



**ESTIMATES**

# **Canadian Institutes of Health Research**

**2001-2002  
Estimates**

Part III – Report on Plans and Priorities

**Canada**

## The Estimates Documents

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

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

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

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

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

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

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Available in Canada through your local bookseller or by mail from Canadian Government Publishing (PWGSC)  
Ottawa, Canada K1A 0S9

Telephone: 1-800-635-7943  
Internet site: <http://publications.pwgsc.gc.ca>

Catalogue No. BT31-2/2002-III-30

ISBN 0-660-61468-5



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

**Canadian Institutes of Health Research**

**Report on Plans and Priorities**

**for the fiscal year**

**2001-2002**



**Submitted to the  
Parliament of Canada  
by**

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**Allan Rock  
Minister of Health**

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



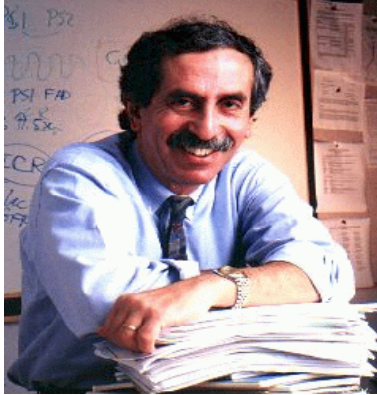
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# I Messages

## President's Message



Since the launch of the Canadian Institutes of Health Research (CIHR) in June 2000, we have moved quickly to realize the CIHR vision of integration, proactivity, innovation and excellence in health research. Parliament has given us the important and challenging task of establishing a robust, coherent and outstanding health research enterprise that strengthens and diversifies Canada's economy and brands Canada as a country characterized by excellence, open discourse, discovery and innovation.

Our first priority was to set in place the Institute structures for enhancing Canada's research into disease prevention and treatment, health promotion, the determinants of health and the effectiveness of our healthcare system. Provided with the results of a unique cross-Canada consultation, Governing Council rapidly decided upon a slate of thirteen health research institutes. [please see inset, next page]. Four institutes will focus on the specific health challenges faced by women and by men, by children and youth, by Canada's aging population and aboriginal peoples. Another six will direct attention to understanding and maintaining healthy life systems (such as our immune system, heart and lungs, muscles and skeleton, the brain, and metabolism) and the prevention and treatment of diseases such as cancer, infection, arthritis, addiction and diabetes. Three Institutes will address areas with great potential for improving health and for ensuring that Canadians receive the most cost-effective care (population health, genetics and health services). The Institutes will bring together researchers with diverse perspectives that will lead to multi-dimensional approaches to the solving of important health research questions.

We next began an intense search for outstanding Canadians to serve as Scientific Directors for the thirteen Institutes. We searched for

internationally-recognized researchers who have the capacity to inspire Canadians, research scientists and health practitioners to jointly establish research priorities. We wanted thirteen broad thinkers who will orchestrate increased interactions amongst researchers with different views on the many complex issues that surround health. In short, we sought and found excellence - excellence in research and excellence in leadership.

**Canada's 13 New Health Research Institutes  
and their Scientific Directors**

Aboriginal People's Health <i>Jeff Reading</i>
Circulatory and Respiratory Health <i>Bruce McManus</i>
Cancer Research <i>Philip Branton</i>
Gender and Health <i>Miriam Stewart</i>
Genetics <i>Roderick McInnes</i>
Health Services and Policy Research <i>Morris Barer</i>
Healthy Aging <i>Réjean Hébert</i>
Human Development, Child and Youth Health <i>John Challis</i>
Infection and Immunity <i>Bhagarith Singh</i>
Musculoskeletal Health and Arthritis <i>Cyril B Frank</i>
Neurosciences, Mental Health and Addiction <i>Rémi Quirion</i>
Nutrition, Metabolism and Diabetes <i>Diane T Finegood</i>
Population and Public Health <i>John Frank</i>

CIHR then created Advisory Boards for each Institute. Board members bring to the governance of Institutes a broad representation from researchers, the voluntary and private sectors, governments, and concerned citizens from across Canada. CIHR's unique Institute and Advisory Board structure provides a robust, inclusive and research-driven pathway to set national health research priorities that is without precedent in Canada.

The excitement and optimism generated by the creation of CIHR is revitalizing Canadian health research. Scientific Directors and their Institute Boards are now assessing their research capacities and needs. They are consulting their communities, identifying opportunities, and developing the strategic initiatives that will focus on addressing our most pressing health challenges. These initiatives will be problem-based, crossing both discipline and Institute boundaries. CIHR is also building and implementing a new vision and framework for partnerships that will enhance partnering with the health charities, other federal government agencies, the

Provinces, and with industry.

Building capacity across the complete spectrum of health research is key to the CIHR vision. In our first complete round of competitions, more research is being funded, and more than four hundred new



researchers have been added to CIHR's cadre of health researchers. Over the past two months, CIHR also reviewed and funded twenty-nine large interdisciplinary projects that bring CIHR a major step forward in realizing the CIHR vision. Together, these twenty-nine projects, representing an investment of over \$80 million, embrace the complete spectrum of health disciplines, with over five hundred investigators and community partners in ninety-one institutions right across Canada, and internationally. They will work together to address a wide array of important health issues, including: respiratory infections in the elderly, injury and children, community genetics, chronic illness in rural communities, diabetes among Canada's aboriginal populations, addiction, autism and genetic susceptibility to breast and colorectal cancer.

Finally, knowledge transfer, to support and improve Canada's health care system and to strengthen and diversify Canada's New Economy, is integral to our mandate. Following intensive discussion and consultation, we will be shortly implementing new programs and activities that will offer novel approaches to these challenging and important aspects of our mission.

In conclusion, in a very brief eight months, CIHR has moved quickly to become proactive, integrative, innovative and competitive - in short, to realize the bold vision and mandate set out for us by Parliament last year to become Canada's meeting ground for all those interested in health research and to create a truly unique health research enterprise in Canada.

---

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

## Management Representation

**I submit, for tabling in Parliament, the 2001-2002 Report on Plans and Priorities (RPP) for the Canadian Institutes of Health Research.**

**To the best of my knowledge the information:**

- **accurately portrays the agency's mandate, plans, priorities, strategies and expected key results;**
- **is consistent with the disclosure principles contained in *Guidelines for Preparing a Report on Plans and Priorities*;**
- **is comprehensive and accurate; and,**
- **is based on sound underlying departmental information and management systems.**

**I am satisfied as to the quality assurance processes and procedures used for the RPP's production.**

**The Planning and Reporting Accountability Structure (PRAS) on which this document is based has been approved by Treasury Board Ministers and is the basis for accountability for the results achieved with the resources and authorities provided.**

**Name: Karen Mosher, Executive Director**

**Signature:**

**Date:**

## **II Overview of CIHR**

### **2.1 What's New**

The Canadian Institutes of Health Research is new! Launched by government in June 2000, we have been rapidly setting up the structures to realize the CIHR vision of a research community that is fully in tune with the health priorities of Canadians and is provided with the resources needed to deliver world-class research. It is a vision of outstanding Canadians with different perspectives and research skills working together to address priority health questions and ensure that the answers are used to improve health for all.

Thirteen new Institutes have been established with support from the provinces and health charities. Institute Scientific Directors have been selected from a pool of 130 exceptionally qualified nominees. Advisory Boards have been created to bring to the governance of each Institute a full range of balanced perspectives - citizen and government, researcher and practitioner, public and private, national and international. More than 1,500 Canadians had volunteered to assist CIHR as members of advisory boards. Those 218 who have been chosen bring enthusiasm, dedication, and integrity to their task of providing CIHR with guidance and advice.

Institutes will be the principal structure for bringing together, for the setting and implementing of research priorities, all who have a strong interest in a particular health area. They are the nuclei around which are already evolving research partnerships that span scientific disciplines and geographic regions. Institutes are now open for business and welcoming their many communities to participate in the focusing of research on critical health issues.

In 2001, each Institute will move quickly to establish individually and collectively a comprehensive, coherent and timely health research agenda for the first decades of this century. Meanwhile, the

preparatory programs developed by the Interim CIHR Governing Council last year are proving to be highly successful. For example, CIHR's programs of Interdisciplinary Health Research Teams (IHRTs) and Community Alliances for Health Research (CAHRs)

**CIHR Interdisciplinary  
Health Research Teams**

**... delivering an integrated approach to  
Canadian health challenges**

In January 2001, CIHR approved 10 proposals for interdisciplinary research teams.

Among them was an interdisciplinary team led by François Beland at McGill University and Howard Bergman at the Lady Davis Institute for Medical Research in Montreal, is focussing on **addressing the challenge of understanding and meeting the needs of frail older persons in the Canadian health care system..**

have been very well subscribed. Fulfilling the vision of greater interdisciplinary interaction in the solving of health challenges, the IHRT program integrates the efforts of researchers from two or more of the major health research communities (biomedical, clinical, health services and population health). In the case of CAHRs, researchers are closely linked to community organizations. In a typical IHRT project, 15 researchers from a variety of disciplines together focus on a particular health research question. Canada's health research community, developed by decades of federal funding through the Medical Research Council, the National Health Research and Development Program and the Social Sciences and Humanities Research Council, is responding enthusiastically to

opportunities for increased collaboration and broadening of perspectives in the search for new understanding about health and illness.

CIHR is moving towards the vision of a free, productive flow of information between those who conduct research and those who can use research results to make a difference to health. CIHR has deepened its expertise on information exchange, the processes through which research results become translated and used by those who make health policy, manage health care or promote healthy practices. We have developed close linkages with a leader in the organizing and dissemination of health data, the Canadian Institute for Health Information.

Organizational growth and development will be necessary. For example we have recently engaged personnel to liaise between the Institutes, which are based in universities and hospitals across the country, and our Ottawa staff. CIHR believes that effective management is essential to its being the best agency of its kind in the world and is committed to developing a highly-committed staff that is strongly focused on delivery of service and results.

The impact of CIHR as a unifying force in Canadian health research is already being felt. In the next six to nine months, that impact will expand enormously as CIHR demonstrates its capacity to bring people, other organizations and resources together around important health issues.

## 2.2 Mandate, Roles and Responsibilities

### Mandate

The mandate of the Canadian Institutes of Health Research resides in the CIHR Act: Statutes of Canada 2000, Chapter 6, *An Act to establish the Canadian Institutes of Health Research, to repeal the Medical Research Council Act and to make consequential amendments to other Acts*. Bill C-13, assented to 13<sup>th</sup> April 2000.

### Role

The role of CIHR is to deliver federal support for health research conducted across Canada, to foster use of research results and to provide leadership in the coordination of national research resources and response to Canadian health research issues.

### Responsibilities

Individual	Group
Minister of Health	Parliament
CIHR President	CIHR Governing Council
Institute Scientific Directors	Institute Advisory Boards

CIHR is an arms-length federal agency that reports to Parliament through the Minister of Health. A Governing Council, led by the President of CIHR, carries direct responsibility for the agency. Each of the 13 Institutes has an Advisory Board with broad representation from researchers, the voluntary and private sectors, governments, and concerned citizens. The Scientific Director of each Institute reports to the CIHR President.

## **2.3 Objective**

The objective of the Canadian Institutes of Health Research is to excel, according to internationally accepted standards of 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. *(From the CIHR Act)*

## **2.4 Planning Context**

We are in the midst of a global revolution in health research, a revolution that is leading to profound insights into the molecular basis of human biology and disease coupled with a heightened recognition of the influence of psychological, social and environmental factors on human health. This is truly the century of health research. Driven by the universal desire to improve the human condition and the many economic opportunities this new science offers, governments across Canada and around the world are increasing their investments in health research.

Major global scientific achievements, such as the mapping of the human genome, have set the stage for rapid advances in the prevention, identification and treatment of illness. The rate of growth in health-related knowledge in the 21<sup>st</sup> century is expected to rival that for innovation in information technology in the last century. To be full participants in this revolution and to be the primary beneficiaries of the

results of this research, full commitment is required to stay at the leading edge and attract and retain the very best researchers

Success in the new world of health research requires centres, facilities and funding to attract and retain outstanding scientific talent from both within and beyond national boundaries. Success demands national structures for rapid assessment of new research opportunities and swift implementation of strategic initiatives. It requires close collaboration of researchers in the social, biological, clinical and environmental sciences and inclusion of people who can ensure that ethical issues are given full consideration. CIHR, government's vehicle for health research in the 21<sup>st</sup> century, is structured for capacity building, strategic response, collaboration and inclusiveness.

Research, a fundamental driver of national innovation, is a strategic priority for the Government of Canada. On January 31, 2001, in his reply to the Speech from the Throne, Prime Minister Jean Chrétien described the initiatives through which government has been steadily building national research capacity.

*“We set out more than seven years ago to do our part as a government to build a more innovative economy. The Canada Foundation for Innovation. The Networks of Centres of Excellence. The Canadian Institutes of Health Research. The 2000 Canada Research Chairs. The increases in support to the Granting Councils...”*

He then illuminated government's vision of a Canada that is one of the world's most research-intensive nations.

*“Canada must have one of the most innovative economies in the world. A key element in getting there is to ensure that our research and development effort per capita is amongst the top five countries in the world.*

*“To achieve this objective, the government has a five-part plan. First, to at least double the current federal investment in research and development by the year 2010. The government over the course of its mandate will increase its investment in the*

*Granting Councils. It will do more for Genome Canada and the Canadian Institutes of Health Research. And for research within government. This will make Canada the place to be for world-class researchers..."*

CIHR's plans move in synchrony with federal strategies for building national capacity to create and use knowledge. Our planning resonates with Government's vision of an inclusive society, one in which all share in the benefits of national achievement. Specifically, CIHR Institutes will be the enablers of research initiatives that align with national priorities and specific public policies for improving quality of life for all. For example:

- The CIHR Institute for Research in Aboriginal People's Health provides exactly the right forum for finding ways to reduce the high rate of fetal alcohol syndrome and other major health problems among Canada's Aboriginal peoples.
- Our Institute for research on Human Development, Child and Youth Health is an ideal meeting ground for Canadians to undertake cross-disciplinary, cross-institutional research on child health and development.
- The Institute of Health Services and Policy Research will contribute to the knowledge base for government initiatives to bring Medicare into the 21<sup>st</sup> century and ensure the effectiveness and efficiency of the health care system.

Scientific discovery is the fuel which drives growth of the biotechnology sector, a rapidly growing area of Canada's New Economy and the second largest in the world. Discovery enabled by CIHR's programs and funded research provides both the basis for improved health for Canadians and a direct stimulation of the New Economy.



## 2.5 Planned Spending

### Canadian Institutes of Health Research: Planned Spending

	(millions of dollars)			
	Forecast Spending 2000-2001 <sup>1</sup>	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Budgetary Main Estimates	308.6	<b>430.5</b>	439.0	453.0
Non-Budgetary Main Estimates	-	-	-	-
Less: Respendable revenue	-	-	-	-
<b>Total Main Estimates</b>	308.6	<b>430.5</b>	439.0	453.0
Adjustments	92.4	<b>110.0</b>	110.0	110.0
<i>Net Planned Spending</i>	401.0	<b>540.5</b>	549.0	563.0
Less: Non-respendable revenue	0.9	<b>1.0</b>	1.0	1.0
Plus: Cost of services received without charge	1.1	<b>1.4</b>	1.4	1.4
<b>Net Program Cost</b>	401.2	<b>540.9</b>	549.4	563.4
<b>Full Time Equivalents</b>	134	172	172	172

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

### **III Plans - Expected Results, Activities and Resources**

#### **3.1 Business Line**

The CIHR has one Business Line. Its title, objective and description (below) have been extracted verbatim from the CIHR Main Estimates document and the Interim CIHR Planning, Reporting and Accountability Structure that was approved by Treasury Board in October 2000.

##### **Business Line Title**

*The creation and exchange of new health knowledge in support of the objective of CIHR*

##### **Business Line Objective:**

To excel, according to international standards of scientific excellence, in the creation of new knowledge, and its translation into improved health, more effective health services and products, and a strengthened Canadian health care system.

##### **Business Line Description:**

CIHR has a mandate to create new knowledge and to translate this knowledge into improved health for Canadians, improved services and products and a strengthened health care system. To achieve its objective, CIHR is establishing Institutes, funding mechanisms and other structures. Key to its success will be support for a mix of investigator-initiated research and strategic research initiatives. The strategic research initiatives will be led by Institutes, and by the Governing Council. The Institutes will be constituted to maximize the involvement of researchers, users, health practitioners, government policy makers, private sector and other partners, in the development of strategic plans to support health research, and to facilitate the translation of research results into benefits for Canadians.

### **3.2 Key Results Commitments, Planned Results, Related Activities and Resources**

In the Interim PRAS, our new agency's commitment to Canadians was expressed as follows: discovery and knowledge creation; translation and transfer of knowledge to maximize the benefits of health research; and, leadership and collaboration within the Canadian health research community.

The following tables describe CIHR plans to deliver on the three elements of its commitment, particularly over the course of the 2001-2002 fiscal year but also in the subsequent two fiscal years.

As requested, we have estimated the distribution of our resources to achieving each of the three key results enunciated in our commitment to Canadians. CIHR's program is delivered through a wide variety of grants and scholarships mechanisms, institute support funds and administrative structures,<sup>2</sup> many of which contribute to achievement of more than one key result. For example, our partnerships with other research funders contribute significantly to all three: discovery, knowledge transfer and collaboration within the research community. We hope this estimated distribution of funds will give Parliament a sense of the order of magnitude of the investment related to the achievement of various results.

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<sup>2</sup> Further information on CIHR funding mechanisms is available at our website [www.cihr.ca](http://www.cihr.ca) in the sections on funding opportunities, decisions and database.

**Table 1**

<p><b>Commitment</b></p>	<p>To provide Canadians with research <b>discovery and knowledge creation</b> that improves our understanding of health</p>
<p><b>Planned Results</b></p>	<p><b>OUTSTANDING RESEARCH</b></p> <ul style="list-style-type: none"> <li>• Research that expands global understanding of health issues</li> <li>• Research that is focused on Canadian health priorities</li> </ul> <p><b>RESEARCH COMMUNITY AND CAPACITY</b></p> <ul style="list-style-type: none"> <li>• Training and career development for Canadians dedicated to improving health through research</li> </ul>
<p><b>Related Activities</b></p>	<ul style="list-style-type: none"> <li>• Grants programs providing support for excellent researchers, in all areas of health, in configurations ranging from national research networks to individual research projects</li> <li>• A balancing of increases in the value of grants (for international competitiveness) with increases in number of grants (responding to CIHR's broadened mandate and growth in both the number of full-time researchers and related physical infrastructure)</li> <li>• Intensive consultation with stakeholders, within the areas covered by each health research Institute, on research priorities and current research capacity</li> <li>• Development of strategic initiatives, by Institutes and Governing Council, to increase research capacity and research in areas of special concern to Canadians</li> <li>• Programs that support all stages of research career development: initial interest in research, in-depth training, career establishment and growth</li> <li>• New programming approaches for building Canadian capacity for health research (e.g., clinical research centres and special training grants to institutions that have demonstrated outstanding capacity for developing talented researchers)</li> </ul>
<p><b>Resources to be deployed</b></p>	<p>\$ 431.6 M</p>

**Table 2**

<p><b>Commitment</b></p>	<p>To foster the <b>translation and transfer of knowledge to maximize the benefits of health research</b> for Canadians</p>
<p><b>Planned Results</b></p>	<p><b>KNOWLEDGE TRANSFERRED AND USED</b></p> <ul style="list-style-type: none"> <li>• Clear understanding by CIHR and partners of the role that each should play in facilitating the use of research results</li> <li>• A mechanism for consultation with the Provinces and Territories on the transfer of research results to users in the health care system</li> <li>• Pilot CIHR initiatives on facilitated use of new health knowledge</li> <li>• Management of knowledge to be a critical component of Institute strategic initiatives</li> <li>• Growing capacity for applied and developmental research</li> </ul>
<p><b>Related Activities</b></p>	<ul style="list-style-type: none"> <li>• Engage stakeholders in a determination of respective roles in the knowledge transfer process</li> <li>• Develop pilot initiatives on the facilitated use of research results</li> <li>• Operate CIHR programming that links researchers with users, for health care improvements, e.g., Community Alliances for Health Research, and for innovation in health technologies, e.g., University-Industry programs</li> <li>• Programming that increases capacity for applying research results, e.g., the CIHR partnership with the Canadian Health Services Research Foundation for development of capacity in applied and developmental research</li> <li>• Partner with organizations that specialize in the production, organization and dissemination of health information, e.g., the Canadian Institute for Health Information</li> <li>• Create fora that bring together health researchers and users of research results, particularly clinicians and health policy makers</li> </ul>
<p><b>Resources to be deployed</b></p>	<p>\$39.1 M</p>

**Table 3**

<p><b>Commitment</b></p>	<p>To provide Canadians with <b>leadership and collaboration within the Canadian health research community</b></p>
<p><b>Planned Results</b></p>	<p><b>PARTNERSHIPS AND PUBLIC INVOLVEMENT</b></p> <ul style="list-style-type: none"> <li>• Cross-Institute research initiatives that engage partners from the public and private sectors</li> <li>• Research that integrates the perspectives and strengths of a cross-section of disciplinary approaches</li> <li>• Citizen awareness and appreciation of the excitement and importance of health research; public participation in open discussion of health research issues, e.g., priorities and ethical questions in health and research</li> </ul> <p><b>ORGANIZATIONAL DEVELOPMENT AND LEADERSHIP</b></p> <ul style="list-style-type: none"> <li>• Structures and practices that are seen as models for proactive leadership of health research and effective delivery of resources</li> </ul>
<p><b>Related Activities</b></p>	<ul style="list-style-type: none"> <li>• Multi-partnered development of CIHR strategic initiatives</li> <li>• Programming that fosters and supports coordinated, multi-disciplinary approaches to health issues, e.g., Interdisciplinary Health Research Teams</li> <li>• Institute initiatives to engage the public in thinking about, appreciating and participating in research; public participation in discussion of ethical issues in health and health research</li> <li>• Deepen CIHR capacity to receive advice and guidance from stakeholders, e.g., Grants Oversight Committee, Presidential Advisory Committee</li> <li>• Expand CIHR capacity to lead debate on public policy issues, e.g. on research with stem cells</li> <li>• Increase CIHR ability to identify and respond to emerging issues in science and health</li> <li>• Innovative use of technologies and structures to make CIHR decisions and activities outstandingly transparent</li> </ul>
<p><b>Resources to be deployed</b></p>	<p>\$70.2 M</p>

## IV Financial Information

**Table 5.1 Summary of Transfer Payments**

millions of dollars				
	Forecast 2000-2001	Planned 2001-2002	Planned 2002-2003	Planned 2003-2004
<i>Creation and exchange of new health knowledge in support of the objective of CIHR</i>				
Grants for research projects and personnel support	374.7	<b>504.9</b>	513.4	417.3
Institute support grants	6.0	<b>14.0</b>	14.0	14.0
Contributions	-	-	-	-
Other Transfer Payments	-	-	-	-
<b>Total</b>	380.7	<b>518.9</b>	527.4	431.3

Notes on transfer payments:

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

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

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

(millions of dollars)				
	Forecast 2000-2001	Planned 2001-2002	Planned 2002-2003	Planned 2003-2004
<i>Respendable Revenue</i>				
Nil	-	-	-	-
<i>Non-Respendable Revenue</i>				
Refunds of Previous Years' Expenditure	0.9	<b>1.0</b>	1.0	1.0
<b>Total</b>	0.9	1.0	1.0	1.0

**Table 5.3 Net Cost of the Canadian Institutes of Health Research Program for the Estimates Year**

(millions of dollars)	
<b>Planned Spending</b>	
Budgetary and Non-budgetary Main Estimates plus adjustments	<b>540.5</b>
Plus:	
<i>Services received without charge</i>	
Accommodation provided by Public Works and Government Services Canada	0.7
Contributions covering employers' share of insurance premiums and costs paid by TBS	0.7
	1.4
<b>Total Cost of Program</b>	<b>541.9</b>
Less:	
<i>Respendable Revenue</i>	-
<i>Non-respendable Revenue</i>	1.0
<b>2001-2002 Net Program Cost (Total Planned Spending)</b>	<b>540.9</b>