



Canadian Institutes
of Health Research Instituts de recherche
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CIHR IRSC

IHDCYH

Institute of Human Development, Child and Youth Health

STRATEGIC PLAN | 2006-2010



BUILDING THE FOUNDATIONS OF LIFE

Canada



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Dr. Michael Kramer
Scientific Director

The Institute of Human Development, Child and Youth Health (IHDCYH) prepared its first strategic plan in 2001 to chart its course for the first 5 years: its infancy and early childhood. The Canadian Institutes of Health Research (CIHR) had just recently been created to replace the Medical Research Council (MRC), and the Canadian health research community was buzzing with enthusiasm and exciting new ideas. We had no idea at that time whether and how the 13 newly created Institutes would collaborate with one another to fund strategic research initiatives, nor whether we would be successful in establishing partnerships with agencies and organizations outside CIHR. The first strategic plan established 5 research priority themes, and a 5-year plan to “roll out” large multidisciplinary requests for applications (RFAs) in the form of 3 team grants of \$750K per year each for 5 years, one at a time, in each of these 5 thematic areas.

The last 5 years have been exciting ones for CIHR, IHDCYH, and reproductive and child health researchers in Canada, but the landscape has changed considerably. Despite an increase in CIHR’s overall

budget over the last 5 years, each Institute’s budget is currently about \$8M per year, an amount significantly lower than our initial expectations in 2001. In 2003, IHDCYH underwent an unplanned move (from Toronto to Montreal) and change in Scientific Director. On the positive side, the 13 Institutes now collaborate extensively and creatively to launch RFAs in many domains of research and capacity building where our respective mandates overlap. In addition, we have developed partnerships with other Canadian government agencies, non-governmental research foundations, the Canadian Paediatric Society, the National Institute of Child Health Development (NICHD), our “sister” Institute at the National Institutes of Health (NIH), and other international health research organizations, including the Japanese Society for the Promotion of Science, the National Natural Science Foundation of China, and the World Health Organization. Finally, the 13 Institutes and CIHR Central have worked together to create several cross-cutting strategic initiatives in the areas of clinical research, nano- and regenerative medicine, global health research, and a national cohort initiative.

Faced with this changed Canadian landscape in health research, IHDCYH initiated a new strategic planning process in the

spring of 2005. Armed with the results of our mid-term formative evaluation, and spearheaded by Anne-Cécile Desfaits, our Montreal-based Assistant Director, and consultant Jacques Larivière, we held individual interviews and focus groups with researchers and stakeholders across the country. This process culminated in a second retreat in late October 2005, where a new strategic plan was developed for 2006-2010. Our mission, vision, and values have not changed substantially but have been reworded to reflect the knowledge and experience we have gained over our first 5 years. We will launch RFAs to augment and improve our activity in the areas of knowledge translation and health services research—areas in which we (and many of the other Institutes) were not particularly creative or productive during our first 5 years.

Several of our original priority research themes have been retained, and a number of others have been added. The large number (11) and wide variety of these themes may strike some as not particularly strategic. But unlike our original strategic plan, we do not intend to launch large, multidisciplinary RFAs in all 11 themes. Which of the themes will form the basis of IHDCYH’s team grant RFAs, will depend partly on the interest of other CIHR Institutes and of non-Institute partners.

Moreover, the themes will guide us in choosing among the large number of potential areas for funding start-up grants for new investigators, smaller high-risk projects, research syntheses (systematic reviews), research training awards, and investigator salary awards. They will also guide us in responding to approaches from other Institutes and other partners to co-fund strategic initiatives for which they have taken the lead. We will use these themes, not only to orient our future work, but also to report on our activities (in our annual report, for example) and to evaluate ourselves at the end of our next 5 years. As always, we welcome feedback on our strategic goals and objectives and ideas on how we can best achieve them.

In closing, I want to thank the many researchers and stakeholders who participated in IHDCYH's strategic planning process over the past year and underline the outstanding efforts not only of Anne-Cécile Desfaits and Jacques Larivière, but also of Louise Poulin (our Ottawa-based Assistant Director for Partnerships and International Relations), Bruce Murphy (Chair of our Institute Advisory Board [IAB]), and the entire IAB membership, who contributed so much time, effort, and creativity to this process.



INTRODUCTION AND BACKGROUND

The Canadian Institutes of Health Research (CIHR)

CIHR is the major federal agency responsible for funding health research in Canada. It was created under the *CIHR Act* (Bill C-13, April 13, 2000) which came into force in June 2000.

CIHR has identified 5 key strategic directions that should guide the activities of its Institutes (*Source: CIHR's Blueprint for Health Research and Innovation, 2004*):

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

In pursuit of the accomplishment of its mandate, CIHR has also articulated 5 expected outcomes, 3 of which are strategic and the other 2, enabling:

- **outstanding research:** to advance health knowledge, through excellent and ethical research, across disciplines, sectors, and geography;
- **outstanding researchers in innovative environments:** to develop and sustain Canada's health researchers in vibrant, innovative and stable research environments; and

- **transforming health research into action:** to catalyze health innovation in order to strengthen the health system and contribute to the growth of Canada's economy.

These strategic outcomes will be enabled through:

- **effective partnerships and public engagement:** to engage with the public through meaningful dialogue and establish effective partnerships with key stakeholders; and
- **organizational excellence:** to achieve its mandate through excellence in staff, service delivery, systems, and management.

CIHR is structured around 13 Institutes that are mandated to support health research in its four major areas or domains: biomedical; clinical; health systems and services; and health of populations, including social and cultural dimensions of health and environmental influences on health.

Each Institute is headed by a Scientific Director who receives guidance and advice from an Institute Advisory Board (IAB), made up of representatives from all areas of the health research community, including those who fund research, those who carry it out and those who use its results. The Institutes are formally accountable to the CIHR President, the CIHR Governing Council and, through the Minister of Health, to Parliament.



The Institute of Human Development, Child and Youth Health (IHDCYH)

As one of CIHR's Institutes, IHDCYH shares responsibility for achieving the principal objectives of CIHR, which are: "... to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge, and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system" (CIHR Act, Section 4, C-6, R.S.C. 2000).

As a life-cycle based Institute, IHDCYH has a broad mandate that covers defined time periods and a wide range of issues pertaining to human development: pre-conception; fertilization; embryonic and fetal development; the health of the mother; and child health and development.

In 2003, the Institute underwent a change of Scientific Director and staff, accompanied by a transfer from Toronto (University of Toronto) to Montreal (McGill University). 2004-05 marked the first full year of IHDCYH's new home at McGill University and the Montreal Children's Hospital, with its full complement of staff both at the Institute's home and in Ottawa.

While IHDCYH's first strategic plan (2001-2005) was driven by the need to develop the new organization and to implement new research initiatives, the coming years will be focused on collaboration with our partners and redeployment of our resources towards a broader set of research priorities. Our goal remains, however, to create and translate knowledge that improves the health and health care of mothers, infants, children, youth and families.

MISSION, VISION AND VALUES

Our **mission** is to promote and support research that improves the health and development of mothers, infants, children, youth, and families in Canada and throughout the world.

Our **vision** is to be recognized as an organization that creates knowledge, and facilitates its application, to ensure the best start in life and to optimize reproductive and child health, growth, and development.

The **values and principles** that guide our decisions, our strategies and our actions are the following:

LEADERSHIP

Mobilize commitment and influence future research directions.

INNOVATION

Create an environment favourable to the emergence of new ideas, approaches and solutions.

EXCELLENCE

Support research, researchers and research trainees of the highest international standard.

TRANSDISCIPLINARITY

Embrace the multiple disciplines required by IHDCYH's mission and research priorities; create research initiatives and projects that encourage transdisciplinary approaches.

ETHICS, INTEGRITY, AND RESPECT

Be ethical, transparent, and respectful in all our actions and programs, and in all our relationships and dealings with researchers, partners, other stakeholders, children, youth, families, and communities.

KNOWLEDGE TRANSLATION

Support knowledge exchange between investigators and users of research at all stages of the research cycle; support the application of research findings to improve health products, practices, services, behaviours, and policies.

CAPACITY BUILDING AND NURTURING

Attract, train and retain investigators in the domains of IHDCYH's mandate; build and strengthen links among researchers and within and across research communities; support research initiatives with strong career development potential.





STRATEGIC GOALS

The Institute has identified 5 strategic goals as the foundation on which it intends to build its principal objectives and key programs over the next 3- to 5-year period. These strategic goals are directly aligned with CIHR's strategic and enabling outcomes. The pursuit and achievement of the first 3 strategic goals will contribute to develop the research component of our mission, while the fourth and fifth will enable and guide us to organize and manage the activities related to the first 3, including an active two-way communication strategy with our research community, partners and stakeholders.

Strategic Goal 1

Support excellent and innovative research that will advance knowledge in the research areas within IHDCYH's mandate.

The principal objectives to be achieved and the key actions, initiatives and programs to be developed in relation to this strategic goal are listed below; many of these objectives and actions are interconnected, and the achievement of one should contribute to the achievement of others.

OBJECTIVE 1.1: Pursue and support our research agenda in reproductive and child health¹, based on a clear consensus among investigators and other stakeholders.

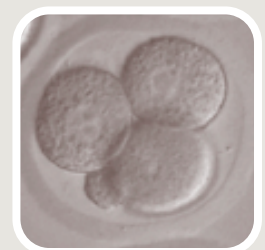
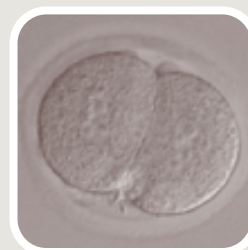
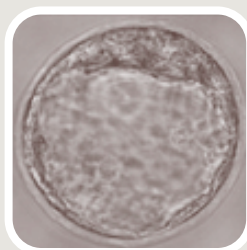
Some of the possible key actions, initiatives and programs that could contribute to the achievement of this objective, as well as to other objectives related to this first strategic goal are the following:

- Establish a reference centre for gathering, maintaining and accessing relevant and reliable information in reproductive and child health research in Canada.
- Conduct periodic multi-sectoral and multi-disciplinary consultations (workshops, surveys, etc.) with researchers, health professionals and other stakeholders (including other CIHR Institutes) on various emerging issues, priority knowledge gaps, initiatives and opportunities related to our mandate.
- Enable IHDCYH-affiliated researchers to participate in international research collaborations and investigations, including support to develop proposals.
- Foster a better balance, coordination and interaction between biomedical and clinical, health services and population health research and researchers.
- Seek understanding and improvement of reproductive and child health problems of vulnerable populations, nationally and globally.

OBJECTIVE 1.2: Fund excellent new and ongoing strategic research initiatives and programs that address IHDCYH's research priorities.

Some of the possible key actions, initiatives and programs:

- Launch high-quality requests for applications (RFAs), compatible with the strategic research priorities of IHDCYH and with its mission, vision and values.
- Develop various funding tools adapted to each one of IHDCYH's research priorities.
- Support the establishment of inter- and transdisciplinary research teams in the priority research areas.
- Ensure the highest caliber of ethics in IHDCYH's strategic research priorities and in the conduct of research by IHDCYH-affiliated investigators.
- Fund selected smaller targeted strategic initiatives and innovative, high-risk projects.
- Facilitate strong response to our RFAs and assist IHDCYH's research community to develop high-quality proposals through workshops, development grants and other means.
- Coordinate with funding partners to increase and optimize Canadian funding for IHDCYH's priority domains.



¹ The term "reproductive and child health" is inclusive of all periods of the lifecycle within the Institute's mandate: before conception through to adolescence, including maternal health.

OBJECTIVE 1.3: Encourage and support applications that address IHDCYH's priorities in investigator-initiated open competitions at CIHR and other funding organizations in Canada and abroad.

Some of the key actions, initiatives and programs envisaged:

- Support excellent and innovative projects consistent with IHDCYH's mandate and research priorities that are not funded through CIHR open competitions.
- Monitor open competition grant applications to CIHR in IHDCYH's research domains.
- Facilitate access by individual investigators to national research infrastructures.
- Establish and update a list of potential peer reviewers in reproductive and child health research (from all disciplines) to recommend to CIHR.

OBJECTIVE 1.4: Promote IHDCYH's research priorities at all levels of research, policy and practice in Canada and abroad.

Some of the possible key actions, initiatives and programs:

- Help relevant organizations and individuals add reproductive and child health components to other research programs and projects.
- Identify and support major innovative reproductive and child health research initiatives to enable Canadian researchers establish leadership roles at the international level.
- Support and encourage investment in reproductive and child health research and capacity development by provincial governments and other potential partners.



Strategic Goal 2

Increase and sustain the number of highly-qualified researchers in all disciplines related to IHDCYH's mandate.

OBJECTIVE 2.1: Ensure a sufficient number of investigators and research trainees in a wide spectrum of disciplines and methodological approaches to conduct research related to IHDCYH's research priorities.

Some of the possible key actions, initiatives and programs:

- Sponsor transdisciplinary team grants that build a critical mass of investigators in areas of strategic importance to IHDCYH.
- Support new investigator grant and salary award programs.
- Fund brief (6-month) sabbaticals for new investigators.
- Facilitate recruitment of outstanding researchers to Canada from abroad.
- Develop effective mechanisms to attract researchers from diverse disciplines to the health research domains supported by IHDCYH.

- Fund training and research careers in ethics and health services research in reproductive and child health, two relatively underdeveloped areas in Canada.

- Develop and sustain new national platforms and initiatives to attract and retain new investigators in reproductive and child health research.

OBJECTIVE 2.2: Enhance the skills and abilities of new researchers in reproductive and child health research.

Some of the key actions, initiatives and programs envisaged:

- Support innovative training programs that provide trainees with exposure to transdisciplinary research environments and knowledge translation.
- Support mentorship initiatives for researchers and trainees, within and between institutions, networks, groups and centres.
- Conduct summer institutes and other training programs and activities.
- Develop industrial internships and exchanges.

OBJECTIVE 2.3: Emphasize capacity building in clinical research.

Two of the potential actions, initiatives and programs:

- Support improvement of the infrastructure for clinical research in IHDCYH's priority research domains.
- Expand and create new funding programs for training and career development of clinician-researchers in reproductive and child health research, including support for sufficient protected time for research.

OBJECTIVE 2.4: Retain and sustain highly-qualified researchers in the field of reproductive and child health research.

Two of the possible key actions, initiatives and programs:

- Support collaboration of new reproductive and child health researchers in established national and regional networks.
- Facilitate transitions: from trainee to new investigator to mid-career researcher.



Strategic Goal 3

Facilitate the application of research findings in the form of health policies, interventions, behaviours, services and products in all fields and sectors related to IHDCYH's mandate.

OBJECTIVE 3.1: Involve IHDCYH and its affiliated researchers in effective knowledge translation.

Some of the key actions, initiatives and programs envisaged:

- Link the sectors of research, practice and policy in the planning, funding and implementation of new research initiatives.
- Require that applicants to strategic research initiatives include (whenever appropriate) plans for dissemination of research findings, synthesis of the findings with other evidence, and application of the new knowledge to decision-making by clinicians, policy-makers, and/or the general public.
- Establish interactive mechanisms by which the health provider community, other potential users of research results and decision-makers are informed of the possible application of research findings.

- Develop a work plan for research transfer/ dissemination that targets the general public.
- Identify the most important current and emerging issues facing Canadian clinical and public health decision-makers and policy makers.
- Build stronger links with voluntary health organizations that foster knowledge translation.

OBJECTIVE 3.2: Develop research initiatives and tools for knowledge translation.

Some of the key actions, initiatives and programs:

- Support systematic reviews, meta-analysis and other forms of research synthesis in IHDCYH's priority areas to facilitate exploitation of research findings by decision-makers.
- Support research on the effectiveness of current and proposed policies, programs and practices.
- Develop tools and programs that bridge gaps between research findings and clinical practice, health behaviours and public health programs and policies.

Strategic Goal 4

Develop effective partnerships as a major enabling tool to support the other strategic goals of IHDCYH.

OBJECTIVE 4.1: Identify and establish partnerships in Canada and abroad.

Some of the potential key actions, initiatives and programs:

- Define criteria to guide the Institute in developing partnerships.
- Establish a database of potential partner organizations, agencies, groups and consortia.

- Develop sustainable partnerships with other Institutes, governmental organizations at the national and the international level, and non-governmental and volunteer health organizations to enhance knowledge creation, information dissemination, knowledge translation, training, leveraged funding and public health surveillance.

- Establish international partnerships to improve research and research training opportunities for Canadian reproductive and child health investigators.

- Enter into partnerships with federal, provincial and territorial departments and agencies, research hospital foundations, professional associations,

voluntary health organizations and other Canadian non-governmental organizations with interests in reproductive and child health research.

OBJECTIVE 4.2: Manage our established partnerships.

Some of the key actions, initiatives and programs:

- Establish a monitoring structure for coordinating all partnerships.
- Conduct periodic reviews and evaluations of on-going partnerships.
- Nurture and sustain partnerships.



Strategic Goal 5

Build and maintain an excellent organization to fulfill our mission, pursue our vision and achieve our strategic goals.

OBJECTIVE 5.1: Implement and maintain an effective management and governance structure.

Some of the key actions, initiatives and programs required:

- Select IAB members to obtain an optimal mix of knowledge, experience and diversity of interest.
- Monitor RFAs, including use of funds, achievement of milestones and attainment of goals.
- Establish a mechanism to monitor and evaluate progress in achieving our strategic goals and objectives.
- Build a committed, stable and productive IHDCYH workforce, well integrated between the Institute's home and Ottawa-based staff.
- Ensure clear role expectations and ongoing evaluation of IHDCYH staff performance.

• Ensure fiscal accountability and transparency through periodic financial reporting to the IAB and stakeholders.

OBJECTIVE 5.2: Implement and evaluate a communications plan with all stakeholders and the general public.

Some of the key actions, initiatives and programs envisaged:

- Develop structured communications with the research community aimed at informing, gathering opinions and gaining an understanding of the health research issues within IHDCYH's mandate.
- Communicate and publicize our mission, goals and activities to the general public.
- Serve as an advocate with government (including federal and provincial/territorial governments), private and public sector groups and lay organizations for all areas of investigation covered by IHDCYH's mandate.
- Support efforts that foster communications among stakeholders in reproductive and child health research, including the Canadian public.

• Enhance visibility of IHDCYH with researchers, policy makers and the Canadian public.

• Send regular messages and announcements to researchers in the field of reproductive and child health on IHDCYH's initiatives, coupled with continuous updates and active maintenance of our website.

OBJECTIVE 5.3: Build a strong sense of community among IHDCYH-affiliated researchers.

Some of the possible key actions, initiatives and programs:

- Develop and implement an affiliation strategy and related programs to attract and retain investigators within IHDCYH.
- Conduct direct contact activities (e.g. Annual Research Day) with current and potential IHDCYH-affiliated researchers.
- Monitor applications to CIHR competitions and programs in IHDCYH's research domains and publicize successful ones.



STRATEGIC RESEARCH PRIORITIES

Defining research priorities is a major challenge and responsibility for all CIHR Institutes.

The criteria used to select IHDCYH's research priorities in the years ahead were based on:

- IHDCYH's experience in developing and implementing its research themes over the last 5 years;
 - opinions, suggestions and recommendations received from a large group of researchers and other stakeholders consulted between April and October 2005;
 - an in-depth review and discussion by the IAB, the Institute staff and the Scientific Director.
- Eight criteria had a direct influence on the selection of IHDCYH's research priorities:
- potential for improving health;
 - strength and existing critical mass of researchers in Canada;
 - need for building capacity;
 - knowledge gap that needs to be filled;
 - benefit from a transdisciplinary approach;
 - importance of health problem for the mother, child, youth, and family;
 - opportunity for partnerships in research funding, collaboration and knowledge translation;
 - potential for understanding and reducing health disparities among vulnerable populations in Canada and throughout the world.





IHDCYH will continue to support the following 4 research priorities from its original strategic plan:

1- Causes and prevention of congenital anomalies

- Genetic, environmental and nutritional determinants
- Biological mechanisms
- Brain and neurosensory development
- Psychosocial factors and their relationship to causation, prevention and treatment
- Fetal alcohol spectrum disorder
- Prenatal factors in pregnant teens associated with risky behaviours

2- Fetal growth and preterm birth

- Pre-eclampsia and other diseases of pregnancy
- Intrauterine growth restriction
- Preterm labour
- Developmental origins of adult disease

3- Causes, prevention and treatment of major chronic illnesses in children

- Asthma
- Obesity
- Type 1 and 2 diabetes

4- Healthy developmental trajectories

- Determinants and trajectories of children with physical, emotional, and mental health problems
- Resilience
- Transition challenges during adolescence
- Effects of puberty on brain development and psychosocial development
- Early identification and targeted interventions to improve trajectories

Seven new strategic research priorities have been added to these 4 original ones:

5- Effects of the physico-chemical environment on reproductive and child health and development

- Environmental contaminants
- Gene-environment interactions
- Biomarkers of exposure
- Adverse reproductive and pregnancy outcomes
- Neurocognitive development

6- Improving the health, development and quality of life of children and youth with chronic illnesses and disabilities

- Self-management of chronic illness
- Health care utilization
- Effective and value-added interventions
- Quality of life

7- Health of Aboriginal mothers, children and youth

- Individual, family and community factors that promote favourable health outcomes
- Nutrition and physical activity
- Housing quality and health
- Mental health and addiction

8- Maternal health and lifestyle

- Maternal nutrition and physical activity
- Maternal disability in the postnatal period
- Physical and sexual abuse
- Mental health and addiction
- Breastfeeding
- Teenage and delayed childbearing

9- Childhood injury and maltreatment

- Risk factors and prevention
- Parenting styles
- Exposure to violence and development of violent behaviour
- Youth violence
- Long-term sequelae

10- Indicators of maternal and child health, and access to and quality of reproductive and child health care services

- Maternal and child morbidity
- Availability of and access to appropriate health care services
- Quality of in-patient and ambulatory care services
- Indicators of good health

11- Mental health and addiction of children and youth

- Behavioural disorders
- Depression and anxiety in children and teens
- Eating disorders
- Substance abuse
- Etiology, prevention, diagnosis and treatment of ADHD and conduct disorder

The 11 research priorities constitute the framework within which IHDCYH will operate in the coming years. We do not necessarily intend to launch large, multi-disciplinary RFAs in all 11 priorities, however. Which of the themes will form the basis of IHDCYH's team grant RFAs will depend partly on the interest of other CIHR Institutes and of non-Institute partners. Moreover, the themes will guide us in choosing among the large number of potential areas for funding start-up grants for new investigators, smaller high-risk projects, research syntheses, research training awards, and investigator salary awards. They will also guide us in responding to approaches from other CIHR Institutes and other partners to co-fund strategic initiatives for which they have taken the lead. We will use these themes not only to orient our future work, but also to report on our activities and to evaluate ourselves at the end of our next 5 years.



IHDCYH'S Management Team



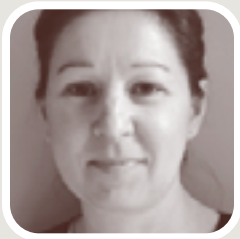
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Dr. James Bonta

Public Safety and Emergency Preparedness Canada

Dr. Sandra Davidge

University of Alberta

Dr. William Fraser

Université de Montréal

Dr. Victor Han

University of Western Ontario

Dr. Maureen Heaman

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Dr. Lucie Jeannotte

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Dr. K.S. Joseph

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Dr. Jim Roberts

Pittsburgh University, Pennsylvania

Dr. Peter Rosenbaum

McMaster University

Dr. Bonnie Stevens

University of Toronto

Ms. Dawn Walker

Health Canada

Strategic Planning Methodology

Three core ideas and beliefs have guided the preparation of IHDCYH's Strategic Plan:

A good strategic plan is based on a solid understanding of the needs and expectations of its clients and stakeholders;

A good strategic plan is communicated through a relatively short text which allows all stakeholders (inside and outside the organization) to clearly understand what the organization does (mission), where it wants to go (vision), what are the core values and principles that guide its decisions and actions, and what it attempts to achieve (strategic goals);

A well prepared strategic plan has very little utility without the right people, the proper financing and enough time to implement it by translating its strategies and objectives into the right activities, initiatives and programs.

Ideas, opinions and suggestions on IHDCYH's future strategies, courses of action and research priorities were generated between April and November 2005 through several means:

Selected review of documentation and literature search (IHDCYH's 2001 Strategic Plan, other CIHR Institutes' strategic plans, Environmental Scan report published by the SKF (SickKids Foundation) in August 2004, review of web sites from selected children and youth health research and policy organizations, etc.);

Individual interviews (30) with researchers and other stakeholders from research funding organizations, child health research and study centers, university health and research centers, private foundations for health research, etc.;

Interviews with Scientific Directors of other CIHR Institutes (6);

Individual interviews with the IAB Chair, Scientific Director and Assistant Directors (2) of IHDCYH;

Focus group discussions with researchers and other stakeholders in Vancouver, Toronto, Ottawa, Montreal and Halifax (38 participants);

Feedback from regional forums held in 2005, plus other suggestions received in response to a request published in IHDCYH's newsletter and website for ideas and opinions;

Open strategic planning consultation with pre-selected investigators and other stakeholders in the field of reproductive and child health research (Ottawa, October 26, 2005; 29 participants);

Round-table discussions with the IAB (April and October 2005).

Three internal groups and committees have been directly associated with IHDCYH's strategic planning review and preparations:

The Strategic Planning Task Force:

Composition: Scientific Director, Chair of IAB, Assistant Director, Assistant Director for Partnerships and International Relations and a strategic planning consultant (Jacques Larivière);

Assistant Director and outside consultant were responsible for project organization and management, data gathering, interviews and focus groups, drafting of the strategic plan and other support documents;

The Task Force reviewed the initial draft and prepared the penultimate strategic plan document for review by the Steering Committee and approval by the IAB.

The Steering Committee:

Composition: IAB Chair and Scientific Director of IHDCYH, and 5 IAB members;

Direction and assistance in the preparation of the open strategic consultation with outside stakeholders and the closed strategic planning retreat held in October 2005;

Initial review of the penultimate strategic plan document.

The Institute Advisory Board (in plenary):

Initial thoughts on strategic directions and methodology for IHDCYH's strategic plan preparation (April 2005);

Review, discussion and decision-making pertaining to mission, vision, core values, strategic goals, research priorities and topics, principal actions and initiatives (October 2005);

Final approval (February 2006) of strategic plan for submission to CIHR President.