



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

**Final Report of the  
Working Group on  
Partnership**

**Presented to  
Governing Council  
November 23, 2001**

## **Preface**

The Working Group on Partnerships was asked by the Governing Council of CIHR to develop a framework for partnerships to guide CIHR and its Institutes.

Throughout our work, several themes emerged as paramount:

- First, partnerships are about much more than money. They are about focusing on the unique qualities that each partner brings to the table, whether that be money, intellectual expertise, in-kind resources, concerned constituencies, knowledge transfer networks, or other benefits. Partnerships are about setting agendas, building capacity, facilitating the transfer and uptake of knowledge and its application for human health, and achieving results beyond those which each partner could achieve working on its own.
- Second, partnerships are a collaborative exercise, where no one partner drives the partnership exclusively.
- Third, while the majority of public attention seems to be drawn to private sector partnerships, all partnerships have risks attached to them, and these risks have to be managed in a transparent and open fashion so that Canadians can be confident in the investment of their tax dollars in health research.
- Fourth, at all times, the public good must be the paramount, dominating criterion for decision-making in partnerships.

Our discussions have focused on Canada, but we have been continuously aware of the importance of international partnerships, and of the learnings from international experience with partnerships. The Canadian community from which most partnerships will be drawn should continue to draw from, and contribute to this rich international experience.

Finally, throughout our deliberations, with a wide range of stakeholders in the health research communities, we found an almost unanimous agreement that, as partnerships are increasingly the way that we as health research stakeholders do business, there is a need for greater national discussion of the issues raised by partnerships. We have therefore recommended that CIHR convene such a national consultation to facilitate the development of national standards that may be adapted at the community, regional, and provincial levels to accommodate local needs.

In this report, we make 19 recommendations to Governing Council. These recommendations are based soundly in frank and open discussion and debate among all working group members as well as consultations with outside experts. We would like to take this opportunity to thank the groups and individuals who have contributed their valuable comments and insights as well as the Governing Council for the opportunity to provide input on this most important issue in CIHR's work.

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## Alliances

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## **PARTNERSHIPS: AT THE CORE OF CIHR**

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The Canadian Institutes of Health Research (CIHR) was built on a common vision shared among health research communities in Canada. Its mandate is **“to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system”** (Bill C-13, Section 4, C-6, R.S.C. 2000).

The CIHR Act further states that:

“Whereas Parliament believes that institutes should be created to coordinate, focus and integrate health research based on...the involvement and recognition of, and respect for, health researchers from all research disciplines, and the cooperation of a wide range of partners from all relevant sectors, the provinces and other countries”.

WHEREAS Parliament believes that this transformation in Canadian health research will also enhance economic development in Canada and promote growth and job creation in key sectors of the knowledge based economy”

and sets as an objective for CIHR

“Pursuing opportunities and providing support for the participation of Canadian scientists in international collaboration and partnerships in health research.”

Partnerships are one means of fulfilling CIHR’s mandate of creating and translating new knowledge. They bring the health research communities together to create innovative approaches to addressing research questions to develop research agendas that are responsive to the health needs, concerns, and priorities of Canadians, and accelerate application of knowledge for the benefit of Canadians.

The Government of Canada is committed to making Canada a world leader in health research. Investments in the CIHR, the Canada Foundation for Innovation (CFI) and Canada Research Chairs (CRC), together with the February 2001 Throne Speech pledge to double the current federal investment in research and development by 2010, are strong indicators of the importance of this issue to the federal government. But while monetary investment will strengthen and build the foundation for health research in Canada, it is not sufficient to secure our success. We need to work in collaboration with others to build on our strengths and capitalize on Canada’s health research investments.

By building different forms of partnerships among health research stakeholders, CIHR will be able to support stronger, more competitive research projects able to produce high quality results more quickly. While partnerships will provide additional financial resources, their importance goes far beyond money. Partnerships will:

- help set research agendas
- build research capacity
- educate highly qualified personnel able to take on roles in research in the health system, in teaching, in industry and in other government and private sector roles
- build research infrastructure
- make more effective use of resources for research, by aligning activities and programs
- create synergistic teams to tackle specific challenges through research projects and programs
- reduce redundancy in the assessment of research proposals
- eliminate redundancy in research activities and funding
- share best practices in research support, evaluation and impacts

CIHR has inherited a tradition of partnerships, as well as a number of existing partnerships, from its predecessor, the Medical Research Council of Canada. The multi-faceted nature of CIHR, with its 13 Institutes, each with its own agenda and activities, and its broadened focus on the four pillars of health

research – biomedical, clinical, health services, and population health – will alter and reinvigorate existing partnerships, and create opportunities for new ones.

The objective of this report is to set out a framework for partnerships to guide CIHR. This framework recognizes that each type of partnership -- public sector, voluntary organizations, international, private sector or multi-sectoral -- presents unique opportunities and challenges, but that in all cases, the public good is of paramount importance in all aspects of partnerships.

This report outlines core values and guidelines that can inform CIHR in the development of partnerships and policy in this area and identifies many of the key stakeholders who are involved in partnerships. It also presents specific recommendations to the Governing Council of CIHR. Finally, it presents, in Appendix A, a summary of the electronic information available to CIHR and its Institutes in its partnership initiatives and, in Appendix B, a fuller description of key partnership stakeholders.

It is expected that ongoing and in-depth consultations with potential and actual partners will be an important part of the partnership process. While the exact nature of individual partnerships will be determined by the specific partners, it is anticipated that they will be guided by the principles and values articulated by this Committee, so that research in Canada continues to be of the highest calibre and meet the highest ethical standards of conduct expected by the Canadian public.

## VALUES

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The Working Group on Partnerships acknowledges that engaging in research partnerships requires careful management of the partnership and an understanding of the potential conflicts and issues involved by and for all parties. Throughout all activities engaging partners, CIHR and its partners must adhere to core values that will ensure that Canadians have confidence that their investment in health research places the creation of new knowledge and its application to improved health as the highest priority. In no order of priority, these core values include:

### **Freedom of Inquiry**

- The primary purpose of all research in the public domain is the creation of new knowledge in an environment that embodies the principles of freedom of inquiry and unrestricted dissemination of research results.

### **Dissemination of research results**

- Public dissemination of research results is the principle means by which scientific advances are communicated. Apart from allowable delays for protection of intellectual property, the right of all researchers to publicly disseminate the results of their research regardless of the source(s) of funding must be respected.

### **The Public Good**

- The public interest is at the heart of the creation and translation of knowledge and in benefit accruing to Canada as a result of investments in health research.

### **Integrity in Research**

- The highest scientific integrity is required of investigators and their partners, who must together consider all aspects of potential conflicts of interest. Scientific excellence, high ethical standards, integrity should frame and guide all partnership activities.

### **Accountability and transparency**

- Accountability will be achieved through ensuring that partnership activities are open and transparent to the broader health research communities, governments, and the general public.

### **Conflict of Interest**

- All partnership arrangements must be sensitive to actual, potential, and perceived conflicts of interest, and should take them into account when drafting memoranda of understanding and negotiating the implementation of partnerships.



## **PARTNERSHIP GUIDELINES**

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The following guidelines are intended to provide a framework for CIHR and stakeholders in health research as partnerships are considered and formed. While developed for CIHR, they are also relevant to partnerships that do not involve CIHR. The guidelines should be revisited and reviewed periodically in order to adapt to knowledge gained in the development and execution of partnerships and to ensure their continuing relevance.

- 1) All research involves partnerships, the most ubiquitous being that between the researcher, institution, and funding agency. Partnerships should thus be considered the norm rather than the exception in supporting health research activities in Canada.
- 2) Partnerships can take many forms, including co-funded research collaboration and/or agreement among organizations to combine resources (intellectual, monetary, in-kind) to achieve mutually agreed objectives.
- 3) Partnership arrangements with health research stakeholders should be in accordance with the core values outlined in this paper and based on consultations among all potential partners.
- 4) Partnerships should fit into an overall strategy for health research in Canada and add value to the ongoing health research effort, beyond that which the partners could achieve by acting independently.
- 5) Partnerships should focus on developing a continuing relationship whose value-added will have greater impact than an emphasis on one-time gains and simple addition of resources.
- 6) Collaborative and/or co-funded research partnerships must meet high quality scientific and ethical standards as determined by peer review and ethical review
- 7) Partnerships should be compatible with the mission and objectives of all of the partners.
- 8) All partners need to be involved early and at all stages of the design, implementation and evaluation of programs that will involve them.
- 9) Intellectual property (IP) resulting from research supported through partnerships should benefit Canadians.
- 10) Partnerships, involving both co-funding and collaboration, require a clear understanding regarding sharing of knowledge, recognition and ownership of resulting intellectual property (IP) and an agreed dispute resolution mechanism between the researchers, the research institution(s) and the funder(s).
- 11) The terms and conditions and funding ratios in co-funded partnership arrangements should reflect pre-determined guidelines, and departed from only in exceptional and well-articulated circumstances.
- 12) Formal partnership arrangements should have limited terms with clear and unambiguous sunset clauses and criteria for evaluating the partnership activity.

## HEALTH RESEARCH STAKEHOLDERS

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Many different health research stakeholders are involved in creating and disseminating new knowledge. Partnerships must recognize and respect the different value – and values – that each brings to the partnership process, as well as the unique challenges that each also brings. By involving health research stakeholders in setting agendas, developing programs, building capacity, and translating knowledge, partnerships can help to create synergies and focus resources to increase overall health benefits. The key health research stakeholders for the purpose of partnerships (described more fully in Appendix B) are:

- National and provincial/territorial voluntary health organizations
- Federal departments, research agencies, and research programs
- Provincial/territorial departments, research agencies, and foundations
- Universities, teaching hospitals, and regional health authorities
- Health care providers
- Professional associations, societies, and colleges
- Education sector
- Agencies providing health information and dissemination
- Health services and technology assessment organizations
- International collaboration programs
- Community associations
- Private sector

## **SPECIFIC RECOMMENDATIONS TO CIHR**

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As a platform upon which policy might be created, the Working Group on Partnerships makes the following recommendations to the Governing Council (in no particular order of priority):

### **Governance**

1. The division of responsibility between CIHR Central and its Institutes should be clearly delineated, and may differ, depending on whether the partnership is domestic or international. The majority of partnerships should be initiated and implemented at the Institute level, with the Partnerships and Communications Portfolio serving an advisory role, providing technical and administrative services to bring partnership agreements to fruition.
2. Where strategic initiatives involve the participation of multiple CIHR Institutes, one Institute should assume the lead to provide the entry point for stakeholders and overall coordination.
3. All CIHR Institutes should report regularly to the Governing Council on their partnership activities.
4. In recognition of the resource intensity of partnerships, future budget projections should recognize both the financial and human resources implications of the growing opportunities for strategic initiatives.
5. CIHR should review all of its existing partnerships, decide which ones have a strong case for continuation, and assign these to CIHR Central or to the Institutes for continued support, administration and evaluation.
6. CIHR should create an internal mechanism to ensure that partnership principles are applied across all CIHR partnership activities and that the criterion of “adding value to ongoing health research efforts in Canada” is being met through partnerships. This mechanism should be a general oversight function, and *not* serve as a gatekeeper reviewing every partnership agreement.
7. Because multiple Institutes may approach the same potential partners, these Institutes should liaise with the Partnerships and Communications Portfolio to ensure an informed and coordinated approach to their negotiations.
8. CIHR should develop a clear outline of responsibilities and financial responsibilities for partnerships in general and for the activities of the Scientific Directors and the Partnerships and Communications Portfolio in particular, and dispute resolution mechanisms as well as an accountability framework.

### **Need for National Consultation**

9. CIHR should facilitate a national, multi-sectoral conference to develop national guidelines for all partnerships with academic researchers in areas such as integrity, conflict of interest, freedom to publish, and ownership of intellectual property. Such standards should provide a national framework while allowing for local interpretation and implementation.

### **CIHR Participation in Partnerships**

10. CIHR should be pro-active in its approach to partnerships, seeking out potential partners to work together to achieve common goals.
11. As far as possible, partnerships should be based on the research priorities identified by Institutes and the CIHR Governing Council.
12. All partnership agreements entered into by CIHR should include a section on conflict of interest.
13. CIHR’s participation in a partnership should require its involvement in the peer review process and in the final selection of projects recommended for funding. This may be adapted where justified to facilitate the development of valuable international partnerships.
14. CIHR should not engage in any partnership where restrictions are placed on the publication of research findings, beyond a short delay for purposes of protecting intellectual property.
15. Institutes should take a balanced approach to all their partnership activities to ensure that the range of stakeholders involved in the overall mandate of an Institute is represented.
16. CIHR should sponsor research assessing the health, social, and economic impacts of partnerships in health research.

***Learning from Partnerships***

17. CIHR should regularly evaluate its partnership activities, and should document best practices to provide guidance to future partnerships.

***Disseminating Partnership Results***

18. Any announcements or communications relating to a partnership should be initiated jointly, and credit should be afforded to all partners in any publicity.
19. The award recipient(s) resulting from a joint research initiative should acknowledge the names of the partner(s) as a source of their support in publications and presentations of their research findings and in all communications activities including media, symposia, research reports, and any promotional events.

## **APPENDIX A**

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### **DATA WAREHOUSING**

Several initiatives currently underway will provide important resources to CIHR and its Institutes in their partnership activities. They include:

#### **1. Database of the Voluntary, Government, Professional Associations, Universities and International Organizations**

With more than 900 entries to date, these profiles will assist CIHR and its Institutes in their consultations as they develop strategic plans and priorities and/or potential co-funders in research initiatives where common interests and priorities have been identified. The database fields includes tombstone information, mandates, research interests (if applicable), research investments, and a list of their Board of Directors.

CIHR is in the process of collecting data on the strategic directions of universities, teaching hospitals, regional health authorities and international organizations focused on health research. Data collection commenced in the summer of 2001.

The database is currently a stand-alone system. An internal CIHR working group has been established to integrate this database into a web-based application. Completion is targeted for the spring of 2002 and should be available through CIHR web-site.

#### **2. Database of Industry**

To better enable CIHR Institutes, Scientific Directors, researchers and the private sector to identify partnership opportunities, the CIHR is preparing a database on basic, clinical and applied research capabilities in Canada. This project is led by the CIHR and is co-funded with Industry Canada and Genome Canada. It is an updated and revamped version of the successful and well-received Canadian Biopharmaceutical Companies - Status of Research, Development and Clinical Trials (2000). The new database will be broader in scope and tailored to serve each Institute and the community at large.

Each volume analyzes trends in research in the therapeutic or functional areas of each CIHR Institute and provides a comprehensive overview of basic research facilities, researchers and projects of major operating grants awarded over the past five years. The section on clinical research contains all Canadian clinical research facilities and their capacity to undertake new research projects and programs. The section on applied research covers biopharmaceutical and other companies that have products in development in specific therapeutic areas. Reference and resource listings of projects, programs, institutions and investigators in the fields of societal, population health and health policy are being prepared and will be submitted (as with all resource material) to Institute Directors for editing, refinement and consolidation. Finally there is a listing of companies that provide services and support to research.

CIHR will also create links to venture capital firms, industry liaison offices, and other industry players, to assist researchers in furthering their research and development activities having commercial viability.

### **3. eServices Strategy**

CIHR's eServices Framework aims to develop a research portal that will meet the needs of those interested in health research by providing a virtual health research meeting place.

This portal will include an eLibrary, communications and publishing information, researcher database, clinical trials database, researcher web sites, web surveys, and links to existing sites. It will facilitate collaboration and networking by providing discussion groups, virtual meetings, contact management, web casting, event calendars, online chats and trainee/supervisor matching. It will provide the capabilities to conduct eAdministration such as Grants and Awards management, peer review and document management. And finally, it will provide eResearch that will incorporate common cv's, a funding opportunities database, online grant applications and provide researchers with their grant status.

CIHR held its first CIHR eServices Workshop in February 2001. CIHR anticipates that the research portal will be an involving, single point of entry that will provide on-line capabilities to meet community needs.

### **4. Other initiatives under development**

- an ongoing trend analysis and environmental scan of external organizations both nationally and internationally; and
- a Canadian Clinical Trials Registry where information on all clinical trials conducted in Canada would be made available. Critical data describing the trial, its subject, the agencies involved, the date of the trial and other pertinent information would be stored in a database and made available to researchers and public agencies as required. While many organizations would need to cooperate to make such a registry comprehensive enough to be of use, it would greatly contribute to public confidence in the drug development process.

## **APPENDIX B**

### **HEALTH RESEARCH STAKEHOLDERS**

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#### **National and provincial/territorial voluntary health organizations**

Close to 10 million people in Canada use the programs and services offered by the voluntary health sector, making it a primary resource for knowledge dissemination and knowledge transfer. There are more than 5,500 registered health charities, approximately 300 of which work at the national level. More than 75 per cent of national health charities allocate funds to health research, amounting to a collective annual investment of over \$300 million.

#### **Federal departments, research agencies and research programs**

According to the 1998 National Health Gross Expenditures in research and development (NHGERD), the federal government's invested \$500 million per annum. With the federal government's new and existing investments in CIHR, the Canada Research Chairs (CRC), the Canada Foundation for Innovation (CFI), Genome Canada, and the Network Centres of Excellence, it is expected that investments in 2000 will have substantially increased. In addition, the 2001 Throne Speech made commitments to double the amount invested in research and development by 2010 and to significantly increase CIHR funding.

Many federal government programs have a common link to the activities and mandate of CIHR. The CFI Innovation Program enables eligible institutions, either alone or with other institutions, to strengthen their research infrastructure in priority areas as identified in their strategic research development plan. The fund promotes multidisciplinary and inter-institutional approaches, and enables Canadian researchers to tackle ground-breaking projects. The Foundation's New Opportunities Fund provides infrastructure support to newly recruited academic staff. The fund helps universities attract world-class faculty members in areas that are essential to the institutions' research objectives. The Government of Canada's \$900 million investment to support the establishment of 2,000 Canada Research Chairs in universities across the country by 2005 is another prime example of the synergies that have been created to enable Canada to become a world-class research enterprise in a global, knowledge-based economy. Seven hundred of these Chairs will be in the area of health research.

The federal granting councils – the Natural Science and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC) – and foundations such as the Canadian Health Services Research Foundation (CHSRF) and CFI, are important links that have to be nurtured and capitalized upon to build a vibrant health research community in Canada.

Other federal partners include federal departments and their laboratories such as Health Canada, the institutes of the National Research Council (NRC); the government's industrial funding programs [most notably the NRC's Industrial Research Assistance Program (IRAP)]; Industry Canada's Technology Partnerships Program (TPC) and the Canadian Biotechnology Strategy.

The federal government's investment in health research is a positive reinforcement to its commitment to research and development in Canada. CIHR must seize the opportunity to work in collaboration with multiple federal health research initiatives and stakeholders to engage and build collectively, the health research enterprise in Canada.

## **Provincial/territorial departments, research agencies and foundations**

The HRGERD cites annual provincial/territorial health research investments at more than \$200 million; this amount is grossly underestimated as it does not include the indirect costs of conducting research. CIHR can build effective collaborative relationships with provincial/territorial ministries of health, science and innovation, education, economic development, and other ministries, as well as with provincial/territorial research agencies such as the Quebec government's Fonds de la recherche en Santé du Québec (FRSQ), the Alberta Heritage Foundation for Medical Research (AHFMR), and the Michael Smith Health Research Foundation of BC. As CIHR and its Institutes develop strategic initiatives and priorities, a number of these will have common health research interest providing ample opportunities to work together in areas of common interest.

The decline in the distribution of national research funding to health researchers in a number of provincial/territorial jurisdictions is a major concern. Existing programs such as the Regional Partnerships Program should be carefully monitored and evaluated to ensure that the health research base is sustained as one of the pillars that support Canada's health care system.

## **Universities, teaching hospitals, regional health authorities**

The higher education sector spends more than \$273 million each year on health research. As researchers from the university, teaching hospital or regional health authorities are the principal agents through whom CIHR will achieve its objectives, CIHR can be a catalyst to encourage collaboration and partnerships between researchers in different scientific fields and in different universities and hospitals in all parts of Canada. Universities, hospital-based research institutes and colleges are also CIHR partners in building capacity and developing new skills in areas of importance to Canada.

Every CIHR funded investigator has an institutional home, primarily created by the universities, research institutes, hospitals and other institutions, using provincial funds and their own resources. The institution is generally seen as the "direct partner" through its agreement to administer the funds. The provincial/territorial partnership, or a partnership with the voluntary or private sector in many cases, is less direct ("silent partners"), but the institution is still the administrator, and it is the institutions that have been the champions for funding at a provincial level. In the future, agreements with the institutions should ensure that the "silent partners" are acknowledged and involved in the partnership processes.

Partnership agreements and other health research initiatives have an impact on the provinces supporting the indirect costs of conducting research.

## **Health care providers**

The health networks and facilities at all levels of government in Canada are valuable partners in many projects and initiatives as they carry out, and disseminate information from, research supported by CIHR and its partners. They are also a valuable resource for identifying health research issues of importance to the patients they serve. Health care providers are an important link in knowledge transfer and dissemination.

## **Professional associations, societies and colleges**

Partnerships with the health professional associations can include basic scientist associations, social science organizations and the smaller health professional associations, as well as medicine, dentistry, nursing and veterinary associations. A number of colleges and societies are building research capacity within their own disciplines resulting in an increase in the "bench-to-bedside" approach to health care in Canada. Associations have also been instrumental in developing guidelines based on research evidence for their membership.



## **Education sector**

CIHR can work with the education sector at the primary and secondary level, with school boards, and other agencies such as the Council of Ministers of Education, to address issues such as comprehensive school health, engaging young people's interest in pursuing health research as a career, and knowledge translation through school-age children and youth to support healthy lifestyle choices.

## **Agencies providing health information and dissemination**

Organizations that disseminate health-related information include Health Canada's Laboratory Centre for Disease Control (LCDC), Statistics Canada, Canadian Institute for Health Information (CIHI), the Canadian Health Services Research Foundation (CHSRF) and the Medical Literature Analysis and Retrieval System (MEDLARS) database at the Canada Institute for Scientific and Technological Information (CISTI) at National Research Council (NRC). These agencies can be a key component in efforts to address and manage risks to population health by ensuring for example, that possible regional differences within health issues are recognized. This inclusive approach can build on the work of linking public health surveillance that is already taking place through the Canada Health Network and through Canada's support of the Global Public Health Information Network.

## **Health services and technology assessment organizations**

Health technology assessment has been identified as one of the top six health research priorities for decision-makers (March 2001, National environmental scan). Since 1988, several government-funded agencies have been created in the provinces and at the federal level in order to foster the culture of evaluation. These organizations, under the leadership of the Canadian Co-ordinating Office for Health Technology Assessment (CCOHTA) are now collaborating through the Canadian Health Technology Assessment Network (CHTA Net). Along with CCOHTA, this network includes Quebec's Agence d'évaluation des technologies et des modes d'intervention en santé (AÉTMIS), Ontario's Institute for Clinical Evaluative Sciences (ICES), the Manitoba Centre for Health Policy and Evaluation (MCHPE), Saskatchewan's Health Services Utilization and Research Commission (HSURC), the Health Technology Assessment Unit of the Alberta Heritage Foundation for Medical Research (AHFMR) and the British Columbia Office for Health Technology Assessment (BCOHTA). The CHTA Net will likely be expanded in the coming years.

All these organizations share the common objective of linking the scientific community and decision-makers at all levels, including the Canadian population at large. As an answer to growing public awareness regarding new technologies and the delivery of health services, knowledge transfer activities are being developed to better promote enlightened evidence-based decision-making concerning these issues. Hence, CIHR can greatly benefit from partnering with these organizations, as well as with the CHTA Net that brings them together.

## **International collaboration programs**

International research collaboration can contribute to the achievement of CIHR's overall objectives. Canadian researchers should be encouraged to join their international colleagues in programs such as the European Union's Framework Program, thereby sharing costs, belonging or linking to a large dynamic research team, and gaining access for Canadian researchers to the research results of multiple partners.

Examples of current international collaborations include:

- The Japan-Canada Neurosciences Partnerships Program, which encourages partnerships in research and training in such areas as bioelectrical devices, telecommunications and pharmaceuticals, and works to create new alliances between universities and industry.
- The Canada-Singapore agreement, which links CIHR with the Institute of Molecular and Cell Biology of Singapore to create knowledge in the biomedical field, leading to technologies and lead compounds

for use against various diseases such as cancer and infectious diseases and the development of new vaccines.

- The International Human Frontier Science Program, a multinational program with Japan, the USA, UK, EU, France, Germany, Italy, Switzerland and Canada supporting collaborative research and research training in neurosciences and molecular biology.

Partnerships are also a means of supporting Canada's obligations to developing countries. These might be facilitated through effective partnerships with other Canadian agencies experienced in such endeavors, such as the Canadian International Development Agency (CIDA) and the International Development Research Centre (IDRC).

### **Community associations**

Partnerships between the health research community, communities, and community-based organizations provide important opportunities for dialogue and information flow which are productive for all partners. In addition, translation of community-based knowledge to researchers may have an important impact on the definition of research questions to be addressed and approaches to be used in the research.

### **Private sector**

CIHR private sector partners are diverse and include the full range, from university start-ups, biotechnology small and medium enterprises (SMEs), and the largest pharmaceutical companies. Partners also include the finance and service communities and corporations that support health research on a philanthropic basis and want to be associated with, and participate in, the national health research agenda although they may not benefit directly from the research itself.

Many of the products that today's biomedical and biotechnology companies bring to market have their origins in academic research. In the absence of a partnership with the private sector, such academic innovations would rarely reach market in a timely way and Canadians would forego the health and economic benefits. In this instance, private good is not in conflict with public good; although, it is recognized this is not always the case.

Partnerships with the private sector can bring health-related products to market for the benefit of Canadians, leverage resources, and better enable our training institutions to deliver the demanding human resource requirements for this highly skilled-based industry. Equally important, partnership programs with the private sector can establish Canada as the best place for challenging and timely health research initiatives and the subsequent corporate development of that research. Finally, private-sector partnerships can provide the knowledge base infrastructure to fuel Canadian industry with sufficient potential advancement in technology and applied knowledge to provide benefit to Canada.

CIHR-private sector partnerships can:

- Support specific health research capacity building;
- Enhance knowledge creation and its translation into more effective products and services;
- Address important issues related to health across the four pillars of health research (biomedical, clinical, health policy and population health); and
- Encourage the application of research results that lead to social and economic benefits to Canada and Canadians.