Funding the future of health research

The decision by the Canadian Institutes of Health Research (CIHR) to close 2 senior investigator programs to new applicants has sounded an alarm within the medical research community. From the perspective of academe (see commentary by Eliot Phillipson (page 568),1 this spanner in the works threatens not merely to slow the machinery of health research in Canada, but to wreck it. CIHR president Alan Bernstein (see page 567)2 justifies the decision by arguing that the current CIHR budget is spread too thinly and that there are other funding sources for senior investigators, notably the $1-billion Canada Research Chair (CRC) program launched in 2000.

The CIHR's decision will not affect training grants or start-up career funding, but it will force many established investigators to look elsewhere for salary support. No one disputes that salary support is necessary to allow investigators to dedicate most of their time to research. What is less clear is whether the CRC program can meet the need created by the CIHR cuts. In our News section, Allison Gandey reports on this controversy and tracks some of the financial constraints (see page 592),3 but it is difficult to get a comprehensive picture of the state of health research funding in this country. Such a picture would include grants to universities from provincial ministries of education, which go toward bricks and mortar, equipment, libraries and, importantly, salary support for professors who both teach and do research. Most of this salary support is reserved for basic science faculty, not clinician scientists who are judged, incorrectly, to be self-supporting through their clinical incomes. A comprehensive picture would also include funding by private foundations (usually for research into a specific disease or condition), industry (for product research) and a partnership forged between industry and the CIHR for pharmaceutical research.

The CIHR decision to get out of the business of funding established career investigators must be viewed against this blurry mosaic of alternative funding sources.

It is unfortunate that the decision was made just 3 months before the application deadline. Prospective applicants to the fall competition worry that the loss of salary will jeopardize their current projects — along with their career prospects. Worse, this precipitate decision sends a message to all health scientists that support for research in this country is fragile. The incoming generation of clinical scientists may well reconsider their career options.

The CIHR fix part of the justification (and blame) for their decision on “an impending change in political leadership [that] may delay the timing of the next federal budget. [The] CIHR must assume … that its budget in [fiscal year] 2004–05 will be the same as in [fiscal year] 2003–04.”4 Without a clear indication from the rudderless Liberal government on funding for next year, the CIHR anticipate having $70 million in uncommitted funds next year — $100 million less than last year. This was sufficient incentive to cut the already vulnerable senior career awards loose.

We urge the governing council of the CIHR to reconsider its decision as soon as possible. And we urge Health Minister Anne McLellan — whose government, to its credit, has allocated unprecedented funds to research — to act now to assure the CIHR will receive an anticipated and much-needed budget increment for 2003-04. In this way the government can confirm its commitment to support excellence in health research, minor bumps in the federal political landscape notwithstanding.

Given the paucity of coherent information on career funding for health research, a prudent move for the CIHR would be to establish an expert group involving government, universities, research institutes, industry and foundations to determine exactly what funding support for career investigators is available, whether it is sufficient, and whether it is sustainable long term. Is there enough funding to support the critical mass of career investigators needed for robust progress in health research? Or isn’t there? We need to know before we allow more of our best and brightest to fall by the wayside next year. — CMAJ

References