ESTIMATES

Medical Research Council of Canada

1999–2000
Estimates

Part III – Report on Plans and Priorities

Canada

The Estimates Documents

Each year, the government prepares Estimates in support of its request to Parliament for authority to spend public monies. This request is formalized through the tabling of appropriation bills in Parliament. The Estimates, which are tabled in the House of Commons by the President of the Treasury Board, consist of three parts:

Part I – The Government Expenditure Plan – provides an overview of federal spending and summarizes both the relationship of the Estimates to the Expenditure Plan (as set out in the Budget) and key elements of the Main Estimates;

Part II – The Main Estimates – directly supports the *Appropriation Act*. The Main Estimates identify the spending authorities (votes) and the amounts to be included in subsequent appropriation bills. Parliament will be asked to approve these votes to enable the government to proceed with its spending plans. Parts I and II of the Estimates are tabled concurrently on or before 1 March; and

Part III – Departmental Expenditure Plans – In April of 1997 the House of Commons approved a motion that split the Part III into two components:

(1) **Reports on Plans and Priorities (RPPs)** are individual expenditure plans for each department and agency (excluding Crown corporations). These reports provide increased levels of detail on a business line basis and contain information on objectives, initiatives and planned results, including links to related resource requirements over a three-year time horizon. The RPPs also provide details on human resource requirements, major capital projects, grants and contributions, and net program costs. They are tabled in Parliament by the President of the Treasury Board, on behalf of the ministers who preside over the departments and agencies identified in Schedules I, I.1 and II of the *Financial Administration Act*. These documents are to be tabled on or before 31 March, referred to committees and reported back to the House of Commons pursuant to Standing Order 81(4).

(2) **Departmental Performance Reports (DPRs)** are individual department and agency accounts of accomplishments achieved against planned performance expectations as set out in respective RPPs. These Performance Reports, which cover the most recently completed fiscal year, are tabled in Parliament in the fall by the President of the Treasury Board on behalf of the ministers who preside over the departments and agencies identified in Schedules I, I.1 and II of the *Financial Administration Act*.

These measures stem from the Improved Reporting to Parliament Project which was initiated as part of the revamped Expenditure Management System announced in January 1995. The central objective of this Project was to improve expenditure management information and accountability to Parliament. This was to be accomplished through a focus on results within a more strategic, multi-year perspective on program delivery.

Estimates, along with the Minister of Finance's Budget, reflect the government's annual budget planning and resource allocation priorities. In combination with the subsequent reporting of financial results in the Public Accounts and of accomplishments achieved in Departmental Performance Reports, this material helps Parliament hold the government to account for the allocation and management of public funds.

Available in Canada through your local bookseller or by mail from

Canadian Government Publishing (PWGSC)

Ottawa, Canada K1A 0S9

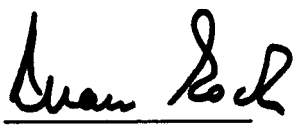
Catalogue No. BT31-2/2000-III-30

ISBN 0-660-60814-6

Medical Research Council of Canada

Report on Plans and Priorities

For fiscal year 1999-2000



Allan Rock
Minister of Health

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SECTION I: MESSAGES

A. President's Message

Over the last ten months, an unprecedented coalition of research granting agencies, health charities, provincial research funders, universities and firms has been working energetically to frame a new approach to the funding and coordination of Canadian health science, the key to life quality and national productivity. In fulfilling its role of providing advice to the Minister of Health on research issues, the Medical Research Council has led this search for a coordinating mechanism that will ensure Canadians have the health research system they expect and deserve. The coalition has made great progress in exploring new structures and anticipating the roles of all who would play a part.

***Canadian Institutes of Health Research** will . . .*

Establish national research priorities which are linked with Canadian health policies and complement the provincial investment in research, education and health.

Encompass and support the full spectrum of health research - from basic science to clinical research to population health, recognizing the important role of investigator-initiated research.

Ensure Canadian researchers succeed in the worldwide research community through the application of peer-review as fundamental to the evaluation of research excellence and internationally competitive levels of funding.

Encourage individual Institutes within the network to conduct unique programs - from capacity-building, to third party partnerships - in pursuit of the goals of improved national health and well-being.

Collaborate with all organizations that have demonstrated a capacity to support or conduct health research. CIHR supports and recognizes the major contributions to health research by voluntary health organizations, provincial granting bodies and individual research centres.

Recognize and support the central role that universities and associated health science centres play in education, training and in creating interdisciplinary opportunities.

Known as Canadian Institutes of Health Research, the framework will draw Canadians together around specific health research themes, such as aging or cancer or child health. Virtual institutes will use the physical research infrastructure already in place in universities, hospitals, research institutions and community health centres across Canada. They will provide a forum where researchers, consumers, governments, firms and research funding organizations can work together to identify critical health problems and research opportunities.

All participants in the coalition recognize that the challenge for Canadian health research goes beyond improving integration and strategic focus through structural changes. New structures must be supported by appropriate levels of funding. A decade of serious under-funding of Canadian health research has put us at risk of losing our most valuable resource, intellectual capital, to countries that have steadily invested in R&D over the same period. Around the world, countries are positioning themselves to benefit from advances in knowledge about human genetics and biological mechanisms which are predicted to have a world-altering impact in the next 30 years, just as new knowledge in

the telecommunications area had in the last thirty. Loss of our best scientists to other countries jeopardizes our competitiveness in a knowledge-based world economy.

But the signs of positive change are clear. In its initial platform, government acknowledged that investment in science and technology yields outstanding returns of improved health and well-being, productivity, information-age jobs and economic growth. It recognized that investment in scientific research must be ongoing and steady, and at an internationally competitive level. Then, as soon as the deficit had been dealt with, government began to reverse the declining investment in science and technology. Through the Canada Foundation for Innovation, the federal government commenced a much-needed renovation of the physical infrastructure for research. Next, it restored investment in extra-mural research to the level that it had been before the cuts that were necessitated by deficit reduction. The rate of decline of Canada's research capacity is being slowed.

The idea of Canadian Institutes of Health Research has captured imaginations from sea to sea and Parliament's Standing Committee on Finance has recommended that government provide adequate funding. Institutes offer an opportunity to truly begin creating Canadian national research agendas around health issues that concern us all. They will foster a multi-disciplinary approach to the search for answers to health problems. They will bring together clinicians, biomedical scientists and social science researchers, each contributing unique perspectives to health challenges and their solutions. And when the Institutes are funded at internationally competitive levels, we will begin attracting Canadian health scientists back from the US and elsewhere, and recruiting new researchers to our country that can offer not only one of the highest living standards in the world but a unique, focused and effective research milieu. Institutes, closely linked through their networks of participants to hospitals, clinics and firms in the health area, will facilitate the rapid use of research results in health maintenance, illness prevention, diagnostics, therapies and health technologies. Canadians will enjoy the social and economic benefits of their investment in research.

A focused, coordinated and energized health research system is the key to quality of life and national productivity...

...The idea of transforming our system through Canadian Institutes of Health Research has captured imaginations from sea to sea...

...Parliament's Standing Committee on Finance has recommended that the federal government provide adequate funding.

B. Management Representation

I submit for tabling in Parliament, the 1999-2000 Report on Plans and Priorities (RPP) for the Medical Research Council of Canada.

To the best of my knowledge the information:

- *accurately portrays the agency's mandate, plans, priorities, strategies and expected key results*
- *is consistent with the disclosure principles contained in the Guidelines for Preparing a Report on Plans and Priorities*
- *is comprehensive and accurate*
- *is based on sound underlying departmental information and management systems.*

I am satisfied as to the quality assurance processes and procedures used for the RPP's production.

The Planning and Reporting Accountability Structure (PRAS) on which this document is based has been approved by Treasury Board Ministers and is the basis for accountability for the results achieved with the resources and authorities provided.

Name: Henry Friesen MD, President of MRC

Signature:

Date: Mar 10/99

SECTION II: AGENCY OVERVIEW

A. Mandate, Roles, and Responsibilities

The **mandate** of the Council, based on the authority and responsibility assigned to it under the Medical Research Council Act, is to:

- promote, assist and undertake basic, applied and clinical research in Canada in the health sciences; and
- advise the Minister of Health in respect of such matters relating to such research as the Minister may refer to the Council for its consideration.[1]

The MRC Act also authorizes the Council to expend any money appropriated by Parliament for the work of the Council or received by the Council through the conduct of its operations; and, to publish and sell or otherwise distribute such scholarly, scientific and technical information relating to the work of the Council as the Council considers necessary.

*The MRC's guiding **vision** is an internationally-competitive Canadian health research community generating new knowledge that contributes to improvements in quality of life and supports the growth and expansion of Canadian industry in the health area.*

Three federal granting councils collectively play a lead **role** in the support of extra-mural research in Canada. Paralleling the work of the MRC in the area of health are councils that support research in natural sciences and engineering and, social sciences and humanities. The MRC funds health-related research and training in academic health science centres (departments, hospitals and research institutes) that have developed around Canada's schools of medicine, nursing, pharmacy, dentistry and veterinary medicine. Health research, which spans a wide spectrum of activities ranging from studies of molecular mechanisms in cells to examination of health behaviour in populations, is also conducted in faculties of science, social science, nursing and other allied health professions in universities across the country.

In pursuing its mandate the MRC operates a varied and complete set of mechanisms to deliver funding for research projects and personnel, either directly or in partnerships with

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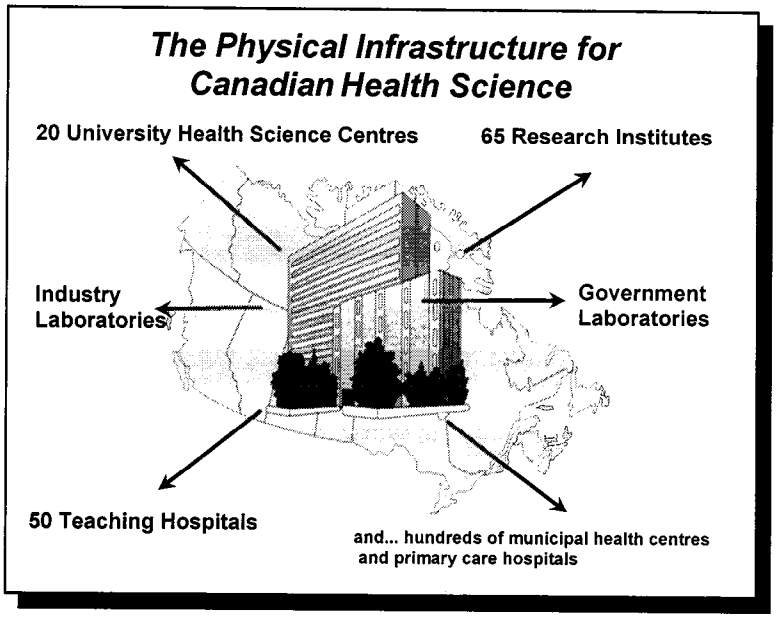
[1] *MRC Act, 1979.* Government of Canada

health charities, other government organizations or industry.[2] These mechanisms range from single awards made to specific individuals all the way to agreements for research networks that involve hundreds of researchers in many locations. Identification and funding of the very best research proposals, through a world class system of peer review developed over many years, is a key component of MRC's business. The organizational structure through which the Council, aided by a Secretariat, meets its **responsibilities** is described in an appendix.

MRC's **strategic** goals, laid out in its master plan, *Investing in Canada's Health,* are as follows:

- enlarge the scope of MRC activities, committing to a greater range of health science research;
- continue the pursuit of excellence and innovation in the areas of basic and applied health research; and,
- demonstrate value, the efficient use of scarce resources and accountability in all activities by rigorous measurement of results.



In 1996, the Council commissioned a seven member international panel of experts to review all activities of MRC. In its September 1996 report, the international review panel confirmed that the strategic directions articulated by MRC in 1992 are still relevant. It suggested that current strategic planning should "re-enforce the critical importance of MRC's programs of support for basic research as the foundation upon which Canada's capacity for future innovations in health sciences and their practical applications rest".

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2 Examples of the more than 117 MRC Partnerships: with industry, the MRC-PMAC Health program; with other government departments, AIDS Research Initiative and Canadian Health Services Research Foundation; with health charities(and Health Canada), Canadian Breast Cancer Research Initiative.

B. Objective

The Medical Research Council's **objective**, as Canada's principal health research funding agency, is to build and sustain, in partnership with others, a national capacity to create and use new knowledge for maintaining health, treating illness and providing economic benefit.

In pursuing its objective the MRC strives to:

- provide the knowledge base required for continuing innovation in health services, health maintenance, diagnosis and treatment of illness
- train and develop Canadian scientists with a capacity to address research questions in all areas of health
- focus a national research effort on health threats and opportunities
- diversify and strengthen Canadian health research through partnered funding
- facilitate the return of the social and economic benefits of health research to Canadians
- provide a national voice on health research issues.

C. Operating Environment

Public Expectations and Concerns

Canadians expect high quality health care delivered effectively and efficiently in all regions of Canada. When asked in a recent survey[3] where they would invest an extra half billion dollars in the coming year, 75% gave high priority to strengthening medicare through increases in transfers to the provinces. Likewise, many (69%) would give high priority to increasing the funding for health research.

The same survey indicates that many Canadians are aware of the problems with our research capacity. Nearly half of the respondents (45%) thought that loss of our best researchers to other countries was occurring to a great extent. Over one third (35%) believe that fewer young people are entering research.

Government Commitments

The present government has been committed to the development of Canadian R&D since elaborating its initial platform. Government's deficit reduction slowed the pace of federal

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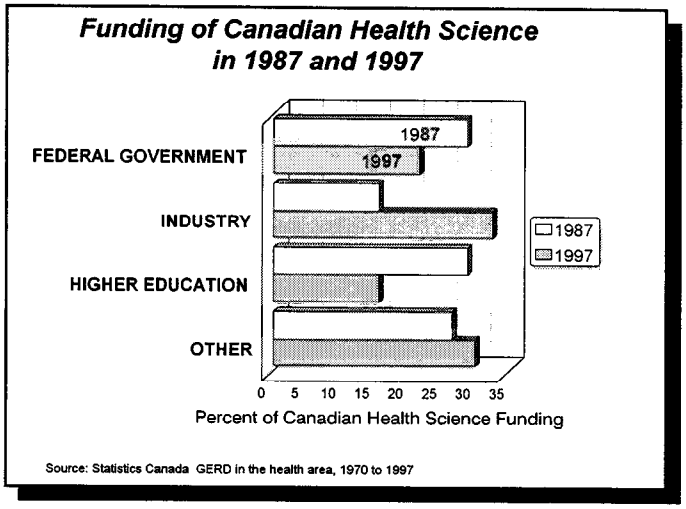
[3] Ekos Research Associates. Canadian Perceptions of Health Research. 1998.

investment but focus on research has been maintained. For example, the Government produced a Federal Research Strategy in 1996. As deficit reduction initiatives began to take effect, Government began committing public funds to research. The first significant new program was the Canada Foundation for Innovation which will provide more than $800 million for the restoration of Canadian science infrastructure over a five year period.



The chart at right illustrates that the federal share of Canadian funding for health science declined between 1987 and 1997, from 29% to 22%.

A variety of federal reports over the last few years, in particular from the National Advisory Board on Science and Technology, an advisory group on biotechnology and the Standing Committee on Finance[4] have recognized that federal funding for health research needs to be dramatically increased. Parliament's Finance Committee recommended a doubling of federal funding for health research within five years. It endorsed the proposal for Canadian Institutes of Health Research and went on to state that when conditions permit, the federal and provincial governments should commit themselves to a long-term target for health research equal to 1% of total public spending on health care.

National Coordination and Linkage

Devolution and decentralization are not key issues in the health research area. Canadian health science is primarily conducted in universities, hospitals and research institutes across Canada by researchers who are funded by the federal government, health charities (such as the Heart and Stroke Foundation), industry and the provinces. The decentralization of health research facilities is efficient but increased coordination and linkages will make it even more effective. The proposed Canadian Institutes of Health Research will provide a mechanism through which all Canadians interested in a specific health area, be they researcher, funder or consumer, can come together to develop a more coordinated attack on critical health problems through research.

Impact of New Technology

Less a new technology than a new way of approaching problems, multi-disciplinary research is increasingly recognized as an important means of advancing new knowledge in innovative ways. Health problems need to be addressed by large teams, often

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4 Standing Committee on Finance. Facing the Future Challenges and Choices for a New Era. December 1998. Pages 69 to 73.

involving researchers from different institutions across Canada, or around the world, but always bringing a wide range of perspectives to bear. The MRC Group program has to some extent been the forerunner of Canada's Networks of Centres of Excellence Program which has gained international renown as a mechanism that fosters multi-disciplinary research and cooperation between industry, universities and government. Canadian Institutes of Health Research will provide an even broader mechanism to foster interaction across all areas of health.

International Context

Life sciences, propelled by rapid expansion of our knowledge of the human genome and quickly evolving biotechnologies is predicted to have an impact in the next 30 years of a force similar to that which telecommunications had in the last 30. Around the world, the value of health science expertise is being recognized and countries are competing to recruit health scientists. It is therefore critically important that Canada continue to provide an environment that will enable us to retain our best researchers, when they are offered opportunities elsewhere, and also enable us to recruit scientists from abroad. This implies rebuilding science infrastructure, as Canada is now doing through the Canadian Foundation for Innovation, and providing adequate research grants.

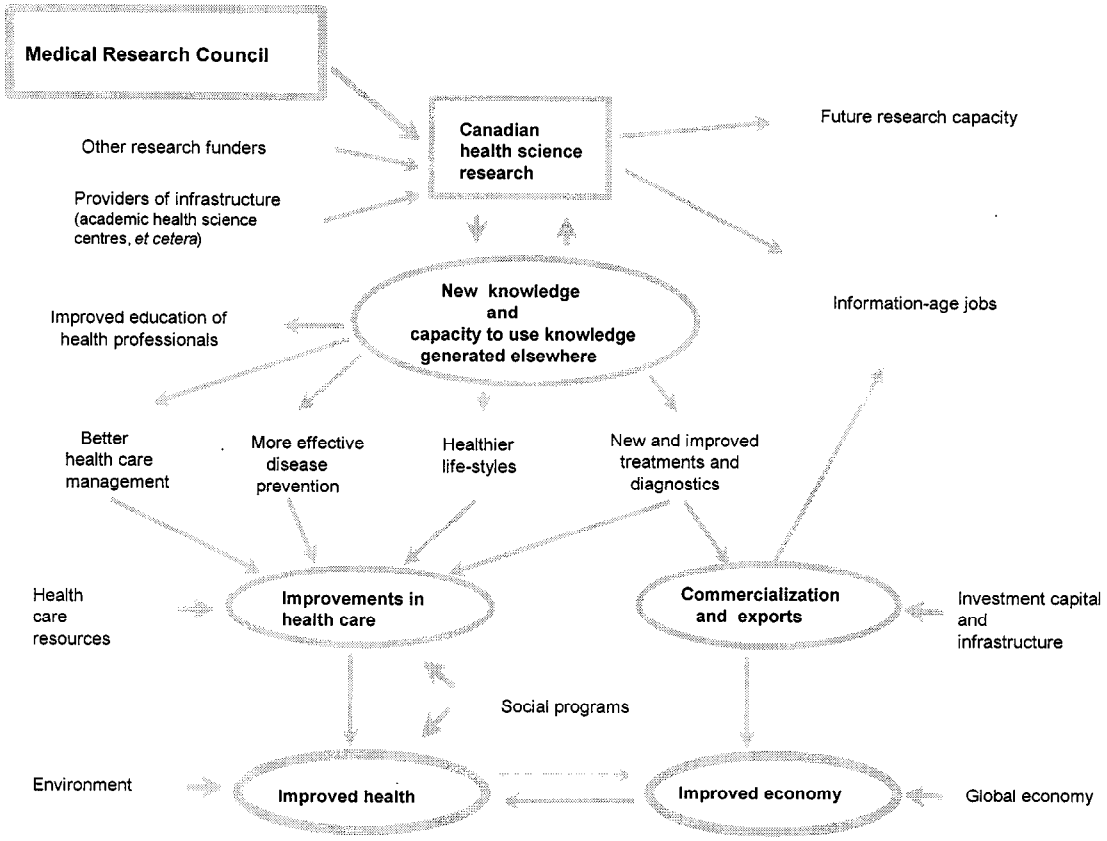
D. Financial Spending Plan

(millions of dollars)	Forecast Spending 1998-99[5]	**Planned Spending 1999-00[6]**	Planned Spending 2000-01[6]	Planned Spending 2001-02[6]
Program spending	271.5	**302.5**	308.8	309.2
Less: Revenue credited to the Consolidated Revenue Fund	0.5	**0.5**	0.5	0.5
Plus: Cost of services provided by other departments	0.7	**0.7**	0.6	0.6
Net Cost of the Agency[7]	271.7	**302.7**	308.9	309.3

5 Reflects best forecast of total planned spending to the end of the fiscal year.

6 Includes additional funding of $27.5 million announced in the February 1999 Federal Budget.

7 Note that rounding effects are at play.



Health Research Leads To...

Improved Well-Being, Economic Sustainability and Enhanced Productivity

SECTION III: PLANS AND PRIORITIES

A. Summary of Priorities and Expected Results

The Medical Research Council of Canada is committed to	
providing Canadians with	***as demonstrated by***
world-class research aimed at ensuring good health and well being	international calibre research projects in institutions across Canada on fundamental processes underlying health and illness, prevention and treatment of disease, and health services special research initiatives on health issues of particular concern to Canadians such as breast cancer, diabetes and AIDS
the social and economic benefits of health research discoveries	research results having an impact on illness prevention, identification and treatment of disease, or health services commercialization of health research discoveries with resultant creation of jobs and economic opportunity
a capacity to respond to needs for research and development in all areas related to health	trained and experienced researchers capable of responding to knowledge requirements in all health areas research resources and capacity generated by partnerships between MRC and other organizations
a national perspective on questions of health research priorities, ethics and safety	advice and guidance on research priorities, ethics and safety

B. Program Plans

Plan: **To provide Canadians with world-class research aimed at ensuring good health and well being**

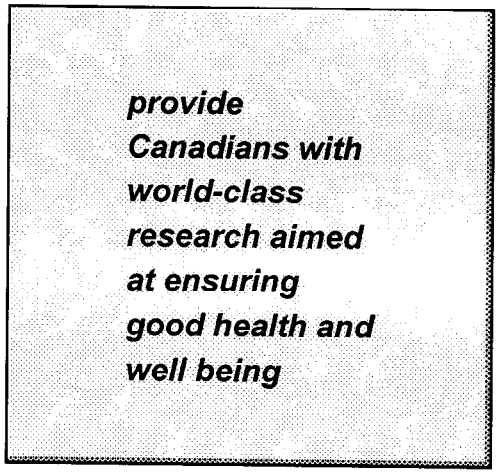
Approach: [8] fund international calibre research projects in institutions across Canada on: fundamental processes underlying health and illness; prevention and treatment of disease; and, health services.

Activities:

attract applications for support of important research projects from scientists across Canada in all health fields

obtain expert scientific opinion on the value of each proposal

decide the most effective distribution of available resources to research projects through grants for: research operations, maintenance, equipment, fostering of team research, promotion of university-industry linkages and regional research development



Approach: support special research initiatives on health issues of particular concern to Canadians such as breast cancer, diabetes, AIDS and health services

Activities:

continue providing financial and organizational support to inter-organizational programs of research in areas that offer special threats or opportunities to the health of Canadians

study research needs and priorities in the health area in Canada

seek opportunities to partner with health charities, the private sector and other government organizations for research targeted at specific diseases

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[8] This report uses the term "approach" rather than "strategy" to avoid confusion between "strategic directions" as set out in the 1993 MRC strategic plan, and "operational strategies" as set out here.

Plan: **To provide Canadians with the social and economic benefits from health research discoveries**

Approach: foster the production and dissemination of research results with direct impact on illness prevention, identification and treatment of disease or health services

Activities: give weight to potential health impact in assessments of proposed research projects

fund trials testing the safety and effectiveness of promising new health products, services or service delivery mechanisms

support programs that facilitate the communication of research findings to clinical practitioners, patient groups, hospital administrators and the public

assist researchers in making their findings public

provide Canadians with the social and economic benefits from health research discoveries

Approach facilitate the commercialization of health research discoveries with resultant creation of jobs and economic opportunity

Activities: assist in linking scientists and sources of funding for the commercialization of their discoveries (sources such as the Canadian Medical Discoveries Fund)

promote awareness of Canadian health science research potential around the world

monitor the impact of Canadian health science discoveries in terms of new businesses, employment creation and invested capital

develop and operate programs and partnerships that promote communication and collaboration between university researchers and industry.

Plan: To help provide Canadians with a capacity to respond to needs for research and development in all areas related to health

Approach: provide support for the training and development of scientists capable of responding to research requirements in all health areas

Activities: assess Canadian research capacity in terms of personnel and estimate future needs

attract applications from students for support of research training, and from current scientists for development awards, in all areas of health across Canada

use expert panels to assess and rank applications according to applicants' potential to contribute to the advancement of knowledge through research

decide the most effective distribution of available resources to research training and development through personnel awards for: undergraduate research training, graduate study in health science, postdoctoral research training and development, career establishment and career development

Create a research environment that young Canadians can see as offering opportunity for growth and development

Approach: foster growth in Canadian research resources and capacity through partnerships with other organizations

Activities: create and sustain funding partnerships with other organizations in governments, industry and the voluntary sectors[9]

facilitate access by health scientists to research resources available through other programs (e.g., through the Canada Foundation for Innovation or the Canadian Foundation for Health Services Research)

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[9] see supplementary information for a reprint of information on MRC partnerships appearing in the Fall 1997 report on MRC performance

develop and disseminate information on the important positive contribution of health science to the well-being of Canadians, international competitiveness and economic sustainability

advance the public policy case for full federal support of a national infrastructure of expertise, facilities and operating funds in all areas of health research

facilitate the flow of funds to Canadian health science research through all possible channels (such as industry research, funding from other countries, and fund-raising by universities, hospitals and research institutes)

Plan: to provide Canadians with a national perspective on questions of health research priorities, ethics and safety

Approach: produce advice and guidance on research priorities, ethics and safety

Activities:

promulgate, in concert with the other federal granting councils, guidelines on ethical conduct for research involving humans

monitor national and international developments that may require a Canadian position with respect to health research

seek out international partnerships

develop national perspectives on research issues in consultation with key stakeholders

provide Canadians with a national perspective on questions of health research priorities, ethics and safety

C. Consolidated Reporting

Year 2000 Preparedness

Senior managers at the MRC are aware of the Y-2000 issue and are satisfied that progress is being made in ensuring that Council systems will meet the challenge imposed by two digit year codes. A Year 2000 compliant upgrade of MRC's major financial and operational systems is scheduled for implementation in the first quarter of fiscal year 1999-2000. A Year 2000 impact assessment of remaining systems has highlighted additional issues which are also scheduled for resolution in 1999-2000.

SECTION IV: SUPPLEMENTARY INFORMATION

Supplementary Table of Contents

Table 1 Spending Authorities

Vote	(millions of dollars)	1999-00 Main Estimates	1998-99 Main Estimates
	Medical Research Council		
15	Operating expenditures	**10.6**	8.2
20	Grants	**263.5**	218.2
(S)	Contributions to employee benefit plans	**0.9**	0.9
	Total Agency	**275.0**	227.3

Table 2.1 Organisation Structure

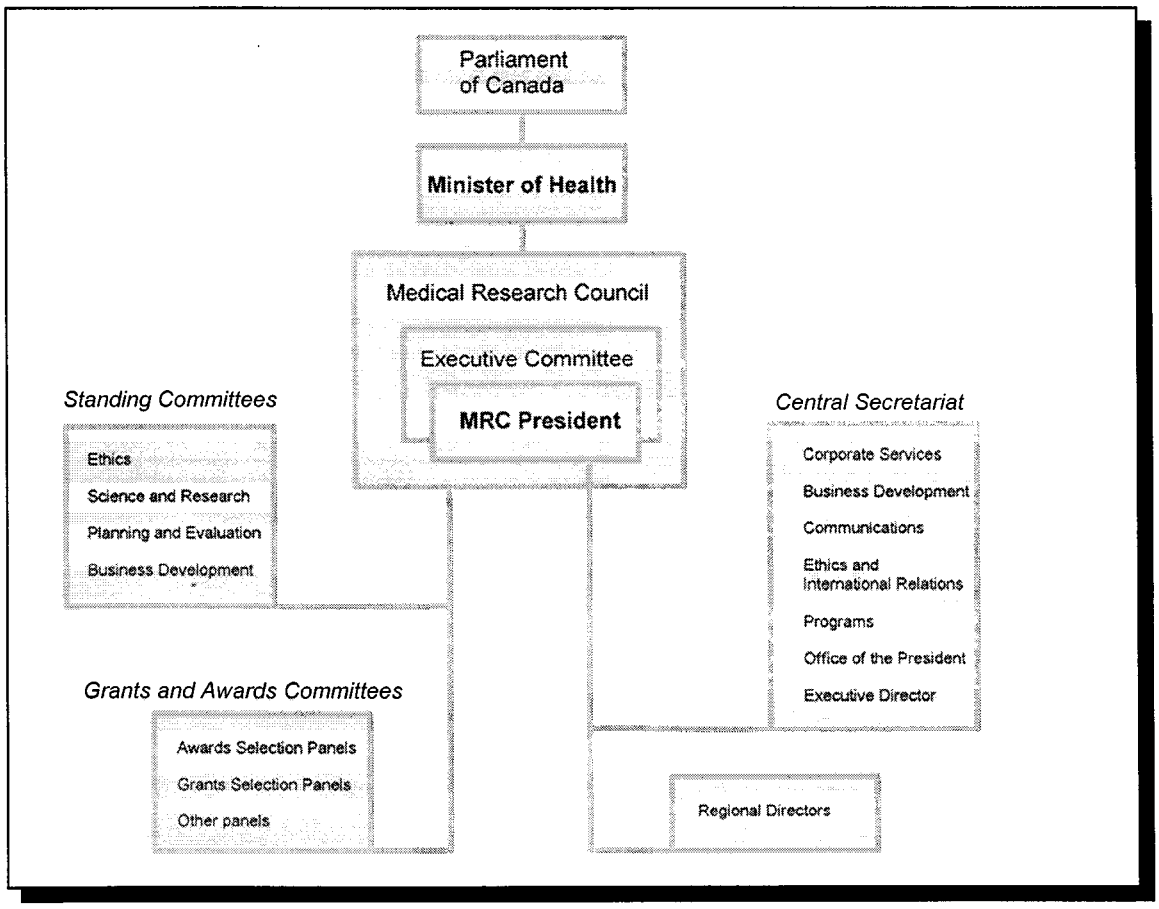


Table 2.2 Planned Full Time Equivalents (FTEs)

(full-time equivalents)	Forecast 1998-99	**Planned 1999-2000**	Planned 2000-01	Planned 2001-02
Medical Research Council Program				
Promote assist and undertake research in the health sciences in Canada	86	**88**	78	78
Total	86	**88**	78	78

Table 3 Agency Data by Standard Object of Expenditure

($ millions)	Forecast 1998-99	**Planned 1999-2000**	Planned 2000-01	Planned 2001-02
Personnel				
Salaries and wages	4.4	**4.5**	3.7	3.7
Contributions to employee benefit plans	0.9	**0.9**	0.7	0.8
	5.3	**5.4**	4.4	4.5
Goods and Services				
Transportation and communications	2.3	**1.9**	1.9	1.9
Information	0.6	**0.3**	0.3	0.3
Professional and special services	3.1	**3.1**	1.4	1.4
Rentals	0.1	**0.2**	0.2	0.2
Purchased repair and maintenance	0.1	**0.2**	0.1	0.1
Utilities, materials and supplies	0.3	**0.3**	0.3	0.3
Minor capital	0.3	**0.2**	0.1	0.1
	6.9	**6.2**	4.3	4.3
Total operating	12.2	**11.5**	8.7	8.7
Transfer payments				
Voted	259.3	**291.0**	300.1	300.5
	259.3	291.0	300.1	300.5
Gross budgetary expenditures	271.5	**302.5**	308.8	309.2
Net budgetary expenditures	271.5	**302.5**	308.8	309.2
Total	271.5	**302.5**	308.8	309.2

Table 4 Program Resources for the Estimates Year

($ millions)	Budgetary				
	FTE	Operating	Grants	Gross Voted	Net Planned Spending
Medical Research Council Program					
Promote assist and undertake research in the health sciences in Canada	88	11.5	263.5	275.0	275.0
Total	**88**	**11.5**	**263.5**	**275.0**	**275.0**

Table 5 Net Cost of Medical Research Council Program for the Estimates Year

($ millions)	
Gross Planned Spending	302.5
Plus:	
Services Received without Charge	
Accommodation provided by Public Works and Government Services Canada	0.4
Contributions covering employees' share of insurance premiums and costs paid by TBS	0.3
	0.7
Total Cost of Program	303.2
Less:	
Revenue Credited to the CRF	0.5
Net Cost of the Program in 1999-00	302.7

Estimated Net Program Cost in **1998-99**	271.7

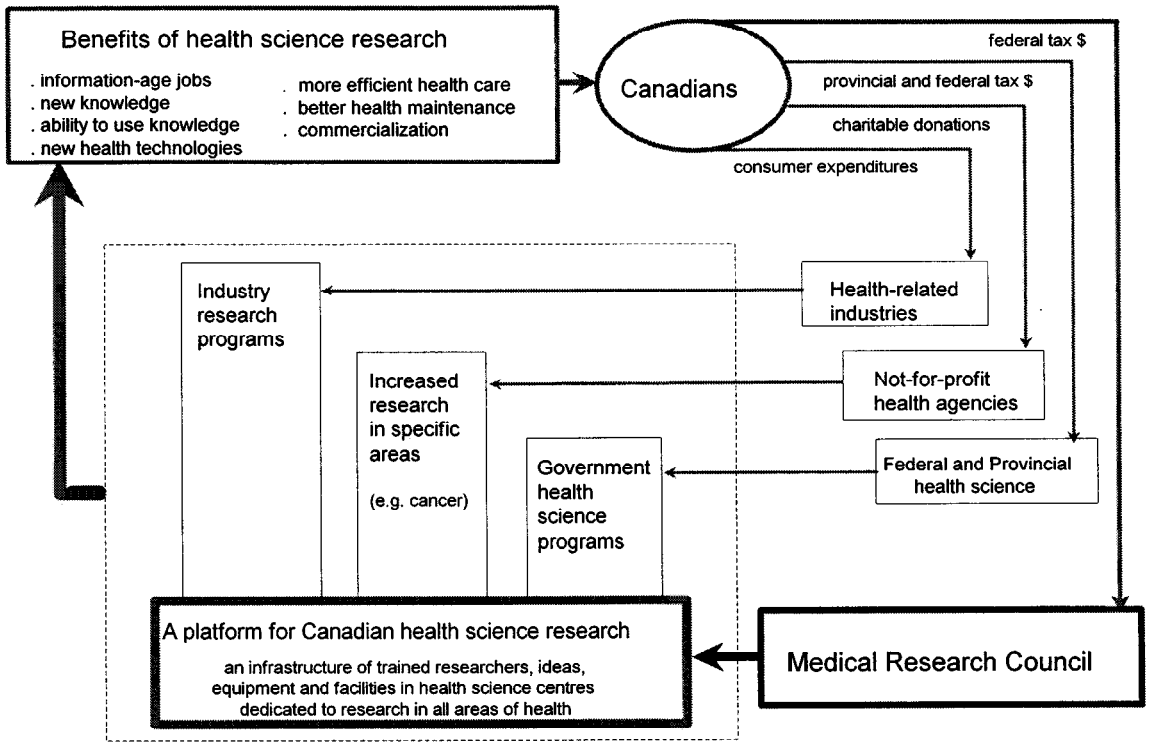
Table 6 Details of Transfer Payments

($ dollars)	Forecast Spending 1998-99	**Planned Spending 1999-00**	Planned Spending 2000-01	Planned Spending 2001-02
Research Grants				
Operating	154,855,000	**158,705,000**	166,919,000	169,346,000
Genome	350,000	**5,000,000**	5,000,000	5,000,000
Maintenance	2,588,000	**3,047,000**	3,000,000	3,000,000
Equipment	328,000	**1,500,000**	1,500,000	1,500,000
Health Services Research Foundation	2,000,000	**2,000,000**	2,000,000	0
Special Projects	3,617,000	**4,144,000**	4,000,000	4,000,000
University-Industry Grants	6,810,000	**6,403,000**	7,000,000	7,000,000
General Research Grants	1,600,000	**0**	0	0
Other Grants[10]	0	**27,500,000**	27,500,000	27,500,000
	172,148,000	**208,299,000**	216,919,000	217,346,000
Multi-Disciplinary				
MRC Groups	22,047,000	**20,964,000**	21,000,000	21,000,000
Program Grants	1,810,000	**321,000**	0	0
Regional Partnerships	1,943,000	**2,153,000**	2,000,000	2,000,000
	25,800,000	**23,438,000**	23,000,000	23,000,000
Salary Support				
MRC Groups	1,623,000	**565,000**	78,000	0
Development Grants	1,623,000	**832,000**	328,000	44,000
Career Investigators	499,000	**367,000**	87,000	22,000
Distinguished Scientists	958,000	**1,165,000**	1,200,000	1,200,000
Senior Scientists	1,150,000	**1,390,000**	1,400,000	1,400,000
MRC Scientists	4,651,000	**4,482,000**	4,500,000	4,500,000
Scholarships	8,843,000	**9,076,000**	9,100,000	9,100,000
Clinician Scientists 2	1,189,000	**728,000**	1,000,000	1,000,000
University-Industry Salary Support	1,378,000	**1,297,000**	1,800,000	1,800,000
	21,914,000	**19,902,000**	19,493,000	19,066,000

[10] This amount represents funding announced by the Minister of Finance in his February 1999 Budget. The Council will decide on the allocation of these funds at its March 1999 meeting.

Table 6 Details of Transfer Payments - continued

($ dollars)	Forecast Spending 1998-99	**Planned Spending 1999-00**	Planned Spending 2000-01	Planned Spending 2001-02
Research Training				
Clinician Scientists 1	1,047,000	**1,056,000**	1,300,000	1,300,000
Centennial Fellowships	780,000	**760,000**	800,000	800,000
Fellowships	9,805,000	**9,441,000**	9,500,000	9,500,000
Studentships / Doctoral Research Awards	8,478,000	**8,510,000**	8,800,000	8,800,000
Burroughs Wellcome Fund	533,000	**533,000**	600,000	600,000
University-Industry Training Awards	891,000	**893,000**	1,200,000	1,200,000
	21,534,000	**21,193,000**	22,200,000	22,200,000
Travel and Exchange				
Visiting Scientist and Professorships	131,000	**150,000**	150,000	150,000
Travel Grants, Symposia and Workshops	408,000	**200,000**	200,000	200,000
	539,000	**350,000**	350,000	350,000
Other Activities				
President's Fund	500,000	**500,000**	500,000	500,000
Other Grants	3,177,000	**3,268,000**	3,300,000	3,300,000
	3,677,000	**3,768,000**	3,800,000	3,800,000
Total Core Budget	245,612,000	**276,950,000**	285,762,000	285,762,000
Networks of Centres of Excellence	13,655,000	**14,025,000**	14,313,000	14,703,000
Total Grants and Scholarships	259,267,000	**290,975,000**	300,075,000	300,465,000



Through the MRC, the federal government provides a platform for Canadian health science research