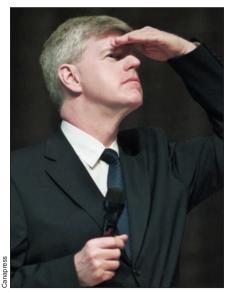
John Manley opens the research taps

The usual suspects had the usual complaints about funding shortfalls after Finance Minister John Manley tabled his first budget Feb. 18, but complaints from Canada's medical researchers were few and far between.

In fact, even though some of the budget's major initiatives concerned health research, they received scant mention because they are not as sexy as, say, new coverage for catastrophic drug costs or a new diagnostic equipment fund.

But these initiatives should come as no surprise. "Building the knowledge



Manley: looking toward the future

economy" has been a preoccupation for Manley since his days in the Science and Technology portfolio. His first budget includes \$1.7 billion over 3 years for research and innovation, money that will have a major impact on universities and research facilities, and will directly affect medical schools and teaching hospitals.

First, there is more money for graduate students, with a promise of a scholar-ship program to support 2000 master's-level students and 2000 doctoral students each year. This 70% increase in scholar-ship funding should help reduce the number of graduate students and researchers who leave Canada for the US. In addition, there will be a 10% increase worth \$125 million per year for Canada's 3 granting councils, including the Canadian Institutes of Health Research (CIHR).

That delighted President Alan Bernstein, who notes that CIHR's annual budget has grown from \$360 million to \$617 million since June 2000.

Manley has also opened the country's wallet to support research that will help Canada maintain a world-class cadre of medical researchers. He has allocated \$500 million to the Canada Foundation for Innovation for state-of-the-art research facilities and \$75 million to Genome Canada. At a time of intense international competition for top-flight researchers, Canada has become an attractive country in which to do research. Bernstein says bluntly that the additional

funding will allow Canada "to attract and retain the best and the brightest."

Although these new investments in research and innovation went largely unnoticed outside the research community, the pace of spending on research capacity in the past 5 years has been truly staggering: a six-fold increase since 1998, from \$400 million per year to a total of \$2.3 billion.

John Manley's effort was labelled "a health care budget," and with good reason. The health-related transfers to the provinces accounted for over half of the 11.5% increase in program spending in what some quickly labelled "an old-style, big-spending" financial roadmap. However, even though this health care package will probably play an important role in sustaining medicare, the investments it has made in the knowledge economy will help ensure the system's quality. — *Charlotte Gray*, Ottawa

National immunization plan gets a boost

The federal government has set aside \$45 million over 5 years to help ensure equitable and timely access to recommended vaccines, and the chair of the National Advisory Committee on Immunization is delighted.

Dr. Victor Marchessault says the initiative, announced in the February budget, will allow intergovernmental discussion to continue toward development of a national immunization strategy. "In the budget it said to improve the procurement of vaccines, so what we're working on is to convince the provinces on a way of introducing the vaccines across Canada," he says.

He said that it has been difficult to create a national policy because immunization falls under provincial and territorial jurisdiction (*CMAJ* 2003;168[5]: 598). Marchessault would like to see a national immunization registry created, since this would give doctors an "instantaneous response" when they look for immunization records. More than 8 million vaccinations are provided in Canada each year. — *Tim Lai*, CMAJ

Safety institute is a go

The National Steering Committee on Patient Safety is pleased with the federal government's decision to spend \$50 million over 5 years to create a Canadian Patient Safety Institute.

The institute was the committee's major recommendation when its report, *Building a Safer System*, was released last September. The new funding was announced when the federal budget was released Feb. 18.

"This is a very wonderful step forward," says Dr. Ross Baker, a committee member. He says all parties involved — medical associations, accreditation councils and governments — will now have to determine the institute's exact role and scope.

He says it must operate at arm's length from government. "We need to create an opportunity for people [to] feel safe [from legal and other action] after discussion of these very critical events that happen in health care."

Although the money is the exact amount the committee had asked for, Baker says it's still a lot less than what similar bodies in Australia and the United Kingdom receive. "We certainly think the issues and problems are much larger than \$10 million [a year] in the long run, but we'll figure out how to address that," he says. — *Tim Lai*, CMAJ