2000–2001 Annual Report

Canadian Institutes of Health Research

CIHR IRSC

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

Canada

CIHR is a federal agency reporting to Parliament through the Minister of Health. It was created by an Act of Parliament in June 2000 (48–49 Elizabeth II, C.6)

Information

For further information, please contact:

Canadian Institutes of Health Research
410 Laurier Avenue West, 9th Floor
Ottawa, Ontario K1A 0W9
Telephone: (613) 941-2672
Fax: (613) 954-1800
E-mail: info@cihr.ca
Web site: www.cihr.ca

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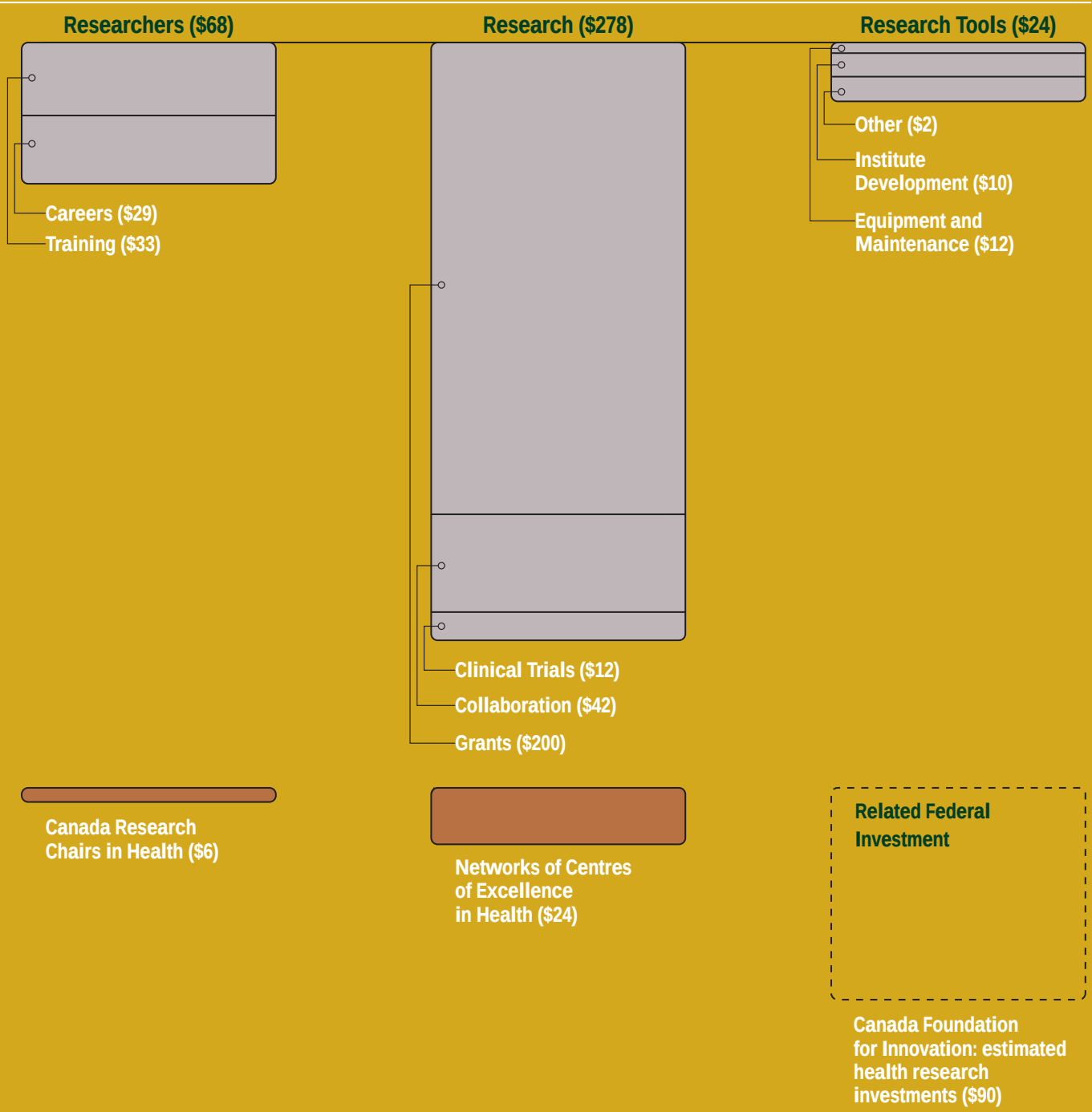
Our Mission is to position Canada as an internationally acknowledged leader in the global advancement of health research.

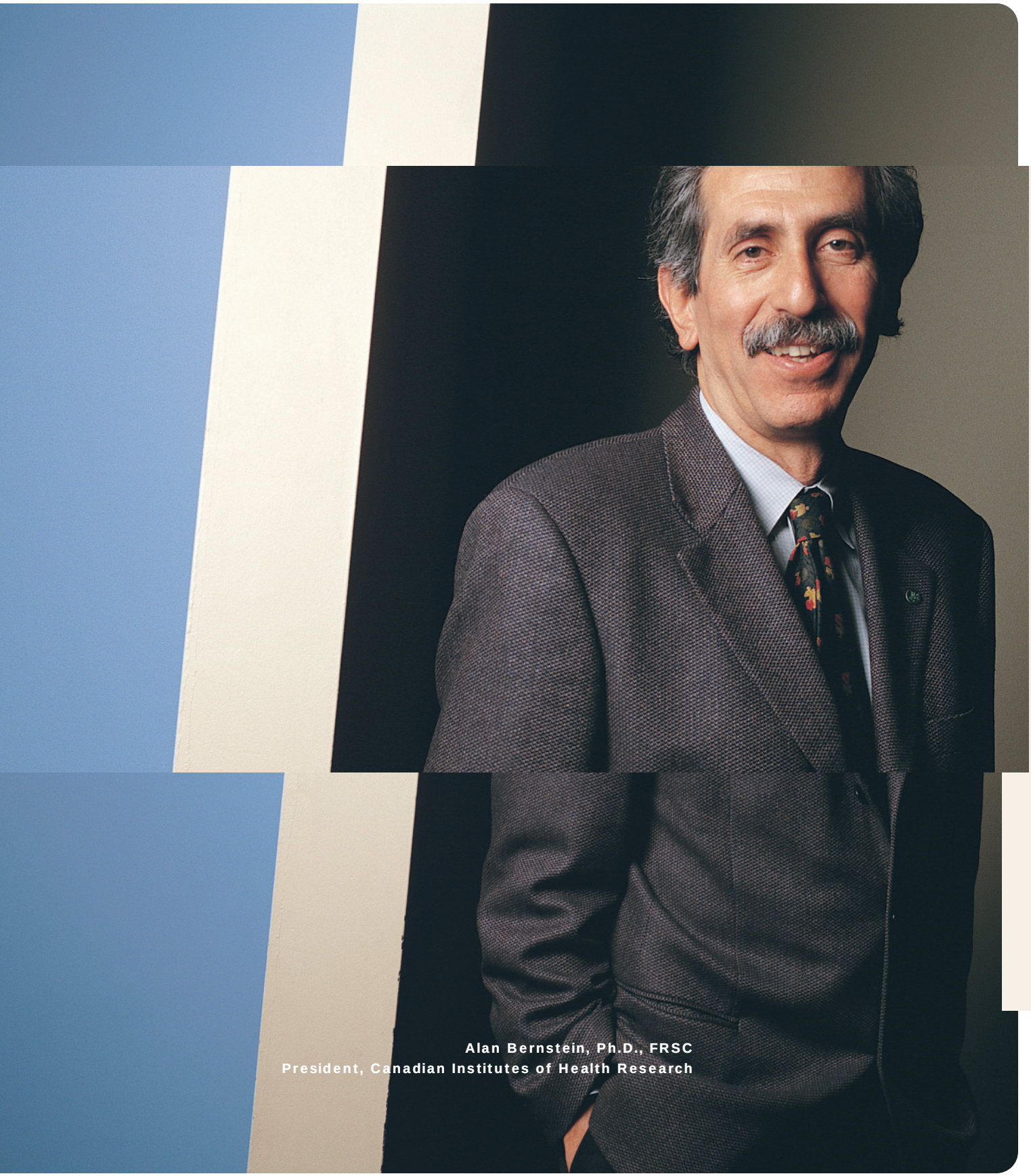
CIHR and Canada

CIHR Grants and Awards 2000–2001
($ millions)

Total $370*
in Grants and Awards for Canadian Health Research



*Includes Canada Research Chairs and Networks of Centres of Excellence in the health field



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

President's Message

The health research community is in the midst of a revolution in the global understanding of human health. The human genome project, stem-cell research, gene therapy… never before has there been such potential to reduce human suffering.

At the same time, we are generating a revolution of our own. Just one year ago, we undertook a complete overhaul of the way we support and conduct health research in Canada. And, at the end of our first fiscal year of operation, I am pleased to report that the Canadian Institutes of Health Research (CIHR) has met most of its initial objectives. CIHR not only fulfilled its mandate to fund and promote health research excellence in Canada, but it did so while establishing a unique organizational framework of virtual Institutes.

From its official launch in June 2000 to the end of March 2001, the Canadian Institutes of Health Research revitalized the health research community. In a matter of a few months, CIHR created 13 new Institutes, appointed world-class researchers as Scientific Directors to head them, and then selected more than 200 Canadians from the public, private, voluntary and academic sector to advise the Scientific Directors in transforming health research in Canada.

CIHR's goal is excellence in creating new knowledge and translating it into improved health for Canadians. Already, CIHR has mobilized the health research community and engaged governments, industry, universities, the voluntary sector and the Canadian public in an unprecedented partnership. Through CIHR, Canada is becoming the place to do research in the 21st century.

Health in this country is not only a source of pride among Canadians, but it is also a symbol of our national identity. CIHR's inclusive, integrative and uniquely Canadian approach to health research has captured the attention of the international research community.

With CIHR, federal funding for health research embraces the full spectrum of human health from biomedical and clinical research to health services and systems and population health. CIHR's innovative, transdisciplinary approach to research holds tremendous potential for new discoveries, increased understanding of health and disease, and the translation of this knowledge into improved health and the resulting enhanced social and economic outcomes for Canadians.

CIHR has rejuvenated Canada's health research enterprise. It has established programs to build capacity within and taken steps to make Canada a more attractive research environment globally. It has invited Canada's stakeholders to play a role in developing the national health research agenda.

Our inclusive strategy will improve cooperation and draw academics, health care providers, policy makers, hospital workers, politicians, and representatives from industry and the voluntary sector together to make Canadians healthier and Canada stronger.

During the 2000–2001 fiscal year, CIHR made tremendous strides in establishing itself as the best health research agency in the world. The intense efforts of all who participated in the organization and implementation of CIHR have made it an exciting and invigorating time. We are now moving swiftly ahead in the creation of a national health research agenda. The results of our first year are proof that the government's investment in CIHR has already produced important returns.

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

The objective of CIHR is to excel, according to international 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.

Bringing Health Research Home to Canadians

Officially launched on June 7, 2000, the Canadian Institutes of Health Research (CIHR) required less than six weeks to put in place 13 "virtual" Institutes. Within a few short months, Scientific Directors were recruited and Institute Advisory Boards were appointed. With unprecedented speed, CIHR set about changing the face of health research in Canada.

"We are doing things in a fundamentally different manner," according to CIHR President, Dr. Alan Bernstein, himself a renowned researcher, leading scientist and recent recipient of the Australian Medal from the Australian Society for Medical Research. "CIHR's vision is broad and integrative, bringing together researchers from every possible discipline to focus on important health problems."

No longer business as usual

A reflection of the Government of Canada's long-term commitment to health research, CIHR's mandate 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 health care system."

The CIHR vision recognizes the important roles played by all disciplines with respect to human health and disease. It is becoming increasingly clear that improved health will be realized by leveraging our current knowledge and by converging the expertise within various disciplines. The vision acknowledges that a problem-based approach to health and health research must bring together the very best minds, regardless of discipline or geography.

To this end, CIHR created "virtual" institutes that are not buildings or research centres, but networks of researchers and related disciplines that span the country. These institutes foster a climate of excellence and innovation. In turn, this allows the health research communities in the private, public and voluntary sectors to accelerate our understanding of health and illness. The goal is to develop research initiatives that align Canada's health priorities with opportunity — to take advantage of new research perspectives and approaches that will improve the quality of life for all Canadians.

The changing landscape

It has been said that the rate of growth in health-related knowledge in the 21st century will rival the accelerated rate of growth in information technology in the previous century. Achievements such as the mapping of the human genome have set the stage for discoveries in illness prevention, identification and treatment. Within this new knowledge universe, CIHR aspires to be a global model of an innovative and effective national research organization.

To meet this challenge, CIHR spent its first year establishing a sound organizational structure to create programs to fill gaps in Canada's research environment, to strengthen capacity and support for researchers, to cultivate new partnerships, to promote research excellence and to translate research results into improved health outcomes and a stronger health care system.

CIHR was created to improve the health of Canadians through research and its application.

Its first year of operation, CIHR:

- engaged the international research community, the voluntary, public and private sectors, and the Canadian public in its efforts to encourage problem-based, cross-disciplinary approaches to health research;
- assumed leadership of the research ethics agenda through the establishment of working groups on national issues like human embryonic stem cell research and privacy of information;
- facilitated research collaborations across boundaries through multi-disciplinary partnerships involving researchers from different locations, disciplines and countries, encouraging them to work together toward a common health goal;
- involved Scientific Directors and members of the Institute Advisory Boards in wide-ranging consultations with colleagues and stakeholders to help determine the research initiatives and priorities that will shape Canada's future health research agenda; and
- began developing thematic initiatives through the Institutes to respond to research questions and issues of importance to Canadians.

Impressive early results

After just one complete round of competitions, the results are already changing the health research landscape.

CIHR has positioned itself as Canada's meeting ground for health research by catalyzing and funding all approaches to health research. Over 500 new researchers have been added to the CIHR roster.

In its first year, CIHR funded 30 large interdisciplinary research team projects representing an investment of more than $80 million over five years, and involving over 500 investigators and community partners in over 100 institutions across Canada and around the world. The Interdisciplinary Health Research Teams (IHRT) integrated the efforts of researchers from two or more of the major health research communities (biomedical, clinical, health services and population health) while Community Alliances for Health Research teams (CAHR) linked researchers to community organizations.

The research teams will investigate ways to improve both the health of individuals and Canada's health care system. For example, there will be programs to find ways to meet the needs of older persons, programs to research child welfare services through effective intervention and programs to explore prevention of child abuse and neglect.

Another example is the work being done by the IHRT team led by Robert Bell of Mount Sinai Hospital. In order to develop better treatment protocols, Dr. Bell's group is examining methods of assessing disability after treatment for a type of musculoskeletal cancer.

A CAHR team led by John O'Neil from the University of Manitoba is studying the factors that could contribute to — or detract from — a First Nations controlled health care system in Manitoba. The success of these projects has already helped to break down institutional distances while strengthening local clusters of excellence across Canada.

Not all science happens on the researcher's bench. • Sometimes it happens at the local rink. • At Simon Fraser University, **Dr. David Goodman** is working to improve his understanding of **mild head injuries**, how they happen, how often they occur and what can be done to reduce their numbers. These injuries are a growing concern not only for players and parents, but also for the volunteers and organizations that support the sport. • As in hockey, Dr. Goodman's work involves a **team effort**. Together, researchers in Vancouver and Montreal are working with players in the Maritimes and Ontario to develop head-injury assessment tools as well as guidelines for players who have been injured but want to return to the ice. Also on the team are the British Columbia Amateur Hockey Association, New Brunswick Amateur Hockey Association Inc. and the Canadian Hockey Association. • This work will also support the development and implementation of **injury-prevention programs** for not only hockey players, but also for those involved in other sports such as rugby, figure skating and snowboarding.

The Canadian Institutes of Health Research

The Governing Council
Seated from left to right: Stephanie Atkinson, Victor Ling, Louise Nadeau, Alan Bernstein, Denise Alcock, Eric M. Maldoff
Standing up from left to right: Nuala Kenny, Alastair E. Cribb, Gary Glavin, David Naylor, Joseph L. Rotman, Philippe Gros, Ruth L. Collins-Nakai, Jean Davignon, Kevin Keough, Yves Morin, Mavis M. Hurley, Steven Lewis
Missing from the picture: Ian Green, Malcolm King

The CIHR **Institute of Aboriginal Peoples' Health** supports research to address the special health needs of Canada's Aboriginal people.

The CIHR **Institute of Cancer Research** supports research to reduce the burden of cancer on individuals and families through prevention strategies, screening, diagnosis, effective treatment, psycho-social support systems and palliation.

The CIHR **Institute of Circulatory and Respiratory Health** supports research into causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with the heart, lung, brain, blood and blood vessels.

The CIHR **Institute of Gender and Health** supports research to address how sex (biological factors) and gender (socio-cultural experiences) interact with other factors that influence health to create conditions and problems that are unique, more prevalent, more serious or different with respect to risk factors or effective interventions for women and men, boys and girls.

The CIHR **Institute of Genetics** supports research on the human genome and in all aspects of genetics related to human health and disease, including interaction of genes with physical and social environments.

The CIHR **Institute of Health Services and Policy Research** supports research to address the need for health systems, technologies and tools to promote health, prevent disease and deliver health care effectively for all sectors of the Canadian population.

The CIHR **Institute of Healthy Aging** supports research to promote healthy aging and to address causes, prevention, screening, diagnosis, treatment, support systems and palliation for a wide range of conditions associated with aging.

The CIHR **Institute of Human Development, Child and Youth Health** supports research to enhance maternal, child and youth health and to address causes, prevention, screening, diagnosis, treatment, short- and long-term support systems, and palliation for a wide range of health concerns associated with reproduction, early development, childhood and adolescence.

The CIHR **Institute of Infection and Immunity** supports research to enhance immune-mediated health and to reduce the burden of infectious disease, immune-mediated disease and allergy through prevention strategies, screening, diagnosis, treatment, support systems and palliation.

The CIHR **Institute of Musculoskeletal Health and Arthritis** supports research to enhance active living, mobility and movement, and dental health, and to address causes, prevention, screening, diagnosis, treatment, support systems and palliation for a wide range of conditions related to bones, joints, muscles, connective tissue, skin and teeth.

The CIHR **Institute of Neurosciences, Mental Health and Addiction** supports research to enhance mental health, neurological health, vision, hearing and cognitive functioning and to reduce the burden of related disorders through prevention strategies, screening, diagnosis, treatment, support systems and palliation. Associated research will advance our understanding of human thought, emotion, behaviour, sensation (sight, hearing, touch, taste, smell), perception, learning and memory.

The CIHR **Institute of Nutrition, Metabolism and Diabetes** supports research to enhance health in relation to diet, digestion, excretion and metabolism; and to address causes, prevention, screening, diagnosis, treatment, support systems and palliation for a wide range of conditions and problems associated with hormone, digestive system, kidney and liver function.

The CIHR **Institute of Population and Public Health** supports research into the complex interactions (biological, social, cultural, environmental) that determine the health of individuals communities and global populations, and into the application of that knowledge to improve the health of both populations and individuals.

CIHR Institute Scientific Directors
Seated: Rémi Quirion, Bruce McManus, Bhagirath Singh, (Alan Bernstein, CIHR President), Diane Finegood, Rod McInnes: Standing: John Challis, Réjean Hébert, Philip Branton, Miriam Stewart, Jeff Reading, Morris Barer, Cyril Frank, John Frank.

CIHR's vision for innovation involves:

- building **international leadership** through national **excellence** in health research;
- **improving** the health status of **vulnerable populations**;
- **integrating** the biomedical, clinical, natural and social sciences, engineering, mathematics and the humanities as **critical elements** of the health research enterprise; and
- **strengthening health research** and the health system in the **genomics** era.

Reovirus: The cancer killer

At the University of Calgary, respected cancer biologist and virologist Patrick Lee has focused on reovirus as his weapon of choice in the battle against malignant breast, lung and neck tumours. Unlike most viruses that cause sickness due to infection, reovirus latches onto and kills cancer cells while leaving healthy cells alone. Human clinical trials of a reovirus-based drug called Reosyn are in progress.

Outstanding Research

Integral to CIHR is the understanding that improved knowledge of the mechanisms of disease and prevention, a more effective health care system and a more rapid translation of this knowledge into practice will have the most immediate impact on Canadians. Already, CIHR researchers have achieved impressive results.

Over the past year, CIHR has put structures and programs in place that have started to transform the Canadian health research enterprise. There is a renewed spirit, a revitalized optimism that will lead us into the 21st century, "the century of health research."

CIHR is determined to keep Canadian researchers at the forefront of international achievement. Its virtual Institutes are the meeting grounds for Canada's best and brightest — from every discipline. Their work is reflected in the improved lives of thousands of people.

One example of this work is being carried out at the Montreal Heart Institute by Dr. Denis Roy and Dr. Mario Talajic. They have launched an international study involving 1,400 patients that they hope will reduce atrial fibrillation and heart failure by 25 percent. Atrial fibrillation is a condition where there is disorganized electrical conduction in the atria, the thin-walled chambers of the heart, resulting in ineffective pumping of blood into the ventricle.

At the University of Toronto, Dr. Peter St. George-Hyslop, a CIHR Distinguished Investigator, has spent many years researching neurogenetic disorders, especially Alzheimer's Disease, within families. His discovery and cloning of two novel genes, Presenilin 1 and 2, and the effects mutations in these genes have run on human brains, has had a major impact on our understanding of the causes and risks of Alzheimer's Disease. Dr. St. George-Hyslop's work has laid the foun-dation for future therapeutic approaches to treating this disease.

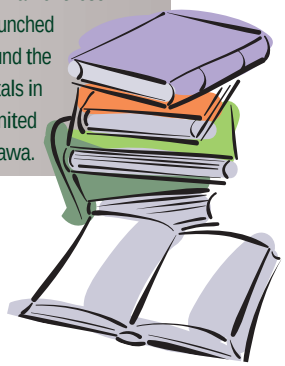
Outstanding research is also being carried out by Carol Amaratunga, a Dalhousie University researcher. In our society, women are more likely than men to experience stress and overwork because of their multiple care and work responsibilities. How does this affect their health? And what is the connection between women's work — paid and unpaid — and their health? Dr. Amaratunga is leading a CIHR-funded study called *A healthy balance: A Community Alliance for Health Research on women's unpaid caregiving* to find out.

At Sandy Lake, in northwestern Ontario, the rate of diabetes is five times the national average: one person in four has diabetes, and one in seven is glucose intolerant, a precursor to the disease. CIHR investigator, Dr. Bernard Zinman, and his team are developing a diabetes complications assessment kit. The cooperation of the community has left its citizens feeling not only better, but also slimmer than people in neighbouring communities.

CIHR is the Government of Canada's response to the need for better health for all Canadians and an improved health care system to deliver it. By funding innovative, transdisciplinary projects such as these and creating new opportunities for national and international collaboration, CIHR will continue to foster outstanding research and make Canada the place to be for researchers in the 21st century.

International OPTIMA study

While drug therapies have dramatically improved the survival rates for AIDS victims, up to half of those treated experience only temporary benefits. CIHR is supporting a tri-national clinical trial, launched in March 2001, to look at alternative drug therapy combinations for AIDS patients around the world. The OPTIMA study (**OPT**ions **I**n **M**anagement with **A**nti-retrovirals) involves 22 hospitals in Canada, 25 hospitals in the United Kingdom and 30 Veterans Affairs hospitals in the United States. Leading the Canadian team is Dr. William Cameron of the University of Ottawa.



Dr. Ray Rajotte, University of Alberta

The Edmonton Protocol · **Dr. Ray Rajotte** and his team of researchers at the University of Alberta wouldn't dare use the word "cure." But his patients, people with diabetes who are **no longer slaves to daily insulin injections**, wouldn't hesitate for a second. • Dr. Rajotte prefers to call the islet-cell transplant — known around the world as the Edmonton Protocol — a better treatment option, rather than a cure. "Not all the evidence is in yet," he cautions, although one of his patients has been **insulin-independent** for over two years. • The team of researchers has been able to isolate the insulin-producing cells from an organ donor pancreas and transplant them into patients with diabetes. As well as giving them a life free from daily injections, Dr. Rajotte says those patients may also be free from late-stage complications such as blindness and kidney problems because of the **better glucose control** achieved with an **islet transplant**. • If all goes well, this treatment could be offered to a wider group of people, welcome news given that Health Canada estimates that by 2004, one family in four will include a person with diabetes.

Award-winning — and life saving — research

• In November 2000, **Dr. Guy Rouleau** of McGill University in Montreal, was the recipient of CIHR's 2000 Michael Smith Award of Excellence for his groundbreaking work in neurogenetics. The findings of Dr. Rouleau and his colleagues in such areas as familial amyotrophic lateral sclerosis **(ALS)** have led to the development of prenatal and presymptomatic diagnostic tests for some of the most prevalent genetic diseases in Quebec. • A keen promoter of diagnostic testing in his province, Dr. Rouleau has set up a **DNA and cell bank** that contains genetic samples from over 17,000 individuals with genetic diseases, as well as samples from their families. • The **Michael Smith Award for Excellence** is presented annually to an outstanding Canadian researcher with fewer than 12 years experience who has demonstrated innovation, creativity and dedication to health research. The award is named for the late Nobel Prize-winning Canadian career investigator, Dr. Michael Smith.

Dr. Guy Rouleau, McGill University
2000 Recipient — Michael Smith Award of Excellence

In the January 2001 Speech from the Throne, Governor General Adrienne Clarkson stated:

"The Government will also provide a further major increase in funding to the Canadian Institutes of Health Research. The new funding will enable the Institutes to enhance their research into disease prevention and treatment, the determinants of health, and health-system effectiveness."

Excellent Researchers in a Robust Research Environment

Funding in 2000–2001 allowed CIHR to increase both the number of grants awarded and the average value of each grant. Roughly 70 percent of its grants and awards budget went to support 3,251 grants, while 5 percent was spent on equipment and maintenance and 20 percent went to support 1,624 training awards, 644 career awards and approximately 3,000 trainees.

In 2000–01 the base budget of CIHR was $401 million, a 29 percent increase over the 1999–2000 budget of $311 million. For 2001–02, CIHR's budget is set at $554 million.

A commitment to the next generation

It is estimated that by 2010, as many as 100,000 new researchers and scientists will be required in Canada alone. The competition for those people will be fierce. To ensure that Canada remains attractive, CIHR instituted several new training and development awards to encourage bright new researchers in areas such as health services and nursing. The aim is to increase the capacity of Canada's health research enterprise.

CIHR's commitment to a strong research environment requires stable and dependable support for the next generation of researchers. CIHR has awarded 407 training and salary awards to Canada's most outstanding up-and-coming researchers.

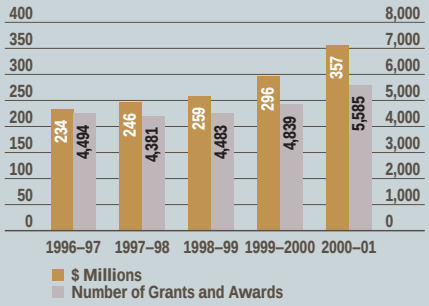
CIHR has also started building capacity through the Regional Partnership Program (RPP). Created in 1996 to respond to decreased funding for health researchers in Saskatchewan, Nova Scotia, Newfoundland and Manitoba, the program has since been extended to include Prince Edward Island and New Brunswick. Thanks to the RPP, more Manitoba research projects have been approved for funding and the creation of the Nova Scotia Health Research Foundation was accelerated. CIHR's commitment to the program in 2000–2001 was $4.4 million.

In the past year, CIHR expanded its research family to include the Arthritis Society of BC and the Yukon, the CLSC René Cashin in Quebec, Laurentian University, the University of Guelph and the University of Northern British Columbia. In a letter to Health Minister, Allan Rock, UNBC researcher and assistant professor, Chow H. Lee was grateful to be "the first researcher at UNBC who is fortunate enough to be funded by CIHR." Canadians, in turn, are fortunate to have Professor Lee working on their behalf. His important work could develop a novel therapy against a wide variety of cancers.

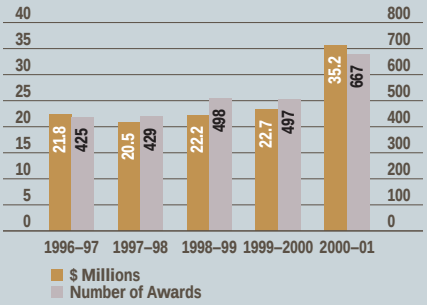
Extraordinary research can happen only in a well-funded, robust environment, one grounded in solid planning and built on sound structures, one that is broadly based and internationally competitive. CIHR will create an environment that retains Canadian researchers while attracting researchers pursuing careers in other countries.

At CIHR, we believe we are creating such an environment, and Canadians will be healthier for it.

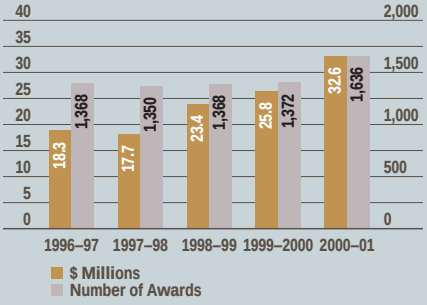
Total Value and Number of Grants and Awards



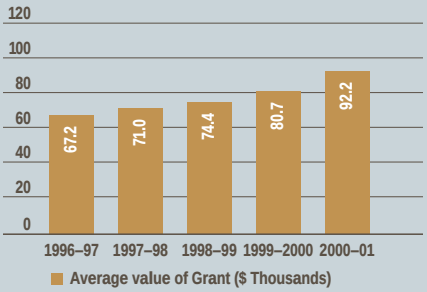
Researcher Salary Awards



Researcher Training Awards



Increases in Average Value of Operating Grants



Excellence in Research Health Career Awards

In June 2000, CIHR, the Social Sciences and Humanities Research Council (SSHRC) and the National Health Research and Development Program (NHRDP) announced a transition program called Health Career Awards. The one-time awards were intended to reinforce CIHR's transdisciplinary approach to health research. Nearly one hundred salary and training awards worth $7 million were awarded. This included 32 Postdoctoral Fellowships, five Senior Research Fellowships, 15 Investigator Awards and 10 Senior Investigator Awards.

Taking the show on the road

Scientific Directors and Institute-affiliated staff participated in extensive outreach and consultation activities including numerous Institute-sponsored and Institute-led workshops, focus groups and university visits. The Scientific Directors and their staff were involved in nearly 400 events from January to April 2001. Approximately one third were university visits, one third meetings with partners and one third other outreach type activities.

Partnerships and Public Engagement

CIHR was created as a result of consultations with a variety of stakeholders involved in a wide range of health issues. The cooperation and collaboration inspired by the development of CIHR sparked a number of exciting, transdisciplinary partnerships in areas such as cancer research, neuroscience, heart disease and stroke, diabetes and stem cell research.

In September 2000, CIHR and the Canadian Blood Services announced a partnership in transfusion science. This was followed by the Neuromuscular Research Partnership (NRP), involving CIHR, the Amyotrophic Lateral Sclerosis Society of Canada (ALS Canada) and the Muscular Dystrophy Association of Canada (MDAC). As part of the search for the cause, better treatment and cure of neuromuscular disorders, the NRP and CIHR awarded over $1.1 million in grants to six Canadian researchers.

Working together for a healthier Canada

Breakthrough work — that has the potential to save millions of lives in Canada and around the globe — would simply not be possible without the cooperation of many partners and funders whose support helps CIHR achieve the synergies necessary to make great things happen.

Partnerships are a key component of CIHR's vision for health research. In additional to the partnerships through the Regional Partnership Program, CIHR holds five competitions each year under the University–Industry Program to encourage university investigators who have research with commercial potential to work with Canadian-based biotechnology companies. CIHR is also involved in a second five-year partnership with Canada's Research-based Pharmaceutical Companies that enables CIHR to leverage additional funding for applied research and clinical trial add-ons at a ratio of 1:1 for salary and training awards, 1:2 for operating grants and 1:4 for clinical trials. With partnerships such as these, CIHR can turn every federal tax dollar invested in health research into at least $1.36 in CIHR-supported research.

But it's not only partnerships with funders that are important. Partnerships with health care providers, the voluntary sector, health advocates, government agencies, foundations, community groups, universities, teaching hospitals, regional health authorities, professional associations, societies and the private sector are also very important. CIHR is working to encourage and develop these relationships and solidify the bonds among all those interested in furthering the health research agenda in Canada.

Partners are valuable for a whole host of reasons. They help identify health research priorities and frame the relevant research questions. They also help fund the studies and trials, create databases, pay for salaries, operating costs and equipment and, in short, build on the Government of Canada's own investment in health research.

Health research has become so complex that research problems often require cross-disciplinary, cross-sectoral and even cross-border expertise in order to find solutions. Resolving many of today's research questions requires intellectual and physical resources that go well beyond the capacity of the average research team.

Whether it is working with Canadian Blood Services to fund training positions in transfusion science or funding seminars to inform Canadians about opportunities for partnering with consortia in the European Union's five-year Framework Programs on Research and Development, CIHR is committed to working with others to build a healthier Canada.

Stem cell debate

Public engagement is a two-way street. CIHR listens, but it has also spoken up on issues of importance to Canadians in its continuing effort to lead public debate. One such issue over the past year has been stem cell research.

The potential to develop treatments for a number of serious conditions — among them Alzheimer's and Parkinson's diseases as well as diabetes and spinal cord injuries — is enormous. The excitement in the research community is matched only by the ethical concerns that research on human stem cells raises.

From HOPE to DREAM

What began as HOPE, may well become a DREAM-come-true for McMaster University Professor of Medicine and CIHR researcher, Dr. Salim Yusuf. In the internationally recognized HOPE study (Heart Outcomes Prevention Evaluation) that concluded in 1999, Dr. Yusuf confirmed that the drug ramipril could not only substantially improve the survival rate in high-risk cardiovascular patients, but it could also lower the risk of subsequent heart attacks and strokes. While this ground-breaking research saved countless lives and millions of dollars, it was just the beginning. During the study, researchers — quite unexpectedly — determined that ramipril also reduced self-reported cases of diabetes by 34 percent. Realizing the study was not designed specifically to test ramipril objectively to determine its ability to prevent diabetes, more work was needed. Enter the DREAM team: CIHR, King Pharmaceuticals, Aventis Pharma Inc., President Pharmaceuticals and SmithKline Beecham (now GlaxoSmithKline). This partnership has come together to fund the $25 million DREAM study (Diabetes REduction Approaches with Ramipril and Rosiglitazone Medications). Initiated in November 2000, positive DREAM study results could well give ramipril the distinction of being the first drug ever to prevent a condition that afflicts 142 million people worldwide. The cost to treat diabetes in Canada alone is $10 billion annually.

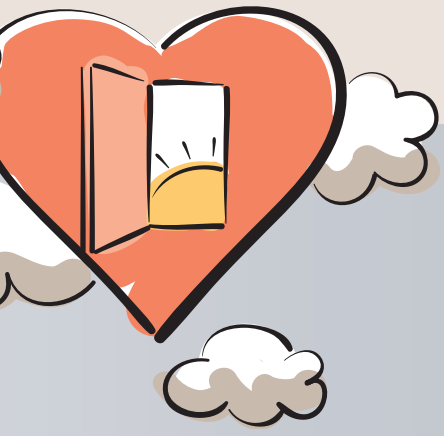
Another point of view • As the Executive Director of the National Aboriginal Health Organization (NAHO), **Richard Jock** brings another perspective to the **Advisory Board of CIHR's Institute of Aboriginal Peoples' Health** (IAPH). He contributes as a stakeholder and as a potential policy advocate in the interest of **improving the health of Aboriginal People**. • The NAHO vision is to improve the physical, mental, emotional, social, and spiritual health of Aboriginal peoples. It also believes that advancing and **sharing of knowledge** is the key to empowering Aboriginal People. • Mr. Jock sees IAPH as a knowledge-generating institution and NAHO as a stakeholder-oriented, knowledge transfer institution. • "The Advisory Board is an important way to become directly involved in the priority-setting process for research," says Mr. Jock. "It's a good fit."

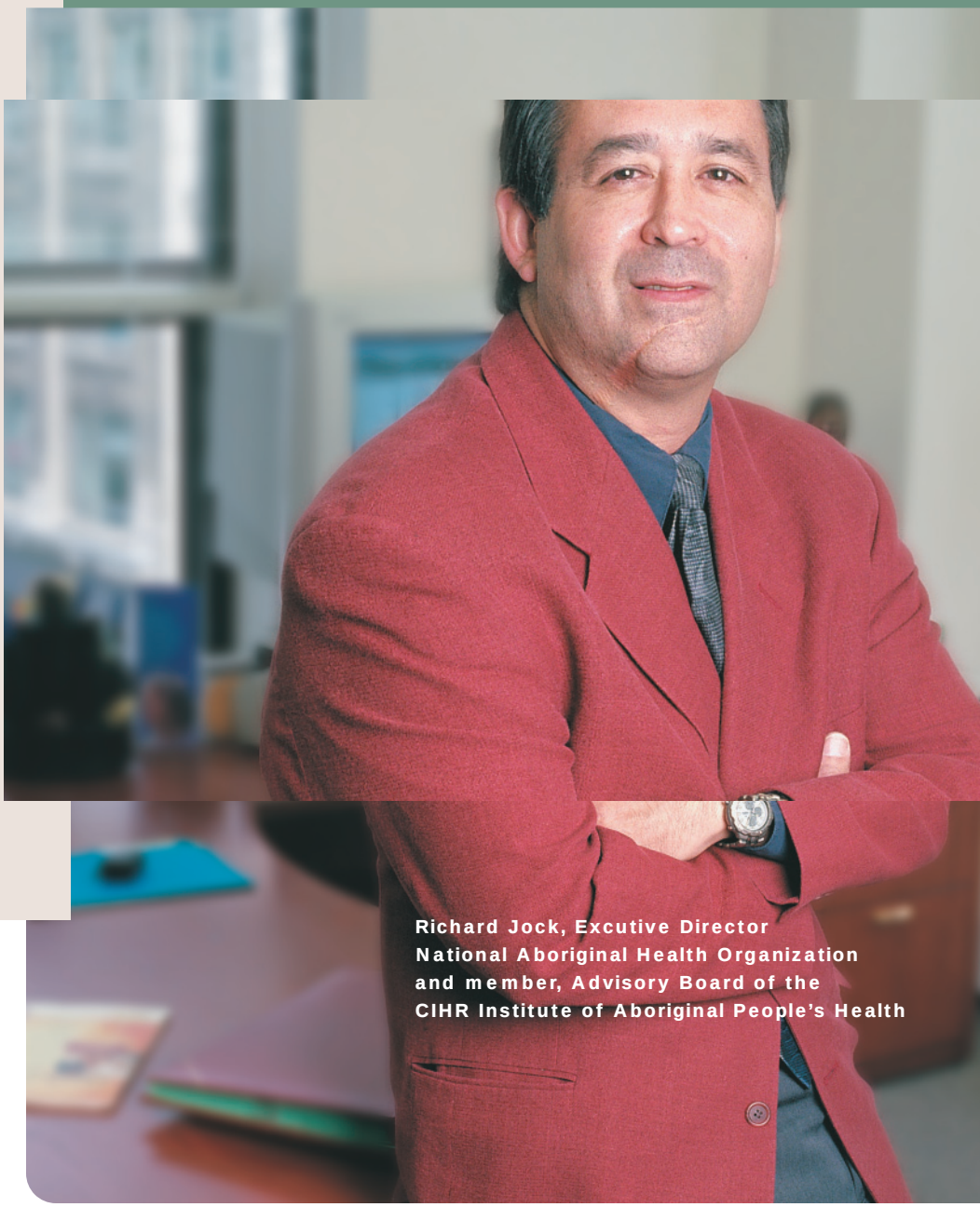
To further debate on the issue, CIHR released a discussion paper called *Human Stem Cell Research: Opportunities for Health and Ethical Perspectives*. It was developed by CIHR's Working Group on Stem Cells, a distinguished international team of experts in research, ethics and the law led by Dr. Janet Rossant of the Samuel Lunenfeld Research Institute of Mount Sinai Hospital.

The feedback generated by this paper will help form the Working Group's final report to the Governing Council. This report, in turn, will shape the guidelines for funding human embryonic stem cell research in Canada.

Building bridges

Partnerships and public engagement are integral to CIHR's vision and to its future success. A great deal of time over the past 12 months has been spent building partnerships, and engaging the research community, citizens and industry.





Richard Jock, Excutive Director National Aboriginal Health Organization and member, Advisory Board of the CIHR Institute of Aboriginal People's Health

Rosemary McRae and her son John

Ontario government moved by research • **Rosemary McRae** is absolutely convinced that federally-funded research forever changed the life of her son, **John**. • Earlier research resulted in the development of an extremely sensitive and accurate device that could determine the **hearing capacity of infants**. A follow-up study, in which John took part, served as evidence that, if diagnosed and treated early, children with hearing impairments have much better prospects for normal social and intellectual development. • "John was born on April 10th," says John's mother, Rosemary. "By June he was tested and by October, he was fitted with hearing aids." • "Because of the **early intervention**, he was put into a mainstream school without difficulty and developed good speech patterns early," she says. "Today, those who don't actually see his hearing aids have no idea of his hearing impairment. His speech patterns are phenomenal." • It is **results** such as these that have prompted the Ontario government to put in place a program that would see every baby's ability to hear checked before they are one month old.

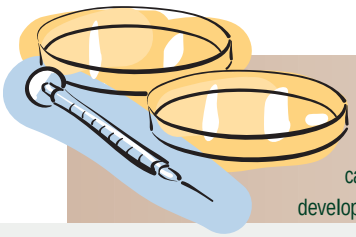
Translation and Use

Translating knowledge into useful, health care practices is the cornerstone on which CIHR is built. Among CIHR's objectives is "accelerating the discovery of cures and treatments and improvements to health care, prevention and wellness strategies."

CIHR-funded researcher, Dr. Alastair Cribb, and his colleagues at the University of Prince Edward Island understand how important it is to make research relevant to people. Working at the molecular level, Dr. Cribb is trying to determine why drugs cause adverse reactions — anything from minor skin rashes to death — in humans and animals. Specifically, he is studying a group of antibiotics (sulfonamides), anti-convulsants and anti-inflammatory drugs. The implications of his work are obvious, but what is the practical use? Some day, he says, we may all be able to carry around genetic smart cards that would help physicians determine the safest and most effective drugs for each patient.

Other successful transfers of research knowledge into medical practice:

- With degrees in zoology and human biology, a PhD in anatomy, and a master's degree in business administration, Ottawa University's Dr. C. May Griffith made headlines last year by constructing an artificial cornea, the transparent sheath that covers the eye and protects it from the surrounding environment. Extensive testing of the artificial cornea still needs to be done, but Dr. Griffith's discovery could lead to human transplants and may well eliminate the need for live animals in testing the toxicity of new drugs and other potentially irritating substances for the eye.



Keeping our water safe

Working in partnership with industry, Dr. Brett Finlay, a CIHR Distinguished Investigator at the University of British Columbia, has developed a vaccine that reduces the levels of E. coli bacteria in cattle. If current tests prove successful, it could reduce the risk of cattle contaminating water supplies, such as happened in Walkerton, Ontario, in 2000. Dr. Finlay says his team would also like to develop a variant of the vaccine for children in an effort to prevent hamburger disease.

of Knowledge

- Every year, 16,000 women in Canada, and countless more throughout the world, experience breech births. Until an international study was carried out by CIHR-funded clinical researcher Dr. Mary Hannah, women and their physicians had no solid evidence to help them make choices between vaginal or planned caesarian births. Evidence that planned caesarian births were safer for mother and baby was so overwhelming that the trial was discontinued. Now, when it is determined that an unborn baby is in a breech position, the decision to proceed with a caesarian birth or not can be made based on facts.
- Health economist Dr. Peter Coyte and his colleagues at the University of Toronto have developed a procedure that could save Canada's health care system more than $300 million each year. They found that children hospitalized with ear infections requiring the insertion of tubes are much less likely to need further surgery if they have the adenoid glands removed at the same time.

Economic benefits

Improved health is just one result of a strong health research community. There are other, more tangible benefits, not the least of which are economic.

For example, applying the research carried out by Dr. Peter Coyte and his colleagues saves an amount of money each year equivalent to almost all the money CIHR spends on research annually. Not every project realizes these kinds of savings, of course, but a lot of CIHR-funded research holds similar potential for greater effectiveness and efficiency.

Research has an impact on productivity. This usually occurs because new knowledge brings with it new products or processes, or because the cost of supplying existing services is reduced. The value of this impact is determined by calculating the returns on the research investment. Research and development specialists agree that investment in research provides a 20 to 30 percent annual rate of return — and a much greater return to society overall. The social rate of return averages about 50 percent.

Research reduces costs

One example of how research can reduce costs can be found in the Canadian Trial of Physiologic Pacing (CTOPP) led by Stuart Connolly of McMaster University.

Of the more than 10,000 pacemakers implanted annually in Canada, over 40 percent are dual-chamber types which cost $2,500 more than single-chamber devices. Connolly's was the first randomized study to evaluate the benefits of dual-chamber heart pacemakers worldwide and the results were striking. Over the three years patients were monitored, researchers observed few advantages over the single chamber model which paces only the lower chamber of the heart.

CIHR continued support for Dr. Connolly's research will soon enable Canada's health care system to profit from this new knowledge.

Going private

CIHR-funded research is the source of ideas flowing down the pipeline of commercialization from universities and teaching hospitals to spin-off biotechnology companies.

- **NeuroSpheres Ltd.**, originally from the University of Calgary, is working on nerve cell regeneration.
- **Chronogen**, originally from McGill University, has new therapeutic drugs that slow the aging process.
- **WorldHeart Corporation**, originally from the University of Ottawa, created the first artificial heart.
- **Synapse Technologies Inc.**, originally from the University of British Columbia, specializes in new technologies for therapeutic drug delivery to the brain across the blood-brain barrier and the identification of new drug targets in neurodegenerative disease.

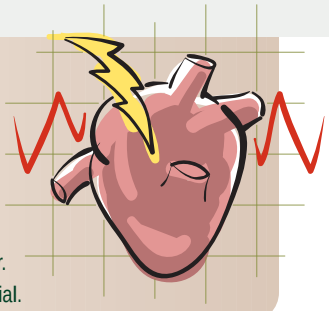
These are among the dozens of companies that have been spun off from academic research funded by CIHR that was recognized as being commercially viable.

But bringing research to market assumes that you have the people who know how to bring it to market.

To address a shortage of technology development managers in Western Canada, CIHR, in partnership with Western Economic Diversification and the Natural Sciences and Engineering Research Council (NSERC), has provided $163,000 to WestLink Innovation Network to train 20 interns to understand the process of the successful commercialization of new inventions. These interns will gain valuable, practical work experience through three, eight-month work terms in the technology-commercialization community.

Research reduces costs

Of the more than 10,000 pacemakers implanted annually in Canada, over 40 percent are dual-chamber types which cost $2,500 more than single-chamber devices. Research led by Stuart Connolly of McMaster University was the first randomized study to evaluate the benefits of dual-chamber heart pacemakers worldwide. The results were striking. Over the three years patients were monitored, researchers observed few advantages over the single chamber. The savings promise to be substantial.



Informing Canadians

CIHR's web site (www.cihr.ca) hit the Internet the day CIHR was launched and received 26,515,441 hits in its first year, an average of over 72,000 *per day*. For researchers, the web site is a vital link to research funding information and for Canadians, in general, it lets them know what CIHR is doing for them and how they, too, could get involved.

Organizational Excellence

Getting to market

One of the best ways to recoup the health research investment is to develop an ability to bring new technologies to market. CIHR has implemented a new program — the Proof-of-Principle (POP) program — that will facilitate and improve the efficiency of the commercial transfer of knowledge and technology resulting from CIHR-funded grants and awards. POP program grants will support research projects designed to establish the proof of an invention or discovery's principle and, as a result, improve the likelihood of its ultimate commercialization.

Online database

CIHR's website includes a searchable database to provide information on currently funded research. As well as the type of research funded, the database can be searched based on the name of the researcher, the name and location of the institution where the research is being conducted, or the annual funding the research receives. The database is updated regularly.

Common curriculum vitae

In an effort to harmonize funding processes and policies and reduce duplication of effort on the part of researchers and research-funding agencies, CIHR is developing a common electronic curriculum vitae with the Natural Sciences and Engineering Research Council (NSERC), the Social Sciences and Humanities Research Council (SSHRC) and the major health charities.

Financial Information Strategy (FIS)

By April 1, 2001, CIHR had put in place a new financial system in compliance with the government-wide Financial Information Strategy.

Review the Reviewers

CIHR created a Standing Committee on the Oversight of Grants and Awards Competitions to take a critical look at the performance and recommendations of the peer review panels for competition results. This committee sends a signal to the research community that peer-review panel recommendations will be scrutinized following principles of fairness, equanimity and inclusiveness.

Putting out the welcome mat

CIHR has also moved to ensure that researchers working in the full spectrum of health research which falls under CIHR's mandate (particularly in the social sciences relevant to health) will have a place where their applications can be reviewed expertly and fairly.

CIHR has created six new peer review committees: Health Ethics, Law and Humanities; Health Information and Promotion Research; Health Policy and Systems Management Research; Health Services Evaluation and Intervention Research; Psychosocial, Sociocultural and Behavioural Determinants of Health; and Public, Community and Population Health.

CIHR has achieved much in its first year and promises much more in the years to come. The first year has seen an increase in funding opportunities. CIHR is meeting the challenge by expanding our staff complement, increasing the number of partnerships and stretching our liaison capabilities. We are rethinking, retooling and redesigning for results. We are overhauling processes in an effort to ensure efficiency, effectiveness and quality results.

The creation of CIHR as the lead health research agency for Canada has resulted in a new strategic structure for funding research. This new structure is based on 13 "virtual" Institutes and an emphasis on international leadership through national excellence in health research.

Under CIHR, there has been increased support for the direct costs of research programs through traditional operating grants, salary and

Application assistance

Over the past year, workshops on grant craft have been conducted in 33 institutions across Canada. They were targeted particularly at the new health research community in the social sciences and humanities to help them prepare grant applications to CIHR.

training awards, offered through open competition as well as through partnerships with voluntary agencies, industry and the international community. Transition programs such as the Community Alliances for Health Research (CAHR) and Interdisciplinary Health Research Teams (IHRT) have also prompted a great deal of interest in the broad health research community while welcoming many new partners to the CIHR experience.

Funding excellent research that leads to discovery requires several unique planning characteristics, not the least of which is time. Research requires a steady and stable investment base, often over many years, before research bears fruit. Research also requires adequate money. To achieve internationally competitive levels of achievement, Canada's health research enterprise needs resources comparable to those offered elsewhere. This is critical if Canadian institutions are to be able to recruit and maintain highly qualified researchers.

Pulling it all together • When **Evie Gray** started work in 1987 as the head of the grants section at the organization that has become the CIHR, the department had a distinctly hands-on approach to application tracking — **the seven staff shared one computer terminal**. • "All that thing could do was produce lists. It had no analysis capabilities whatsoever — you couldn't even use it to write a letter" Evie says now, laughing. "Now we have an integrated database where we keep all the information about the grants and awards programs," she says. "We've come a long way." • Even more impressive are the plans for **ResearchNet**, the **online research portal** that is being spearheaded by Evie and her team at CIHR. This is an online presence that is much more than just a repository for health research, she says. • "The transdisciplinary approach to research is not just happening in the health field," she says. "Research — across the board — is moving outside traditional boundaries more than ever before. This portal will **bring together many funding organizations** to create a **national information resource** for research and research funding."

Evie Gray, CIHR staff

CIHR and the Numbers

Auditor's Report

To the Canadian Institutes of Health Research
and the Minister of Health

I have audited the statement of operations of the Canadian Institutes of Health Research for the year ended March 31, 2001. This financial statement is the responsibility of the Institutes' management. My responsibility is to express an opinion on the financial statement based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statement is free of material misstatement. An audit includes examing, on a test basis, evidence supporting the amounts and disclosures in the financial statement. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, this financial statement presents fairly, in all material respects, the results of operations of the Institutes for the year ended March 31, 2001 in accordance with the accounting policies set out in Note 2 to the financial statement.

Richard Flageole, FCA
Assistant Auditor General for the Auditor General of Canada

Ottawa, Canada
June 27, 2001

Statement of Management Responsibility

We have prepared the accompanying financial statement of the Canadian Institutes of Health Research (CIHR) in accordance with the reporting requirements and standards of the Receiver General for Canada. This financial statement was prepared in accordance with the significant accounting policies set out in Note 2 of the statement, on a basis consistent with that of the preceding year. Some previous year figures have been reclassified to conform to the current year's presentation.

Responsibility for the integrity and objectivity of data in this financial statement rests with the management of CIHR. The information included in the financial statement is based on management's best estimates and judgements with due consideration to materiality. To fulfill these accounting and reporting responsibilities, CIHR maintains a set of accounts which provides a centralized record of CIHR's financial transactions. Financial information contained in the ministerial statements and elsewhere in the *Public Accounts of Canada* is consistent with this financial statement.

CIHR's Corporate Services Directorate develops and disseminates financial management and accounting policies, and issues specific directives which maintain standards of accounting and financial management. CIHR maintains systems of financial management and internal control which give due consideration to costs, benefits and risks. They are designed to provide reasonable assurance that transactions are properly authorized by Parliament and are executed in accordance with prescribed regulations, and are properly recorded so as to maintain accountability of Government funds and safeguard the Institutes' assets. CIHR also seeks to assure the objectivity and integrity of data in its financial statement by the careful selection, training and development of qualified staff, by organizational arrangements that provide appropriate divisions of responsibility, and by communication programs aimed at ensuring that its regulations, policies, standards and managerial authorities are understood throughout the organization.

Management presents this financial statement to the Auditor General of Canada, who audits it and provides an independent opinion which has been appended to this financial statement.

Approved by:

Robert Zeller, Acting Manager, Finance and Administration

Guy D'Aloisio, Director, Corporate Services

Statement of Operations

For the year ended March 31, 2001 (in thousands of dollars)

	2001	2000
Expenditures		
Grants and Awards		
Investigator-Initiated (See Schedule and Note 4)	$ 296,010	$ 249,155
Strategic Initiatives (See Schedule and Note 4)	37,363	26,055
Institute Support Grants	6,000	—
Canada Research Chairs	6,025	—
Networks of Centres of Excellence	24,435	21,075
	$ 369,833	$ 296,285
Operations and Administration		
Salaries and employee benefits	$ 9,082	$ 6,774
Employee termination benefits	760	17
Professional and special services	4,332	3,419
Travel	2,540	2,241
Equipment repair and maintenance	1,068	201
Publications	934	570
Furniture and equipment	736	466
Accommodation	688	580
Communications	500	415
Materials and supplies	472	337
Interest and other	21	13
	21,133	15,033
	$ 390,966	$ 311,318
Non-tax revenues		
Refunds of previous years' expenditures	$ 882	$ 606
Proceeds from disposal of Crown assets	15	—
	$ 897	$ 606
Net cost of operations (Note 5)	$ 390,069	$ 310,712

The accompanying notes and schedule are an integral part of this statement.

Approved by CIHR:

Dr. Alan Bernstein, FRSC, President

Approved by Management:

K. Mosher, Executive Director

Notes to the Statement of Operations

For the year ended March 31, 2001

1. Authority and purpose

The Canadian Institutes of Health Research (CIHR) was established in June 2000 by the *Canadian Institutes of Health Research Act* and is a departmental corporation named in Schedule II to the *Financial Administration Act*. The *Canadian Institutes of Health Research Act* became effective June 7, 2000, except for some sections including the section repealing the *Medical Research Council Act*, which became effective May 31, 2001.

CIHR is led by a President and a Governing Council of nineteen (19) members who establish objectives and provide overall strategic direction and policies for CIHR. The CIHR concept is based on a multi-disciplinary approach organized through a framework of thirteen (13) "virtual" institutes that support and link researchers located in universities, hospitals and other research centers across Canada. Thirteen (13) new Institutes, each led by a Scientific Director and guided by an Advisory Board, have been established to become a source of scientific leadership within their particular area of focus and will establish priorities that will facilitate research efforts in this area.

The objective 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.

The CIHR has now taken over all of the activities, rights, properties and obligations of the Medical Research Council, including all financial commitments in grants and awards.

CIHR's operating and grants and awards expenditures are funded by a budgetary lapsing authority. Employee benefits are authorized by a separate statutory authority.

2. Significant accounting policies

The statement of operations has been prepared in accordance with the reporting requirements and standards established by the Receiver General for Canada for departmental corporations. The most significant accounting policies are as follows:

(a) Expenditure recognition
Grants and awards are charged to expenditure when disbursed. All operating expenditures are recorded on the accrual basis, with the exception of termination benefits and vacation pay which are recorded on the cash basis.

(b) Revenue recognition
Revenue is recorded on the cash basis.

(c) Capital purchases
Acquisitions of capital assets are charged to operating expenditures in the year of purchase.

(d) Services provided without charge by government departments
Estimates of amounts for services provided without charge by government departments are included in expenditures.

(e) Refunds of previous years' expenditures
Refunds of previous years' expenditures are recorded as revenues when received and are not deducted from expenditures.

(f) Contributions to the Public Service Superannuation Plan
Employees participate in the Public Service Superannuation Plan administered by the Government of Canada. The employees and CIHR contribute equally to the cost of the Plan. Contributions by CIHR are charged to expenditures on a current basis. CIHR is not required under present legislation to make contributions with respect to actuarial deficiencies of the Public Service Superannuation Plan.

3. Changes in financial statement presentation

Some previous year's figures have been reclassified to conform with the current year's presentation. The figures for the fiscal year ended March 31, 2000 represent the expenditures of the Medical Research Council.

In the *Schedule of Grants and Awards* the reclassified figures are as follows ($ thousands):

	Revised Classification 2000	Former Classification 2000
Grants	$ 217,463	$ 195,627
Multi-Disciplinary	—	28,239
Travel and Exchange	2,697	295
Other Activities	6,497	2,496
	$ 226,657	$ 226,657

4. Investigator-Initiated research and strategic initiatives

The Strategic Initiatives programs include both the promotion of specific types of research activity and the promotion of research in a specific area. Investigator-Initiated research programs are open to all areas of science.

The Strategic Initiatives expenditures are as follows ($ thousands):

	2001	2000
University-Industry Program	$ 1,791	$ 1,750
CIHR/Canada's Research-Based Pharmaceutical Companies Health Program	5,755	4,988
Regional Partnership Program	2,931	1,478
Genomics Research Program	5,375	4,099
HIV/AIDS Research Program	3,420	2,798
Voluntary Sector Program	3,477	2,928
Transition Programs	8,399	2,373
Research Initiative on Hepatitis C	532	—
Other Partnerships Programs	5,683	5,641
	$ 37,363	$ 26,055

5. Parliamentary appropriations ($ thousands)

	2001	2000
Department of Health		
Vote 7 — Grants	$ 294,675	$ 263,475
Add:		
Supplementary Estimates (A; A and B in 2000)	86,049	32,850
Lapsed	10,891	40
	$ 369,833	$ 296,285
Vote 6 — Operating expenditures	$ 12,759	$ 10,650
Add:		
Special Governor General Warrants	4,099	—
Supplementary Estimates (A; A and B in 2000)	2,189	2,256
Treasury Board — Vote 5	—	103
Treasury Board — Vote 10	35	20
Treasury Board — Vote 15	122	160
Lapsed	354	1
	$ 18,850	$ 13,188
Statutory contributions to employee benefit plans	$ 1,346	$ 1,031
Collection agency fees	3	—
Spending of proceeds from the disposal of surplus Crown assets	3	—
Total use of appropriations	$ 390,035	$ 310,504
Add: services provided without charge by government departments	931	814
Less: non-tax revenues	897	606
Net cost of operations	$ 390,069	$ 310,712

6. Trust funds

CIHR administers a number of trust funds separately from the activities funded through parliamentary appropriations. The purpose and accounting for these funds is described below. These funds are deposited with the Receiver General for Canada.

(a) In 1974, an amount of $75,000 was received from an anonymous donor to establish a fund. The interest received is used for the payment of grants for research in the fields of dyskinesia and torticollis. Other donations received in prior years not earmarked for specific projects have also been credited to this fund.

(b) A fund was established to record donations and contributions received from organizations and individuals for biomedical research. When CIHR receives such monies, they are placed in trust and disbursed in accordance with agreements between the contributor and CIHR.

The transactions relating to these two funds are as follows ($ thousands):

	Dyskinesia and torticollis		Donations for biomedical research	
	2001	2000	2001	2000
Balance, beginning of year	$ 85	$ 81	$ 1,476	$ 1,342
Add: Donations received	—	—	3,466	2,740
Interest received	4	4	54	57
Less: Grants paid	11	—	3,189	2,663
Balance, end of year	$ 78	$ 85	$ 1,807	$ 1,476

7. Commitments

The Canadian Institutes of Health Research is committed to disburse grants and scholarships in future years subject to the provision of funds by Parliament. Future year commitments are as follows ($ thousands):

2001–2002	$ 386,990
2002–2003	287,328
2003–2004	192,841
2004–2005	105,902
2005–2008	70,081
	$1,043,142

8. Contingent liabilities

A legal suit for employment equity was initiated by the Public Service Alliance of Canada against Her Majesty the Queen naming certain separate employer organizations of the Government of Canada, including the Canadian Institutes of Health Research, as defendants. The amount of this claim is estimated to be $750,000. Settlement, if any, that may be made with respect to this action, is expected to be accounted for as an operating expense of the applicable year. In management's opinion, the outcome of this litigation is not presently determinable.

Schedule of Grants and Awards

For the year ended March 31, 2001 (in thousands of dollars)

	2001			2000		
	Investigator-Initiated (Note 4)	Strategic Initiatives (Note 4)	Total	Investigator-Initiated (Note 4)	Strategic Initiatives (Note 4)	Total
Grants						
Operating	$ 188,519	$ 9,139	$ 197,658	$ 162,520	$ 6,715	$ 169,235
Clinical Trials	9,763	2,454	12,217	7,113	1,559	8,672
Maintenance and Equipment	9,371	147	9,518	6,526	—	6,526
Special Projects	603	3,502	4,105	643	3,542	4,185
Groups	35,694	926	36,620	27,649	606	28,255
Community Alliances for Health Research	—	2,316	2,316	—	—	—
Interdisciplinary Health Research Team	—	2,877	2,877	—	—	—
Capacity for Applied and Developmental Research and Evaluation grants	—	135	135	—	—	—
Program Grants	—	—	—	590	—	590
	$ 243,950	$ 21,496	$ 265,446	$ 205,041	$ 12,422	$ 217,463
Salary Support						
Groups	$ 79	$ —	$ 79	$ 715	$ —	$ 715
Development Grants	233	128	361	666	220	886
Career Investigators	45	345	390	359	352	711
Research Chairs	—	713	713	—	717	717
Distinguished Scientists	1,773	70	1,843	1,158	—	1,158
Senior Investigators	2,897	800	3,697	1,579	274	1,853
Investigators	7,112	1,448	8,560	5,241	360	5,601
New Investigators	9,606	2,218	11,824	9,220	795	10,015
Clinician Scientists 2	1,291	18	1,309	1,047	13	1,060
Capacity for Applied and Developmental Research and Evaluation — Salary Awards	—	436	436	—	—	—
	$ 23,036	$ 6,176	$ 29,212	$ 19,985	$ 2,731	$ 22,716
Research Training						
Clinician Scientist 1	$ 1,089	$ —	$ 1,089	$ 1,020	$ —	$ 1,020
Centennial Fellowships	212	—	212	580	—	580
Postdoctoral Fellowships	14,334	3,050	17,384	10,610	1,602	12,212
Studentships	4,951	195	5,146	6,457	209	6,666
MD/Ph.D. Studentships	804	24	828	616	5	621
Doctoral Research Awards	6,333	256	6,589	3,976	48	4,024
Senior Research Fellows	490	155	645	—	—	—
Summer Research Award	—	651	651	—	714	714
	$ 28,213	$ 4,331	$ 32,544	$ 23,259	$ 2,578	$ 25,837
Travel and Exchange						
Visiting Scientists	$ 87	$ —	$ 87	$ 140	$ —	$ 140
Symposia and Workshops	166	30	196	155	2,402	2,557
	$ 253	$ 30	$ 283	$ 295	$ 2,402	$ 2,697
Other Activities						
President's Fund	$ 373	$ —	$ 373	$ 480	$ 25	$ 505
Other Grants	185	5,330	5,515	95	5,897	5,992
	$ 558	$ 5,330	$ 5,888	$ 575	$ 5,922	$ 6,497
	$ 296,010	$ 37,363	$ 333,373	$ 249,155	$ 26,055	$ 275,210

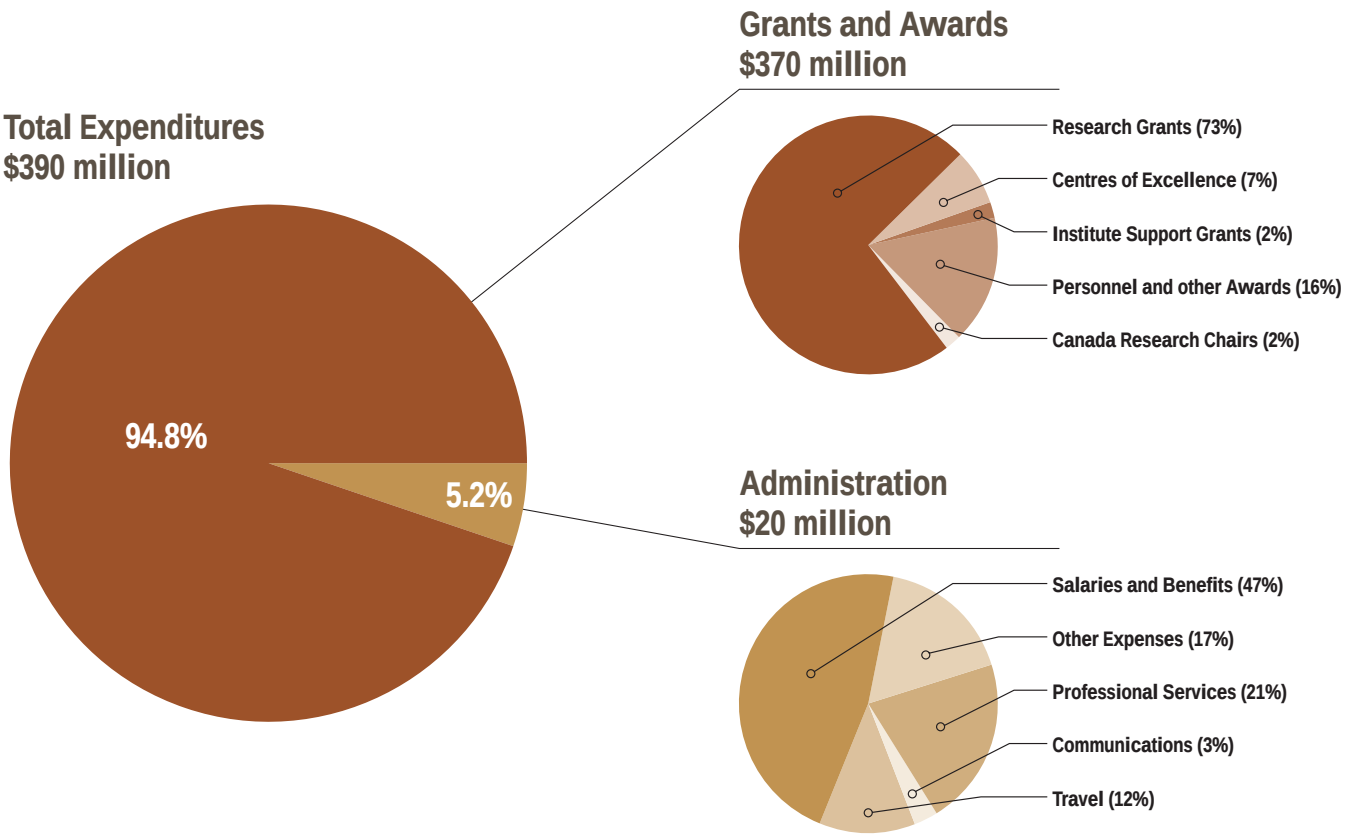
CIHR Research Grants and Research Personnel Awards by Location

For the year ended March 31, 2001 (in thousands of dollars)

Location	Research Grants	Value	Research Personnel Awards	Value
British Columbia	286	$ 22,900	171	$ 4,508
Alberta	418	37,300	207	6,101
Saskatchewan	59	3,264	22	373
Manitoba	137	8,409	61	1,472
Ontario	1,201	121,792	749	22,104
Quebec	1,076	89,616	621	16,879
New Brunswick	3	96	0	0
Nova Scotia	101	6,243	55	1,314
Prince Edward Island	2	103	3	98
Newfoundland	32	1,905	15	278
Trans-Canada organizations	132	10,416	175	7,620
Outside Canada	1	360	216	6,682
Totals	3,448	$ 302,405	2,295	$ 67,428

Note: Figures in the table may not appear to add correctly because of rounding.

2000–2001 Expenditures



CIHR and People

Governing Council Members

CHAIRMAN

Alan Bernstein
President, Canadian Institutes of Health Research

VICE-CHAIR

Louise Nadeau
Professeure, Département de psychologie, Université de Montréal

ASSOCIATE VICE-CHAIR

Victor Ling
Vice-President, BC Cancer Institute

Denise Alcock
Dean, Faculty of Health Sciences, University of Ottawa

Stephanie Atkinson
Professor, Department of Pediatrics, McMaster University

Ruth L. Collins-Nakai
Health Care Consultant, Former Professor of Pediatrics, University of Alberta

Alastair E. Cribb
Professor, Clinical Pharmacology, University of Prince Edward Island

Jean Davignon
Directeur, Laboratoire d'hyperlipidémie et d'athérosclérose, Institut de recherches cliniques de Montréal

Gary Glavin
Deputy Director, National Microbiology Laboratory, Health Canada, Winnipeg, Manitoba

Philippe Gros
Professeur, Département de biochimie, Université McGill

Mavis M. Hurley
Deputy Minister of the Premier's Health Quality Council, Government of New Brunswick

Nuala Kenny
Chair, Department of Bioethics, Dalhousie University

Kevin Keough
Chief Scientist, Health Canada, Ottawa

Malcolm King
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Deputy Minister, Health Canada, Ottawa

David Dodge (June – December 2000)
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The membership of CIHR grants and awards peer review committees for 2000–2001 is listed below. Only the professional degree and/or Ph.D. (or equivalent) is given; the institutional affiliation follows the name (and/or if applicable, the name of the company is mentioned in the case of univesity-industry committee members).

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Lucie Jeannotte, Ph.D.	Laval
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Jack Siemiatycki, Ph.D.	Armand-Frappier
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Michal Abrahamowicz, Ph.D.	McGill
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