



Medical Research Council of Canada

*Report of the
President
1999
2000*



Medical Research
Council of Canada

Conseil de recherches
médicales du Canada

Canada



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Canadian Institutes of Health Research

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January 23, 2001

The Honourable Allan Rock, P.C., M.P.
Minister
Health Canada
Ottawa, Ontario
K1A 0K9

Dear Sir:

In accordance with the requirements of the Medical Research Council Act, I have the honour to present to you herewith the Report of the President of the Medical Research Council for the fiscal year 1999-2000.

Yours sincerely,

Karen Mosher
Executive Director

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Message from the President

The health research train ...

Fiscal year 1999-2000 marks the end of the line for the Medical Research Council of Canada (MRC). Over 40 years, MRC grants and awards accompanied many of Canada's leading health researchers throughout their careers. These researchers will continue to put their knowledge and expertise to work for the Canadian people through the Canadian Institutes of Health Research (CIHR), the next phase of Canada's health research adventure.

The switch from MRC to CIHR has been one of both completion and transition. The handover from the Interim Governing Council of CIHR and the members of the Medical Research Council to the new CIHR Council was smooth and swift. The transfer of staff and files was equally seamless. The 200 researcher volunteers who made up the peer review committees responsible for reviewing grant applications throughout the transition process made an invaluable contribution. The thoroughness of their work has given the MRC Council a reputation for autonomy and equity that is of inestimable value to both the organization and the Canadian public.

The year 1999-2000 marked the last stop on a memorable journey toward a new future for health research led by CIHR. The MRC team undertook the task with the same commitment and professionalism that were its trademark over the years.

Picking up speed

Deep cuts in the federal government's budgets in the mid-1990s caused the Canadian health research sector to lose speed and direction. However, since 1996, federal investment has increased. MRC and the government have recognized the necessity of keeping Canada's skilled researchers on board if we are to maintain our ability to generate new knowledge in the health field and drive knowledge forward.

For Canada's health research community, the new millennium brings many changes. First, research facilities in our universities and teaching hospitals were renewed through grants from the Canadian Foundation for Innovation. Then, under the Canada Research Chairs program, an academic infrastructure was developed to better support

Canada's research elite. Finally, thanks to increased federal commitment to health research, an integrated, internationally competitive health research network was created - the Canadian Institutes of Health Research.

MRC had committed itself to providing Canadians with world-class research to help maintain and improve their health and well-being. During its last year of existence, it continued its financial support for world class research in over one hundred Canadian institutions, giving us a better understanding of the basic processes of health and disease and expanding applied research on health matters of concern to Canadians, such as breast cancer and AIDS. In addition, population health research has enhanced our knowledge of issues around aging, juvenile diabetes and heart disease. Clinical research funded by MRC has helped determine more effective dosages of drugs used in the treatment of schizophrenia, reduced cardiac muscle damage following a heart attack, and developed new material for eye surgery. MRC is proud to look back at these milestones marking a successful journey.

MRC Council was committed to promoting the impact of discoveries flowing from health research here in Canada. During the past year, MRC-funded research received increased media attention for its impact on prevention, diagnosis and treatment of disease. For example, research has now established a strategy aimed at countering the onset and advance of Type 1 diabetes and developing techniques for the early detection of nasopharyngeal cancer and reducing asthma-related mortality through the inhalation of steroids.

New businesses in the health field signal the economic impact of MRC-funded research. A test recently patented by a Canadian company, DiagnoCure Inc. in Quebec City, will increase the possibility of detecting the first signs of prostate cancer faster and less invasively. In addition to having an incalculable impact on human health, the commercialization of these discoveries leads to jobs and wealth creation. MRC-funded research has generated savings in health care by, for example, reducing the cost of treating pneumonia.

Throughout the transition process to CIHR, MRC continued to select and support excellence under its various funding programs. In 1999-2000, MRC invested \$296.3 million in grants and awards to Canada's best health researchers working independently or in groups in all health disciplines. In addition, partnerships with industry, charitable organizations, other government agencies and various other

partners contributed a further \$70.8 million towards MRC's goal of building research capacity across the country. By concentrating more resources in specific research areas, MRC facilitated and accelerated the achievement of results that further enhance the government's overall effort of improving the health of Canadians.

Faithful to its commitment to providing Canadians with a national perspective on the health research network, MRC has continued to play its advisory role with respect to research priorities, ethics and safety. Its pan-Canadian vision has always made it a leader, a role which it has played with great care, forming committees, establishing ethical guidelines for research on human subjects applicable to other research practices, and coordinating informed discussion on other matters relating to the policy environment.

During 1999-2000, MRC extended and strengthened international co-operation among researchers and fellow national research agencies by participating in a number of international joint programs and special projects. For example, MRC is proud to have collaborated to the development of the first trilateral trial of a new HIV treatment.

The successful achievement of all these objectives enabled MRC to consolidate its leadership role as Canada's primary engine of health research. After 40 years, MRC leaves a proud legacy, not the least of which is ensuring the harmonious integration of its energies into the new Canadian Institutes of Health Research.

Making the transition

A great deal of careful planning and deliberation went into bringing MRC programs and staff on board the new CIHR structure. In fact, this integration called for a major outreach effort by staff to inform the health research community about the new organization's mandate structures and how to benefit fully from it. Consistent with its objective of creating an atmosphere to promote and enable research, MRC implemented special programs to prevent any administrative glitches that could affect researchers during the transition.

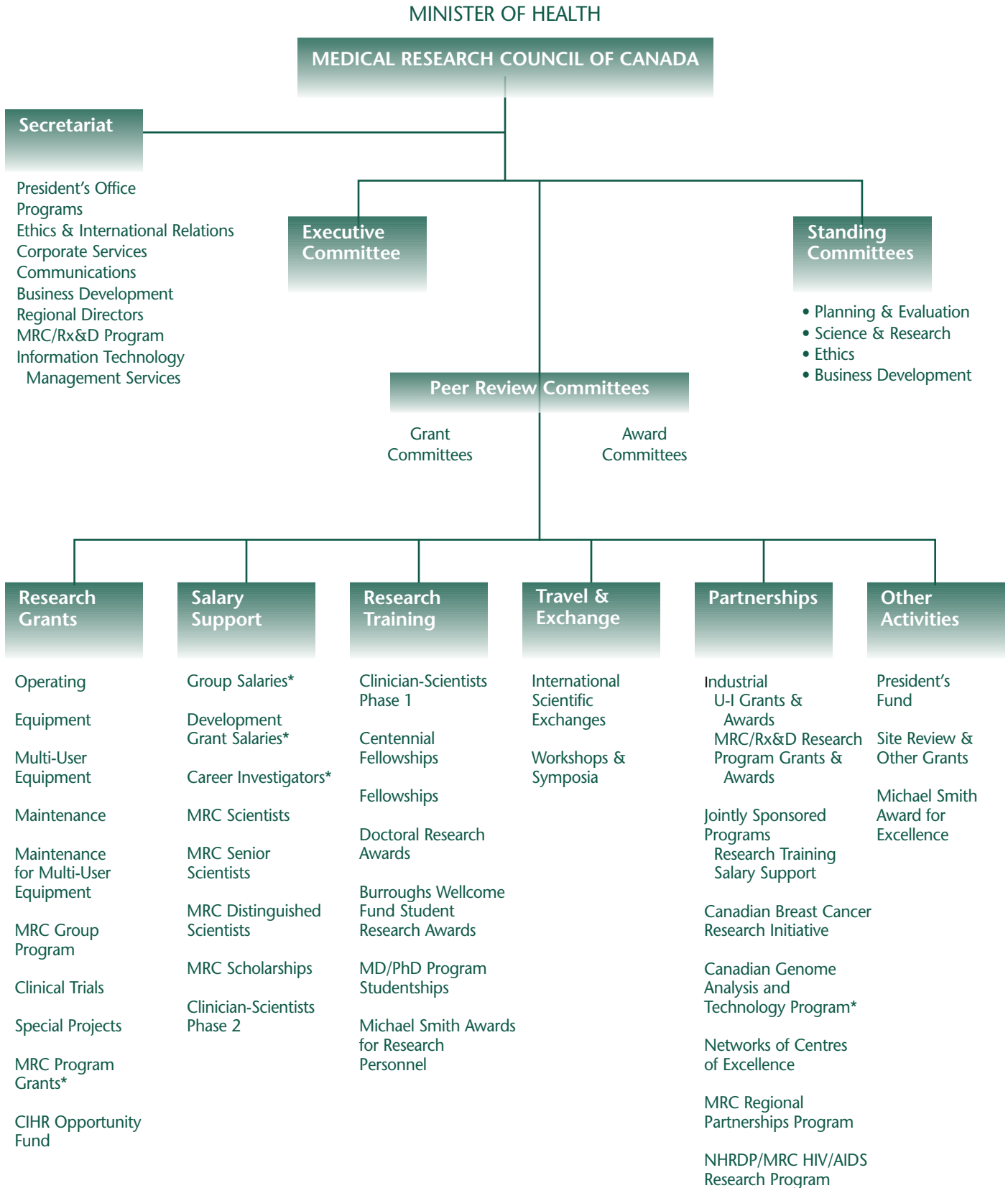
The 1999-2000 fiscal year focussed primarily on preparing for the absorption of MRC by the Canadian Institutes of Health Research. Drawing on its long experience, the Council contributed to the creation of the institutes and the fundamental transformation of the way health research operates in Canada. By actively participating in CIHR's Interim Governing Council, MRC entered the new structure smoothly, joining its strength to the greatly increased energy already being produced by this new framework for research support.

The voyage called “life”

Without change, growth is impossible and without growth, life is impossible. MRC has been a true agent of change throughout its existence, enabling health research in Canada to progress from an embryonic stage to that of an advanced national framework, from the observation of deadly diseases to the systematic seeking out and discovery of cures, and from the observation of factors harmful to health to public information and prevention. A modest research carrier when it was first created, MRC proudly completes its final run. After four decades of funding thousands of research projects, millions of people are living longer, better and healthier lives because of MRC.

The world changes and needs evolve, as do structures, across frontiers. Thank you to all who, during the last fiscal year and throughout MRC's existence, have made MRC a success. And welcome aboard to those who will continue, as part of the Canadian Institutes of Health Research, to keep health research on track into the twenty-first century.

MRC Organization and Program Chart



* Closed to new applicants

Membership of Council, 1999-00

President

- * **Dr. Henry Friesen,**
O.C., M.D., F.R.C.P.C., F.R.S.C.

Vice-president

- * **Kevin M.W. Keough,**
Ph.D., M.Sc., B.Sc.,
Vice-President (Research & International
Relations), Memorial University of
Newfoundland

Members

- Denise Alcock,**
R.N., Ph.D.,
Dean, Faculty of Health Sciences
University of Ottawa
- * **Philippe Crine,**
Ph.D., M.Sc.,
Vice-doyen à la recherche, Faculté de
médecine, Université de Montréal
- Hélène Desmarais,**
B.A.A.,
Présidente
Centre d'études en administration
internationale
- * **James Dosman,**
M.D., F.R.C.P.C.,
Professor, Division of Respiratory Medicine,
University of Saskatchewan
- David Goltzman,**
M.D.,
Professor and Chair of the Department of
Medicine, McGill University, and
Physician-in-Chief, Royal Victoria Hospital
- * **Judith Hall,**
M.D., F.R.C.P.C., F.A.A.P., F.C.C.M.G.,
F.A.B.M.G.,
Professor and Head, Department of
Pediatrics, University of British Columbia
and B.C. Women's and Children's Hospital
- Khaled Hashem,**
DDS, B.Sc.,
Dentist, Glebe Dental Office, Ottawa

- * **Gerald S. Marks,**
D.Phil., M.Sc.,
Professor Emeritus, Department of
Pharmacology and Toxicology, Queen's
University
- * **Robert McMurtry,**
M.D., F.R.C.S.C., F.A.C.S.,
G.D.W. Cameron Visiting Fellow,
Health Canada

- * **Yves Morin,**
M.D., B.A.,
Vice-président, Conseil consultatif des
sciences du ministre de la Santé

Heather Munro-Blum,
Ph.D.,
Vice-President,
Research and International Relations,
University of Toronto

Mona Nemer, (UNTIL JULY 1999)
Ph.D., B.Sc.,
Professeur, Département de
pharmacologie, Université de Montréal,
Directrice du Laboratoire de
développement et de différenciation
cardiaques, Institut de recherches cliniques
de Montréal

Raelene Rathbone,
M.D., Ph.D., M.B., B.S.,
Associate Vice-President, Faculty of Health
Sciences, McMaster University

Noralou Roos,
Ph.D.,
Professor, Department of Community
Health Sciences, University of Manitoba,
Director of Manitoba Centre for Health
Policy and Evaluation

Denis Roy,
M.D., M.B.A., F.R.C.P.,
Directeur,
Services professionnels et hospitaliers
Hôpital Royal Victoria de Montréal

Philip Seeman,
M.D., Ph.D., M.Sc., B.Sc.,
Professor, Departments of Pharmacology
& Psychiatry, University of Toronto

- * *Executive Committee Member*

Jacques Simard,
Ph.D.,
Directeur,
Laboratoire des cancers héréditaires
Centre hospitalier universitaire du Québec

Joel Weiner,
Ph.D., B.Sc.,
Associate Dean (Research), Faculty of
Medicine, University of Alberta

Associate members

David Dodge,
Deputy Minister, Health Canada

Thomas Brzustowski,
President, Natural Sciences and
Engineering Research Council of Canada

Marc Renaud,
President, Social Sciences and Humanities
Research Council of Canada

MRC Secretariat

President

Henry Friesen

Executive Director

Karen Mosher

Director, Programs

Mark Bisby

Director, Communications

Marcel Chartrand

Director, Corporate Services

Guy D'Aloisio

Director, MRC/Rx&D Research Program

David Brener

Secretary to Council

Carol Anne Esnard

Director, Information Technology Management Services

Lucie Kempffer

Director, Business Development

Marc LePage

Director, Ethics & International Relations

Francis S. Rolleston

Regional Directors (university-based volunteers)

George Mackie (British Columbia - Till
July 1999)

John W. Schrader (British Columbia -
Since August 1999)

Esmond Sanders (Alberta)

Christopher Triggler (Calgary - From April
1999 to January 2000)

Gilbert A. Schultz (Calgary - From
January to December 2000)

Louis Delbaere (Saskatchewan)

Gary Glavin (Manitoba)

Cecil Yip (Toronto)

Stephanie Atkinson (McMaster)

Peter Canham (Western Ontario)

Jim Brien (Queen's - Till November 1999)

Geoffrey Flynn (Queen's - Since
November 1999)

Léo Renaud (Ottawa)

Eugenio Rasio (Montréal - Till April 2000)

Vincent Castelluci (Montréal - Since April
2000)

Gordon Shore (McGill - Till November
1999)

John White (McGill - Since November
1999)

Normand Marceau (Laval)

Marek Rola-Pleszczynski (Sherbrooke)

Peter Dolphin (Dalhousie)

Verna Skanes (Memorial - Till September
1999)

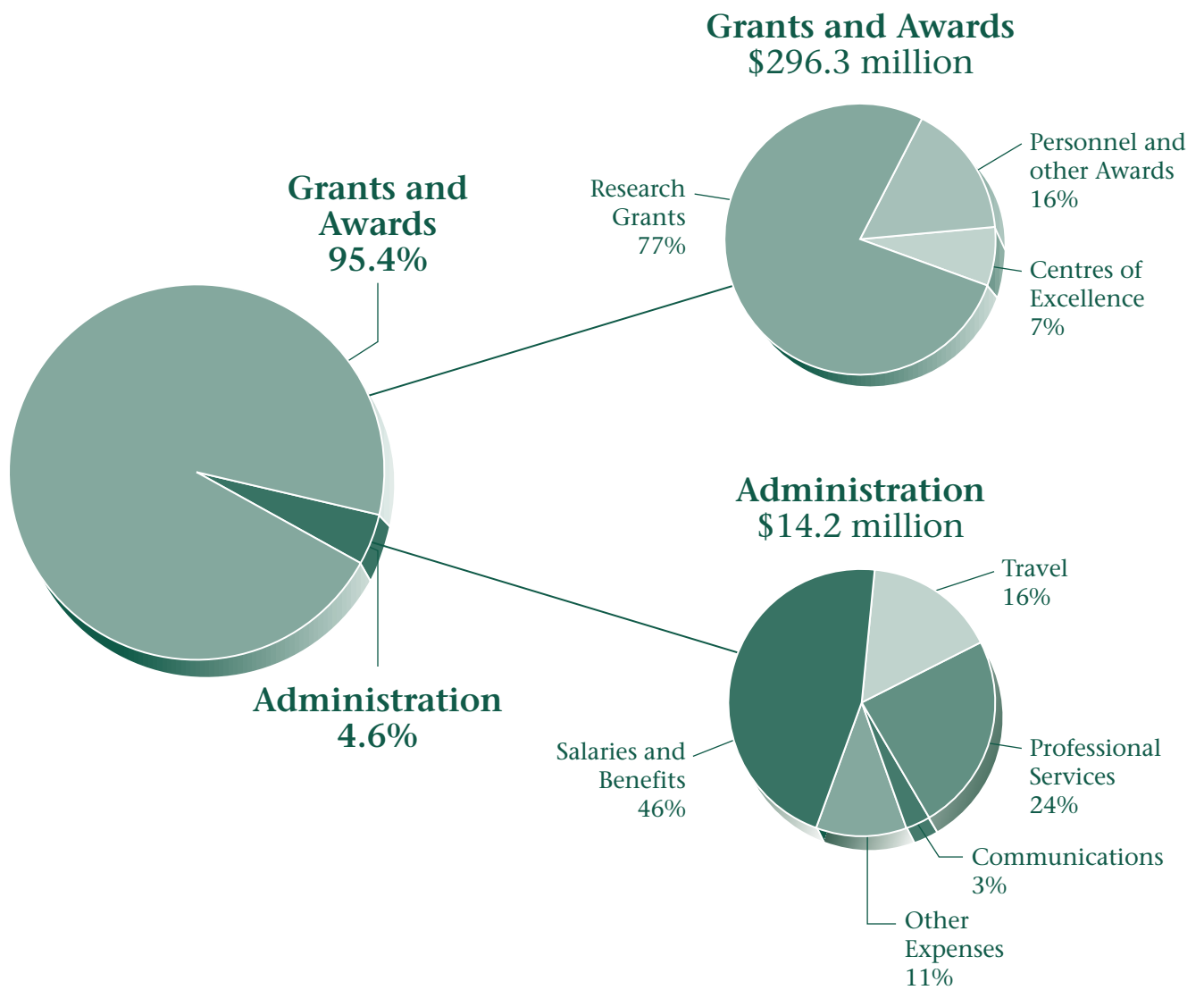
Penny Moody-Corbett (Memorial - Since
September 1999)

Alastair Cribb (Prince Edward Island -
From February to June 2000)

Statistical and Financial Data

MRC Expenditures, 1999-00

Total Expenditures
1999-00
\$310.5 million



EXPENDITURES BY UNIVERSITY AND MRC PROGRAM 1999-00*(in thousands of dollars)*

	GRANTS					MULTI-DISCIPLINARY MRC Groups ³	SALARY SUPPORT							
	Operating Grants ¹	Regional Partnerships	Special Projects	University-Industry ²	Opportunities Fund		Investigator's Salaries ⁴	Distinguished Scientists	Senior Scientists	MRC Scientists	Scholarships	Clinician Scientists Phase 2	Regional Partnerships	University-Industry ²
BRITISH COLUMBIA														
British Columbia	13,708	-	-	357	319	1,125	150	50	100	607	748	155	-	98
Arthritis Society, BC & Yukon Div.	40	-	-	-	-	-	-	-	-	-	-	-	-	-
Simon Fraser	356	-	-	-	-	-	-	-	16	44	-	-	-	-
U. College of the Cariboo	66	-	-	-	-	-	-	-	-	-	-	-	-	-
Victoria	665	-	-	-	-	-	-	-	-	-	-	-	-	-
ALBERTA														
Alberta	12,055	-	-	395	90	2,818	44	138	175	88	782	-	-	113
Alberta Cancer Board	308	-	-	-	-	-	-	-	-	-	-	-	-	-
Calgary	9,817	-	26	66	50	1,060	15	50	150	208	515	63	-	150
Lethbridge	227	-	-	-	-	-	-	-	-	-	-	-	-	-
SASKATCHEWAN														
Saskatchewan	1,994	85	-	-	48	-	54	-	-	-	-	-	105	-
Health Services Util. & Res. Comm.	65	-	-	-	-	-	-	-	-	-	-	-	-	-
Regina	82	-	-	-	-	-	-	-	-	-	-	-	-	-
MANITOBA														
Manitoba	5,123	634	-	56	134	1,269	375	-	150	134	238	5	137	38
ONTARIO														
Carleton	267	-	-	-	-	-	-	-	-	-	-	-	-	-
Guelph	954	-	-	-	-	-	-	-	-	15	-	-	-	-
Lakehead	63	-	-	-	-	-	-	-	-	-	-	-	-	-
Laurentian	55	-	-	-	-	-	-	-	-	-	-	-	-	-
McMaster	9,726	-	102	498	301	31	-	-	88	314	344	16	-	97
Northeastern Ont. Reg. Cancer Ctr.	121	-	-	-	-	-	-	-	-	-	-	-	-	-
Ottawa	7,283	-	-	604	95	565	-	50	50	422	674	-	-	98
Queen's	5,259	-	-	84	-	402	44	-	-	69	110	-	-	34
Trent	43	-	-	-	-	-	-	-	-	-	-	-	-	-
Toronto	40,232	-	229	936	383	7,310	346	383	429	1,576	1,939	394	-	224
Waterloo	202	-	-	-	-	-	-	-	-	-	55	-	-	-
Western Ontario	8,332	-	-	121	221	2,664	210	50	50	29	598	-	-	87
York	433	-	-	-	-	35	-	-	-	-	59	-	-	9
QUEBEC														
Concordia	595	-	-	-	-	-	-	-	-	-	-	-	-	-
Laval	8,237	-	-	304	90	2,702	74	50	-	388	657	85	-	70
McGill	27,420	-	-	506	100	3,350	208	200	491	1,016	1,491	83	-	97
Montréal	16,964	-	312	345	111	2,782	266	50	96	561	840	147	-	148
Univ. du Québec à Montréal	1,015	-	-	65	40	-	-	38	-	-	58	-	-	-
Univ. du Québec à Trois-Rivières	64	-	-	-	-	-	-	-	-	-	-	-	-	-
Sherbrooke	3,915	-	-	39	35	1,559	-	50	-	-	242	98	-	-
NEW BRUNSWICK														
New Brunswick	75	-	-	-	-	-	-	-	-	-	-	-	-	-
PRINCE EDWARD ISLAND														
Prince Edward Island	57	-	-	-	-	-	-	-	-	-	55	-	-	-
NOVA SCOTIA														
Dalhousie	4,728	366	-	-	80	568	129	50	-	-	266	-	39	4
NEWFOUNDLAND														
Memorial	1,475	98	-	2	42	-	44	-	-	-	41	-	-	26
OTHERS	4,000	-	980	25	236	-	-	-	-	-	-	-	-	-
OUTSIDE CANADA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GRAND TOTAL*	186,018	1,183	1,649	4,404	2,373	28,239	1,959	1,158	1,778	5,428	9,772	1,047	281	1,293

1. Includes Clinical Trials (\$7,113); Maintenance (\$5,577); Equipment (\$949); Aids (\$2,202); MRC Genome (\$3,537); Health Services Research (\$2,000); Breast Cancer (\$2,000).

2. Includes MRC/PMAC Health Programs (\$4,988).

3. Includes Program Grants (\$590).

4. Includes Groups (\$714); Development Grants (\$886); Career Investigators (\$359).

*Some additions may not agree due to rounding.

RESEARCH TRAINING

	Clinician Scientists Phase 1	Fellowships ⁵	Studentships ⁶	Burroughs Wellcome Student Research Fund	RPP Training	U-I Training ²	TRAVEL & EXCHANGE ⁷	OTHER ACTIVITIES ⁸	TOTAL CORE PROGRAMS	NETWORKS OF CENTRES OF EXCELLENCE	TOTAL ALL PROGRAMS
BRITISH COLUMBIA											
British Columbia	75	577	854	44	-	187	17	-	19,170	4,500	23,670
Arthritis Society, BC & Yukon Div.	-	-	-	-	-	-	-	-	40	-	40
Simon Fraser	-	-	29	-	-	-	-	-	444	-	444
U. College of the Cariboo	-	-	-	-	-	-	-	-	66	-	66
Victoria	-	27	24	-	-	-	-	-	715	-	715
ALBERTA											
Alberta	-	490	655	29	-	55	10	3	17,939	2,600	20,539
Alberta Cancer Board	-	-	-	-	-	-	3	-	311	-	311
Calgary	51	119	613	20	-	36	5	-	13,014	1,900	14,914
Lethbridge	-	-	-	-	-	-	-	-	227	-	227
SASKATCHEWAN											
Saskatchewan	-	35	81	20	14	21	-	200	2,656	-	2,656
Health Services Util. & Res. Comm.	-	-	-	-	-	-	-	-	65	-	65
Regina	-	-	-	-	-	-	-	-	82	-	82
MANITOBA											
Manitoba	-	81	269	41	-	62	15	15	8,776	-	8,776
ONTARIO											
Carleton	-	-	-	-	-	-	-	-	267	-	267
Guelph	-	55	50	-	-	-	3	-	1,076	-	1,076
Lakehead	-	-	-	-	-	-	-	-	63	-	63
Laurentian	-	-	-	-	-	-	-	-	55	-	55
McMaster	90	269	212	53	-	19	-	-	12,161	1,800	13,961
Northeastern Ont. Reg. Cancer Ctr.	-	-	-	-	-	-	-	-	121	-	121
Ottawa	51	329	177	16	-	21	10	11	10,455	3,525	13,980
Queen's	12	85	405	16	-	17	5	25	6,567	-	6,567
Trent	-	-	-	-	-	-	-	-	43	-	43
Toronto	228	3,137	2,508	72	-	85	18	518	60,946	3,225	64,171
Waterloo	-	-	-	-	-	-	5	-	262	-	262
Western Ontario	-	168	636	26	-	21	10	4	13,225	-	13,225
York	-	13	67	-	-	-	-	-	616	-	616
QUEBEC											
Concordia	-	-	66	-	-	4	-	-	664	-	664
Laval	-	163	579	27	-	113	11	-	13,549	-	13,549
McGill	110	1,135	2,211	41	-	46	23	-	38,528	-	38,528
Montréal	-	513	1,139	47	-	63	16	-	24,401	3,525	27,926
Univ. du Québec à Montréal	-	140	44	-	-	-	5	-	1,404	-	1,404
Univ. du Québec à Trois-Rivières	-	-	3	-	-	-	-	-	66	-	66
Sherbrooke	-	-	132	11	-	12	-	30	6,122	-	6,122
NEW BRUNSWICK											
New Brunswick	-	-	-	-	-	-	-	12	87	-	87
PRINCE EDWARD ISLAND											
Prince Edward Island	-	10	-	-	-	-	-	12	134	-	134
NOVA SCOTIA											
Dalhousie	-	67	290	35	-	29	-	5	6,654	-	6,654
NEWFOUNDLAND											
Memorial	-	45	56	10	-	25	-	-	1,863	-	1,863
OTHERS											
	-	119	-	-	-	214	123	1,302	6,997	-	6,997
OUTSIDE CANADA											
	401	4,581	-	-	-	15	17	360	5,374	-	5,374
GRAND TOTAL*	1,019	12,156	11,097	508	14	1,043	295	2,496	275,210	21,075	296,285

5. Includes Dental Fellowships (\$8); Centennial Fellowships (\$580).

6. Includes MD/PhD Awards (\$616); Doctoral Research Awards (\$4,024).

7. Includes Visiting Scientists (\$140); Symposia (\$155).

8. Includes President's Fund (\$504); Other Grants (\$1,221); Canadian Council on Animal Care (\$530); National Council on Ethics in Human Research (\$240).

*Some additions may not agree due to rounding.

Number of Grants and Awards

1998-99 and 1999-00

	1998-99		1999-00			Total	
	Grants and Awards		Number of Grants and Awards			Total	
	Number	Amount \$(000)	Continuing	Renewals	New	Number	Amount \$(000)
GRANTS							
Operating	2,180	153,909	1,462	441	470	2,373	171,955
Maintenance	60	3,325	42	15	18	75	5,577
Equipment	18	2,321	–	–	18	18	949
Health Services Research	1	2,000	1	–	–	1	2,000
Regional Partnerships	33	854	24	7	25	56	1,183
Breast Cancer Research Initiative	1	2,000	1	–	–	1	2,000
Special Projects	8	2,325	5	1	2	8	1,649
MRC Genome	11	334	–	1	20	21	3,537
University-Industry Grants	155	5,338	97	2	34	133	4,403
General Research Grants	16	1,600	–	–	–	–	–
Opportunities Fund	–	–	–	–	73	73	2,373
	2,483	174,006	1,632	467	660	2,759	195,627
MULTI-DISCIPLINARY							
MRC Groups	39	22,090	57	32	21	110	27,649
Program Grants	5	1,810	3	–	–	3	590
Development Grants	1	31	–	–	–	–	–
	45	23,931	60	32	21	113	28,239
SALARY SUPPORT							
MRC Groups	25	1,625	19	–	–	19	714
Development Grants	45	1,628	26	1	–	27	886
Career Investigators	7	498	5	–	–	5	359
Distinguished Scientists	20	958	20	–	5	25	1,158
Senior Scientists	24	1,150	26	–	13	39	1,778
MRC Scientists	86	4,502	73	–	26	99	5,428
Scholarships	189	9,021	159	–	51	210	9,772
Clinician Scientists Phase 2	18	1,190	6	3	7	16	1,047
Regional Partnerships	–	643	3	–	12	15	281
U-I Salary Support Programs	84	1,019	27	1	14	42	1,293
	498	22,234	364	5	128	497	22,716
RESEARCH TRAINING							
Clinician Scientists Phase 1	28	1,008	9	1	15	25	1,019
Centennial Fellowships	21	741	13	–	7	20	580
Fellowships	418	9,218	269	–	181	450	11,568
Dental Fellowships	2	50	1	–	–	1	8
Studentships	509	9,176	495	–	203	698	11,097
Burroughs Wellcome Student Research Fund	305	533	–	–	36	36	508
Regional Partnerships	–	18	2	–	–	2	14
Partnerships Challenge Fund	–	1,693	–	–	–	–	–
U-I Training Awards	85	936	67	–	73	140	1,043
	1,368	23,373	856	1	515	1,372	25,837
TRAVEL AND EXCHANGE							
Visiting Scientists	14	150	4	–	20	24	140
Travel Grants, Symposia & Workshops	26	137	1	–	30	31	155
	40	287	5	–	50	55	295
OTHER ACTIVITIES							
President's Fund	37	524	1	1	25	27	505
Grants to Other Organizations	6	1,177	2	3	3	8	1,992
	43	1,701	3	4	28	35	2,496
TOTAL CORE PROGRAMS	4,477	245,532	2,920	509	1,402	4,831	275,210
Networks of Centres of Excellence	6	13,655	5	1	2	8	21,075
	6	13,655	5	1	2	8	21,075
TOTAL ALL PROGRAMS*	4,483	259,187	2,925	510	1,404	4,839	296,285
PERCENTAGE OF 1999-00 TOTAL			60.4%	10.5%	29.0%	100.0%	

* Some additions may not agree due to rounding

Expenditures by MRC Program, 1997-98 to 1999-00 and Category of Support

(in thousands of dollars)

	EXPENDITURES			1999-00 CATEGORY OF SUPPORT				
	1997-98	1998-99	1999-00	Operating	Equipment	Salary Benefits & Stipends	Research Allowances	Travel, Honoraria & Other
GRANTS								
Operating	131,649	153,909	171,955	169,152	2,777	–	–	25
Maintenance	3,694	3,325	5,577	3,135	2,442	–	–	–
Equipment	3,388	2,321	949	4	945	–	–	–
Health Services Research	2,000	2,000	2,000	–	–	–	–	2,000
Regional Partnerships	134	854	1,183	1,141	42	–	–	–
Breast Cancer Research Initiative	1,962	2,000	2,000	–	–	–	–	2,000
Special Projects	2,251	2,325	1,649	1,649	–	–	–	–
MRC Genome	390	334	3,537	2,872	645	–	–	20
University-Industry Grants / PMAC Grants	5,340	5,338	4,403	4,393	–	–	–	10
General Research Grants	–	1,600	–	–	–	–	–	–
Opportunities Fund	–	–	2,373	–	–	–	–	2,373
	150,809	174,006	195,627	182,346	6,853	–	–	6,428
MULTI-DISCIPLINARY								
MRC Groups	18,856	22,090	27,649	25,478	2,171	–	–	–
Program Grants	3,787	1,810	590	590	–	–	–	–
Development Grants	394	31	–	–	–	–	–	–
	23,036	23,931	28,239	26,068	2,171	–	–	–
SALARY SUPPORT								
MRC Groups	1,847	1,625	714	–	–	714	–	–
Development Grants	2,037	1,628	886	–	–	886	–	–
Career Investigators	673	498	359	–	–	359	–	–
Distinguished Scientists	762	958	1,158	–	–	1,158	–	–
Senior Scientists	863	1,150	1,778	–	–	1,778	–	–
MRC Scientists	4,256	4,502	5,428	–	–	5,428	–	–
Scholarships	7,997	9,021	9,772	–	–	9,314	458	–
Clinician Scientists Phase 2	1,060	1,190	1,047	–	–	767	280	–
Regional Partnerships	–	643	281	–	–	230	51	–
U-I Salary Support Programs	1,007	1,019	1,293	–	–	1,189	104	–
	20,502	22,234	22,716	–	–	21,823	893	–
RESEARCH TRAINING								
Clinician-Scientists Phase 1	1,119	1,008	1,019	–	–	948	71	–
Centennial Fellowships	787	741	580	–	–	536	44	–
Fellowships	8,731	9,218	11,568	–	–	11,021	547	–
Dental Fellowships	85	50	8	–	–	8	–	–
Studentships	5,936	9,176	11,097	–	–	10,823	274	–
Burroughs Wellcome Student Research Fund	404	533	508	–	–	508	–	–
Regional Partnerships	–	18	14	–	–	14	–	–
Partnerships Challenge Fund	–	1,693	–	–	–	–	–	–
U-I Training Awards	654	936	1,043	–	–	741	302	–
	17,717	23,373	25,837	–	–	24,598	1,238	–
TRAVEL AND EXCHANGE								
Visiting Scientists	163	150	140	–	–	128	–	13
Travel Grants, Symposia & Workshops	119	137	155	–	–	–	–	155
	282	287	295	–	–	128	–	167
OTHER ACTIVITIES								
President's Fund	550	524	505	73	–	–	–	432
Grants to Other Organizations	1,677	1,177	1,992	26	–	–	–	1,965
	2,227	1,701	2,496	99	–	–	–	2,397
TOTAL CORE PROGRAMS	214,573	245,532	275,210	208,513	9,024	46,549	2,131	8,993
Genome Programs	–	–	–	–	–	–	–	–
Networks of Centres of Excellence	13,518	13,655	21,075	21,075	–	–	–	–
	13,518	13,655	21,075	21,075	–	–	–	–
TOTAL ALL PROGRAMS*	228,091	259,187	296,285	229,588	9,024	46,549	2,131	8,993
PERCENTAGE OF 1999-00 TOTAL				77.5%	3.0%	15.7%	0.7%	3.0%

*Some additions may not agree due to rounding.

Distribution of MRC Expenditures by Province

1994-95 to 1999-00

Province	1994-95		1995-96		1996-97		1997-98		1998-99		1999-00	
	\$ (000)	%	\$ (000)	%	\$ (000)	%	\$ (000)	%	\$ (000)	%	\$ (000)	%
British Columbia	30,017	11.7%	24,150	9.9%	19,915	8.5%	19,292	8.5%	22,618	7.4%	24,936	7.4%
Alberta	26,533	10.3%	28,255	11.6%	28,575	12.2%	28,225	12.4%	31,741	12.0%	35,991	11.4%
Saskatchewan	3,337	1.3%	3,050	1.3%	2,418	1.0%	2,315	1.0%	2,618	1.1%	2,803	1.0%
Manitoba	10,178	4.0%	9,123	3.8%	8,187	3.5%	7,511	3.3%	8,156	3.3%	8,776	3.2%
Ontario	85,366	33.1%	83,761	34.4%	82,125	35.1%	80,821	35.4%	95,782	39.0%	114,407	38.5%
Quebec	83,619	32.5%	77,699	32.0%	72,869	31.2%	71,818	31.5%	76,525	31.2%	88,261	30.8%
New Brunswick	22	<0.1%	72	<0.1%	97	<0.1%	91	<0.1%	58	<0.1%	87	<0.1%
Prince Edward Island	57	<0.1%	54	<0.1%	61	<0.1%	62	<0.1%	109	<0.1%	134	<0.1%
Nova Scotia	5,641	2.2%	5,120	2.1%	4,953	2.1%	5,383	2.4%	6,028	2.5%	6,654	2.4%
Newfoundland	1,614	0.6%	1,535	0.6%	1,584	0.7%	1,342	0.6%	1,688	0.7%	1,863	0.7%
Others	3,089	1.2%	3,029	1.2%	7,270	3.1%	6,505	2.9%	9,247	3.8%	6,997	2.5%
Outside Canada	8,158	3.2%	7,338	3.0%	5,702	2.4%	4,722	2.1%	4,617	1.9%	5,374	2.0%
Total*	257,634	100.0%	243,187	100.0%	233,755	100.0%	228,091	100.0%	259,187	100.0%	296,285	100.0%

*Some additions may not agree due to rounding.

Operating Grants by Area of Research

	Research Grants	Groups Grants	Funding 99-00 \$000	Percentage of Total
Bacteriology	43	2	4,437,048	2.3
Biochemistry	171	4	16,271,091	8.6
Blood	39		2,767,654	1.5
Cancer	148	1	11,138,660	5.9
Cardiovascular	178	10	15,784,805	8.3
Cell Biology	176	2	13,837,469	7.3
Dental Science - Oral Biology	34	1	3,084,392	1.6
Drug Research	88		5,422,603	2.9
Endocrinology	90	3	8,679,486	4.6
Gastrointestinal (liver)	55	1	4,295,669	2.3
Genetics	130	1	12,149,434	6.4
Health Research	9		407,106	0.2
Health Services Research	31		1,877,920	1.0
Hearing	7		438,843	0.2
Imaging	34	1	2,600,771	1.4
Immunology-transplantation	94	2	9,105,577	4.8
Metabolism/diabetes	65	2	5,737,917	3.0
Molecular Biology	145		11,738,007	6.2
Muscle, Bone, or Joint	64		4,048,372	2.1
Nervous System	333	11	29,626,862	15.6
Nursing	4		258,773	0.1
Nutrition	25		1,562,366	0.8
Population Health	22		2,215,675	1.2
Psychosocial/Health Behavioral Research	43		2,271,514	1.2
Renal Function, Nephrology, Urology	24		1,683,967	0.9
Reproduction/pregnancy	55	2	6,154,049	3.2
Respiration	90	1	6,617,032	3.5
Virology	27	2	3,824,932	2.0
Vision	29	1	1,991,579	1.0
Total	2253	47	190,029,573	100.0*

*Some additions may not agree due to rounding



AUDITOR GENERAL OF CANADA

VÉRIFICATEUR GÉNÉRAL DU CANADA

AUDITOR'S REPORT

To the Medical Research Council
and the Minister of Health

I have audited the statement of operations of the Medical Research Council for the year ended March 31, 2000. This financial statement is the responsibility of the Council's management. My responsibility is to express an opinion on this financial statement based on my audit.

I conducted my audit in accordance with 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 examining, 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 Council for the year ended March 31, 2000 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
July 12, 2000

STATEMENT OF MANAGEMENT RESPONSIBILITY

We have prepared the accompanying financial statement of the Medical Research Council 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.

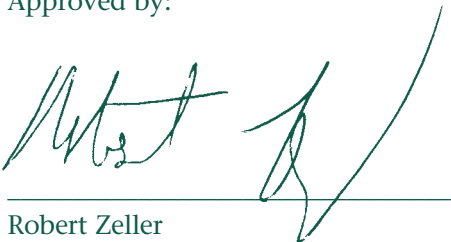
Responsibility for the integrity and objectivity of data in this financial statement rests with the management of the Council. The information included in the financial statement is based on management's best estimates and judgements with due consideration to materiality. To fulfill these accounting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

The Council's Corporate Services Directorate develops and disseminates financial management and accounting policies, and issues specific directives which maintain standards of accounting and financial management. The Council 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 Council's assets. The Council 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.

The accounting system and financial statement of the Council have evolved over the years to meet the changes in the structure of the grants and scholarships programs and to give improved reporting and control of expenditures relating to those programs.

Approved by:



Robert Zeller
Acting Manager, Finance & Administration



Guy D'Aloisio
Director, Corporate Services

July 12, 2000

STATEMENT OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 2000*(in thousands of dollars)*

	2000	1999
Expenditures		
Grants and Scholarships (See Schedule)		
Grants	195,627	174,006
Multi-Disciplinary	28,239	23,931
Salary Support	22,716	22,234
Research Training	25,837	23,373
Travel and Exchange	295	287
Other Activities	2,496	1,701
Networks of Centres of Excellence	21,075	13,655
	296,285	259,187
Operations and Administration		
Salaries and employee benefits	6,774	5,522
Employee termination benefits	17	30
Professional and special services	3,419	2,840
Travel	2,241	1,999
Accommodation	580	443
Publications	570	588
Furniture and equipment	466	388
Communications	415	435
Materials and supplies	337	431
Equipment repair and maintenance	201	160
Interest and other	13	3
	15,033	12,839
	311,318	272,026
Non-tax revenues		
Refunds of previous years' expenditures	606	550
Adjustment to prior years' PAYE	-	107
Net cost of operations (Note 4)	310,712	271,369

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

Approved by the Council:

Approved by Management:



Henry G. Friesen, M.D.
President



K. Mosher
Executive Director

NOTES TO THE STATEMENT OF OPERATIONS MARCH 31, 2000

1. Authority and purpose

The Medical Research Council was established in 1969 by the *Medical Research Council Act* and is a departmental corporation named in Schedule II to the *Financial Administration Act*. The objective of the Council is to help attain the quality and scale of research in the health sciences essential to the maintenance and improvement of health services. The Council's operating and grants and scholarships expenditures are funded by a budgetary lapsing authority. Employee benefits are authorized by a separate statutory authority.

In the February 1999 Federal Budget the Minister of Finance announced the creation of a Departmental Corporation known as the Canadian Institutes of Health Research which is intended to provide an integrated framework for Canadian health science funders, researchers and users of research results. The *Canadian Institutes of Health Research Act* became effective June 7, 2000, except for a few sections including the section repealing the *Medical Research Council Act*, which is expected to become effective in the early autumn of 2000. The Canadian Institutes of Health Research has now taken over all of the activities, rights, properties and obligations of the Medical Research Council, including all financial commitments in grants and scholarships. All employees of the Medical Research Council are deemed to have received an offer of employment from the Canadian Institutes of Health Research, and a large majority of the employees have accepted the offer.

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 scholarships 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 expenditure 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 the Council contribute equally to the cost of the Plan. Contributions by the Council are charged to expenditure on a current basis. The Council 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

The presentation of operating and administration expenditures has been consolidated. Previously these expenditures were segregated between distinct operating and administration expenditure classifications. Some previous year's figures have been reclassified to conform with the current year's presentation.

4. Parliamentary appropriations

	<i>(in thousands of dollars)</i>	
	2000	1999
Department of Health		
Vote 20 – Grants	263,475	218,212
Add:		
Supplementary Estimates (A and B; A,B and C in 1999)	32,850	41,055
Lapsed	40	80
	296,285	259,187
Vote 15 – Operating expenditures	10,650	8,239
Add:		
Supplementary Estimates (A and B; A,B and C in 1999)	2,256	3,142
Treasury Board – Vote 5	103	–
Treasury Board – Vote 10	20	–
Treasury Board – Vote 15	160	–
Lapsed	1	97
	13,188	11,284
Statutory contributions to employee benefit plans	1,031	894
Spending of proceeds from the disposal of surplus crown assets	–	2
Total use of appropriations	310,504	271,367
Add:		
services provided without charge by government departments	814	659
Less: non-tax revenues	606	657
Net cost of operations	310,712	271,369

5. Trust funds

As provided for in Section 4(3) of the *Medical Research Council Act*, the Council 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, the Council received \$75,000 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 the Council receives such monies, they are placed in trust and disbursed in accordance with agreements between the contributor and the Council.

The transactions relating to these two funds are as follows:

(in thousands of dollars)

	Dyskinesia & Torticollis		Donations for Biomedical Research	
	2000	1999	2000	1999
Balance, Beginning of year	81	78	1,342	1,643
Add:				
Donations received	–	–	2,740	1,855
Interest received	4	3	57	76
Less:				
Grants paid	–	–	2,663	2,232
Balance, End of year	85	81	1,476	1,342

6. Commitments

The Council is committed to disburse grants and scholarships in future years subject to the provision of funds by Parliament. Future year commitments are as follows:

(in thousands of dollars)

Year of Payment	2000	1999
1999-2000	–	245,331
2000-2001	289,795	188,551
2001-2002	214,358	117,494
2002-2003	125,227	46,969
2003-2004	59,179	27,230
2004-2005	27,124	5,021
2005-2006	3,574	898
2006-2007	251	–
	719,508	631,494

SCHEDULE OF GRANTS AND SCHOLARSHIPS FOR THE YEAR ENDED MARCH 31, 2000

(in thousands of dollars)

	2000	1999
Grants		
Operating	164,842	149,444
Clinical Trials	7,113	4,465
Maintenance and Equipment	6,526	5,646
Health Services Research	2,000	2,000
Regional Partnerships	1,183	854
Breast Cancer Research Initiative	2,000	2,000
MRC Genome	3,537	334
Special Projects	1,649	2,325
University-Industry Grants	4,404	5,338
General Research Grants	–	1,600
Opportunities Fund	2,373	–
	195,627	174,006
Multi-Disciplinary		
MRC Groups	27,649	22,090
Program Grants	590	1,810
Development Grants	–	31
	28,239	23,931
Salary Support		
MRC Groups	714	1,625
Development Grants	886	1,628
Career Investigators	359	498
MRC Scientists	5,428	4,502
Senior Scientists	1,778	1,150
Distinguished Scientists	1,158	958
Scholarships	9,772	9,021
Clinician Scientists 2	1,047	1,190
Regional Partnerships	281	643
University-Industry	1,293	1,019
	22,716	22,234
Research Training		
Clinician Scientists 1	1,019	1,008
Centennial Fellowships	580	741
Fellowships	11,576	9,218
Dental Fellowships	–	50
Studentships	11,097	9,176
Undergraduate Scholarships	508	533
Regional Partnerships Training Awards	14	18
University-Industry Training Awards	1,043	936
Partnerships Challenge Fund	–	1,693
	25,837	23,373
Travel and Exchange		
Visiting Scientists and Professorships	140	150
Travel Grants, Symposia and Workshops	155	137
	295	287
Other Activities		
President's Fund	504	524
Other Grants	1,992	1,177
	2,496	1,701
All Core Programs	275,210	245,532
Networks of Centres of Excellence	21,075	13,655
	296,285	259,187

Grants and Awards Peer-Review Committees

The membership of the following grants and awards peer review committees for 1999-2000 is listed below. Only the professional degree and/or PhD (or equivalent) is given; the university affiliation follows the name (and/or if applicable, the name of the company is mentioned in the case of university-industry committee members).

BEHAVIOURAL SCIENCES "A" SCIENCES DU COMPORTEMENT «A»

Michael Meaney, Ph.D.Douglas Hospital
(Chairperson/présidence)
Terence Picton, M.D., Ph.D.Toronto
(Scientific Officer/adjoint scientifique)
Alain Gratton, Ph.D.Douglas Hospital
Bryan Kolb, Ph.D.Lethbridge
Kathryn Murphy, Ph.D.McMaster
Tomas Paus, M.D., Ph.D.McGill
Bruce Schneider, Ph.D.Toronto
Esther Strauss, Ph.D.Victoria
Henry Szechtman, Ph.D.McMaster
Barbara Woodside, Ph.D.Concordia

BEHAVIOURAL SCIENCES "B" SCIENCES DU COMPORTEMENT «B»

Peter Williamson, M.D.Western Ontario
(Chairperson/présidence)
Roberta Palmour, Ph.D.McGill
(Scientific Officer/adjointe scientifique)
Martin Alda, M.D.Dalhousie
Roger Bland, MBCHBAlberta
Gregory Brown, M.D., Ph.D.Toronto
Kathryn Gill, Ph.D.McGill
Murray Grossman, M.D.Pennsylvania
Peter Liddle, M.D., Ph.D.British Columbia
Denis Richard, Ph.D.Laval
Marc-André Roy, M.D.Laval
Rosemary Tannock, Ph.D.Toronto

Comités d'examen par les pairs des subventions et des bourses

Le Conseil a approuvé la nomination des personnes suivantes à titre de membres des comités d'examen par les pairs des subventions et des bourses pour l'année 1999-2000. On indique uniquement le diplôme professionnel ou le doctorat (ou un diplôme équivalent); le nom est suivi de l'université à laquelle appartient le membre en question; dans le cas du comité université-industrie, on mentionne la société, le cas échéant.

BIOCHEMISTRY & MOLECULAR BIOLOGY "A" BIOCHIMIE ET BIOLOGIE MOLÉCULAIRE «A»

George Mackie, Ph.D.British Columbia
(Chairperson/présidence)
Gary Shaw, Ph.D.Western Ontario
(Scientific Officer/adjoint scientifique)
John Baenziger, Ph.D.Ottawa
Albert Berghuis, Ph.D.McMaster
Jeremy Lee, Ph.D.Saskatchewan
Bernard Lemire, Ph.D.Alberta
François Major, Ph.D.Montréal
Alice Vrielink, Ph.D.McGill
Gerard Wright, Ph.D.McMaster

BIOCHEMISTRY & MOLECULAR BIOLOGY "B" BIOCHIMIE ET BIOLOGIE MOLÉCULAIRE «B»

C. James Ingles, Ph.D.Toronto
(Chairperson/présidence)
Eric Rassart, Ph.D.Québec à Montréal
(Scientific Officer/adjoint scientifique)
Caroline Astell, Ph.D.British Columbia
Christopher Brandl, Ph.D.Western Ontario
Benoit Coulombe, Ph.D.Sherbrooke
Patrick Dennis, Ph.D.British Columbia
Hara Ghosh, Ph.D.McMaster
Susan Lees-Miller, Ph.D.Calgary
James McGhee, Ph.D.Calgary
Paul Melancon, Ph.D.Alberta
Barbara Papadopoulou, Ph.D.Laval
Ronald Pearlman, Ph.D.York
Raymund Wellinger, Ph.D.Sherbrooke

**BIOMEDICAL ENGINEERING
GÉNIE BIOMÉDICAL**

J. Michael Lee, Ph.D.....Dalhousie
(Chairperson/présidence)
Louis-Gilles Durand, Ph.D.....Montréal
(Scientific Officer/adjoint scientifique)
Brian Andrews, Ph.D. Alberta
Jason Bates, Ph.D. Vermont
Donald Brooks, Ph.D. British Columbia
B. Milan Horacek, Ph.D. Dalhousie
Roger Lecomte, Ph.D. Sherbrooke
Michael Patterson, Ph.D. McMaster
Donald Plewes, Ph.D. Toronto
Brian Rutt, Ph.D. Western Ontario
Kimberly Woodhouse, Ph.D. Toronto
Ronald Zernicke, Ph.D. Calgary

CANCER “A”

Richard Singer, Ph.D.....Dalhousie
(Chairperson/présidence)
Brenda Andrews, Ph.D. Toronto
(Scientific Officer/adjointe scientifique)
Paul Hamel, Ph.D. Toronto
Sylvie Mader, Ph.D. Montréal
Anne-Marie Mes-Masson, Ph.D. Montréal
Morag Park, Ph.D. McGill
Karl Riabowol, Ph.D. Calgary
Stéphane Richard, Ph.D. McGill
Barbara Vanderhyden, Ph.D. Ottawa

CANCER “B”

Gerald Batist, M.D. McGill
(Chairperson/présidence)
F. William Orr, M.D. Manitoba
(Scientific Officer/adjoint scientifique)
Moulay Alaoui-Jamali, DVM, Ph.D. McGill
Ann Chambers, Ph.D. Western Ontario
James Hammond, Ph.D. Western Ontario
Mladen Korbelik, Ph.D. British Columbia
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Gary Kargacin, Ph.D. Calgary
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Peter Liu, M.D. Toronto Hospital
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