting and recognizing KT excellence.

KT efforts at CIHR aim to catalyze health innovation in order to strengthen health and the health care system and contribute to the growth of Canada's economy. Throughout 2006-2007, CIHR will fund KT research and KT researchers; support journalism and biomedical communications students seeking to interpret new knowledge and disseminate findings to a variety of audiences; fund teams of researchers and decision makers working together to explore new ways of delivering health care efficiently; and will fund research syntheses. CIHR will develop the Canadian Health Innovation Network in consultation with health services research and health care stakeholders, including provincial governments. KT Casebooks in the health services and population health domains will be disseminated in order to increase understanding of KT concepts.

## Helping Canada Innovate

CIHR will continue to administer \$27.5 million 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 and Social Sciences and Humanities Research Council of Canada). This 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.

**3.2. Program Activity:** Support national efforts to capture the economic value for Canada of health research advances made at Canadian institutions.

### Financial Resources: (in millions)

2006-2007	2007-2008	2008-2009
\$27.3	\$27.3	\$27.3

### Human Resources:

2006-2007	2007-2008	2008-2009
12	12	12

### Program Summary:

#### *Program Activity Description*

Implement strategies to enable the effective development and commercialization of health research that will lead to a better quality of life for Canadians through improvements in the Canadian health system, products and economy. As well, plan, launch and manage competitions and programs for grant funds to create and transfer new knowledge, strengthen Canadian capacity and networks, and undertake effective commercialization of health research.

<p><b>Expected Results</b></p> <p>Mobilizing research to improve health services, products, a strengthened healthcare system and the economy.</p>	<p><b>Indicators</b></p> <ul style="list-style-type: none"> <li>▶ Success of CIHR-funded research programs including results, awareness and satisfaction levels.</li> <li>▶ Number and nature of patents, spin-off companies and licenses for intellectual property (IP) generated from CIHR-funded research.</li> </ul>
<p><b>Link to Priority</b></p> <p>Priority #3: Knowledge Translation—Catalyze health innovation in order to strengthen health and the health care system and contribute to the growth of Canada’s economy.</p>	

### **Description of Key Programs and Services**

Commercialization is an integral part of CIHR’s mandate. CIHR provides various funding programs, in support of implementation of its commercialization strategy, that are focussed in four areas: research, talent, capital and linkages. CIHR’s commercialization strategy focuses on the early stages of commercialization, where there is a growing gap between a promising initial concept and its exploitation for economic and health advantage. CIHR’s initiatives encourage universities and teaching hospitals to interact with partners responsible for delivering the benefits of health research. More information on the strategy can be found at: <http://www.cihr-irsc.gc.ca/e/30162.html>.

### **Mobilizing Research**

CIHR will continue to develop new national platforms and initiatives to support clinical research, technology and drug development programs. The Clinical Research Programs will develop centres, platforms and expertise in specialized facilities for clinical research. While the Technology Programs and Drug Development Programs will continue to promote and facilitate the advancement of new research tools and techniques, and of promising drug compounds discovered in academia respectively. In 2006-2007, a panel comprised of health innovation strategic investors, with expertise in the translation of strategic health research initiatives, will evaluate the latest trends and propose models that would enable CIHR to become an international leader of knowledge for best practices in commercialization and innovation of health research.

### **Developing People and Careers**

In 2006-2007 CIHR will continue to build on the capacity of people who possess scientific, managerial and entrepreneurial skills within the Canadian health innovation landscape. CIHR offers initiatives such as the Science to Business (S2B) program to engage Canadian business schools at universities in providing support for qualified PhDs in health research to enroll in MBA programs with a focus on health sciences and biotechnology. Similar initiatives offer MBA and research trainees work placements to develop skills in commercialization management and intellectual property mobilization.

### **Capital—Facilitating Growth**

CIHR will continue its successful Proof of Principle (PoP) program, designed to advance discoveries/inventions towards commercializable technologies, through 2006-2007 and beyond. Given that this program reduces risk, CIHR expects the private sector to increasingly share costs as product discoveries and innovations proceed through the development process. In addition, CIHR will help innovation by strengthening the abilities of research institutions to manage the intellectual property of their health research discoveries through the Intellectual Property Mobilization (IPM) program, and by increasing awareness among current and future stakeholders of the commercialization potential of health research.

## **Building Partnerships**

CIHR will continue its efforts promoting linkages within and between the private sector, finance and health research communities. Partnerships within these sectors facilitate strategic collaborative projects and strengthen capacity and impact of all elements of the Commercialization Strategy. Successful programs that demonstrate the value of these linkages include:

- The CIHR/Rx&D Collaborative Research Program with Canada's research based pharmaceutical companies enhancing research opportunities in Canada's research institutions and development of health research personnel stimulating jobs and growth in the Canadian economy;
- The CIHR/Small and Medium-Sized Enterprise (SME) Research Program with Canada's developing biopharmaceutical community encourages and strengthens the health research programs of start-ups, university spin-offs, and SMEs, and strengthens intellectual property (IP) portfolios in partnership with Canadian biotech companies.

Conscious of the issues that may arise from the academic/industry interface and the potential for ethical conflict between profit and the public good, CIHR will be leading an industry/university effort to review and propose standards for ethical conduct of projects in the commercialization and innovation arena.

\* \* \*

## **Risks and Challenges**

In achieving results in Strategic Outcome #3, Transforming Health Research into Action, CIHR is challenged by the need to work with a multitude of players involved in the process of innovation and the relative shortage of Canadians specialized in knowledge translation. The risks of inadequately addressing these challenges are that Canadians would not benefit as fully or as quickly as they should from the new knowledge produced through research.

CIHR is responding to these challenges and risks by:

- supporting synthesis reports, research policy interface symposia, collaboration with policy influencers in development of RFAs, and intervention research across the full spectrum of health research;
- recognizing and valuing KT activities in its evaluation processes for grants and awards, and requiring that plans for dissemination and exchange are components of applications for funding;
- increasing support for existing research activities that have a strong KT component, such as programs that have potential application in programs, practices or policies or have commercialization of research as their major goal;
- supporting research into the art and science of knowledge translation itself through strategic initiatives and the open competition; and
- developing innovative funding schemes and partnerships that focus on KT in the context of health system reform, or commercialization initiatives such as Proof of Principle, Small and Medium Sized Enterprise research support and Intellectual Property Management.



## **SECTION III – SUPPLEMENTARY INFORMATION**

## Organizational Information

### Accountability

CIHR is a departmental corporation with 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 Tony Clement, 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:

### Senior Management:

- Christine Fitzgerald, Executive Vice-President.
- Dr. Pierre Chartrand, Vice-President, Research.
- Lucie Kempffer, Vice-President (Acting), Service and Operations.
- Dr. Ian D. Graham, Vice President, Knowledge Translation and Major Initiatives.
- Dr. Burleigh Trevor-Deutsch, Director, Ethics Office.

Institute Scientific Directors:

- Dr. Jeff Reading                      Aboriginal Peoples' Health
- Dr. Anne Martin-Matthews        Aging
- Dr. Philip Branton                  Cancer Research
- Dr. Peter Liu                          Circulatory and Respiratory Health
- Dr. Miriam Stewart                  Gender and Health
- Dr. Roderick R. 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

The organization's open and transparent stewardship is the responsibility of Governing Council, which is chaired by CIHR's President and comprised of 20 volunteer Canadians representing a wide range of backgrounds and disciplines who have been appointed by Order in Council to renewable three-year terms. Council members represent a wide range of relevant backgrounds and disciplines, reflecting CIHR's broad mandate and vision.



**Table 1: Departmental Planned Spending and Full Time Equivalents**

(in millions \$)	Forecast Spending 2005-2006	<b>Planned Spending</b> 2006-2007	Planned Spending 2007-2008	Planned Spending 2008-2009
Fund health research	420.3	<b>444.6</b>	446.9	450.3
Fund health researchers and trainees	195.4	<b>217.5</b>	222.5	222.5
Fund research resources, collaboration and other grants to strengthen the health research community	64.9	<b>68.2</b>	68.2	68.2
Develop and support strong health research community through national and international alliances and priority-setting	27.7	<b>28.1</b>	28.1	28.1
Inform research, clinical practice and public policy on ethical, legal and social issues (ELSI) related to health and health research	6.2	<b>6.3</b>	6.3	6.3
Support activities on knowledge translation, exchange, use and strategies to strengthen the health system	37.0	<b>40.7</b>	40.7	40.7
Support national efforts to capture the economic value for Canada of health research advances made at Canadian Institutions	25.3	<b>27.3</b>	27.3	27.3
Budgetary Main Estimates (gross)	776.8	<b>832.7</b>	840.0	843.4
Non-Budgetary Main Estimates (gross)	0	<b>0</b>	0	0
	776.8	<b>832.7</b>	840.0	843.4
Less: Respendable revenue	0	<b>0</b>	0	0
<b>Total Main Estimates</b>	776.8	<b>832.7</b>	840.0	843.4
<i>Adjustments:</i>				
Supplementary Estimates:				
Permanent budget increase as per Federal Budget	31.9	-	-	-
Operating budget carry-forward – 2004–2005	1.8	-	-	-
Funding for “Addressing HIV/AIDS in Canada”	3.0	-	-	-
Transfer from PHAC for “Hepatitis C Prevention, Support and Research Program”	1.4	-	-	-
Impact of New Collective Bargaining Agreements Signed	2.7	-	-	-
Budget Announcement				
Procurement Savings	(0.1)	<b>(0.3)</b>	-	-
Avian & Pandemic Influenza Preparedness: Focus on Animal & Human Health	-	<b>2.5</b>	2.5	5.5
Granting Councils		<b>17.0</b>	17.0	17.0
Studies of Fabry’s and Hurler-Schie Disease Treatments	-	<b>10.9</b>	12.0	12.8
<i>Total Adjustments</i>	40.7	<b>30.1</b>	31.5	35.3
<b>Total Planned Spending</b>	817.5	<b>862.8</b>	871.5	878.7
Less: Non-Respendable revenue	(2.8)	<b>(2.8)</b>	(2.8)	(2.8)
Plus: Cost of services received without charge	4.9	<b>5.4</b>	5.5	5.4
<b>Net cost of Program</b>	819.6	<b>865.4</b>	874.2	881.3
<b>Full Time Equivalents</b>	357	<b>390</b>	<b>390</b>	<b>390</b>

**Table 2: Program Activities**

<b>2006–2007</b>										
(\$ millions)	Budgetary						Non-Budgetary			
Program Activity	Operating	Capital	Grants	Gross	Revenue	Net	Loans, Investments and Advances	Total Main Estimates	Adjustments (planned spending not in Main Estimates)	Total Planned Spending
Fund health research	23.2		421.4	444.6		444.6		444.6	-	<b>444.6</b>
Fund health researchers and trainees	8.5		209.0	217.5		217.5		217.5	-	<b>217.5</b>
Fund research resources, collaboration and other grants to strengthen the health research community	2.7		65.5	68.2		68.2		68.2	-	<b>68.2</b>
Develop and support strong health research community through national and international alliances and priority-setting	4.3		23.8	28.1		28.1		28.1	-	<b>28.1</b>
Inform research, clinical practice and public policy on ethical, legal and social issues (ELSI) related to health and health research	2.5		3.8	6.3		6.3		6.3	-	<b>6.3</b>
Support activities on knowledge translation, exchange, use and strategies to strengthen the health system	3.0		37.7	40.7		40.7		40.7	-	<b>40.7</b>
Support national efforts to capture the economic value for Canada of health research advances made at Canadian Institutions	1.7		25.6	27.3		27.3		27.3	-	<b>27.3</b>
<b>Total</b>	<b>45.9</b>		<b>786.8</b>	<b>832.7</b>		<b>832.7</b>		<b>832.7</b>	-	<b>832.7</b>
<b>Budget Announcement</b>									<b>30.1</b>	<b>30.1</b>
<b>Total after adjustments</b>									<b>30.1</b>	<b>862.8</b>

**Table 3: Voted and Statutory Items listed in Main Estimates**

(\$ millions)		2006-2007	
Vote or Statutory Item	Truncated Vote or Statutory Wording	Current Main Estimates	Previous Main Estimates
10	Operating expenditures	41.3	37.9
15	Grants	786.8	734.6
(S)	Contributions to employee benefit plans	4.6	4.3
	<b>Total Department or Agency</b>	<b>832.7</b>	<b>776.8</b>

**Table 4: Services Received Without Charge**

(\$ millions)	2006-2007
Accommodation provided by Public Works and Government Services Canada (PWGSC)	3.3
Contributions covering employers' share of employees' insurance premiums and expenditures paid by Treasury Board of Canada Secretariat (excluding revolving funds) Employer's contribution to employees' insured benefits plans and expenditures paid by TBS	2.0
Worker's compensation coverage provided by Social Development Canada	-
Salary and associated expenditures of legal services provided by the Department of Justice Canada	0.06
Other	-
<b>2006-2007 Services received without charge</b>	<b>5.4</b>

**Table 5: Sources of Non-Responsible Revenue**

(\$ millions )	Forecast Revenue 2005-2006	Planned Revenue 2006-2007	Planned Revenue 2007-2008	Planned Revenue 2008-2009
<b>Canadian Institutes of Health Research</b>				
<b>Fund health research</b>				
Refunds of Previous Years' Expenditures	1.5	1.5	1.5	1.5
<b>Fund health researchers and trainees</b>				
Refunds of Previous Years' Expenditures	0.8	0.8	0.8	0.8
<b>Fund research resources, collaboration and other grants to strengthen the health research community</b>				
Refunds of Previous Years' Expenditures	0.2	0.2	0.2	0.2
<b>Develop and support strong health research community through national and international alliances and priority-settings</b>				
Refunds of Previous Years' Expenditures	0.1	0.1	0.1	0.1
<b>Inform research, clinical practice and public policy on ethical, legal and social issues (ELSI) related to health and health research</b>				
Refunds of Previous Years' Expenditures	0.0	0.0	0.0	0.0
<b>Support activities on knowledge translation, exchange, use and strategies to strengthen the health system</b>				
Refunds of Previous Years' Expenditures	0.1	0.1	0.1	0.1
<b>Support national effort to capture the economic value for Canada of health research advances made at Canadian institutions</b>				
Refunds of Previous Years' Expenditures	0.1	0.1	0.1	0.1
<b>Total Non-Responsible Revenue</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>

## Table 6: Details on Transfer Payments Programs

Over the next three years, the Canadian Institutes of Health Research will manage the following transfer payment programs in excess of \$5 million:

### 2006-07

1. Grants for research projects and personnel support
2. Institute Support Grants
3. Canada Graduate Scholarships

### 2007-08

1. Grants for research projects and personnel support
2. Institute Support Grants
3. Canada Graduate Scholarships

### 2008-09

1. Grants for research projects and personnel support
2. Institute Support Grants
3. Canada Graduate Scholarships

For further information on the above-mentioned transfer payment programs see <http://www.tbs-sct.gc.ca/est-pre/estime.asp>.

## Table 7: Internal Audits and Evaluations

The following table identifies a list of planned evaluations and audits at CIHR for 2006-2007. The plans were developed and finalized by Governing Council's Standing Committee on Performance Measurement, Evaluation and Audit in May 2006.

<b>Planned Internal Audit or Evaluation</b>	<b>Estimated Start Date</b>	<b>Estimated Completion Date</b>
External Review of CIHR	September 2005	June 2006 (Completed)
Evaluation of the Strategic Training Initiative in Health Research	April 1, 2006	March 31, 2007
Evaluation Framework for the Canada Graduate Scholarships Program	June 1, 2006	March 31, 2007
Evaluation Framework for the Operating Grants Program	June 1, 2006	March 31, 2007
Evaluation Framework for the CIHR/Rx&D program	May 1, 2006	December 31, 2006
Audit of CIHR's Electronic Information System (EIS)	June 1, 2006	March 31, 2007
Audit of the adequacy and effectiveness of CIHR's various controls in place to ensure the integrity and implementation of ethics practices and policies in research funded by CIHR.	June 1, 2006	March 31, 2007
Audit of Financial controls – Acquisition Cards	June 1, 2006	March 31, 2007



## **SECTION IV – OTHER ITEMS OF INTEREST**

## **1. Organizational Excellence**

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, continuous-improvement practices, and high-quality work environment demonstrate an ongoing commitment to organizational excellence. CIHR maintains an operational budget of approximately \$46 million for 2006–2007, while ensuring that at least 94% of its total parliamentary appropriations go directly to support health research and researchers in Canada.

### **Description of Key Activities**

CIHR's operating budget is allocated to four portfolios to ensure smooth program design and delivery, and effective functioning of the organization. This involves a number of activities related to the funding of research such as: peer review; developing request for applications (RFAs); fostering partnerships; and communicating and interacting with Canada's health research community. Performance evaluation, CIHR's information technology systems, and activities related to coordinating and managing ethical, legal and other policy issues in health research are also included.

### **Building a Better and Simpler CIHR**

With increased funding and a broader mandate, combined with more collaborative partnerships, CIHR's portfolio of funding programs has become increasingly complex. This can make it difficult for the research community to keep abreast of the numerous and complex funding opportunities. Therefore, CIHR is examining how best to offer funding opportunities that are easier to understand, and are both regular and predictable for the research community, and more manageable for CIHR staff. Over the past year, CIHR took its first steps toward simplifying its portfolio of funding programs by combining several programs with similar objectives. Over the next four years, CIHR will continue this systematic review of our programming and will continue to consolidate programs where appropriate. All program re-design required to streamline CIHR's funding opportunities is guided by consultation with the research community. The intended result continues to be a simple, well-designed portfolio of funding programs that is flexible enough to accommodate all approaches to health research.

### **Utilizing Technology to Enhance Service Delivery**

CIHR is committed to easing the administrative burden on researchers, to enable them to spend more time on research. To help address this, ResearchNet, a CIHR-led partnership, is being developed. This tool will make it easier for researchers to access Canadian research opportunities, to apply with electronic applications, and to access the latest research funding information. This is done through one central point of entry to all research funding opportunities, regardless of their source. Last year, CIHR developed two e-business applications on ResearchNet for the electronic submission of applications and electronic peer review. In 2006-2007, CIHR will develop a funding opportunities database and a tool for researchers to submit a final report of their research outcomes from CIHR funding. In addition, CIHR continues to participate in the Common CV, which is used to apply to multiple funding agencies through a single electronic resume. Currently, there are more than 35,000 researchers using the Common CV, which is supported by ten provincial, federal and not-for-profit agencies, including the federal granting councils (Natural Sciences and Engineering Research Council of Canada and Social Sciences and Humanities Research Council of Canada).



### **Enhancing Effectiveness of Peer Review**

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 2006-2007, CIHR will continue its multi-year project to address this issue by implementing carefully selected changes to improve effectiveness and efficiency in this area. CIHR has begun and will continue implementation of electronic submission and processing of applications. Access to electronic versions of applications will continue to open up new possibilities for improvement to our peer review process.

### **Evaluating our Performance**

At the completion of its fifth year of operation in 2005, CIHR appointed an international panel to conduct a five-year external review to evaluate CIHR and each Institute's progress towards meeting its mandate. The results of the external review and a CIHR response will be presented to CIHR's Governing Council in June 2006 and be made public as soon as possible thereafter. In 2006-2007, CIHR will continue to evaluate performance through production of the Departmental Performance Report and several program evaluations.

### **Improving Reporting of Research Results**

CIHR will continue development of a strategy to improve the reporting of CIHR-funded research results. Components of the strategy, which will be implemented over the coming years, include: an initiative to identify the most appropriate means to measure the value of investments in health research; development of an end-of-grant reporting tool; use of bibliometric analysis of peer reviewed publications; and a policy to share the results and products of CIHR-funded research.

### **Advancing Modern Management Practices**

After conducting a 2005-2006 progress report on the status of its Modern Comptrollership/Management Initiative, CIHR is undertaking a self-assessment of the Management Accountability Framework (MAF) in 2006-07, which will provide additional information for CIHR to improve its management practices. It is important to note that the Treasury Board of Canada Secretariat (TBS) will be conducting its own MAF assessment of CIHR in the Fall of 2006, so this project will be an important preparatory step to ensure that CIHR can demonstrate it is in adherence with the MAF requirements, and to take any necessary remedial actions prior to the TBS assessment.

### **Youth Engagement in Health Science and Technology**

CIHR will launch a new youth engagement program in April 2006. The goal of this program is to provide youth with opportunities to advance their interests and abilities in health science, research and technology so that they can make informed post-secondary academic and career choices. To operationalize this strategy in 2006-2007, CIHR will create database of CIHR-funded scientists who wish to participate in various youth engagement activities, launch a mentorship program with STIHR researchers/trainees and high-school students, as well as fund awards and workshops.

### **A Committed Workforce**

Fostering a committed, motivated and productive workforce is a priority for CIHR. In 2006-07, CIHR will complete a new Human Resources Strategy, which identifies recruitment, learning and development, representative workforce, workplace well-being, performance management and compensation as priorities. Through the implementation of action plans for each of these priorities CIHR will improve its workplace and provide world class programs and services to its

staff. The effective management of people will remain a key responsibility for all leaders and CIHR will support them by providing a modern human resources framework and the core learning and development opportunities they need to fulfill their mandates.

### **Institute Transitions**

CIHR has established a schedule for periodic rotation of Institute Scientific Directors. This generally involves the winding down of an Institute at its host university or hospital and moving to the location of the new Scientific Director. Specifically in 2006-2007, CIHR will ensure a smooth transition of corporate memory and activities during three scheduled Institute transitions/relocations (Institute of Circulatory and Respiratory Health, Institute of Health Services and Policy Research, and Institute of Musculoskeletal Health and Arthritis).

## **2. Key Reference Documents and Internet Addresses**

### **Key Reference Documents**

1. Investing in Canada's Future: CIHR's *Blueprint* for Health Research and Innovation 2003-2004 to 2007-2008, CIHR's Strategic Plan:  
<http://www.cihr-irsc.gc.ca/e/20266.html>
2. Various CIHR Annual Reports:  
<http://www.cihr-irsc.gc.ca/e/153.html>
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/9466.html>

### **Internet Addresses**

<b>Canadian Institutes of Health Research (CIHR) Home Page</b>	<a href="http://www.cihr-irsc.gc.ca/e/193.html">http://www.cihr-irsc.gc.ca/e/193.html</a>
Aboriginal Peoples' Health	<a href="http://www.cihr-irsc.gc.ca/e/8668.html">http://www.cihr-irsc.gc.ca/e/8668.html</a>
Aging	<a href="http://www.cihr-irsc.gc.ca/e/8671.html">http://www.cihr-irsc.gc.ca/e/8671.html</a>
Cancer Research	<a href="http://www.cihr-irsc.gc.ca/e/12506.html">http://www.cihr-irsc.gc.ca/e/12506.html</a>
Circulatory and Respiratory Health	<a href="http://www.cihr-irsc.gc.ca/e/8663.html">http://www.cihr-irsc.gc.ca/e/8663.html</a>
Gender and Health	<a href="http://www.cihr-irsc.gc.ca/e/8673.html">http://www.cihr-irsc.gc.ca/e/8673.html</a>
Genetics	<a href="http://www.cihr-irsc.gc.ca/e/13147.html">http://www.cihr-irsc.gc.ca/e/13147.html</a>
Health Services and Policy Research	<a href="http://www.cihr-irsc.gc.ca/e/13733.html">http://www.cihr-irsc.gc.ca/e/13733.html</a>
Human Development, Child and Youth Health	<a href="http://www.cihr-irsc.gc.ca/e/8688.html">http://www.cihr-irsc.gc.ca/e/8688.html</a>
Infection & Immunity	<a href="http://www.cihr-irsc.gc.ca/e/13533.html">http://www.cihr-irsc.gc.ca/e/13533.html</a>
Musculoskeletal Health and Arthritis	<a href="http://www.cihr-irsc.gc.ca/e/13217.html">http://www.cihr-irsc.gc.ca/e/13217.html</a>
Neurosciences, Mental Health and Addiction	<a href="http://www.cihr-irsc.gc.ca/e/8602.html">http://www.cihr-irsc.gc.ca/e/8602.html</a>
Nutrition, Metabolism and Diabetes	<a href="http://www.cihr-irsc.gc.ca/e/13521.html">http://www.cihr-irsc.gc.ca/e/13521.html</a>
Population and Public Health	<a href="http://www.cihr-irsc.gc.ca/e/13777.html">http://www.cihr-irsc.gc.ca/e/13777.html</a>