CIHR IRSC

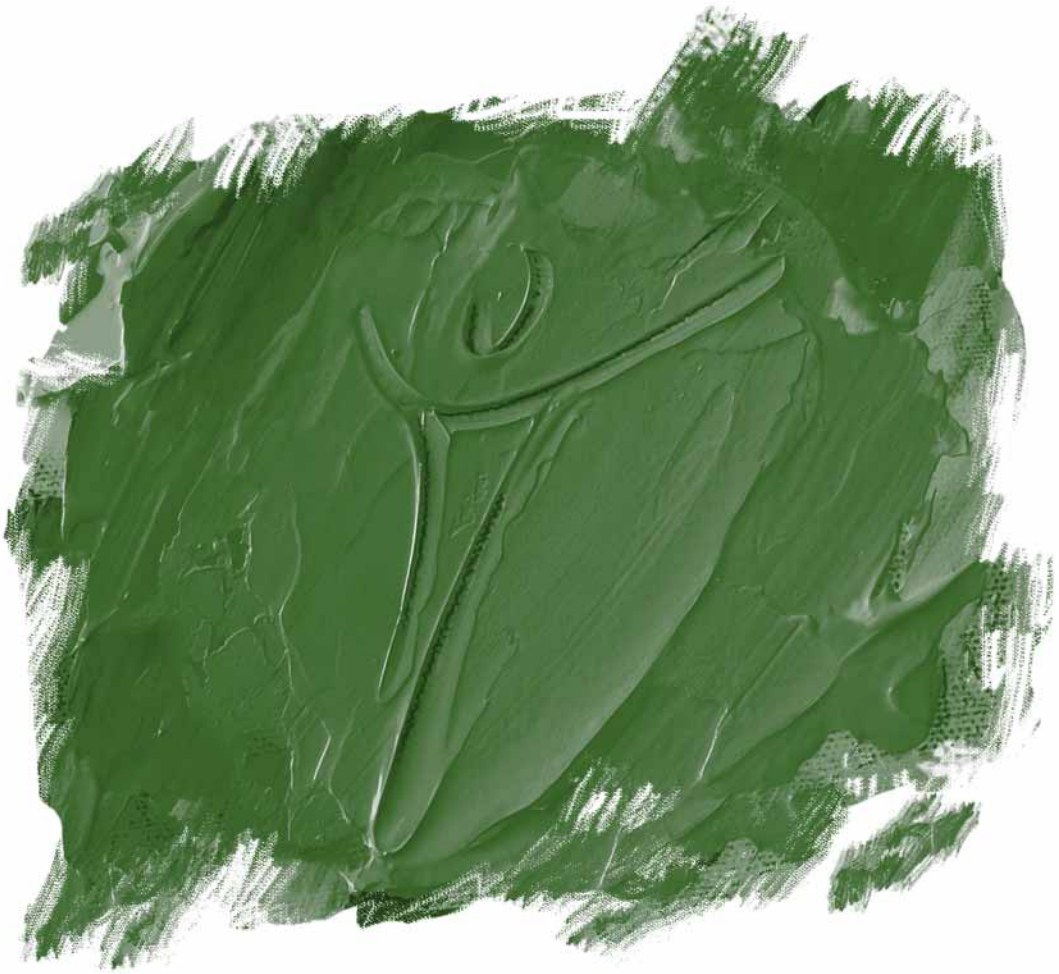
Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

# Transforming Health Research for All Canadians

ANNUAL REPORT 2002-2003

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

Canada



# Transforming Health Research for All Canadians

ANNUAL REPORT 2002-2003

Canadian Institutes of Health Research
410 Laurier Avenue West, 9th Floor, Ottawa, Ontario K1A 0W9 www.cihr-irsc.gc.ca
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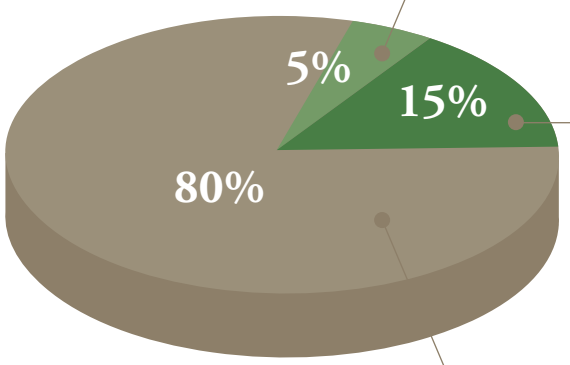
# CIHR

## measures achievements in five key outcome areas:

- Outstanding Research
- Outstanding Researchers in Innovative Environments
- Translating Health Research into Action
- Effective Partnerships and Public Engagement
- Organizational Excellence

This annual report describes CIHR's activities and performance results in each of these areas for the period April 1, 2002, to March 31, 2003.

## 2002-2003 Expenditures by Output Area*
(in millions of dollars)




### Tools
Institute Support **($13M)**
Research Infrastructure **($4M)**
Equipment Maintenance **($10M)**

### People
Training **($42M)**
Research Time **($39M)**

### Research
Research Grants **($310M)**
Research Collaboration **($76M)**
Clinical Trials **($33M)**

*Networks of Centres of Excellence, Canada Research Chairs, and Donations for Research are not included in this figure.

# CIHR at a Glance

The Canadian Institutes of Health Research (CIHR) is Canada's premier health research organization, whose mandate is to create and translate new knowledge to help ensure improved health for Canadians, more effective health services and products, and a strengthened health care system.

The organization fulfills its mandate through comprehensive grants and awards programs, and by increased collaboration and capacity building within Canada's health research communities.

The organization identifies and funds excellent research that is investigator-driven, and which responds to national priorities. CIHR is also committed to developing the capacity of Canada's research community to conduct leading-edge research.

CIHR comprises 13 Institutes, which form virtual networks of researchers and stakeholders who are dedicated to improving our understanding of health and disease.

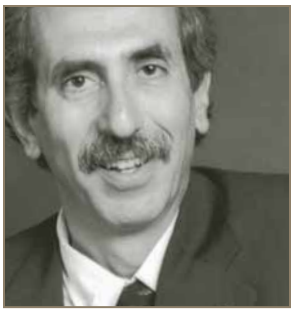
**Institute of**

- Aboriginal Peoples' Health
- Aging
- Cancer Research
- Circulatory and Respiratory Health
- Gender and Health
- Genetics
- Health Services and Policy Research
- Human Development, Child and Youth Health
- Infection and Immunity
- Musculoskeletal Health and Arthritis
- Neurosciences, Mental Health and Addiction
- Nutrition, Metabolism and Diabetes
- Population and Public Health

These Institutes foster a climate of collaboration, innovation and excellence while undertaking programs and activities that encompass key research priorities in four areas: biomedical, clinical, health services and systems, and health of populations.

Partnerships with federal and provincial agencies, voluntary health organizations, universities, hospitals, research centres, and biotechnology and pharmaceutical industries are key to CIHR's success in developing knowledge and advancing health innovation.

The nature of health research is undergoing a transformation - and so is the way Canada carries it out.



# President's Message

In 2002-2003, CIHR continued the transformation that began with its creation in June 2000. Our third year of existence was characterized by research discoveries that will improve the health of Canadians and strengthen our health care system. We also implemented 40 Request for Applications (RFAs) for the funding of strategic initiatives in areas that are important to Canadians and the Government of Canada—areas such as the health of Aboriginals, aging, and vulnerable populations. Our commitment to strategic research has increased nearly 170% since CIHR was founded.

A new way of conducting health research requires a new generation of health researchers with new sets of skills. In 2002-2003, CIHR continued its commitment to innovative training programs, such as the New Emerging Teams and Strategic Training Initiative in Health Research, which are collectively creating a rich, multidisciplinary learning environment from which future generations of Canadian researchers will emerge. Our programs invest in Canada's intellectual and entrepreneurial talent by supporting researchers at all career stages and help to brand Canada as a location of choice for health researchers from around the world.

CIHR's responsive, issue-driven and strategic approach to health research honours the strong tradition of excellence for which Canada is world-renowned while looking to the challenges and opportunities of the future.

Building on previous years, CIHR and its Institutes continued to nurture and develop strong partnerships with stakeholders such as health charities, industry and other health research agencies in Canada and abroad. We also put in place a long-term strategic planning process to set out strategic directions and the mechanisms for achieving these objectives over the next five years.

In three short years, CIHR has created an environment in which the transformation and translation of health research can continue for the health and well-being of all Canadians. CIHR exceeded its commitments in 2002-2003, and is poised to deliver more in the coming year.

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

# Transforming Health Research in 2002-2003

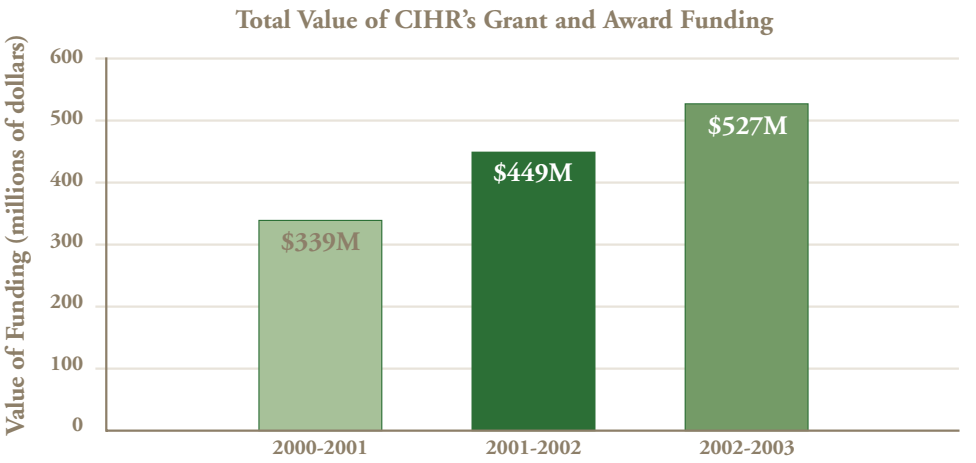
## Highlights of 2002-2003

CIHR contributed $527 million to health research in Canada — a 55-percent increase over 2000-2001, the first year of operation of CIHR.

CIHR maintained its long-standing commitment to biomedical sciences, while at the same time significantly increasing the proportion of funding for health services and population health research.

To focus research on pressing health issues, CIHR's 13 Institutes increased collaborative and information-sharing activities with their respective research communities. The Institutes also increased the number of funded multidisciplinary research projects. As a result, total strategic funding has increased approximately 170 percent since 2000-2001.

Continuing to strengthen its knowledge-translation initiatives, CIHR increased support for the translation of research results into action.




## Other CIHR highlights in 2002-2003

- Partner contributions to CIHR-funded research projects increased by almost 31-percent over 2000-2001.
- More than 4,550 research grants were awarded—a 37-percent increase since 2000-2001.
- The number of salary and training awards to researchers in 2002-2003 increased 13 percent over 2000-2001.
- Average funding for clinical trials increased to more than $275K.
- The number of applications for funding increased by more than 40 percent over the previous two years, reaching in excess of 8,500 in 2002-2003.

# Transforming the way Canada conducts health research.

# Outstanding Research

At CIHR, outstanding research demonstrates the potential to make significant positive impacts on the health of Canadians; it meets or exceeds international standards of excellence, and increasingly takes a multidisciplinary approach to addressing critical questions concerning health and disease. Outstanding research also propels discovery, contributing to a stronger, more innovative and cost-effective health care system, and contributes to a more robust knowledge-based Canadian economy.

## Highlights of 2002-2003

Through more than 4,500 research projects this past year, CIHR continued to provide new knowledge about all aspects of health, including biological mechanisms, clinical practices and procedures, the organization and administration of health services, and the social, environmental and cultural determinants of health.

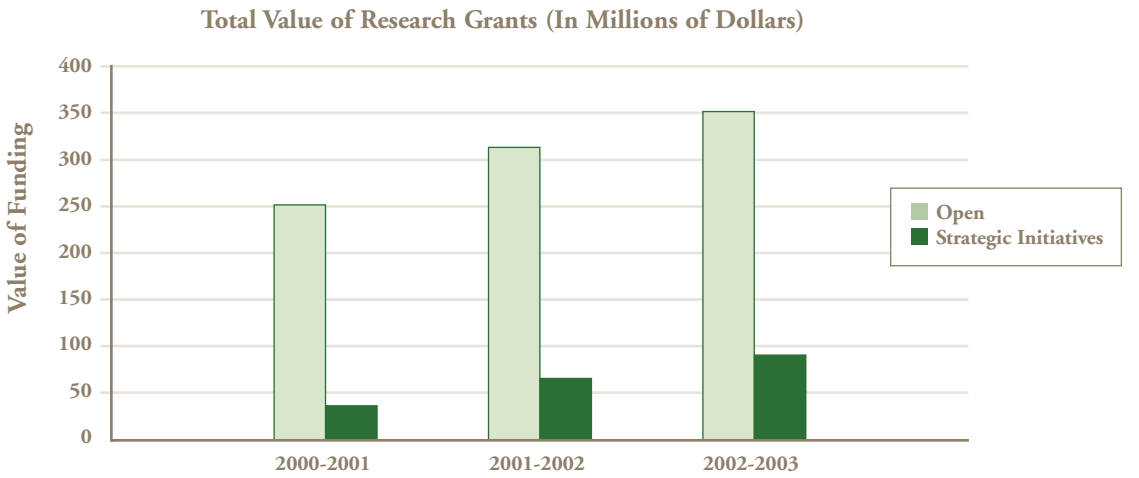
CIHR's rigorous peer review system continued to ensure excellence in CIHR-supported research projects. Last year, the scope and effectiveness of the peer review process expanded dramatically as nearly 3,400 Canadian and international members of both the scientific and lay communities volunteered their time and expertise to review an ever-increasing number of research proposals. This vast stakeholder involvement enabled outstanding research by helping CIHR identify and fund only the best submissions.

### Supporting Excellence

To ensure Canadian excellence in all health research disciplines, CIHR increased and balanced its investment in open and strategic research. Funding for open competitions—grants initiated by individual investigators—rose to approximately $348M in 2002-2003. CIHR's single largest investment was in funding the research of individuals through the open grants competition, enabling researchers to pursue their own creative ideas for novel and significant projects.

CIHR-funded researchers are making history with important discoveries that provide a rich base of knowledge and understanding that will directly benefit Canadians. The average size of open operating grants also increased, reaching $103K in 2002-2003.

Lafora disease is the most severe form of early adolescent epilepsy. The disease is characterized by seizures and progressive neurological degeneration. This past year, as part of an ongoing research initiative, an international research team led by CIHR-funded researchers Drs. Berge Minassian and Stephen Scherer at Toronto's Hospital for Sick Children identified a gene responsible for this disease. Their discovery may lead to therapeutic treatments to counter this debilitating disease.




## Responding to Strategic Health Priorities

In 2002-2003, CIHR funding for strategic research increased to nearly $80M. These research activities respond to current and future health priorities and research opportunities.

CIHR Institutes launched 40 Request For Applications (RFAs) for funding of strategic initiatives this past year to address Canadian health research priorities such as obesity and healthy body weight, genetics and health services, rural and northern health, and regenerative and nanomedicine.

For example, CIHR invested in autism research to better understand this disorder and its epidemiology. As part of this research investment, CIHR's Institute of Neurosciences, Mental Health and Addiction supported a multidisciplinary Queen's University-based team that aims to uncover the genetics of autism disorders.

The Institute of Genetics, along with the Institute of Population and Public Health and the Institute of Aging, launched a strategic-research initiative on the converging issues of human genetics, ethics, law and society. Six projects were funded to provide critical analysis of current ethical, legal and social practices involving population-based genetic research, and to examine implications for future studies in Canada.

## Promoting Research that Crosses Boundaries

By funding innovative multidisciplinary research projects during 2002-2003, CIHR Institutes continued to work together—and with their stakeholders—to focus on research that crosses health-discipline, geographic and Institute boundaries.

Such projects included the Canadian Longitudinal Study on Aging (CLSA), spearheaded by the Institute of Aging. This long-term study will provide insight into the aging process and inform treatment and prevention methods for illnesses associated with aging. The research protocol was launched in 2002-2003 to support this study, which will follow thousands of Canadians over approximately 20 years to explore the determinants of healthy aging and examine prominent aging-related diseases.

## Providing Leadership in Health Research

CIHR demonstrated leadership throughout 2002-2003, working with partners to define national research priorities. The organization also continued to provide leadership in developing high standards of ethics in health research. For example, CIHR led the development of ethics guidelines for stem cell research and continued its collaboration with Health Canada and other stakeholders to develop a national policy

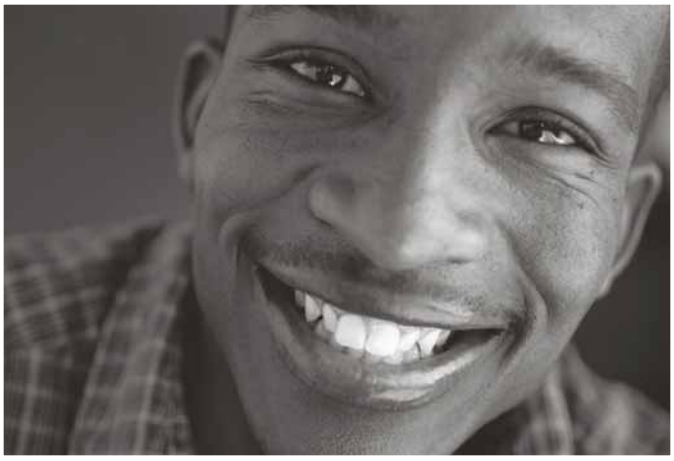
on the appropriate use of placebos in randomized controlled trials. CIHR continued in its efforts to support the development of a coherent and harmonized policy framework for the protection of personal health information and to strengthen the capacity of the health research community to address issues of privacy and confidentiality of data.

In addition, CIHR participated in founding the Interagency Advisory Panel on Research Ethics (PRE), created on April 1, 2002. The objective of this entity is to develop a new governance structure for the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS).

CIHR plays an ongoing role in supporting the development of government policy on public health and health research. This past year, the organization made submissions to the Standing Senate Committee on Social Affairs, Science and Technology, which prepared the study on *The Health of Canadians – The Federal Role*, as well as to the Romanow Commission on the *Future of Health Care in Canada*. To showcase the impact and contributions of health research on innovation and the economy in Canada, CIHR prepared a submission to the federal government's Innovation Agenda; CIHR President Dr. Alan Bernstein also participated in the corresponding Innovation Summit, held in November of 2002.

Prior to the 1940s, diabetes did not exist among Aboriginal people in Canada. Just 60 years later it has become an epidemic in which one-in-three First Nations women between the ages of 55 and 64 have type-2 diabetes. The University of Manitoba's Sharon Bruce hopes to learn more about the spread of this disease. Funded through a joint strategic research initiative of CIHR's Institute of Aboriginal Peoples' Health and Institute of Nutrition, Metabolism and Diabetes, Dr. Bruce is studying the relationship between stress and diabetes in a Manitoba First Nations community.

Blood stem cells are rare and difficult to obtain in large quantities from natural sources, such as umbilical cords and bone marrow. However, these cells are greatly needed to treat people whose blood has been ravaged by diseases such as cancer, or by radiation therapy. Until now, blood stem cells have proven next to impossible to grow outside the body. CIHR-funded researchers Dr. Keith Humphries at the University of British Columbia, and Dr. Guy Sauvageau at the Université de Montréal, overcame this hurdle by "supercharging" the cells with a specific gene and mass-producing them in a lab at unprecedented rates of 40- to 100-fold. This development holds great promise for regeneration of bone marrow and immune systems that have been destroyed by chemotherapy and radiation.



# Transforming and increasing Canada's capacity to conduct excellent health research.

# Outstanding Researchers in Innovative Environments

Recognizing the increased global mobility of skilled researchers, and the need to address health challenges from a multidisciplinary perspective, CIHR is supporting the transformation of its health research communities to ensure a strong, vibrant, collaborative environment—an environment that helps retain the best researchers in Canada and attract excellent researchers from other countries.

## Highlights of 2002-2003

CIHR, in collaboration with its stakeholders, continued building a world-class research environment in Canada by supporting researchers through more than 2,600 salary and training awards. This investment helped to increase multidisciplinary research, open communications channels, and improve collaboration among Canada's numerous research communities.

### Enabling Access to Training

Recognizing the future of health research depends on a sustained cadre of dedicated and talented researchers, CIHR continued making significant investments in the education of Canada's next generation of researchers. Through several training programs, CIHR attracts the most talented young Canadians and supports them through various stages of research training. In 2002-2003, CIHR awarded approximately 60 undergraduate, 960 graduate, and 875 postdoctoral fellow training awards, amounting to more than $41M.

The Aboriginal Capacity and Development Research Environments (ACADRE) program develops and supports young Aboriginal health research investigators. Led by the Institute of Aboriginal Peoples' Health, ACADRE established four new university-based training centers in 2002-2003, bringing the total to eight centres nationwide. The new Laval University-based ACADRE centre, for example, will provide education, training, and research specializing in environmental change and Inuit health.

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Though they may survive thanks to chemotherapy and other treatments, cancer patients are still at risk from life-threatening blood clots. Dr. Agnes Lee, a CIHR-funded researcher at McMaster University, is working on a number of projects to improve the general understanding, diagnosis, prevention and treatment of clotting complications in cancer patients. Recently, she identified an effective treatment for reducing the risk of recurrent clots while limiting the risk of bleeding.

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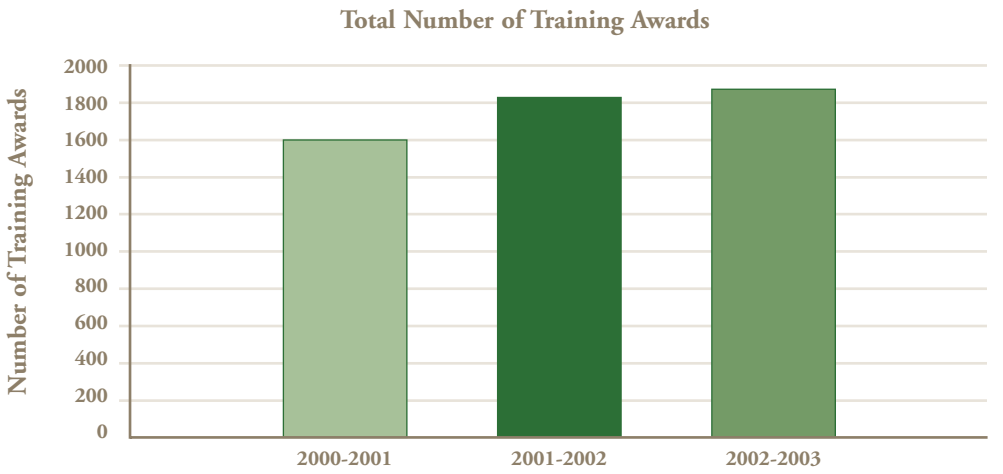



To better understand racism and prevent related violence in the future, Dalhousie University's Dr. Wanda Thomas Bernard initiated a NET project of national scope. The project supports the development and training of an African-Canadian research team, members of which live in the communities they study. The team is examining the impact of violence on the health and well-being of Black communities in Halifax, Toronto and Calgary. In addition to training and developing the research team, the study supports community members, health professionals and policy makers through workshops and the creation of Afrocentric health education materials.

The Institute of Population and Public Health held its inaugural Summer Institute in June 2002, involving seven tutors and 25 doctoral and post-doctoral student participants. This annual capacity-building workshop is intended to improve research trainees' understanding and skills in building interdisciplinary partnerships and fostering research transfer. According to one participant, "the opportunity to network with colleagues and senior researchers reinforced the importance of interdisciplinary research that addresses complex population health issues."

## Supporting Multidisciplinary Research with Innovative Programs

The discovery of DNA 50 years ago resulted from the creative collaboration of geneticist Jim Watson and physicist Francis Crick. Recognizing that today's research challenges require even greater collaborative efforts, CIHR has developed a range of innovative programs to promote multidisciplinary research. Through one such initiative—the Strategic Training Initiative in Health Research (STIHR)—CIHR invested $12.8M in 2002-2003 to support and mentor health research trainees working on interdisciplinary, collaborative projects. The STIHR program gives young researchers the opportunity to learn as they work on relevant health research in stimulating multidisciplinary environments.

Building on the previous year, CIHR invested nearly $5.4M in continued support for the New Emerging Team (NET) program. The Institute of Infection and Immunity used this program to

support the study of genetic and environmental factors that cause childhood asthma. The interdisciplinary project team from the University of Manitoba and the University of British Columbia includes specialists in epidemiology, community and Aboriginal health, immunology, genetics and environmental disease.

## Retaining and Attracting the World's Best and Brightest

CIHR provided nearly $39M in 2002-2003 for the careers and training of Canadian researchers through its research salary-support program. This investment included specific support for the best new investigators during critical phases of their research programs, as well as for those working in priority areas identified by CIHR Institutes.

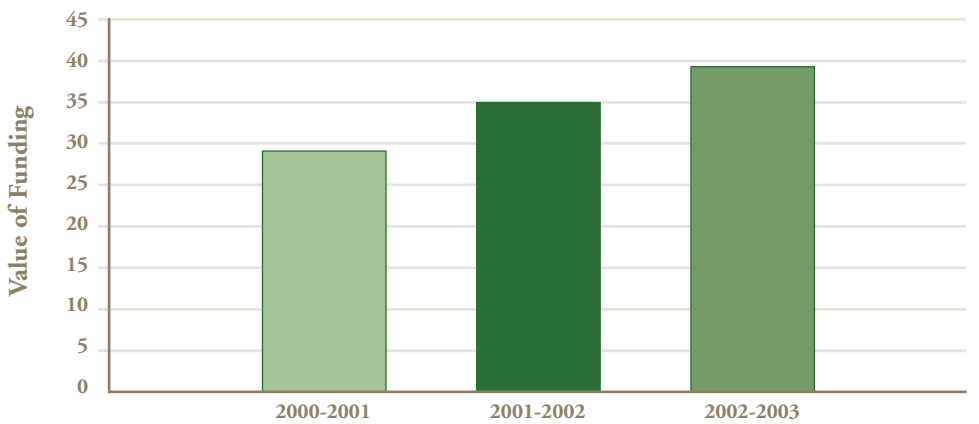
CIHR aims to have Canada benefit from "brain gain," as internationally recognized Canadian and foreign health researchers are drawn to research opportunities in Canada. In its second year of operation, CIHR's Establishment Grants program provided more than $1.2M to enable research universities to attract international talent by creating competitive and rewarding recruitment packages. For example, the Institute of Circulatory and Respiratory Health helped three Canadian universities recruit outstanding researchers from the United States, Denmark and Australia.

## Creating Virtual Communities of Health Researchers

CIHR's virtual research communities constitute powerful knowledge networks that link researchers in every region of the country to address common priorities. In 2002-2003, CIHR's 13 Institutes and their Scientific Directors continued to create and expand these strategic communities. Through conferences, workshops and other collaborative efforts, the Institutes helped focus health research and improve Canada's capacity to innovate.

This past year, a number of health threats demonstrated the crucial value of collaborative research networks that ensure research preparedness. This value was underscored when Severe Acute Respiratory Syndrome (SARS) struck Toronto in early 2003. As the crisis broke, CIHR played a leadership role in bringing research and funding organizations together; in just 11 weeks from recognizing a new coronavirus associated with SARS, CIHR-funded researchers determined the sequence of the virus. This discovery was crucial to Canada's rapid response to the threat. "Newly emerging pathogens, like SARS, pose unprecedented challenges for Canada's public health care system and our research community," said CIHR President Dr. Alan Bernstein. "It's too late by the time a new disease like SARS hits to realize that we need new virologists, immunologists, epidemiologists, DNA sequencers, and public health researchers. It's like deciding you need a fire department only after a fire breaks out."

**Total Value of Salary Awards (In Millions of Dollars)**



## Supporting Regional Development and Empowering Communities

CIHR's $3.7M commitment to the Regional Development Partnerships Program (RPP) in 2002-2003 helped ensure a balance of funding to researchers in key areas of Canada, and to build and maintain a vibrant research community in these areas. During the year, the program enabled participating provinces to maintain or increase the number of trainees and staff involved in CIHR-funded research projects. The program also helped young investigators launch their own research programs. Since 1999, the RPP provided 28 operating grants and 10 salary awards in Saskatchewan; in Newfoundland and Labrador, 56 trainees and 21 research staff benefited from RPP support.

In the third year of a four-year initiative, CIHR invested $7.4M in the Community Alliance for Health Research (CAHR) program. CAHR encourages collaboration among communities, organizations and researchers based in local universities, hospitals and other research institutions. The goal: to help tackle regional health problems and resolve health issues locally. The Institute of Human Development, Child and Youth Health continued to support Dr. Bonnie Leadbeater's proactive, prevention-based approach to improving the well-being of British Columbia's youth. The project addresses youth violence and negative health outcomes that result from social and economic change.

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At a time when heart disease is responsible for nearly one-half of all deaths in Canada and places a heavy burden on the health care system, Canada is facing a critical shortage of cardiovascular health care professionals. Dr. Paul Armstrong of the University of Alberta is addressing this issue through CIHR's Strategic Training Initiative in Health Research program. In 2002-2003, the Tomorrow's Research Cardiovascular Health Professionals (TORCH) project graduated its first four cardiovascular health care research-trainees; another 15 trainees are enrolled in the mentored-training program. The goal is to increase the number of heart specialists trained in the use of a comprehensive and balanced approach to treating heart disease.

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# Transforming

## how Canada translates knowledge into action

# Translating Health Research Into Action

Health research has made revolutionary strides over the last 50 years—from the identification of DNA to the sequencing of the human genome—yet the lag time between research-based discoveries and health and economic returns continues to be unacceptable.

To build a healthier, more innovative society, Canada must bridge this gap. To put health research discoveries to work for Canadians, new knowledge must be shared, its practical potential tested, and any resulting improvement in health services, policies and products must be promoted and adopted.

## Highlights of 2002-2003

A key part of CIHR's mandate is knowledge translation (KT)—converting research results into improved health for Canadians, more effective services and products, and a strengthened Canadian health care system.

### KT and Health Research

CIHR recognizes and values KT activities in its evaluation process for grants and awards; all funding applications must include plans for dissemination, publication and exchange of research results.

In 2002-2003, CIHR increased support for existing research activities that have a strong KT component. The organization also awarded more than $1M through 22 grants for research focused specifically on the study of knowledge translation. Examples included research on factors that affect the adoption, transfer, adaptation and retention of clinical practice guidelines in long-term care facilities. Other grants included an observational study of knowledge translation in postgraduate medical trainees, and an analysis of strategies for the critical appraisal of child-health web resources. Many of these KT grants were linked directly with CIHR Institute priorities.

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Among its many effects, the TGF-B protein contributes to tissue scarring and the progression of cancer, and impedes the healing of wounds. Dr. Anie Philip at McGill University has discovered that another protein, r150, can inhibit the adverse action of TGF-B in test tubes. Through a CIHR Proof of Principle (POP) grant, Dr. Philip is assessing whether r150 can be used to regulate wound healing and reduce scarring in animals. If Dr. Philip is successful, r150 may be developed into a therapeutic drug that will improve wound healing for humans.

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## Turning Research into Action

CIHR's Randomized Controlled Trials (RCT) program committed more than $33M in 2002-2003 to 22 new trials, five of which were co-funded with various partners, including industry. Last year, average funding for each clinical trial reached $275K per grant.

The RCT program continued to trigger broader clinical research in trials that involve humans, including disease prevention, behavioural interventions, and exploration of complementary care and the social aspects of population health. In addition, the RCT program broadened the scope of eligible trial interventions, added a mentoring component to the peer review process, and increased emphasis on quality assurance and dissemination of results.

CIHR held a workshop in June 2002 to help researchers write successful knowledge translation research applications. The workshop resulted in a significant increase in submissions to the KT request for applications. CIHR also held a knowledge translation think-tank session in the fall of 2002, bringing together key experts in this area. The results of this session will help to guide development of CIHR's KT expertise.

## Assisting Innovation and Commercialization

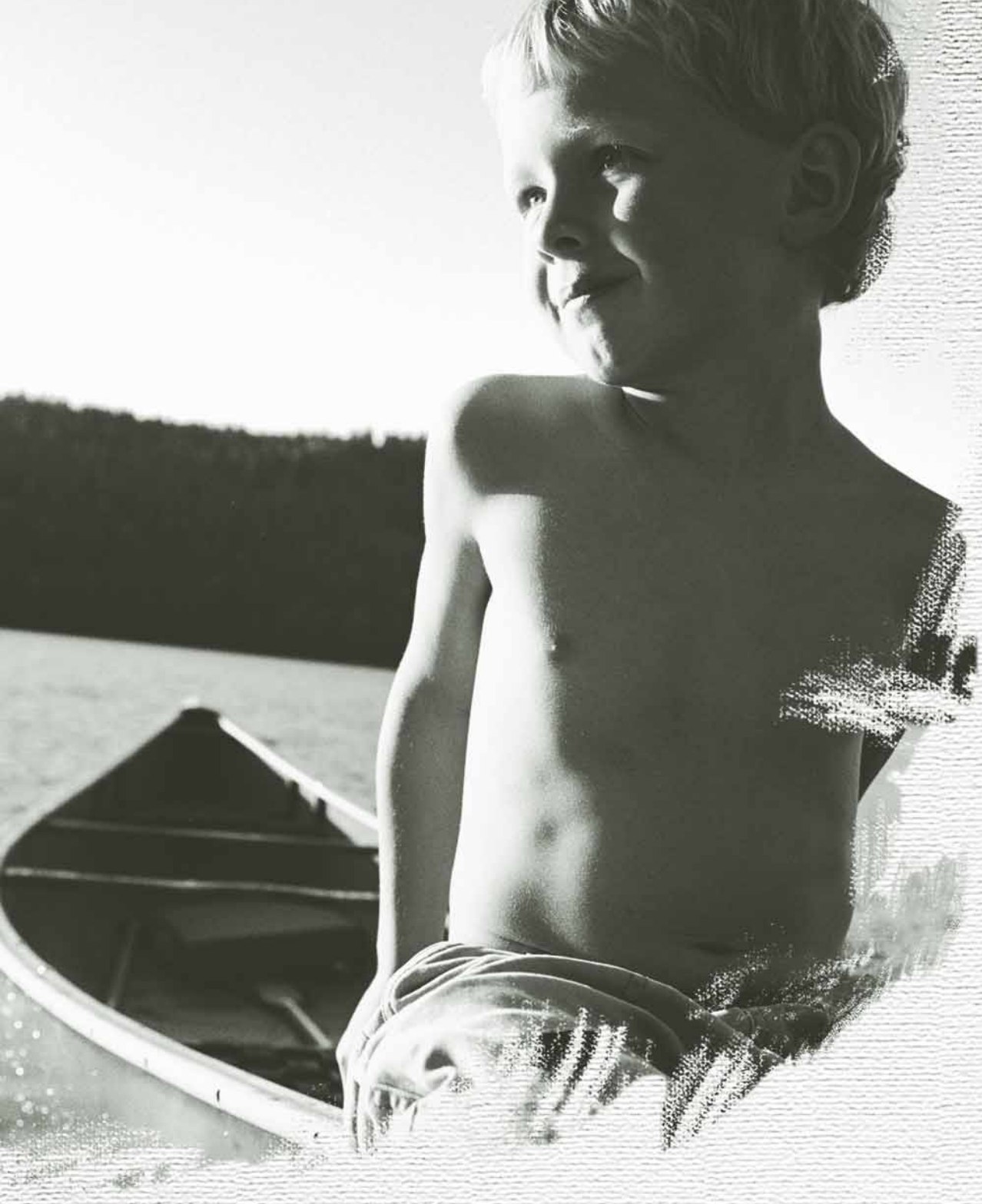
CIHR aims to support knowledge translation along the innovation pipeline—from discovery to commercialization. The Small and Medium Sized Enterprises (SME) program, in partnership with the biotechnology industry, strengthened Canada's technology-transfer capacity by investing $4.6M in 2002-2003. The program supports research commercialization in start-up companies, university spin-offs, and SMEs.

CIHR built on the successful 2001-2002 launch of the innovative Proof of Principle (POP) program by providing $3.3M for an additional 35 POP grants last year. The POP program enables researchers to establish proof of a discovery's principle immediately prior to seeking venture capital funding from the marketplace, thereby adding value to their work and improving the likelihood of commercialization.

## Developing KT Skills and Capacity

CIHR funded nine communications graduates to conduct KT work as part of the Science Writer's Scholarship Program.

The Institute of Cancer Research and the Institute of Neurosciences, Mental Health and Addiction, joined in partnership with the Canadian Tobacco Control Research Initiative (CTCRI) to address the single greatest cause of early death in adults and contribute to development of a national research agenda. The collaborative efforts of these organizations will encourage development of more effective prevention and cessation strategies, as well as a better understanding of nicotine addition and dependence.



**White blood cells are known to carry bacteria and viruses. For this reason, some countries filter out white blood cells from their blood supplies in a process called leukoreduction. However, this process' effectiveness in decreasing infection and death following operations has been in doubt. Now, a CIHR Randomized Controlled Trial led by Dr. Paul Hébert at the Ottawa Health Research Institute, in partnership with Canadian Blood Services and researchers from McMaster University, has determined that a national universal leukoreduction program can potentially reduce fever, antibiotic use and even death among post-operative patients. As a result, such a program could also help reduce the length of hospital stays and decrease overall health care costs.**

# Transforming Canada's health research landscape through public engagement and partnerships.

# Effective Partnerships and Public Engagement

Cooperation and partnership are hallmarks of Canada's achievements in health research, and integral to the vision of CIHR. Effective partnerships are synergistic, enabling the sharing of perspectives, the coordination of efforts, and optimal use of pooled resources. By engaging the public and building partnerships amongst health research stakeholders, Canada will be better positioned to support stronger, internationally competitive research initiatives that produce benefits for Canadians more quickly.

## Highlights of 2002-2003

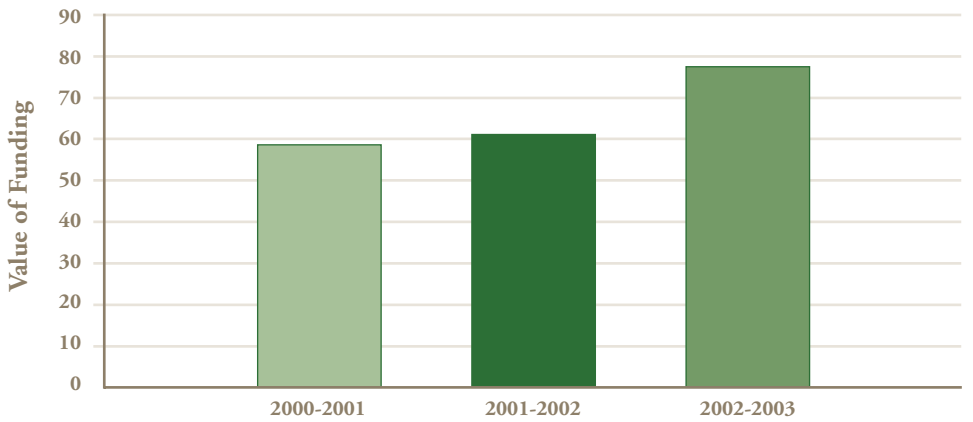
Key to CIHR's success is an integrative approach that brings together Canadian and international health-research stakeholders—those who fund research, those who conduct it, and those who apply the results.

### Creating Institute-driven Partnerships

CIHR established more than 60 formal partnerships in a broad range of areas, including capacity building, priority research, and use of research results for clinical practice, health policy and commercialization. In 2002-2003, CIHR continued to formalize and strengthen important partnerships with industry, health charities and other health research agencies in Canada and abroad. As a result of these growing collaborative efforts, partner financial contributions to CIHR-funded health research in Canada have increased substantially—up almost 31 percent, from $59M in 2000-2001 to more than $77M last year.

The Institute of Health Services and Policy Research partnered with other CIHR Institutes, the Canadian Medical Association (CMA), Fonds de la recherche en santé du Québec (FRSQ), and Health Canada to fund 12 large interdisciplinary grants. Addressing issues such as complementary and alternative medicine, pharmaceutical drug policy, primary care, patient safety and e-health, the grants will total $15M over five years.

**Total Value of Partner Financial Contributions (In Millions of Dollars)**



The Institute of Nutrition, Metabolism and Diabetes, in partnership with other CIHR Institutes, the Canadian Diabetes Association, the Heart and Stroke Foundation of Canada, and the Kidney Foundation of Canada funded a five-year, $6.9M joint chronic disease research initiative. “Chronic diseases, including diabetes, cardiovascular disease and kidney disease, result in a staggering number of deaths and disabilities each year—and the numbers are increasing,” stated Health Minister Anne McLellan in the November 2002 partnership announcement. “This joint initiative will allow us to better understand the common aspects of these diseases with the aims of improving the quality of life for those suffering and reducing the impact of these diseases in the future.”

## Partnering for Research and Discovery

Through a significant investment of $25M, CIHR continued its partnership in the Networks of Centres of Excellence (NCE) program—a joint venture with Natural Sciences and Engineering Research Council (NSERC), Social Sciences and Humanities Research Council (SSHRC), and Industry Canada. This dynamic initiative mobilizes Canada’s world-class research talent in academia and the private and public sectors by creating and investing in leading-edge, multidisciplinary national research networks across the country.

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A steadily progressive and fatal neuromuscular disease, Amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease) erodes motor neurons, leading eventually to total paralysis and an inability to speak or swallow. Little is known about the cause of ALS—which kills two to three Canadians every day—and there is no cure. Dr. Jean-Pierre Julien is working to change that. His team at the McGill University Health Centre Research Institute recently discovered that an antibiotic commonly prescribed for acne may slow the development of this debilitating disease, providing hope for thousands of Canadians. Dr Julien's discovery was funded by a unique partnership between the ALS Society of Canada, the Muscular Dystrophy Association of Canada (MDAC), and CIHR.

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CIHR also continued to work collaboratively with other federal organizations, such as Canadian Foundation for Innovation (CFI), Canada Research Chairs (CRC), and National Research Council (NRC), in supporting innovative research.

## Building Health Research Capacity Together

CIHR worked closely with more than 80 health charities last year, focusing on training and development for researchers who are addressing priority health areas. Combining forces with CIHR enabled these health charities to participate in larger projects in which a critical mass of researchers can deliver a deeper and faster understanding of results.

The CIHR Institute of Musculoskeletal Health and Arthritis partnered with the Arthritis Society, the Canadian Arthritis Network, the Cochrane Collaboration and the Canadian Arthritis Patients Alliance to establish the Alliance for the Canadian Arthritis Program (ACAP). This significant collaborative effort focuses on awareness, advocacy, and knowledge translation to address a disease that affects millions of Canadians.

Partnerships with provincial health departments and health research agencies remain a priority of CIHR. During 2002-2003, these collaborations included work with such organizations as the Fonds de Recherché en santé du Québec, the Alberta Heritage Foundation for Medical Research, the Saskatchewan Health Research Foundation, the Michael Smith Foundation for Health Research in British Columbia, and the Nova Scotia Health Research Foundation.

## Working with Partners to Create Health Solutions

Last year, CIHR partnered with many of the more than 70 research-based pharmaceutical companies in Canada, linking industry with high-quality academic researchers and scientific projects. CIHR also broadened and strengthened relations with small and medium-sized health enterprises, many of which owe their genesis to past Canadian health research discoveries.

The University of Victoria's Dr. Marcia Hills is leading a Community Alliance for Health Research (CAHR) study that undertakes a form of participatory-action research to reconcile the gap between theory and practice in addressing primary health care issues. The study brings together university researchers, health authority decision-makers, health care practitioners, and provincial policy-makers to examine the impact of health policy on research practice and knowledge development.

To address and reduce health disparities in various populations, a national partnership was formed by the Institute of Gender and Health, other CIHR Institutes, SSHRC, Health Canada, the National Secretariat on Homelessness, the Heart and Stroke Foundation, and the Frosst Foundation. The partners committed to joint funding of approximately $1.2M for 12 research projects across Canada.

## Engaging Stakeholders

CIHR's 13 Institutes continued their timely efforts to bring stakeholders together, identify research priorities, and develop strategic initiatives that address health issues and opportunities. For example, through its Institute on Health Services and Policy Research, CIHR partnered with the Commission on the Future of Health Care in Canada (the Romanow Commission) to arrange for arm's-length peer reviews of publicly available background papers. Subsequently, the Institute featured prominently in media reports concerning public health systems and policy issues.

The Institute of Population and Public Health established the Future of Public Health Steering Committee, which guided implementation of a comparative study that examines international and provincial models for organizing and funding public health services.

## Partnering for Global Health

CIHR continued building international partnerships in 2002-2003. To date, CIHR has signed major agreements with partners in the United Kingdom, France, Germany, Mexico, Australia and New Zealand. These agreements are leading to collaborative research in areas such as genomics, tobacco addiction, heart disease, HIV/AIDS, diabetes, and Aboriginal health and training. CIHR also continued its efforts as part of the Global Health Research Initiative (GHRI), a partnership with the International Development Research Centre, the Canadian International Development Agency and Health Canada, to strengthen global-health research capacity in Canada and developing countries.

Recognizing impressive potential benefits for Canadians and the research community, CIHR joined an international partnership to fund the Structural Genomics Consortium (SGC). Led by Dr. Aled Edwards at the University of Toronto, and a team of researchers in Oxford, England, the SGC will produce more than 350 three-dimensional protein structures for public access. This dynamic human-protein database is the world's first, and establishes Canada as a leader in one of the most important areas of future health research. Other partners include Wellcome Trust, Genome Canada, GlaxoSmithKline, Ontario Research and Development Challenge Fund, Ontario Innovation Trust, and the Canadian Foundation for Innovation.

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Respiratory infections caused by the *Burkholderia cepacia* bacteria are a major health risk for patients who suffer from cystic fibrosis (CF). A defective CF gene makes it difficult to clear the bacteria from the lungs; chronic infection may result, leading ultimately to death. Through a study funded in partnership between the Canadian Cystic Fibrosis Foundation and CIHR, the University of Western Ontario's Dr. Miguel Valvano is working to better understand how these antibiotic-resistant bacteria strains persist in the airways of CF patients, and to eventually devise ways to prevent or alleviate chronic infection.

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# Transforming

## how CIHR works toward

## national health research success.

# Organizational Excellence

CIHR achieves program delivery excellence and impressive research results by continually strengthening its internal organization and fostering a dedicated, well-informed workforce. The organization's leadership and innovation activities, responsible management and continuous-improvement practices, and high-quality work environment demonstrate an ongoing commitment to organizational excellence.

## Highlights of 2002-2003

CIHR is a diversified, multilingual organization that unites varied cultural and intellectual perspectives in a shared quest for excellence. During 2002-2003, CIHR continued to make progress in strengthening its operations, people and processes.

### Enhancing Organizational Capabilities

CIHR continued to improve its ability to manage and deliver comprehensive programming. This past year, the organization increased its corporate support staff to 244 and achieved key internal efficiencies, such as streamlining competition cycles. To attract and retain the best and brightest workforce, CIHR launched an organization-wide job-evaluation and classification initiative.

To ensure the highest levels of effectiveness and efficiency, CIHR initiated an assessment of internal management capacity. The exercise focused on leadership, roles and responsibilities, risk management, ethics, performance information, processes and staff motivation. CIHR also launched a strategic planning process in 2002-2003. The process will develop long-term goals to guide future organizational development and ensure CIHR's ongoing relevance.

### Utilizing Technology to Enhance Service Delivery

In 2002-2003, CIHR led partnerships to develop Common CV and the Canadian Research Information System—the first two services of ResearchNet, a web portal to support research and research funding activities.

Common CV is a collaborative effort between 20 federal, provincial and not-for-profit research organizations. The goal is to create a national web-based system that provides researchers and students with a single, common process for CV submissions. In the first eight months following the system's launch in July 2002, more than 7,500 researchers and students registered to use Common CV for applications to CIHR, Heart and Stroke Foundation of Canada, Networks of Centres of Excellence, and the Canada Council for the Arts; at least seven more organizations are slated to join Common CV in 2003-2004.

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Hundreds of volunteers willingly gave their time, knowledge and experience to CIHR in 2002-2003. Nearly 3,400 researchers, sitting on more than 100 peer review committees reviewed approximately 8,600 applications, and more than 200 individual Canadians volunteered their expertise on Institute Advisory Boards. These volunteers contributed to CIHR's organizational achievements and operational success.

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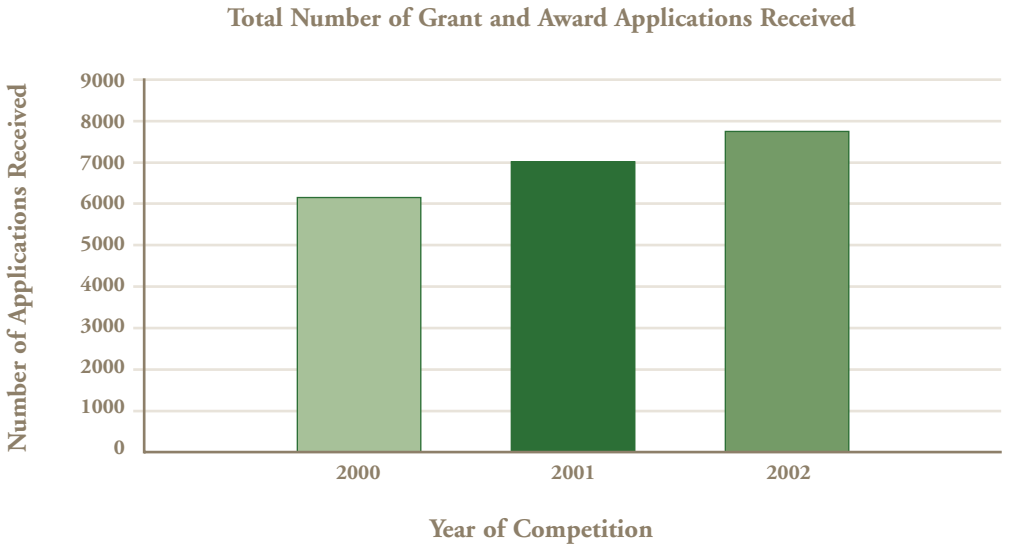



The first phase of the Canadian Research Information System, launched during 2002-2003, featured a CIHR grants and awards database. A second version of the system, to be launched in fiscal year 2003-2004, will include additional information from the Heart and Stroke Foundation, the Arthritis Society of Canada and the National Cancer Institute.

## Responsible Management

In 2002-2003, CIHR maintained operational expenditures at 5.8 percent of its total budget while increasing programming in all health research areas. CIHR also developed a performance measurement framework and established a prioritized list of performance indicators to help ensure quality management, effective program delivery, and reporting on results. Continuing to ensure the organization operates for the public good, CIHR established an internal audit function and conducted a corporate risk assessment.

Last year, CIHR sought to clarify roles and responsibilities and ensure greater accountability for public funding delivered through federal grants and awards. In partnership with NSERC and SSHRC, CIHR negotiated a memorandum of understanding on roles and responsibilities of granting councils, funding recipients and host institutions.

## Recognizing Excellence

On November 20, 2002, CIHR celebrated its inaugural Health Research Awards Night in Toronto. The celebrations formally recognized Canada's best and brightest health researchers, as well as the outstanding contributions of CIHR's leading supporters and health research partners. Award recipients included Dr. Anthony Pawson, who was honoured with the Michael Smith Prize in Health Research. The prize is CIHR's most prestigious award, and recognizes Dr. Pawson for his innovation, creativity and international leadership in the burgeoning field of proteomics research.

On February 21, 2003, CIHR President Dr. Alan Bernstein officially received the honour of Officer of the Order of Canada. He was recognized by Governor General Adrienne Clarkson as a leader in the field of health care. A pioneer in gene therapy, Dr. Bernstein is also a recognized leader in experimental science, and has been active in promoting and advancing biomedical research in Canada. His extensive volunteer record includes 12 years as advisor to the National Cancer Institute of Canada, where he served on the board of directors and as Chair of its Advisory Committee on Research.

# Governance

## Providing Stewardship and Accountability

CIHR reports to Parliament through the Minister of Health. Governing Council is chaired by CIHR's president and comprises 20 Canadians who have been appointed by Order in Council to renewable three-year terms. Council members represent a wide range of backgrounds and disciplines, reflecting CIHR's broad mandate and vision.

**Members of the Governing Council in 2002-2003 include:**

Dr. Alan Bernstein (Chair)
Dr. Denise Alcock
Dr. Stephanie Atkinson
Dr. Françoise Baylis
Dr. Michel A. Bureau (as of June 2002)
Dr. Ruth Collins-Nakai (term ended June 2002)
Dr. Alastair Cribb
Dr. Jean Davignon (term ended June 2002)
Mr. Hubert Gauthier
Dr. Philippe Gros
Dr. Kevin Keough
Dr. Malcolm King
Mr. Steven Lewis
Dr. Victor Ling
Dr. Louise Nadeau
Dr. David Naylor
Dr. Rodney Ouellette
Dr. Sarah Prichard
Dr. Carol Richards
Mr. Joseph Rotman
Mr. Ian Green (ex-officio)

The Governing Council is advised by Standing Committees on:

- Ethics
- Finance and Planning
- Performance Measurement, Evaluation and Audit
- Grants and Awards Competitions

During 2002-2003, Governing Council gathered for six face-to-face meetings, as well as one joint session that included the Institute Scientific Directors and Chairs of Institute Advisory Boards. In all, Governing Council and its committees held 35 meetings as part of its stewardship responsibility within CIHR. Examples of key agenda items addressed during this period included:

- Approved the 2003-2004 CIHR budget—including three cycles of open-competition results related to operating grants, training and salary awards, and the first-year development funds for five cross-cutting initiatives.
- Approved CIHR as investor and active partner within the Structural Genomics Consortium project.
- Approved a policy statement concerning CIHR's commitment to promote understanding and compliance with its Stem Cell Research Guidelines.
- Created two new Standing Committees: Finance and Planning, and Performance Measurement, Evaluation and Audit.
- Initiated the Institute Advisory Board Renewal Process.

## Institute Governance

Each of CIHR's 13 Institutes is served by an Institute Advisory Board that consists of volunteers from the Institute's respective research communities. Institute Advisory Boards are an essential mechanism for strengthening CIHR's link with the larger research community, and for providing guidance and direction on research priorities.

# CIHR Institutes

## ABORIGINAL PEOPLES' HEALTH

**Jeff Reading, Scientific Director**

Phone: (416) 978-0962
Web: www.cihr-irsc.gc.ca/e/institutes/iaph
E-mail: IAPH@cihr-irsc.gc.ca

*Supports research to address the special health needs of Canada's Aboriginal people.*

## AGING

**Réjean Hébert, Scientific Director (to December 2003)**

**Anne Martin-Matthews, Acting Scientific Director**

Phone: (604) 822-2574
Web: www.cihr-irsc.gc.ca/e/institutes/ia
E-mail: IA@cihr-irsc.gc.ca

*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.*

## CANCER RESEARCH

**Phillip Banton, Scientific Director**

Phone: (514) 398-8350
Web: www.cihr-irsc.gc.ca/e/institutes/icr
E-mail: ICR@cihr-irsc.gc.ca

*Fosters research that addresses cancer prevention and treatment, and that focuses on improving the health and quality of life of cancer patients.*

## CIRCULATORY AND RESPIRATORY HEALTH

**Bruce McManus, Scientific Director**

Phone: (604) 806-8934
Web: www.cihr-irsc.gc.ca/e/institutes/icrh
E-mail: ICRH@cihr-irsc.gc.ca

*Supports research into causes, mechanisms, prevention, screening, diagnosis, treatment, support systems and palliation for a wide range of conditions associated with the heart, lung, brain, blood, and blood vessels.*

## GENDER AND HEALTH

**Miriam Stewart, Scientific Director**

Phone: (780) 492-3632
Web: www.cihr-irsc.gc.ca/e/institutes/igh
E-mail: IGH@cihr-irsc.gc.ca

*Supports research to address how biological factors (sex) and socio-cultural experiences (gender) influence health to create conditions and problems that vary between women and men.*

## GENETICS

**Roderick McInnes, Scientific Director**

Phone: (416) 813-7671
Web: www.cihr-irsc.gc.ca/e/institutes/ig
E-mail: IG@cihr-irsc.gc.ca

*Supports research on the genetic and biochemical basis health and disease, facilitates translation of findings into health policy and practice, and examines the ethical, legal and social implications of genetic discoveries.*

## HEALTH SERVICES AND POLICY RESEARCH

**Morris Barer, Scientific Director**

Phone: (604) 222-6872
Web: www.cihr-irsc.gc.ca/e/institutes/ihspr
E-mail: IHSPR@cihr-irsc.gc.ca

*Supports research that addresses 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.*

## HUMAN DEVELOPMENT, CHILD AND YOUTH HEALTH

**John Challis, Scientific Director (to May 2003)**

**Michael Kramer, Scientific Director**

Phone: (514) 412-4400 ext. 22687
Web: www.cihr-irsc.gc.ca/e/institutes/ihdcyh
E-mail: IHDCYH@cihr-irsc.gc.ca

*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.*

## INFECTION AND IMMUNITY

**Bhagirath Singh, Scientific Director**

Phone: (519) 661-3228
Web: www.cihr-irsc.gc.ca/e/institutes/iii
E-mail: III@cihr-irsc.gc.ca

*Seeks to establish and support national leadership, priorities and programs that promote innovative research to reduce the global burden of infection and immune-based diseases.*

## MUSCULOSKELETAL HEALTH AND ARTHRITIS

**Cyril Frank, Scientific Director**

Phone: (403) 220-3521
Web: www.cihr-irsc.gc.ca/e/institutes/imha
E-mail: IMHA@cihr-irsc.gc.ca

*Supports research that enhances active living, mobility and movement, and dental health, and that addresses 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.*

## NEUROSCIENCES, MENTAL HEALTH AND ADDICTION

**Rémi Quirion, Scientific Director**

Phone: (514) 761-6131 ext. 2934
Web: www.cihr-irsc.gc.ca/e/institutes/inmha
E-mail: INMHA@cihr-irsc.gc.ca

*Supports research that enhances mental and neurological health, vision, hearing, and cognitive functioning, and that reduces the burden of related disorders through prevention strategies, screening, diagnosis, treatment, support systems and palliation.*

## NUTRITION, METABOLISM AND DIABETES

**Diane Finegood, Scientific Director**

Phone: (604) 291-3319
Web: www.cihr-irsc.gc.ca/e/institutes/inmd
E-mail: INMD@cihr-irsc.gc.ca

*Supports research that enhances health related to diet, digestion, excretion and metabolism, and that addresses causes, prevention, screening, diagnosis, treatment, support systems and palliation for a wide range conditions and problems associated with hormone, digestive system, kidney and liver functions.*

## POPULATION AND PUBLIC HEALTH

**John Frank, Scientific Director**

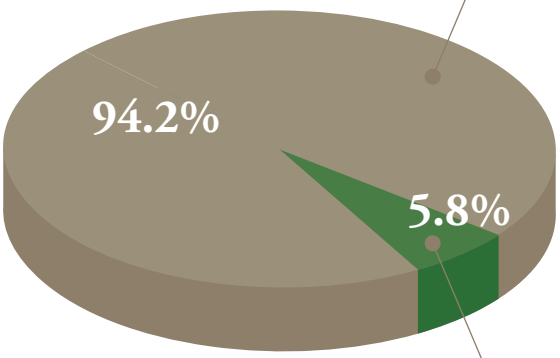
Phone: (416) 946-7878
Web: www.cihr-irsc.gc.ca/e/institutes/ipph
E-mail: IPPH@cihr-irsc.gc.ca

*Supports research into the complex interactions that determine health, as well as the application of research findings to improve the health of individuals, communities and global populations.*

# Management Discussion and Analysis

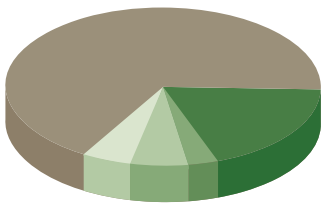
The 2002-2003 fiscal year was CIHR's second full year of operation. Increases in federal appropriations associated with additional funding for CIHR operations, Networks of Centres of Excellence, and Canada Research Chairs, amounted to $99M, or 19 percent over fiscal 2001-2002.

**$622 million**
2002-2003 Expenditures




Grants and Awards Expenses
+ Operating Expenses
**Total Expenditures**

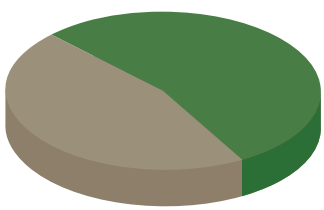
**$586 million**



Grants and Awards Expenditures

- Open Competition **(70.7%)**
- Strategic Initiatives **(17.0%)**
- Institute Support Grants **(2.2%)**
- Canada Research Chairs **(5.8%)**
- Networks of Centres of Excellence **(4.3%)**

**$36 million**



Operating Expenses

- Other Operating expenses **(46.1%)**
- Salaries and Employee Benefits **(53.9%)**

## Highlights

- Overall growth in the organization's budget was 19 percent over 2001-2002.
- Continued alignment of CIHR operations and program delivery mechanisms with Institutes.
- Launched 40 Institute-led Request For Applications (RFAs) for the funding of strategic initiatives—a 74-percent increase over 2001-2002.
- Participation in strategic initiatives by partners from government, the voluntary and private sectors attracted $77.2 million in additional funding for grants and awards—a 27-percent increase over 2001-2002.
- The number of grants and awards increased to 7,504 in 2002-2003, compared to 6,930 in 2001-2002—an eight-percent increase.
- The ratio of operating expenditure to total budget has been maintained at less than six percent.
- Lapsed $1 million in the parliamentary vote for operating expenditures as a result of less-than-anticipated staff growth and related capacity to complete planned initiatives. Federal policy allows CIHR to carry forward to 2003-2004 approximately $1 million.
- Lapsed $28.8 million in the parliamentary vote for grants, 99 percent of which is attributable to the Canada Research Chairs program. Although federal policy does not allow carry-forward of lapsed funds in grants, this lapse has no material effect on established plans to fund Chairs in subsequent years.

### Key Financial Results (Years 2002-2003)

| (i) Operating Expenses | (in thousands of dollars) |
|---|---|
| Capital Asset Additions | 1,713 |
| Salaries and Employee Benefits | 19,614 |
| Other Operating Expenses | 16,805 |
| Full Time Equivalent Employees | 212 FTE |
| Percentage of Operating Expenses to Total | 5.8% |

| (ii) Grants and Awards | (in thousands of dollars) |
|---|---|
| Total Grants and Awards | 586,828 |
| *Total Number of Grants and Awards* | *7,504* |
| Expenses in Research Grants | 427,367 |
| *Number of Research Grants funded* | *4,566* |
| Expenses in Salary Support Awards | 38,836 |
| *Number of Salary Support Awards* | *700* |
| Expenses in Research Training Awards | 42,246 |
| *Number of Research Training Awards* | *1,900* |

**AFFILIATION OF GRANTS AND AWARDS TO INSTITUTES (YEARS 2002-2003)**

| INSTITUTE | No. of Grants and Awards | Total Funded (in thousands of dollars) | Percent of Total |
|---|---|---|---|
| Aboriginal Peoples' Health | 54 | 7,711 | 1.5 |
| Aging | 144 | 10,913 | 2.0 |
| Cancer | 536 | 42,961 | 8.2 |
| Circulatory and Respiratory Health | 763 | 63,960 | 12.1 |
| Gender and Health | 83 | 6,814 | 1.3 |
| Genetics | 545 | 48,706 | 9.2 |
| Health Services and Policy Research | 256 | 18,618 | 3.5 |
| Human Development, Child and Youth Health | 363 | 32,709 | 6.2 |
| Infection and Immunity | 629 | 52,379 | 9.9 |
| Musculoskeletal Health and Arthritis | 309 | 22,540 | 4.3 |
| Neurosciences, Mental Health and Addiction | 1,052 | 80,870 | 15.3 |
| Nutrition, Metabolism and Diabetes | 431 | 36,043 | 6.9 |
| Population and Public Health | 281 | 20,696 | 3.9 |
| Unable to allocate | 175 | 5,459 | 1.0 |
| Unallocated | 1,626 | 77,191 | 14.7 |
| | 7,247 | 527,570 | 100.0 |

Note: Applicants are asked to select a CIHR Institute by matching their research areas and objectives to Institute research mandates. Networks of Centres of Excellence, Canada Research Chairs, and Donations for Research are not included in these figures.

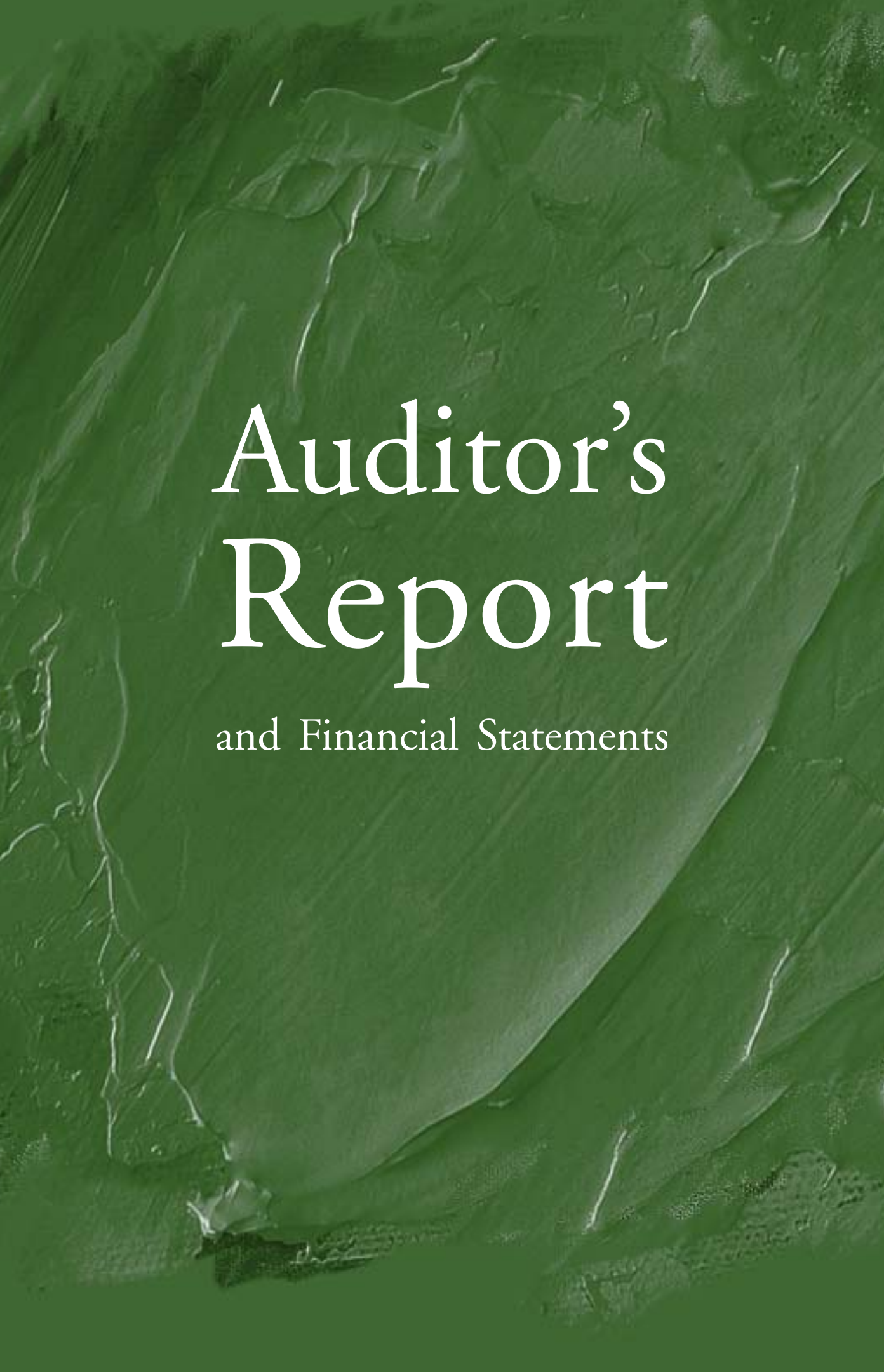
# Outlook 2003-2004

From its inception in 2000, CIHR has gradually shifted its funding focus to achieve an appropriate balance between open competitions and strategic initiatives. The goal is to ensure that CIHR funding programs are well positioned in the future to address specific health research priorities and opportunities. However, this shift in funding focus is increasing the complexity of CIHR financial planning for 2003-2004 and beyond.

Health research is a long-term endeavour that requires multi-year financial commitments. Meticulous financial planning is required to manage risk associated with potential differentials between commitments to grants and awards and the funding expected from Parliament.

In its February 2003 Federal Budget, the government announced an additional $55M in annual funding for CIHR in fiscal year 2003-2004 and beyond. For 2003-2004, CIHR also obtained an additional $2.5M in funding to accommodate the first year of the Canada Graduate Scholarships program, and an additional $100K in funding for indirect costs.

These investments will help ensure that the level of new grants and awards will be consistent with the increase in Canada's research capacity in 2003-2004. However, maintaining stable grants and awards funding in future years is highly dependent on future budget increases from the federal government. Since CIHR was launched, the number of applications for research support has increased by more than 40 percent, and the organization has no reason to believe this rate of increase will diminish.



# Auditor's Report

and Financial Statements

Auditor General of Canada
Vérificatrice générale du Canada

## AUDITOR'S REPORT

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

I have audited the statement of financial position of the Canadian Institutes of Health Research as at March 31, 2003 and the statements of operations and net assets and cash flow for the year then ended. These financial statements are the responsibility of the corporation's management. My responsibility is to express an opinion on these financial statements 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 statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. 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, these financial statements present fairly, in all material respects, the financial position of the corporation as at March 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Sheila Fraser

Sheila Fraser, FCA
Auditor General of Canada

Ottawa, Canada
June 27, 2003

# MANAGEMENT RESPONSIBILITY FOR FINANCIAL STATEMENTS

Responsibility for the integrity and objectivity of the accompanying financial statements of the Canadian Institutes of Health Research for the year ended March 31, 2003 and all information contained in this report rests with CIHR's management.

These financial statements have been prepared by management in accordance with Treasury Board of Canada accounting standards based on Canadian generally accepted accounting principles. Where appropriate, the financial statements include amounts that have been estimated according to management's best judgement. These statements should be read within the context of the significant accounting policies set out in Note 2 of the financial statements.

Management has developed and maintains books of accounts, records, financial and management controls and practices, and information systems. They are designed to provide reasonable assurance that CIHR's assets are safeguarded and controlled, that resources are managed economically and efficiently in the attainment of corporate objectives, and that transactions are in accordance with the *Financial Administration Act* and regulations as well as CIHR policies and statutory requirements.

The transactions and financial statements of CIHR have been audited by the Auditor General of Canada, the independent auditor for the Government of Canada.

Approved by:

John Klimczak
Director, Finance & Administration

Guy D'Aloisio, CMA
Vice-President, Services & Operations

# STATEMENT OF FINANCIAL POSITION

(in thousands of dollars)

| ASSETS | As at 31 March 2003 | As at 31 March 2002 |
|---|---|---|
| **Financial Assets** | | |
| Due from the Consolidated Revenue Fund | 4,761 | 4,644 |
| Accounts receivable | 382 | 183 |
| Advances | 166 | 343 |
| **Total financial assets** | **5,309** | **5,170** |
| **Non-financial assets** | | |
| Prepaid expenses | 169 | 24 |
| Capital assets (Note 3) | 2,969 | 1,955 |
| **Total non-financial assets** | **3,138** | **1,979** |
| **TOTAL ASSETS** | **8,447** | **7,149** |
| **LIABILITIES** | | |
| Accounts payables and accrued liabilities | 3,828 | 3,444 |
| Allowances for employee vacation and compensatory benefits | 701 | 495 |
| Deferred revenue (Note 4) | 933 | 1,384 |
| Allowance for employee severance benefits | 2,650 | 1,485 |
| **TOTAL LIABILITIES** | **8,112** | **6,808** |
| **NET ASSETS (Note 5)** | **335** | **341** |
| **TOTAL LIABILITIES AND NET ASSETS** | **8,447** | **7,149** |

Contingencies (Note 6)
Commitments (Note 7)

The accompanying notes and schedules form an integral part of these statements.

Approved by CIHR:

Dr. Alan Bernstein, OC, FRSC
President

Approved by Management:

Guy D'Aloisio, CMA
Vice-President, Services & Operations

# STATEMENT OF OPERATIONS AND NET ASSETS

(in thousands of dollars)

| REVENUES | For the year ended March 31 2003 | For the year ended March 31 2002 |
|---|---|---|
| Donations | 3,970 | 4,000 |
| Endowments for health research | 2 | 65 |
| Other | 1 | 11 |
| **TOTAL REVENUES** | **3,973** | **4,076** |
| **EXPENSES** | | |
| Grants and awards | | |
| Open competitions (Note 8 and Schedule 1) | 414,780 | 376,206 |
| Strategic initiatives (Note 8 and Schedules 1 and 2) | 98,944 | 59,324 |
| Knowledge translation | 846 | |
| Institute support grants | 13,000 | 13,000 |
| Canada research chairs | 34,225 | 21,200 |
| Networks of centres of excellence | 25,031 | 24,810 |
| Donations for research | 3,970 | 4,000 |
| Endowments for health research | 2 | |
| | 590,798 | 498,540 |
| Less: Refunds of previous years' expenditures | (1,620) | (1,403) |
| Total grants and awards | 589,178 | 497,137 |
| Operations and administration | | |
| Salaries and employee benefits | 19,614 | 13,291 |
| Professional and special services | 6,137 | 7,812 |
| Travel | 4,580 | 3,211 |
| Information services - communications | 1,456 | 1,301 |
| Furniture and equipment | 917 | 1,253 |
| Accommodation | 632 | 629 |
| Other expenses | 3,083 | 1,888 |
| Total operations and administration | 36,419 | 29,385 |
| **TOTAL EXPENSES** | **625,597** | **526,522** |
| **NET COST OF OPERATIONS** | **621,624** | **522,446** |
| Net assets (liabilities), beginning of the year | 341 | (1,301) |
| Net cash provided by Government | 619,750 | 522,145 |
| Change in due from Consolidated Revenue Fund | 117 | 446 |
| Services provided without charge by other government departments (Note 9) | 1,751 | 1,497 |
| **NET ASSETS, END OF THE YEAR (Note 5)** | **335** | **341** |

The accompanying notes and schedules form an integral part of these statements.

# STATEMENT OF CASH FLOW

(in thousands of dollars)

| OPERATING ACTIVITIES | For the year ended March 31 2003 | For the year ended March 31 2002 |
|---|---|---|
| Net cost of operations | **621,624** | **522,446** |
| **Non-cash items included in net results** | | |
| Amortization of capital assets | (699) | (106) |
| Services provided without charge by other government departments | (1,751) | (1,497) |
| | (2,450) | (1,603) |
| **Statement of financial position adjustments** | | |
| Change in total liabilities | (1,304) | (978) |
| Change in accounts receivable | 199 | 123 |
| Change in prepaid expenses | 145 | 24 |
| | (960) | (831) |
| **Cash Used in Operating Activities** | **618,214** | **520,012** |
| **INVESTING ACTIVITIES** | | |
| Net acquisitions of capital assets | 1,713 | 1,871 |
| Increase (decrease) in advances | (177) | 262 |
| **Cash Used in Investing Activities** | **1,536** | **2,133** |
| **NET CASH PROVIDED BY GOVERNMENT** | **619,750** | **522,145** |

The accompanying notes and schedules form an integral part of these statements.

for the year ended March 31 2003

## 1. Authority and Objectives

The Canadian Institutes of Health Research (CIHR) was established in June 2000 under the *Canadian Institutes of Health Act,* replacing the former Medical Research Council of Canada. It is listed in Schedule II to the *Financial Administration Act* as a departmental corporation. CIHR's objective is to excel, according to international standards of scientific excellence, in the creation of new knowledge, and its translation into improved health, more effective health services and products, and a strengthened Canadian health care system.

CIHR is led by a President who heads a Governing Council of nineteen other eminent Canadians appointed by Order in Council. The Governing Council sets overall strategic direction, goals and policies and oversees programming, resource allocation, ethics, finances, planning and accountability.

CIHR operates a wide variety of grants and awards programs to support health research, develop researchers, build a robust health research environment, promote partnerships, engage the public, and foster use of research results.

CIHR has 13 Institutes that focus on identifying the research needs and priorities for specific health areas, or for specific populations, then developing strategic initiatives to address those needs. Each Institute is led by a Scientific Director who is guided by an Institute Advisory Board, which strives to include representation of the public, researcher communities, research funders, health professionals, health policy specialists and other users of research results.

CIHR strives to support the full spectrum of health research – biomedical, clinical, health services and population health – and recognizes that the complexity of many health issues requires an integration of the perspectives and research approaches of different health disciplines.

The entire CIHR program, administration excepted, is achieved through transfers in the form of grants for research projects, personnel awards and institute support grants.

## 2. Significant Accounting Policies

These financial statements have been prepared in accordance with Treasury Board of Canada accounting standards based on Canadian generally accepted accounting principles. The most significant accounting policies are as follows:

**(a) Parliamentary appropriations –** CIHR is financed by the Government of Canada through Parliamentary appropriations. Appropriations provided to CIHR do not parallel financial reporting according to generally accepted accounting principles. They are based in a large part on cash flow requirements. Consequently, items recognized in the statement of operations and the statement of financial position are not necessarily the same as those provided through appropriations from Parliament. Note 10 provides a high-level reconciliation between the two bases of reporting.

**(b) Due from the Consolidated Revenue Fund –** all departments including agencies and departmental corporations operate within the Consolidated Revenue Fund (CRF). The CRF is administered by the Receiver General for Canada. All cash receipts are deposited to the CRF and all cash disbursements made by departments are paid from the CRF. Due from the CRF represents the amount of cash that CIHR is entitled to draw from the Consolidated Revenue Fund without further appropriations, in order to discharge its liabilities.

**(c) Revenues –** these are accounted for in the period in which the underlying transaction or event occurred that gave rise to the revenues.

**(d) Deferred revenue –** monies received as donations and contributions from various organizations and individuals for health research as well as interest on endowments are recorded as deferred revenue until such time that they are disbursed in accordance with agreements between the contributor and CIHR or in accordance with the terms of the endowments.

**(e) Expenses –** these are recorded when the underlying transaction or expense occurred subject to the following:

- Grants and awards are recognized in the year in which payment is due or in which the recipient has met the eligibility criteria.
- Employee severance benefits are accrued as earned and are calculated using information derived from the results of the actuarially determined liability for employee severance benefits for the Government as a whole. Employee severance benefits on cessation of employment represent obligations of CIHR that are normally funded by appropriation when the benefits are paid.
- Vacation pay and overtime are expensed in the year that the entitlement occurs.
- Contributions to superannuation plans are recognized in the period that the contributions are made. Actuarial surpluses or deficiencies are not recorded in CIHR's accounts but are recognized in the consolidated financial statements of the Government of Canada.
- Services provided without charge by other government departments and agencies are recorded as operating expenditures at their estimated cost and a corresponding amount is credited directly to the Net Assets.

**(f) Accounts Receivable –** these are stated at amounts expected to be ultimately realized. A provision is made for receivables, where the recovery is considered uncertain.

**(g) Capital assets –** all tangible assets having an initial cost of $5,000 or more are recorded at their acquisition cost. Amortization of capital assets is done on a straight-line basis over the estimated useful life of the capital asset as follows:

| Asset | Useful life |
|---|---|
| Informatics hardware and software | 3-5 years |
| Office equipment | 10 years |
| Motor vehicles | 5 years |

**(h) Foreign currency transactions –** transactions involving foreign currencies are translated into Canadian dollar equivalents using rates of exchange at the time of those transactions.

**(i) Refunds of previous years' expenditures –** these are recorded as a reduction in expenses when received.

**(j) Measurement uncertainty –** the preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses reported in the financial statements. At the time of preparation of these statements, management believes the estimates and assumptions to be reasonable. The most significant items where estimates are used are allowances for employee vacation and compensatory benefits, allowance for employee severance benefits and amortization of capital assets.

## 3. Capital Assets

| (in thousands of dollars) | | | | 2003 | 2002 |
|---|---|---|---|---|---|
| **Capital asset class** | Opening Balance | Net Additions for the year | Accumulated Amortization | Net Book Value | Net Book Value |
| Informatics Hardware | 997 | 192 | (383) | 806 | 869 |
| Informatics Software | 396 | 1,778 | (448) | 1,726 | 381 |
| Office Equipment | 67 | | (17) | 50 | 57 |
| Motor Vehicles | 23 | | (10) | 13 | 17 |
| Work-in-progress | 631 | (257) | | 374 | 631 |
| **Total** | **2,114** | **1,713** | **(858)** | **2,969** | **1,955** |

Amortization expense for the year ended March 31, 2003 is $699,000 (2002 - $106,000).

## 4. Deferred Revenue

Included in deferred revenue are donations and contributions from various organizations and individuals for health research as well as interest on endowment accounts. The transactions relating to these accounts are as follows:

| (in thousands of dollars) | 2003 | 2002 |
|---|---|---|
| Donations for health research | | |
| Balance, beginning of the year | 1,379 | 1,807 |
| Add: | | |
| Donations received | 3,481 | 3,535 |
| Interest earned | 36 | 37 |
| Less: | | |
| Grants paid | 3,970 | 4,000 |
| Balance, end of the year | **926** | **1,379** |
| Interest on endowments for health research | | |
| Balance, beginning of the year | 5 | 3 |
| Add: | | |
| Interest earned | 4 | 2 |
| Less: | | |
| Grants paid | 2 | |
| Balance, end of the year | 7 | 5 |
| **Total Deferred Revenue** | **933** | **1,384** |

## 5. Net Assets

Included in the Net Assets are two endowments for health research. These endowments are restricted assets that cannot be spent. The interest on these accounts is credited to deferred revenue.

| (in thousands of dollars) | 2003 | 2002 |
|---|---|---|
| Endowments for Health Research, beginning of the year | 140 | 75 |
| Endowment received | | 65 |
| Endowments for Health Research, end of the year | 140 | 140 |
| Unrestricted net assets | 195 | 201 |
| **Net Assets** | **335** | **341** |

## 6. 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. In management's opinion, the outcome of this litigation is not presently determinable.

Two other legal suits launched by individuals alleging damage from participation in projects funded by grants from the Medical Research Council are pending. The amount of these claims is estimated at $50,000. In management's opinion, the outcome of this litigation is not presently determinable

## 7. Commitments

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

(in thousands of dollars)

| Year of payment | |
|---|---|
| 2003-2004 | 531,765 |
| 2004-2005 | 404,507 |
| 2005-2006 | 259,068 |
| 2006-2007 | 138,960 |
| 2007-2012 | 87,818 |
| **Total Grants and Awards Commitments** | **1,422,118** |

In addition, the nature of CIHR's operating activities result in some multi-year contracts whereby CIHR will be committed to make some future payments when the goods or services are rendered. Operating commitments that can be reasonably estimated are as follows:

(in thousands of dollars)

| Year of payment | |
|---|---|
| 2003-2004 | 1,620 |
| 2004-2005 | 131 |
| **Total Operating Commitments** | **1,751** |

## 8. Open Competitions Researchh and Strategic Initiatives

Schedule 1 displays CIHR's grants and awards programs. Canadian health researchers may compete for grants and awards from these programs through two funding mechanisms. *Open competitions* refer to competitions in each of these programs, which do not relate to any specific area of scientific inquiry. Peer review ranks the scientific merit of each application and the top ranked applications are funded regardless of which area of science they represent. *Strategic Initiatives* refer to competitions aimed at supporting research in very specific areas of science or for developing research capacity in specific segments of the Canadian research enterprise. Strategic Initiatives, in addition to being classified under the family of CIHR funding programs shown in Schedule 1, are also categorized under the types of Strategic Initiatives listed in Schedule 2. There are two main categories of Strategic Initiatives: CIHR Initiatives and Institute Initiatives. CIHR Initiatives are initiated at the corporate level whereas Institute Initiatives are initiated at the Institute level.

## 9. Related Party Transactions

CIHR is related in terms of common ownership to all Government of Canada departments, agencies, and Crown Corporations. CIHR enters into transactions with these entities in the normal course of business and on normal trade terms applicable to all individuals and enterprises except that certain services, as shown below, are provided without charge.

| (in thousands of dollars) | 2003 | 2002 |
|---|---|---|
| Accommodation services provided by Public Works and Government Services Canada | 632 | 629 |
| Contributions covering employer's share of employees' insurance premiums and costs paid by Treasury Board Secretariat | 1,059 | 808 |
| Audit services provided by the Office of the Auditor General of Canada | 60 | 60 |
| **Total Services Provided Without Charge** | **1,751** | **1,497** |

## 10. Parliamentary Appropriations

| (in thousands of dollars) | 2003 | 2002 |
|---|---|---|
| **(a) Reconciliation of net cost of operations to total Parliamentary appropriations used** | | |
| **Net cost of operations** | **621,624** | **522,446** |
| Adjustments for items affecting Net Results but not affecting Appropriations | | |
| Less: Items recorded as expenses but not affecting appropriations | | |
| Grants funded from donations | 3,972 | 4,000 |
| Services provided without charge | 1,751 | 1,497 |
| Employee severance benefits | 1,165 | 290 |
| Amortization | 699 | 106 |
| Vacation pay | 239 | 100 |
| Bad debts | 6 | 14 |
| Refunds of previous years' expenditures – grants and awards | (1,620) | (1,403) |
| Refunds of previous years' expenditures – operations and administration | (21) | (41) |
| Adjustments of previous years payable | (129) | (257) |
| Retroactive salaries | (56) | (41) |
| Time off in lieu | 23 | (1) |
| | 6,029 | 4,264 |
| Add: Items recorded as revenue but not affecting appropriations | | |
| Donations | 3,970 | 4,000 |
| Endowment bequest | 2 | 65 |
| Other | | 5 |
| | 3,972 | 4,070 |
| Adjustments for items not affecting Net Results but affecting Appropriations | | |
| Add: Capital acquisitions | 1,970 | 1,871 |
| Prepaid expenses | 145 | 24 |
| Less: Capital disposals | (257) | |
| | 1,858 | 1,895 |
| **Total Parliamentary appropriations used** | **621,425** | **524,147** |

## 10. Parliamentary Appropriations

| (in thousands of dollars) | 2003 | 2002 |
|---|---|---|
| **(b) Reconciliation of Parliamentary appropriations voted to total Parliamentary appropriations used** | | |
| Parliamentary appropriations voted: | | |
| Vote 10 – Operating expenditures | 20,183 | 19,748 |
| Supplementary Vote 10a | 12,561 | 13,216 |
| Transfer from Treasury Board Vote 10 | 55 | 75 |
| Transfer from Treasury Board Vote 15 | 50 | 97 |
| | 32,849 | 33,136 |
| Less: Lapsed appropriation | (978) | (5,496) |
| | 31,871 | 27,640 |
| Vote 15 – grants | 443,164 | 408,885 |
| Supplementary Vote 15a | 172,137 | 109,832 |
| Supplementary Vote 15b | 300 | |
| | 615,601 | 518,717 |
| Less: Lapsed appropriation | (28,775) | (24,177) |
| | 586,826 | 494,540 |
| Statutory contributions to employee benefit plans | 2,728 | 1,967 |
| **Total Parliamentary appropriations used** | **621,425** | **524,147** |

# SCHEDULE 1 TO THE FINANCIAL STATEMENTS
# GRANTS AND AWARDS

| for the year ended March 31 (in thousands of dollars) | 2003 | | | 2002 | | |
|---|---|---|---|---|---|---|
| | Open Competition (Note 8) | Strategic Initiatives (Note 8) | Total | Open Competition (Note 8) | Strategic Initiatives (Note 8) | Total |
| Grants | | | | | | |
| Operating grants | 253,989 | 40,684 | 294,673 | 229,746 | 23,318 | 253,064 |
| Clinical trials | 26,342 | 7,016 | 33,358 | 17,553 | 5,468 | 23,021 |
| Maintenance and equipment | 9,063 | 1,103 | 10,166 | 10,196 | | 10,196 |
| Michael Smith Award for Excellence | 100 | | 100 | | | |
| Special projects | 316 | 4,838 | 5,154 | 683 | 4,455 | 5,138 |
| Groups | 42,173 | 3,303 | 45,476 | 38,822 | 3,376 | 42,198 |
| Development grants | | 640 | 640 | | 3,220 | 3,220 |
| Community alliance for health research | 7,406 | | 7,406 | 5,740 | | 5,740 |
| Strategic training initiative in health research | | 12,542 | 12,542 | 85 | 1,620 | 1,705 |
| Interdisciplinary health research team | 8,876 | 1,570 | 10,446 | 9,026 | 1,019 | 10,045 |
| CADRE - Research grants | | 352 | 352 | | 125 | 125 |
| Centre grants | | 2,947 | 2,947 | | 1,025 | 1,025 |
| Opportunity grants | | | | | 60 | 60 |
| Retraining grants | | | | | 50 | 50 |
| Seed grants | | 27 | 27 | | 46 | 46 |
| Establishment grants | | 1,245 | 1,245 | | 834 | 834 |
| Short-term exchange program | | 162 | 162 | | 15 | 15 |
| Pilot project grants | | 870 | 870 | | | |
| New emerging teams | | 49 | 49 | | | |
| Small projects grants | | 223 | 223 | | | |
| IGH knowledge translation grants | | 10 | 10 | | | |
| Planning grants | | 1,519 | 1,519 | | | |
| Extension grants | | 2 | 2 | | | |
| | 348,265 | 79,102 | 427,367 | 311,851 | 44,631 | 356,482 |
| Salary support | | | | | | |
| Development grants | | | | 39 | | 39 |
| Research chairs | | 1,197 | 1,197 | | 812 | 812 |
| Career Awards | | 344 | 344 | | 345 | 345 |
| Distinguished investigators | 1,474 | 55 | 1,529 | 1,843 | 62 | 1,905 |
| Senior investigators | 3,820 | 481 | 4,301 | 3,552 | 440 | 3,992 |
| Investigators | 9,178 | 1,452 | 10,630 | 9,007 | 1,109 | 10,116 |
| New investigators | 15,367 | 2,203 | 17,570 | 13,758 | 1,647 | 15,405 |
| Clinician scientists 2 | 1,089 | | 1,089 | 1,065 | 8 | 1,073 |
| Senior research fellowships 2 | 1,084 | | 1,084 | 491 | | 491 |
| CADRE - Salary Awards | | 769 | 769 | | 895 | 895 |
| Career transition awards | | 203 | 203 | | | |
| Clinical investigation | | 120 | 120 | | | |
| | 32,012 | 6,824 | 38,836 | 29,755 | 5,318 | 35,073 |
| Research training | | | | | | |
| Clinician scientist 1 | 1,108 | 138 | 1,246 | 1,285 | | 1,285 |
| Centennial fellowships | | | | 75 | | 75 |
| Postdoctoral fellowships | 18,877 | 5,400 | 24,277 | 18,788 | 3,875 | 22,663 |
| Studentships | 1,602 | 353 | 1,955 | 3,184 | 280 | 3,464 |
| MD/PhD studentships | 1,123 | 95 | 1,218 | 924 | 57 | 981 |
| Doctoral research awards | 8,166 | 1,666 | 9,832 | 7,860 | 774 | 8,634 |
| Summer research award | 1,434 | 203 | 1,637 | 678 | 192 | 870 |
| Senior research fellowships 1 | 1,085 | 65 | 1,150 | 1,022 | | 1,022 |
| CADRE - Regional training centre | | 813 | 813 | | 479 | 479 |
| CIHR science writer scholarship | 118 | | 118 | 62 | | 62 |
| | 33,513 | 8,733 | 42,246 | 33,878 | 5,657 | 39,535 |
| Travel and exchange | | | | | | |
| Visiting scientists | 171 | | 171 | 102 | | 102 |
| Symposia and workshops | 301 | 45 | 346 | 232 | 65 | 297 |
| | 472 | 45 | 517 | 334 | 65 | 399 |
| Other activities | | | | | | |
| President's fund | 518 | | 518 | 388 | | 388 |
| Other grants | | 4,240 | 4,240 | | 3,653 | 3,653 |
| | 518 | 4,240 | 4,758 | 388 | 3,653 | 4,041 |
| | **414,780** | **98,944** | **513,724** | **376,206** | **59,324** | **435,530** |

# SCHEDULE 2 TO THE FINANCIAL STATEMENTS
# STRATEGIC INITIATIVES

| for the year ended March 31 (in thousands of dollars) | **2003** | **2002** |
|---|---|---|
| | (Note 8) | (Note 8) |
| *CIHR initiatives* | | |
| Aboriginal Capacity and Developmental Research environments (ACADRE) | 1,851 | 849 |
| Capacity for Applied and Development Research and Evaluation (CADRE) | 1,920 | 1,554 |
| CIHR/Canada's research-based pharmaceutical companies health program | 7,888 | 6,913 |
| Genomics research program | 5,966 | 6,270 |
| Health Research Partnership Program | 3,865 | 3,686 |
| HIV/AIDS research program | 12,396 | 12,756 |
| Institutional and Establishment Development Grants | 265 | 4,054 |
| Intellectual Property Management | 1,774 | 2,000 |
| Other Strategic Initiatives | 5,811 | 4,432 |
| Proof of Concept Principles | 3,324 | 4,330 |
| Regional partnership program | 3,731 | 3,707 |
| Research initiative on hepatitis C | 1,080 | 803 |
| Rural Health | 268 | 558 |
| Strategic Training Initiative in Health Research | 4,016 | 823 |
| University-industry program | 4,566 | 2,499 |
| | 58,721 | 55,234 |
| *Institute initiatives* | | |
| Aboriginal Capacity and Developmental Research Environments (ACADRE) | 1,096 | 176 |
| Alzheimer Society of Canada | 500 | |
| Canadian Institute for Health Information | 200 | |
| Cancer Research Society | 860 | |
| Capacity for Applied and Development Research and Evaluation (CADRE) | 233 | |
| Career Transition Awards | 203 | |
| Celera Genome Database | 121 | |
| Centre for Research Development | 241 | |
| Clinical Investigatorship | 120 | |
| Excellence, Innovation and Advancement in the Study of Obesity & Healthy Body Weight | 426 | |
| Financing Health Care in Changing Public Expectations | 281 | 43 |
| Gene Environment Interactions in Circulatory and Respiratory Diseases | 984 | 269 |
| Gene-Therapy Neurological Diseases | 325 | 750 |
| Global Health Research Program Development and Planning Grants | 1,519 | |
| Health Research Programs of Excellence | 729 | 231 |
| Healthy Gametes & Great Embryos | 469 | |
| Hospital for Sick Children Foundation | 495 | |
| IAPH Strategic Initiatives | 613 | 150 |
| Impacts of Physical and Social Environments | 767 | |
| Improved Access for Marginalized Groups | 953 | 54 |
| Institutional and Establishment Development Grants | 980 | |
| Interdisciplinary Capacity Enhancement Teams Grant (ICE) | 701 | |
| Interdisciplinary Health Research Team | 261 | |
| Knowledge Translation | 205 | 149 |
| National Cancer Institute of Canada | 2,000 | |
| National Network for Aboriginal Mental Health Research | 164 | 95 |
| Needs, Gaps and Opportunuities Assessments | 40 | 550 |
| New Emerging Teams | 5,377 | 520 |
| New Perspectives in Gender and Health | 238 | 156 |
| Operating Grants | 6,281 | |
| Other Strategic Initiatives | 461 | |
| Pilot Projects | 493 | |
| Reducing Health Disparities & Promoting the Health of Vulnerable Populations | 677 | |
| Short -Term Exchange Program | 162 | 15 |
| Special Initiative in Cystic Fibrosis Research | 46 | 39 |
| Strategic Training Initiative in Health Research | 8,759 | 797 |
| Training and Salary Awards | 2,243 | 96 |
| | 40,223 | 4,090 |
| **Total Strategic Initiatives** | **98,944** | **59,324** |