

Canadian Institutes of Health Research budgetary dilemma: unprecedented growth and program reductions

Alan Bernstein

§ See related articles pages 533, 568 and 592

Editor's note: For the first time in its 3-year history, the Canadian Institutes of Health Research cannot count on an increase in its overall budget and may thus have to make do with existing funds. As a result, only about \$70 million in uncommitted funds will be available next year. Cuts to programs have been announced, including termination of the Investigator and Senior Investigator Awards. We asked Dr. Alan Bernstein and Dr. Eliot Phillipson to comment.

In this short commentary, I want to accomplish 4 objectives: review the progress that the Canadian Institutes of Health Research (CIHR) has made in realizing the bold mandate we have been given, explain why CIHR is facing possible short-term funding constraints, describe the reasoning that led to the cancellation of CIHR's senior awards programs, and outline CIHR's strategy in response to the current situation.

First, some observations and facts: In 3 short years, we have made significant progress in transforming and re-energizing health research in Canada. The 13 health research institutes are in place, innovative new research and training programs have been launched, our mandate to include all disciplinary approaches to health is well in hand, and new partnerships have been made that have resulted in almost a doubling of partners' contributions. For example, the Strategic Training Initiative in Health Research includes 17 partners that CIHR's 13 institutes brought on board, as well as many more partnerships built by the 84 health research training centres. In short, we are on the way to becoming a strategic research organization and community built on a strong foundation of excellence.

CIHR's grants and awards budget has increased from \$275 million (in the last year of the Medical Research Council of Canada [MRC]) to \$580 million in the current fiscal year. The number of grants funded, of all types, has increased from 2962 to 4256 over the same period, and the value of operating grants awarded in the open competitions each year has increased from \$80 000 to \$105 000. Whereas the greatest increase in dollars invested has been in biomedical sciences (close to \$150 million), the increased investment, relative to the last year of the MRC, has been greatest for health services research (\$16 million, that is, a 16-fold increase) and for research on population health

(\$6 million, that is, a 6-fold increase). Investment in clinical research has increased over 2-fold from about \$43 million in 1999 to \$90 million in 2002, and the average value of a CIHR-funded clinical trial has jumped from \$107 000 to \$275 000 over the same period. Health researchers from all disciplines have benefited from the increased support available from CIHR.

Most of the CIHR budget is locked into long-term commitments such as 3–5-year grants and awards. CIHR has received substantial budget increases over the past 4 years, augmenting the amount of funding available each fiscal year to support new grants and awards, which otherwise would be derived only from the redistribution of funds from grants that have ended. When budget growth stops, the uncommitted funds available to support new grants and awards will shrink to the much smaller amount derived from ending grants. This is the situation CIHR may face at the beginning of fiscal year 2004/05, particularly because the transition in government makes uncertain the timing of any federal budget. Given the risk of a sharp reduction in available funds in 2004/05, relative to the past 3 years, CIHR decided to warn the health research community in advance that it had to introduce strategies to reduce the impact of a decrease in uncommitted funds by suspending some competitions to avoid wasting the time of both applicants and reviewers. This problem is not a result of the formation of the CIHR, the launch of our strategic research initiatives or the amount of the increase to our budget this past year. It occurs because CIHR is financed by the federal government through "lapsing annual appropriations," which means that we know our budget only 1 year at a time, and carrying over of funds from 1 year to the next is not allowed. CIHR could have avoided the current situation if it had not invested all the increases it has received in long-term grants and awards, for example, by allowing some funds to lapse each year, or by funding a large number of grants and awards for only 1 year. Either of these strategies would have been unpopular with the research community, and, equally importantly, would not be the way to realize the vision of CIHR to improve the health of Canadians through excellence in research.

Decisions to suspend programs in the face of financial exigency are difficult and painful. CIHR's scientific direc-

tors and governing council discussed the situation extensively and agreed that our priorities have to be support for the open grants program and the provision of some, although reduced, funding to the 13 institutes to allow them to continue to support research in accordance with their recently developed strategic plans. Lower priority must go to areas of research support where there are other federal sources of funding.

Since CIHR was established, other federal initiatives have improved the environment for health research, and CIHR must therefore redefine its niche. In particular, the Canada Research Chairs (CRC) program will support 700 health researchers at career stages corresponding primarily to the CIHR Investigator and Senior/Distinguished Investigator Awards, of which there are only 158 in total. However, the CRC program does not support large numbers of researchers at the very earliest stages of their independent careers, namely, those eligible for the New Investigator Awards, and this remains an important niche for CIHR. Success rates in all our awards competitions have been falling steadily and, with a reduced budget available for these awards programs next year, success rates would probably decrease below 10%.

We remain committed to supporting the careers of health researchers, particularly through strategic investment in areas where research capacity must be increased. For example, the New Emerging Teams Grants include funding for the recruitment of new researchers to a team. A task force on clinical research will recommend improved career support for those who combine research with clinical practice in the health professions. Some of our institutes have supported career transition awards, allowing established investigators to refocus their research interests. Governing council has asked CIHR staff to examine the idea of release-time stipends for

holders of CIHR grants who have significant responsibilities beyond their commitment to research. We will continue to celebrate the achievements of outstanding health researchers through enhancements to the Michael Smith Prize.

The solution to the problems faced by CIHR, and the entire research community, is not limited to increases in CIHR's budget so it can fulfill its mandate. Ideally, we would also have some increased financial flexibility, particularly the ability to carry over a small portion of our annual government appropriation from year to year in order to avoid the cycles of feast and famine that compromise the continuity of high-quality health research. We will continue to present our case to decision-makers in Ottawa and look forward to receiving the support of health researchers everywhere. Following extensive consultation, CIHR is moving ahead with a blueprint for the next stage of its evolution.¹ The success of *Blueprint* depends on the constructive engagement of all of CIHR's stakeholders. As in our first 3 years when the research community and other stakeholders responded positively to the creation of CIHR, we have the opportunity to build a truly outstanding, inclusive, strategic and responsive health research enterprise in Canada.

Dr. Bernstein is President, Canadian Institutes of Health Research, Ottawa, Ont.

Competing interests: None declared.

Reference

1. Canadian Institutes of Health Research. *Investing in Canada's future: CIHR's blueprint for health research and innovation* [draft]. Ottawa: The Institutes; 2003 July 7. Available: <https://mobile.cihr.ca/main/SPV11.pdf> (accessed 2003 Aug 20).

Correspondence to: Dr. Alan Bernstein, Canadian Institutes of Health Research, 410 Laurier Ave. W, Ottawa ON K1A 0W9; fax 613 948-7227; abernstein@cihr-irsc.gc.ca

Preserving our intellectual capital: the Canadian Institutes of Health Research funding crisis

Eliot A. Phillipson

β See related articles pages 533, 567 and 592

Launched just 3 years ago, the Canadian Institutes of Health Research (CIHR) has already been established as a success story in which the health care community can take great pride. In embarking on a strategic planning exercise involving "wide-ranging consultations with a variety of partners and the research community,"¹ the CIHR appears intent on building on that success. A background document designed to guide the planning process

notes that "a robust, energetic and broad-based cadre of accomplished researchers, armed with the best tools, state-of-the-art facilities, and outstanding trainees, is the best strategy to ensure that Canada has the capacity and expertise to mobilize in order to address important health issues."¹

Given such an assertion, it is difficult to understand why CIHR has also announced an immediate program change that will have profound implications for Canada's