



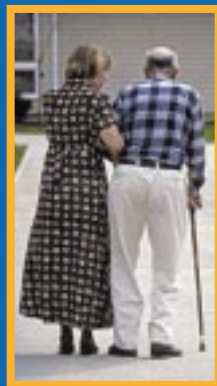
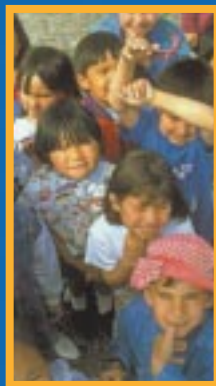
Government  
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# WHERE HEALTH RESEARCH MEETS THE FUTURE

The Final Report of the Interim Governing Council of the  
Canadian Institutes of Health Research





## WHERE HEALTH RESEARCH MEETS THE FUTURE

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

*The Honourable Allan Rock  
Minister of Health  
House of Commons  
Ottawa, Ontario  
K1A 0A6*

*Dear Minister,*

*In February 1999, you appointed a thirty-four member Interim Governing Council (IGC) to advise you on the creation of a new, transformative health research organization for Canada: the Canadian Institutes of Health Research (CIHR). The attached Final Report, *Where Health Research Meets the Future*, is a summary of that advice.*

*Over the last year, the IGC met on numerous occasions to discuss a wide range of topics, including the objective of CIHR, the design of a CIHR model, and transition issues. These discussions have been enriched through consultations with many stakeholders, experts from the health research community both domestically and internationally, and with interested Canadians. Results of these discussions are found in the "Canadian Institutes of Health Research Act", which received Royal Assent on April 13th, and in the new CIHR transition programs, which you announced on October 22, 1999. The IGC is gratified to see its advice in these areas put into action.*

*Other results are found in IGC working papers. These documents provide detailed examination of key structural and operational issues for CIHR. The IGC believes they represent an important set of suggestions for consideration by the new Governing Council and should be viewed as supplementary to this Final Report.*

*The following summary presents an operational framework for CIHR, as well as a proposed slate of Institutes, based on core ideas found in the working papers, and on the objective set out in the CIHR Act. The IGC believes this framework and proposed slate of Institutes are a beginning, and if implemented would require further development, evolution and possible adaptation.*

*Minister, we are grateful that you have consulted us. Your government's support for health research in the 1999 Budget has enabled the IGC to bring together a broad coalition of partners to begin building a transformative health research organization for Canada. We urge the Government of Canada to continue on the path of enhanced support for health research to realize Prime Minister Jean Chrétien's vision of Canada as the place to be for knowledge creation in the 21st century. With your support, we believe that action on our proposals would deliver on that goal. Improvement of the health of Canadians and of people around the world would be the result.*

*Yours sincerely,*

*Henry Friesen  
Chairman  
Interim Governing Council*

*Dorothy Lamont  
Vice-Chair  
Interim Governing Council*

*Eric Maldoff  
Vice-Chair  
Interim Governing Council*



**WHERE HEALTH RESEARCH  
MEETS THE FUTURE**

**THE FINAL REPORT**

**OF THE INTERIM GOVERNING COUNCIL**

**OF THE CANADIAN INSTITUTES**

**OF HEALTH RESEARCH**

**JUNE 2000**



## WHERE HEALTH RESEARCH MEETS THE FUTURE

This book was written for Health Canada by the Interim Governing Council of the Canadian Institutes of Health Research

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# WHERE HEALTH RESEARCH MEETS THE FUTURE

## TABLE OF CONTENTS

1	A New Era for Health Research in Canada – A Future of Opportunity	7
2	The Canadian Institutes of Health Research: A New Vision for Health Research	9
3	<b>The Objective of the CIHR</b>	<b>11</b>
3.1	Supporting research excellence and priority setting in CIHR	12
3.2	Ethics in research and practice	13
3.3	Attracting and keeping Canada’s researchers	14
3.4	Partnerships – the essence of CIHR	15
3.5	Expanded emphasis on multidisciplinary, integrated research	16
3.6	Knowledge exchange and dissemination	17
4.	<b>The CIHR and its Institutes – Structures for Research and Results</b>	<b>18</b>
4.1	CIHR leadership	19
4.2	The Institutes and their leadership	20
4.3	Secretariat, Offices, Committees	21
4.4	Galvanizing research effort	22
4.5	Strong support for individual researchers and scientific excellence	23
4.6	CIHR programs to build research in Canada	24
5.	<b>Creating Institutes</b>	<b>25</b>
5.1	Key considerations	25
5.2	Selecting the Institutes	26
5.3	Particular areas of discussion	29
5.4	Crosscutting issues and mechanisms	31
6.	<b>Conclusion</b>	<b>32</b>





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# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 1 A NEW ERA FOR HEALTH RESEARCH IN CANADA A FUTURE OF OPPORTUNITY

Health research creates the scientific knowledge that leads to longer, healthier lives. It provides new cures and treatments for the many diseases and afflictions that affect the health of Canadians.

Health research also helps health and social service professionals, policy makers and administrators make more informed decisions. Those decisions can help Canadians understand and take action on the many factors that contribute to their health and to the health of different populations in our society. These decisions affect how Canada sustains and strengthens its health care system, including its system of health protection, promotion and prevention.

Canada has a strong and proud legacy in health research. Members of Canada's health research community pursue their work in universities, hospital settings, research institutes, private sector facilities, and government laboratories. These women and men have collectively earned Canada a reputation for world-class insight and innovation across the spectrum of health research. They have drawn on the support of the Medical Research Council (MRC), granting vehicles such as the National Health Research and Development Program (NHRDP) and many other sources in the public sector, voluntary health organizations and the private sector.

Canada is at the dawn of the most exciting era in health research ever. Revolutionary discoveries in genetics and biotechnology are resulting in an unprecedented understanding of our basic make-up. The Human Genome Project, for instance, is mapping the complete

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human genetic code, and promises cures, treatments and preventative therapies for diseases and afflictions that were unimaginable not so long ago. Basic and clinical research into vaccines is promising new ways to prevent major diseases, such as HIV/AIDS.

Not only are we learning more and more about biomedical and genetic determinants of health, we are also expanding our understanding of the social, cultural, economic and environmental conditions that affect our health. We increasingly recognize how health, for instance, is related to economic well-being and to factors such as the control that individuals feel that they exercise over their lives, and their sense of participation and engagement in society. We are learning more about the environmental impacts on health, such as air and water quality, and the indoor environments in which people live and work.

Information technology is revolutionizing the processing and sharing of knowledge and information and is transforming health care in Canada. One example is telehealth, which has the potential to radically alter health care



delivery in rural and remote areas of Canada as rural Canadians gain access to health services using modern telecommunications. Electronic access to health and medical information will translate into fewer doctor's visits, and more efficient diagnoses, and contribute to making care in the home more effective.

These and other changes are underscoring the growing importance of ethics. There is an increased demand for research into ethics and the application of ethical principles to ensure that the new scientific innovations and discoveries that are transforming our lives are consistent with the values of Canadians.

This new era of health research promises more opportunities than ever for Canadian health researchers to affect the health of Canadians. These changes promise exciting new products and medical technologies that will advance health, as well as novel ways of managing the health system and delivering health care and services. They also pose challenges such as the creation of new financial pressures on the health care system and on the economy, and the emergence of new ethical dilemmas.

The Government of Canada has recognized the need to respond to these opportunities, changes and challenges. It is doing so by investing significantly more in health research and by creating the Canadian Institutes of Health Research (CIHR).

CIHR will be a modern health research organization that brings together all fields of health research - across disciplines and research themes - into powerful networks of expertise in areas of importance to Canadians. These networks of expertise will be the Institutes of CIHR. Institutes will be virtual organizations, not ones housed in bricks and mortar facilities.

CIHR will provide leadership by integrating and coordinating health research in Canada among its many partners in provincial and territorial governments, voluntary health organizations, universities, hospitals, the private sector, and the international health research community. It will foster research excellence in the context of broad health priorities, determined by multiple partners. It will build on the strengths of the Canadian health system and will be consistent with the values of Canadians.

CIHR WILL BE A MODERN  
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AREAS OF IMPORTANCE TO  
CANADIANS.

Through CIHR, the new era of health research promises to be one of opportunity, and one that will lead to improvements in the health of Canadians and a strengthened health care system.





# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 2 THE CANADIAN INSTITUTES OF HEALTH RESEARCH: A NEW VISION FOR HEALTH RESEARCH

The story of the CIHR began in 1998. A Task Force, under the aegis of the MRC, representing the full spectrum of the health research community, proposed to the federal government, a new, unique made-in-Canada model – a family of virtual Institutes – for organizing and funding Canadian health research.

The Government of Canada listened. It recognized that health research would be a defining strength of innovative economies and societies in the 21st century. It acknowledged that a new approach to health research would be critical to renewing the health care system by generating the new evidence needed for decisions.

### THE IGC LAUNCHED A CANADA-WIDE REQUEST FOR INPUT AS TO THE INITIAL SLATES OF INSTITUTES FOR CIHR.

In the 1999 federal Budget, the Government of Canada announced that it would create the Canadian Institutes of Health Research. It announced plans for a significant increase in the health research budget under CIHR, growing to more than \$500 million by 2001-2002. This represents nearly double the

investments in health research made by the MRC and the NHRDP of Health Canada, two organizations that will fold into CIHR.

Within days of the Budget, the Minister of Health, the Honourable Allan Rock, created an Interim Governing Council (IGC), comprising 34 researchers and experts, to provide advice on how best to create CIHR as a modern framework for health research in Canada.

Throughout 1999 and the early part of 2000, the IGC worked to address what it considered to be key elements of this new framework.

It created Sub-committees to consider issues related to the legislation establishing CIHR, Institute design, Institute creation, knowledge management, ethics, programs and applied clinical research, peer review, partnerships and commercialization. Each of these Sub-committees generated detailed working papers.

The IGC's work on legislative drafting instructions was an early priority and was presented to the federal government for consideration in July, 1999. The government accepted this work as the basis of its legislation to create the CIHR. The new act creates a legislative framework for CIHR that leaves substantial room for the organization to evolve. It set out the objective for CIHR and the structural and functional instruments to achieve the objective. The IGC's work in the area of legislation extended to IGC members appearing as witnesses before the House of Commons and Senate Committees that



## WHERE HEALTH RESEARCH MEETS THE FUTURE

examined Bill C-13: An Act to Create CIHR.

Also notable was the IGC's work on Institute Creation. The IGC launched a Canada-wide request for input as to the initial slates of Institutes for CIHR. This consultation involved a range of input from dozens of universities and other centres of research. The quality of the input and the substantial consensus in some key areas contributed significantly to the IGC's proposed initial slate of Institutes.

IGC members met with many groups with first-hand knowledge of the initial tasks facing the creation of a new health research organization. Members met with the Presidents and Directors of the United States' National Institutes of Health, the Agency for Health Care Policy and Research and the Howard Hughes Medical Institute. The IGC met with the MRC Council on how to manage the transition from the MRC to CIHR. They consulted with Health Canada on incorporating elements of the National Health Research and Development Program into CIHR. The IGC consulted with Canadian granting councils on how to co-ordinate health research funding in Canada. They commissioned analyses of international best practices in the area of innovative programming, knowledge management and partnerships.

The IGC also addressed immediate needs. It launched transitional funding programs, including the Community Alliance for Health Research (CAHRs) and the Interdisciplinary Health Research Teams (IHRTs). Developed in collaboration with federal research granting bodies, these programs received a tremendously positive response from the research community. The IGC debated and addressed a wide range of other policy and operational issues needed to turn CIHR from a vision to reality. Many IGC members served on the selection committee for the nomination process of the President and the Governing Council.

The IGC's efforts have expanded the sense of anticipation in the health research community about what CIHR can help to create. They have also alerted researchers and other stakeholders to the challenges that must be addressed along the way.

### 3 THE OBJECTIVE OF CIHR

A crucial part of the IGC's early work was to develop an objective for CIHR, an objective that would enable Canada to seize the growing opportunities in health research and address emerging challenges. The objective developed by the IGC is stated in the *CIHR Act*:

*To excel, according to internationally accepted standards of excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products, and a strengthened Canadian health care system*

This objective sets out key CIHR features. It underlines the importance of excellence in knowledge creation, measured against international benchmarks. It emphasizes the critical importance of translating that knowledge into applications that will benefit those on the front lines of health delivery. This includes patients, health practitioners and professionals, policy makers and officials who design and deliver programs that protect and promote health.

The objective makes clear that Canadians should expect to see outcomes relevant to their own health concerns. It emphasizes the importance of research so that the people in our health care system can access and use evidence to make sound decisions on health services, organization and policy. It recognizes that attracting the most creative minds to Canadian health research leads to the discovery and development of effective products and services.

AN IMPORTANT DIMENSION IN ACHIEVING THE OBJECTIVE OF CIHR WILL BE TO SUPPORT RESEARCH EXCELLENCE IN THE CONTEXT OF BROADLY ESTABLISHED PRIORITIES.

The important role that governments must play is inherent in the objective. CIHR is an independent agency that will operate at arm's length from the Government of Canada, placing it in a unique position to work with all governments – federal, provincial, municipal and territorial. It can support their efforts to sustain, strengthen and renew the health system by generating evidence, through independent research. CIHR can facilitate a rich dialogue between the health research community and governments on public health policy and program questions and on choices for the ongoing evolution of health in Canada.

CIHR will also coordinate its work with key federal partners in the funding and support of research. These include the Social Science and Humanities Research Council, the Natural Sciences and Engineering Research Council, the National Research Council, the Canadian Health Services Research Foundation, the Canada Foundation for Innovation, Genome Canada and the Networks of Centres of Excellence.



### 3.1 SUPPORTING RESEARCH EXCELLENCE AND PRIORITY SETTING IN CIHR

An important dimension in achieving the objective of CIHR will be to support research excellence in the context of broadly established priorities.

The IGC believes that excellent research fuels the engine of CIHR. Whether that research is independent, based on following one's curiosity, or research of a more targeted kind, CIHR should strive to foster an environment of research excellence, based on internationally competitive standards.

At the same time, CIHR will ensure that this research takes place in the context of a broad set of priorities. Those priorities would be established by multiple partners including the health research community, voluntary health organizations, governments and others. CIHR will also need to take into account the priorities of the Government of Canada, as expressed by the Minister of Health.

The result should be an environment in which the health priorities of Canadians will be more visible, where dissemination of the results of research is accepted as a norm and where the potential synergies with other kinds of research will be pursued and valued. It will subtly influence the research agenda in Canada over the long term as health researchers see more possibilities and opportunities to pursue their research.

Some research priorities are mandated in legislation. For instance, the *CIHR Act* identifies four key research themes that cut across the work of all Institutes in CIHR. All Institutes are expected to incorporate:

- Biomedical research;
- Clinical research;
- Research respecting health systems and health services;
- Research on societal, cultural and environmental influences on health and the health of populations.

Other broad priorities will emerge as the Institutes are created, and as health and research priorities are established within each Institute.



# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 3.2 ETHICS IN RESEARCH AND PRACTICE

The *CIHR Act* represents the first explicit and significant commitment in a piece of Canadian legislation to address ethical issues. These issues include the relations between physicians and patients, researchers, and subjects of research. To address these and other issues, the IGC believes that CIHR should actively support the Tri-Council policy statements on the ethical conduct for research involving humans and on integrity in research and scholarship.

We live in a world where highly charged ethical questions are being raised. CIHR could be expected to address issues involving the privacy of health information on the information highway. Indeed, CIHR could provide leadership in this area, drawing on its experience in developing its own virtual networks.

More generally, the IGC proposes that the CIHR role in ethics be one that ensures that all CIHR-funded research adheres to the highest ethical standards. CIHR-funded research should also support important research on ethical issues related to health. CIHR should provide leadership and provide a source of expertise in ethics in regard to broad questions and policies in health research and practices.

CIHR should take steps to ensure that people with expertise in ethics participate in the work of CIHR and the Institutes. CIHR will work collaboratively with other organizations that are already concerned with human subject and animal research to increase consistency and coordination in approaches.



# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 3.3 ATTRACTING AND KEEPING CANADA'S RESEARCHERS

CIHR can help address Canadians' concerns about this country's ability to attract young people to research careers and to retain the highly skilled researchers Canada already has.

CIHR will support programs that contribute to building a stronger research community. Young researchers will benefit from specific funds to help them begin careers. Increased career support awards will continue to make it possible for people, whose contributions are essential for CIHR's integrated research approach, such as many health professionals and clinicians, to increasingly participate in health research. Indeed, these and other programs and mechanisms could assist CIHR in strengthening the field of clinical research, to embrace basic as well as applied areas of research. Career support should be designed to complement the Canada Research Chairs Program, which aims to build a critical mass of world-class researchers to help Canadian universities achieve research excellence and encourage today's leading researchers to remain in Canada.

Young researchers feel the growing sense of optimism in the Canadian research community as the possibility of building satisfying, productive careers increases. The signals are clear that Canada is committed to bringing support for its health research community more in line with levels enjoyed by researchers in other advanced countries. More grants are being awarded. The recent CIHR transition

programs represent an increase in the average value of grants to researchers, even if they are still below those provided by most similar organizations in other countries.

However, that optimism will need to be reinforced by continued growth in competitive funding opportunities, at least until the funding gaps with other countries disappear. Canada's increased support will need to be benchmarked against the actions of other countries, many of which are also increasing their investments substantially.

Canada also will gain from increased support for young researchers in a more subtle way. Many of those women and men will move from research positions into leadership, policy and operational roles. They will bring with them the new perspectives on health research, integration and partnerships that are vital to a knowledge-based society and economy. They will create new Canadian companies at the leading edge of medical technologies, products and services, providing jobs and opportunities for university and technical college graduates. They will also help create the tax base that enables the Government of Canada to invest even more in health research.

### 3.4 PARTNERSHIPS – THE ESSENCE OF CIHR

One of the most significant aspects of CIHR's impact on the health research environment is that CIHR will foster additional and more comprehensive partnerships, drawing on many different disciplinary and organizational perspectives. This will be a key component to help achieve the CIHR objective because it will contribute to coordination, integration and alignment of the health and research agendas in Canada. It will build on the successful efforts to date to build health research partnerships in this country.

There are many partners for CIHR to work with. Provincial governments, some with dedicated research agendas, have actively supported health research in their own provinces. Voluntary health organizations provide important funding for health research, drawing on the financial contributions of Canadian supporters. These and other partners will contribute to defining Canada's research agenda and CIHR will place a high emphasis on working in collaboration with them.

CIHR's partnership initiatives will do more than encourage people to identify research questions that are of interest to them or to their communities; it will help them uncover opportunities where research collaboration could lead to new and additional research projects. It will help researchers to identify new potential partners, including scientists and engineers in other fields, social scientists, researchers in the humanities, clinicians, researchers in government and those in other countries.

In many cases, partnership initiatives will help to strengthen isolated areas of research by

drawing communities of researchers into relationships with others who have complementary interests. These initiatives will help build critical mass in important areas of research that will assist Canada in remaining a recognized leader in health research innovation. These initiatives should also increase the exchange of knowledge among researchers and between researchers and the people who can put the findings to use.

CIHR will work in partnership with the private sector to support leading-edge health research. The IGC recognizes that economic development is a valuable outcome of health research and that many important potential private sector partners and supporters exist, including major pharmaceutical firms. No matter who the partners are, all collaborative efforts will be consistent with the highest standards of scientific excellence and the public interest. Partnerships in CIHR will always remain consistent with public health goals, and specifically the CIHR objective of improving the health of Canadians, creating more effective health services and products, and strengthening the Canadian health care system.

Many of the most exciting partnerships in health research are international. Research teams across many time zones can more easily collaborate, given advances in communication technology. Canada and CIHR will be active participants in this global health research enterprise. CIHR support will enable Canadians to be major contributors to international research programs.





# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 3.5 EXPANDED EMPHASIS ON MULTIDISCIPLINARY, INTEGRATED RESEARCH

CIHR will draw on the strengths and contributions of all disciplines. This will include continued support for Canada's strengths in biomedical and clinical research, as well as growing areas of research strength in

opportunities for synergy between researchers. This will stimulate more questions and lead to a more comprehensive approach to addressing pressing health problems, including attention to health promotion and prevention strategies.

### *An Example: A Multidisciplinary Approach to Alzheimer's Disease*

*A priority for CIHR could be to develop an integrated, multidisciplinary research agenda to address Alzheimer's disease.*

*Biomedical researchers may examine the molecular mechanisms of the disease, while clinical researchers may look at what treatments are most effective. Health services researchers may develop models for providing the best possible care to people with Alzheimer's Disease, while researchers into the health of populations may assess factors relative to diets, environments, or life cycle stages that may contribute to or complicate the disease.*

*Bringing an integrated, multidisciplinary approach to health problems such as Alzheimer's Disease will offer the tools to accelerate the sharing of insights and discovery, broaden our horizon of scientific knowledge, deliver better health care to Canadians and promote better health.*

health systems and health services. It will support investigations into the health of populations, including the societal and cultural dimensions of health and the environmental influences on health.

There are many benefits of supporting a multidisciplinary, integrated approach to research. Science can more effectively progress when different perspectives are brought to bear. An integrated portfolio of research will increase

Areas of research, such as genomics, can themselves be investigated in the context of a multidisciplinary research agenda.

There are already signs that health researchers from diverse backgrounds are beginning to find common threads. A good example of this lively spirit of collaboration is the fact that seven of the federal Networks of Centres of Excellence have been organized around health-related research topics. Another good example is the enthusiastic response of health researchers to the new CIHR transition programs.



## 3.6 KNOWLEDGE EXCHANGE AND DISSEMINATION

As clearly stated in the CIHR objective, CIHR is committed to knowledge creation and to the exchange and dissemination of that knowledge.

Knowledge exchange has to go beyond health researchers to achieve its best results. CIHR will make a priority of getting research results out to policy makers, practitioners and citizens. It will have clear links with major policy and program areas in Health Canada and with other federal departments. It will seek to work with other governments and federal-provincial-territorial institutions, so that they can use research findings effectively in their own initiatives to improve the health of Canadians.

This commitment reflects the IGC view that a reasonable proportion of the research CIHR supports should generate evidence that will influence health practices, treatments, care, products, technologies, programs, and policies. This will also tend to expand the number of Canadians and corporations who support more investments in health research through their own donations to voluntary health organizations, universities and hospitals, and in terms of their views on government funding priorities.

Clearly, the knowledge exchange process will work best if information flows freely back and forth between CIHR and people on the front lines of health care and delivery. For example, health surveillance information from clinics, hospitals, public health agencies and other front-line sources is an important component of the overall data on the health of Canadians. It will be an important source of guidance when CIHR and its Institutes assess their progress and priorities.

Similarly, CIHR should work with partners to ensure that research data flows into effective clinical practice. This commitment to a healthy information flow is consistent with the pattern that has already been established

to make the CIHR an open, transparent organization that values and actively seeks out partnerships and opportunities for collaboration.

Commercialization is an opportunity and a challenge in questions of knowledge exchange. The IGC notes with satisfaction that its position on commercialization is reflected in the *CIHR Act*. The legislation states that commercialization is one of many valid and valuable ways of seeing the results of CIHR-supported research being put to use. There is potential for jobs and growth as products, services and new medical technologies are brought from the bench to markets around the world, and there is value in bringing the jobs and growth to Canada, consistent with CIHR's overall objective. CIHR will contribute to the Government of Canada's overall objective to ensure Canada's competitiveness in the knowledge-based economy.

The CIHR legislation also clearly reflects the IGC's recommendation that commercialization be consistent with the overarching objective of improving the health of Canadians, creating more effective health services and products, and strengthening the Canadian health care system. In an environment of multiple partners, including the public and private sectors, objectives do not always coincide. As such, it will be necessary to develop a consistent process to evaluate commercialization partnerships, like all partnerships, to ensure that the CIHR objective is advanced.

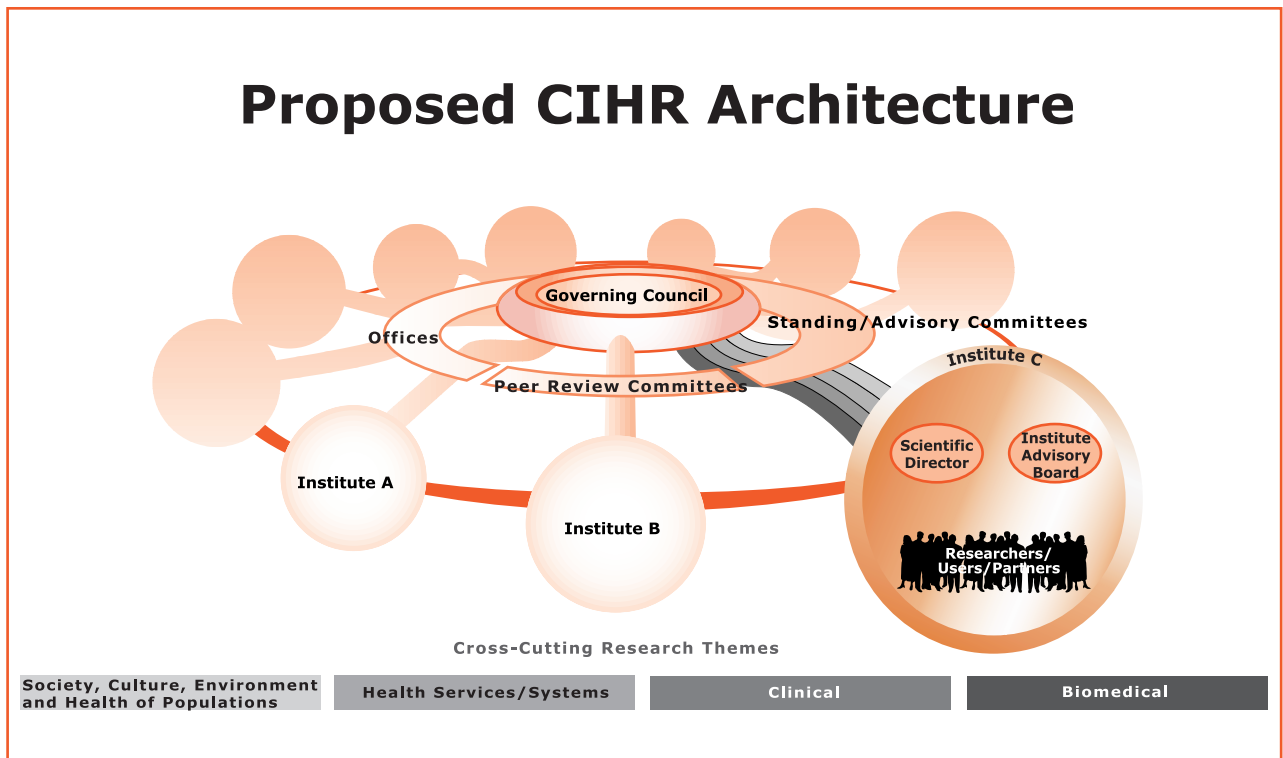
Researchers are already envisaging opportunities to build their own connections through the work of Institutes and through CIHR-wide approaches. Those approaches will routinely involve international cooperation with researchers in other countries and as part of multilateral initiatives. This will provide additional fresh insights into knowledge exchange opportunities.



## 4 CIHR AND ITS INSTITUTES STRUCTURES FOR RESEARCH AND RESULTS

The work of the IGC and its Sub-committees has resulted in a proposed operational framework that provides the instruments for CIHR to achieve its objective and move CIHR beyond the organizational limits of a traditional granting council. Some of the elements of this framework are stated in the *CIHR Act*. Others are set out in the IGC working papers.

CIHR will have a President and a Governing Council who will exercise overall governance for CIHR. Each Institute will be led by a Scientific Director and an Institute Advisory Board, as illustrated in the following figure:





# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 4.1 CIHR LEADERSHIP

CIHR will have a strong leadership structure, featuring a Governing Council comprising members from diverse backgrounds, led by a President who will be the Chief Executive Office and Chair of the Governing Council.

The Governing Council will establish overall strategic directions, goals and policies for CIHR. It will oversee and evaluate all phases of each Institute's life, including its creation, mandate, budgets and plans. It will appoint and establish policies with respect to the Scientific Director, the Advisory Board and its Chair, upon recommendation of the President.

The Governing Council will establish the suite of programs that are available to the Institutes and it will establish the peer review process that will be used to determine funding for research in CIHR. It will approve funding for research, the use of CIHR corporate instruments and structures (e.g. Offices and Committees) and a Strategic Initiative Fund to support special activities designed to fill gaps that ordinary research funding and other programs cannot.

Day to day leadership of CIHR will be the President's responsibility. A critical element of this leadership role is attracting and retaining the highest calibre talent for key positions within the scientific and management structure. The President will articulate the vision and coordinate the activities of the CIHR to build a consensus among researchers and other stakeholders.

The IGC believes the President should be CIHR's ambassador and voice to Canadians, the federal, provincial and territorial governments and the larger health community in Canada and internationally. The President would also be expected to lead the effort to brand CIHR as a symbol of achievement, visibly linking research institutions and partners in the CIHR effort.

The President would be expected to build cooperation among Institutes, their Scientific Directors and Advisory Boards, as well as with other research funders and performers. The greatest possible degree of coordination and consistency with the strategic orientation of CIHR will be one result of this work.

INSTITUTES WILL BE EXPECTED TO SUPPORT KNOWLEDGE CREATION AT THE HIGHEST STANDARD OF EXCELLENCE AS WELL AS TO PROVIDE LEADERSHIP IN PROMOTING RESEARCH RELATED TO SPECIFIC HEALTH PRIORITIES



## 4.2 THE INSTITUTES AND THEIR LEADERSHIP

Institutes will be the core mechanisms to achieve the CIHR objective. They will be powerful networks of expertise, leadership, participation and partnership. They will be expected to support knowledge creation at the highest standard of excellence as well as to provide leadership in promoting research related to specific health priorities. The Institutes will be expected to encourage research that crosses traditional boundaries and integrates contributions from all sectors of health research, including ethics. As well, they will emphasize partnerships among researchers in Canada and internationally and make the translation and exchange of knowledge high priorities.

Institutes will be virtual networks connecting researchers from universities, government departments, hospitals and other research centres through new information and communication technologies and common interest. Institutes, as virtual networks, will have the flexibility to evolve, as research interests and priorities change.

**THIS FLEXIBILITY WILL ALSO ALLOW INSTITUTES TO RESPOND TO PRESSING HEALTH EMERGENCIES SUCH AS THE EMERGENCE OF A SIGNIFICANT INFECTIOUS DISEASE IN CANADA.**

This flexibility will also allow Institutes to respond to pressing health emergencies such as the emergence of a significant infectious disease in Canada.

Given projected budgets, it is reasonable to expect that each Institute, when fully developed, will support a research program in the order of \$20 to \$80 million per year, and will fund between 200 and 500 researchers.

An Institute's Scientific Director, working in her or his home institution, will provide leadership for the Institute and will be supported by an Institute Advisory Board. This Board will work in concert with the Scientific Director to develop and approve an Institute's strategic plan and budget. Each Institute Advisory Board will also be responsible for periodic assessments of Institute activities.

As with the CIHR Governing Council, these Advisory Boards will draw membership from across the health research community and may include lay members. This representation will bring about opportunities for diverse input into an Institute's strategic plan and operations. Also, through the Advisory Board, the development of an Institute strategic plan will be open to the views of researchers, institutions, governments and interested citizens.

Scientific Directors and Institute Advisory Boards will be expected to work closely and routinely with representatives of other Institutes. This kind of consultative approach will help to ensure that opportunities for joint work are identified and acted on. It will ensure that all Institutes are moving in directions that complement each other and minimize duplication.



## WHERE HEALTH RESEARCH MEETS THE FUTURE

### 4.3 SECRETARIAT, OFFICES, COMMITTEES

While the Institutes will be the major vehicles for CIHR activities, the Governing Council will have the flexibility to create other instruments, such as Offices or Committees, to address issues that extend across many Institutes and to perform other functions that promote the CIHR objective.

The Governing Council will need to consider how its own committee structure can focus attention on corporate and strategic concerns. This structure will include an executive committee and a committee to monitor the incorporation of the four crosscutting themes, as mandated by the *CIHR Act*. IGC Sub-committee working papers have also suggested that other possible committees could be considered to address questions of governance, programs, strategic initiative development and evaluation, peer review, ethics, audit and evaluation.

The President is responsible for establishing the management structure of CIHR to implement the programs and policies approved by the Governing Council. A CIHR Secretariat will provide corporate services, such as human resources, finance and information technology, to the Governing Council and its Institutes. The Secretariat will also manage and operate the peer review process, which will be described in Section 4.5.

In addition, the President may establish dedicated staff functions to promote crosscutting research policies and activities, including monitoring the incorporation of key

crosscutting themes in CIHR work. An Ethics Office, for instance, could monitor and provide support for a broad range of ethics activities in CIHR and liaise with organizations external to CIHR. At the same time, it might provide support for an Ethics, Policy and Procedures Committee. Ideas on roles for dedicated staff functions are further developed in the IGC Sub-committees' working papers. Another function of an Office would be to incubate or nurture underdeveloped and emerging areas of research or address areas of immediate strategic concern to the Governing Council. A strategic concern may include areas of research, such as women's health, that are so integral to all aspects of health research that the Governing Council would want to ensure that the area is embedded fully and consistently in all of CIHR's Institutes.

The Governing Council might choose to support an Offices's activities through the Strategic Initiatives Fund that will be among its funding programs. Additionally, it might ask the President to appoint a Director for that Office to work in collaboration with the Directors of the Institutes.



# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 4.4 GALVANIZING RESEARCH EFFORT

Investigator-driven research will continue to be highly prominent and supported under CIHR. The Institute concept will also mean that researchers will be able to align their research strengths to priority areas in the Institute. This will encourage the development of more researchers in fields that may now have a relatively small base, while supporting independent research. In this way, Institutes can act to help shape the research environment, while enhancing investigator-driven research.

An example of this kind of expanded opportunity will be research into health services and health systems. Because CIHR will seek strong links to governments across Canada, all of which are committed to health system renewal, it will be in a position to facilitate innovative research and expand the pool of researchers who can contribute to renewal.

**INSTITUTES WILL HAVE THE LATITUDE AND FLEXIBILITY TO SUPPORT STRATEGIC INITIATIVES TO ADDRESS PRIORITY NEEDS.**

Institutes will have the latitude and flexibility to support strategic initiatives to address priority needs. Such strategic initiatives may support multidisciplinary research teams. Others may support efforts to build a larger research community in an emerging field to develop more accomplished and experienced investigators.

Institutes will improve the support for well-developed research communities to maintain Canadian leadership. They may be able to meet many of their goals through grants for basic and applied research. It may also be true that Institutes with well-established, and well-organized research communities will have the capacity to more easily identify and promote key strategic initiatives.

Each Institute's multi-year strategic plan will detail the proposed mixture of strategic grants. Once approved by the Governing Council, the Institute could be expected to receive a direct allocation to support its strategic initiatives. At the same time, it could receive funding for Institute development initiatives.

The Institute's budget will also indirectly accrue funding from the investigator-initiated researchers that are assigned to it. All Institutes will be able to count on a floor level for research funding, to support a base amount of research. Moreover, Institutes will have the budgetary flexibility to invest more money in research that is relevant to their approved strategic plan - above and beyond their allocation from the CIHR pool.



## 4.5 STRONG SUPPORT FOR INDIVIDUAL RESEARCHERS AND SCIENTIFIC EXCELLENCE

Institutes will be the organizations through which researchers normally receive their funding. The IGC believes that the peer review process for determining and allocating research grants should be operated at the central level, as follows:

- CIHR will hold periodic, peer-reviewed competitions for research funds, including strategic programs presented by the Institutes;
- The competitions will be open to all health research proposals, recognizing that those proposals submitted to strategic programs will be tailored to the program's mandate;
- The competitions will identify the significance of the proposed research, the rigour and adequacy of the research approach and method (feasibility and efficiency), the degree of innovation, investigator qualification and experience. The quality of the relevance of strategic grant proposals will also be an important factor;
- Each successful project will then be allocated to the specific Institute whose strategic vision and mandate suggest the best fit, or to the specific Institute that runs the relevant strategic grant program.

The IGC believes that a centralized peer review process will ensure consistency and equity across all Institutes. The process will benefit from highly skilled, experienced experts, not only in Canada but also around the world, who can assess the proposals. This way, all CIHR-funded research will meet the standard international tests of excellence.

The Governing Council will organize peer review panels in a manner that ensures comprehensive coverage of the broad spectrum of research. There will be panels designed to encourage integrative and multidisciplinary research. Where appropriate, panels could draw on a wider pool of expertise. This could mean drawing on knowledgeable users of research to enable the full participation of the broad health research community, including women and men, whose expertise is in the application of research to policy, programs and practice. This would create another way for CIHR to encourage excellence and relevance in research.

As part of its commitment to broad, effective participation, the IGC believes that consideration should be given, where appropriate, to the joint operation of the peer review process with other federal and provincial granting councils, voluntary health organizations, and government research departments involved in intramural research. To ensure that the highest standard of scientific excellence is achieved for all tax payer supported health research, CIHR should work with Health Canada to exercise leadership so that all government departments use peer review, to the extent possible, in their research decision-making practices.



## 4.6 CIHR PROGRAMS TO BUILD RESEARCH IN CANADA

Another way to achieve the CIHR objective is through the design of innovative programs. The IGC believes that the Governing Council should establish the suite of expanded programs to be used by CIHR Institutes. The suite of programs should sustain the strength of existing disciplines and accommodate multidisciplinary and integrated research. They will be the "tools" in the "toolbox" that Institutes will use to address their unique research needs. For example, programs to build capacity in all sectors of research should include training, career support and specialized resources.

CIHR programs would be designed in collaboration with the Institutes to be simple and flexible and attentive to their strategic initiatives. Programs should be delivered with a minimum of administrative intervention and designed to encourage the transfer of knowledge from research findings. Because CIHR will be held accountable for its activities, it should have a program structure that can permit the measurement of research outcomes against goals and priorities.

No matter which programs are used, all Institutes should encourage knowledge exchange in Canada and internationally. In this way, Institutes could reinforce their value to researchers and other research bodies.

Further suggestions on programs for CIHR are to be found in the Sub-committee working paper on programs.





# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 5. CREATING INSTITUTES 5.1 KEY CONSIDERATIONS

Given the objective of CIHR, and the Institute framework to address that objective, an important step for the Governing Council will be to create Institutes. Their selection, in addition to complementary Offices, comprehensive peer review process, expanded programs, strategic initiatives, consortia, and partnerships, will be vital to CIHR if it is to help Canada seize the exciting new opportunities in health research.

During the past year, a twenty member IGC Institute Creation Sub-committee worked to develop a slate of Institutes. The Sub-committee conducted a historic consultation as part of this process, one that engaged the entire health research community. The submissions received from this consultation were extraordinary in number, extent, and in their richness. They reflect a community consensus in a number of important areas that help to shape the ultimate Institute Creation Sub-committee's proposal on a slate of Institutes.

There was a broad agreement in the community that Institutes should be highly adaptive to changes in research advances and health priorities. The consensus was that Institutes should be flexible structures to ensure that every researcher can find a "home", with a robust evaluation mechanism, to ensure the evolution of Institutes, Offices and all other instruments of CIHR.

Another equally important area of consensus concerned current, emerging and overarching health research priorities of Canadians. This was reflected in the similarities among many submissions on Institute themes and slates.

The Institute Creation Sub-committee was guided by the objective set out in the *CIHR Act*. It requires an organization that focuses on the creation of new knowledge and its translation toward improving the health of Canadians, creating more effective health services and products, and a strengthened Canadian health care system.

Some of the IGC's views on how to achieve these outcomes have already been described in this Final Report. They include ensuring that CIHR and its Institutes incorporate the four crosscutting themes noted in Section 3.1, that they support inclusive, integrative and multidisciplinary health research, that they promote ethics and partnership initiatives, and that they promote knowledge exchange and dissemination.

Based on the CIHR objective, the Sub-committee developed criteria for Institutes. These criteria received enthusiastic and broad



support from the submissions that were received. The Sub-committee's view was that Institutes ought to demonstrate:

**Strength** – an existing basis of research excellence with clear potential for Canadian leadership;

**Relevance** – to the health and health priorities of Canadians;

**Balance** – on both health (well being, promotion and prevention) and disease (understanding, cure and care);

**Diversity** – room for all relevant perspectives in health;

**Capacity and opportunity for the future** – a demonstrated potential to expand the research community in the face of emerging health issues; and

**Partnerships** – a potential to build effective collaboration with relevant stakeholders in health (including communities, organizations, the public and private sectors) and with other areas in the health research community – and the commitment to make those partnerships flourish.

Another key consideration concerns the initial number of Institutes. The Sub-committee noted that the 1999 federal Budget indicated parameters for the discussion of Institutes. The most salient was the expectation that CIHR would have 10 to 15 Institutes of significant scale and scope, and the allocation of financial support based on that level of activity. It also noted the many submissions arising from the consultation that emphasized the importance for research areas to evolve and mature and

eventually become Institutes at a later date. These submissions favoured a smaller number of Institutes.

The Sub-committee considered many other issues, including capacity and critical mass, the viability of Institutes, incorporation of emerging and overarching health concerns, and public recognition and support for individual Institutes. It discussed how Institute choice might best encourage innovation and change, as well as support for research in important areas of health, without entrenching silos. The Sub-committee recognized that CIHR is not being created in a vacuum. There are already many research funders in Canada, including the private sector and voluntary health organizations. CIHR is meant to bring researchers together toward common interests, not to introduce duplication. Accordingly, each Institute will need to identify the important organizations in its external environment and the Governing Council may want to consider building a framework for the development of joint strategic planning, whenever appropriate, especially with regard to partnership funding or peer review, and cross-representation with key external bodies.



# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 5.2 SELECTING THE INSTITUTES

Given these considerations, the Sub-committee arrived at a proposed initial slate of Institutes. The Sub-committee believes that this initial slate of Institutes reflects, above all else, research and health priorities identified by researchers and health partners. These priorities include a comprehensive coverage of research strengths in key areas of concern to Canadians such as cancer, mental health, cardiovascular and respiratory health, social determinants of health and the health care system. Moreover, the proposed slate reflects the diversity of research approaches, which is a key element to fulfill the CIHR objective. It responds to emerging new areas, and those of strategic concern, such as genetics and Aboriginal health.

The proposed initial slate of Institutes is based on an adaptive approach that groups related and/or complementary research areas under a number of "umbrella" Institutes. Some Institutes involve substantial existing research communities, such as in Genetics, Population Health, Human Development and Health Throughout the Life Cycle. In these cases, the Sub-committee has identified alternative Institutes that would also ensure coherence within an Institute without sacrificing the benefits of cross-disciplinary approaches.

The Sub-committee has drafted a description of the research focus for each Institute. These descriptions show how the four themes will need to be visible in research portfolios as well as the importance of capturing crosscutting research areas such as ethics, women's health

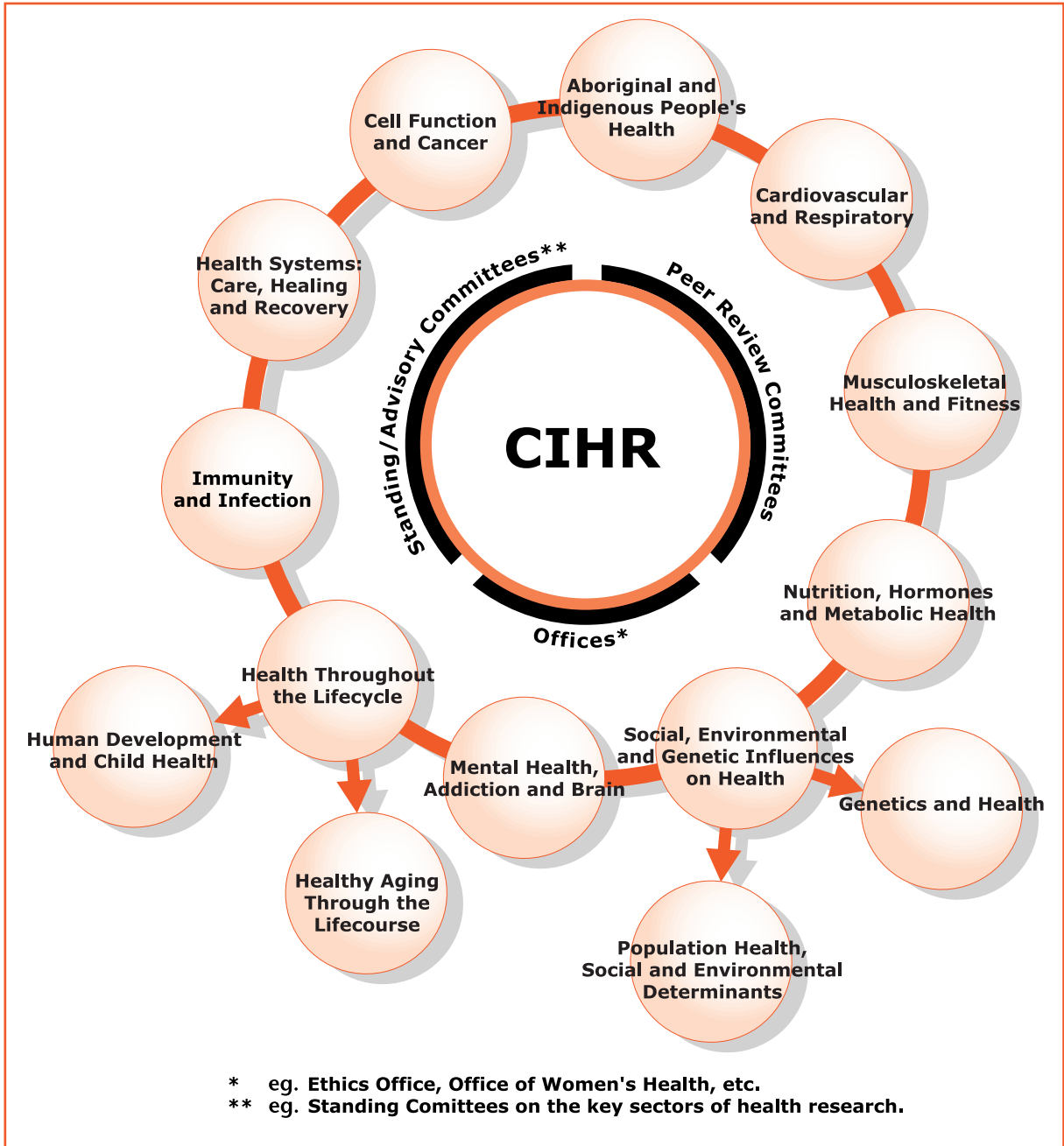
and rural health. The more substantial work needed to refine these descriptions could be an early task of the Scientific Directors, drawing on community expertise and advice. The description of the research focus of the proposed Institutes can be found in the working paper on Institute Creation. The working paper also provides more background and analysis on the proposed Institutes.

Each Institute name listed in the working paper is a working title only. The names would be reconsidered based on an assessment of the views of different audiences, including researchers, stakeholders and the public, with regard to the Institute's focus. The IGC suggests that professional advice be sought in developing the Institute names and that the process include consideration of the branding of CIHR as a symbol of achievement.

The following diagram illustrates the IGC's proposed initial slate of Institutes within CIHR.



## PROPOSED INITIAL INSTITUTES FOR CONSIDERATION BY THE GOVERNING COUNCIL OF CIHR





# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 5.3 PARTICULAR AREAS OF DISCUSSION

One notable area of the Institute Creation Sub-committee's discussion on the proposed initial slate involved the consensus on a proposed Aboriginal and Indigenous Health Research Institute (AIHRI). It was agreed that a greater focus on capacity building would initially be required in this Institute than would be the case in Institutes with a greater cadre of existing researchers. Additionally, the Sub-committee recognizes the potential for a wide variety of partnerships between AIHRI and other Institutes and with national and international organizations.

The IGC sees a great opportunity for partnership among CIHR, the Organization for the Advancement of Aboriginal Peoples' Health and Health Canada. Such a partnership could assist Health Canada by providing research in major areas of morbidity and mortality and by further enhancing the First Nations and Inuit Health Research Network. It could provide culturally relevant research and research that can evaluate and determine which health interventions and investments are most effective.

Partnerships on strategic initiatives and other research programs could be developed by CIHR, the Organization for the Advancement of Aboriginal Peoples' Health and Health Canada in priority areas such as diabetes, and child health and development. These initiatives could be developed in collaboration with the proposed Institute on Nutrition, Hormones and Metabolic Health and the proposed Institute on Human Development and Child Health.

Through CIHR Institutes, Health Canada would gain access to the work of thousands of health researchers across the country funded by CIHR. In turn, Health Canada could provide access to necessary information on health services for research purposes and could promote the dissemination and uptake of research results.

The federal government has a fiduciary responsibility for First Nations and Inuit, and Health Canada has a specific responsibility for the delivery of non-insured health services to these groups. The IGC believes, therefore, that a strong partnership between CIHR and Health Canada is warranted. The IGC thinks that discussion of such a partnership, including the nature and scale of contributions of each partner, should be an early goal for CIHR and the Aboriginal and Indigenous Health Research Institute.

Women's health research was another important area of discussion. It is widely recognized that insufficient attention to how sex and gender interact and influence health, illness, disability, disease and care has led to problems of scientific validity and generalization, weaker clinical practices, and inappropriate application of research findings and health interventions. For instance, researchers have often overlooked how symptoms appear differently in women and men. This has perpetuated knowledge gaps in important areas of women's and men's health.

The IGC considered different mechanisms to address these concerns, focussing its discussion,





in particular, on whether a robust Office or an Institute would be the best approach. The IGC sided with recommending, at a minimum, that there should be a strong Office of Women's Health through which the Governing Council could exercise a particular stewardship role. This office would ensure that women's health issues are addressed across the Institutes and that gender-sensitive and women-sensitive research and methodologies are strengthened in all CIHR research. The Office would give particular attention to capacity building and knowledge creation in these areas and

...OVER 50 PERCENT OF CANADIANS NOW CONSUME NATURAL HEALTH PRODUCTS IN THE FORM OF TRADITIONAL HERBAL PRODUCTS, VITAMINS AND MINERAL SUPPLEMENTS, AND OTHER MEDICINES AND HOMEOPATHIC PREPARATIONS.

encourage more researchers to think of themselves as conducting gender analysis and women's health research.

In considering this Final Report, the Governing Council will need to examine the broad issues surrounding women's health research, including sex and gender-based analysis as an organizing principle for research, and assess their incorporation into the CIHR structure. Rural health became another area of particular discussion. The quarter of Canadians who live in rural areas face distinct health challenges that undermine their overall well being. These include the environmental impacts and occupational safety risks associated with the many activities of rural life. There are the social and demographic challenges associated with isolation, out-migration of the young, and

sometimes high unemployment rates. These are compounded by demonstrable gaps in available health services and in access to these services.

Although some Canadian researchers are addressing rural health issues, more research capacity is needed. CIHR has a unique opportunity to take a leadership role to ensure the ongoing development of rural health research in Canada. This could include building a critical mass of rural health researchers as well as developing innovative research networks and partnerships. The Governing Council may find that an Office of Rural Health would be a catalyst for such initiatives.

The Sub-committee also discussed the research opportunities pertaining to complementary medicines (natural health products), therapies and practices. These medicines, therapies and practices are earning greater acceptance among Canadians. For example, over 50 percent of Canadians now consume natural health products in the form of traditional herbal products, vitamins and mineral supplements, and other medicines and homeopathic preparations. Canadians have made clear their strong interest in these and other medicines, therapies and practices and want governments to assist them in making health decisions around their use.

The proposed slate of Institutes gives the primary responsibility for research on complementary medicines and therapies to the Institute on Health Systems: Care, Healing and Recovery. Research will assist consumers and health practitioners to assess the efficacy of their therapeutic choices in this area and help federal, provincial and territorial governments make good regulatory and funding decisions.



# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 5.4 CROSSCUTTING ISSUES AND MECHANISMS

Depending on the ultimate structure of the slate of Institutes and the related offices, programs and committees, a number of other issues will likely remain special responsibilities of the Governing Council. The Institute Creation Sub-committee believes that ethics should be part of the mandate of all of the Institutes. It proposes to give special responsibility in this area to the Governing Council. Other crosscutting areas of research that the Governing Council will need to address are:

- Unconventional thinking and risk taking research;
- Embryonic and emerging concepts for Institutes;
- International linkages; and
- Links between research, the interests of Canadians and how the health care system could evolve to meet their health needs.

The Sub-committee considered whether some of these areas could be addressed through the many integrative mechanisms within CIHR. One of the most important is the peer review process because it will take place outside the Institute context. This will ensure comprehensive field, disciplinary and interdisciplinary coverage. As noted earlier, reviews will often draw on an expanded range of expertise to enable the full participation of the broad health research community. In this

way, excellent proposals in areas of research, that do not correspond to the focus of any specific Institute, will not be disadvantaged. Program design was considered as another effective mechanism to promote these and other areas of research. For instance, the Interdisciplinary Health Research Teams (IHRTs) and Community Alliances for Health Research (CAHRs), two of the CIHR transition programs, will be important to build and enhance research beyond Institute structures.





# WHERE HEALTH RESEARCH MEETS THE FUTURE

## 6. CONCLUSION

Health research is a constantly unfolding enterprise, both in what it teaches us and in how it works. Even a few years ago, the CIHR concept might not have been possible. Today it is. Tomorrow it will adapt to new opportunities.

Building on the foundation of the *CIHR Act*, the IGC's proposed operational framework, and initial slate of Institutes, have been designed to create a flexible, adaptive and inclusive organization that can help position Canada to seize the unprecedented opportunities in health research that are now emerging. It will be identified as a symbol of achievement and as an exciting made-in-Canada initiative of which Canadians can be proud and will want to support.

The announcement in the 1999 federal Budget of the government's intention to invest in CIHR represented a first stage in advancing Canada's standing as an internationally competitive country for health research. The challenge now falls to the CIHR and the health research community to take the organizational proposals described in the Final Report and turn the vision that started this process into reality. CIHR and the health research community will learn and grow together along the way.

CIHR WILL BE IDENTIFIED AS  
A SYMBOL OF ACHIEVEMENT  
AND AS AN EXCITING  
MADE-IN-CANADA INITIATIVE  
OF WHICH CANADIANS CAN  
BE PROUD AND WILL WANT  
TO SUPPORT

Some important early tasks will be critical to the success of CIHR. Institutes need to be designated. An outstanding cadre of Scientific Directors must be recruited. A wide range of members for Institute Advisory Boards must be selected. The Institutes will need to begin their own planning and priorities. CIHR must determine its initial programming.

Once CIHR is fully functional, and the operational framework, Institutes, Scientific Directors, and Advisory Boards are set in place, the IGC believes that a second stage investment will be essential. This investment will be necessary to maximize the impact of CIHR's innovative structure on health research in Canada.





## WHERE HEALTH RESEARCH MEETS THE FUTURE

The development of CIHR must be seen in an international context. Many other countries recognize the many benefits of a strong national health research environment. They recognize that innovative health research can help them to address issues such as the rising costs of health care and the trend toward an aging population. Those countries are also taking action.

Even with the important and valuable increases in support announced in the 1999 federal Budget, Canada will still lag behind, as other countries expand their support for research. Canada has a continuing need to ensure that its commitment to become known as the place to be for knowledge creation is matched by the increased investments that make that knowledge creation possible.

When the Task Force of leaders from the health research community presented its vision of the future to the Government of Canada, they called for an initial investment of one percent of national health care expenditures, or close to a billion dollars. The results of CIHR should demonstrate to Canadians and their government that reaching and surpassing this goal will be a tangible investment in better health, and in a better health system for all Canadians.

The foundation is being built for the 21st Century, even as much more remains to be done. Canada is seizing a rare opportunity to establish a new approach and a new organization in an area of fundamental importance to Canadians. The future is bright for Canadians and the Canadian health research community to realize the vision and the objective of CIHR.



## WHERE HEALTH RESEARCH MEETS THE FUTURE

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*Many other individuals have made significant contributions to the work of the IGC and the CIHR Transition Secretariat. These individuals include staff from Health Canada, the federal granting agencies, including the Medical Research Council, as well as consultants, writers and technical experts who assisted and supported the IGC and the Transition Secretariat staff in their work*