mortality rates of the DREAM study participants "must" be followed for the next decade to measure long-term effects from having taken the drug. "Any reasonable person would have major concerns looking at the results," said Wright.

Gerstein agrees diet and exercise are important, but says pharmacotherapy is the answer now for those unable to comply, or who remain in a pre-diabetes state despite efforts. He says analysis of physical activity data gathered in the study is underway.

Meanwhile, the DREAM study continues. Participants without diabetes at the end of the study have been taken off medication and are being followed for a 2-month "washout" phase to determine if effects are long lasting. Those results will be presented in December. Study participants will also be followed for up to 2 more years to assess the long-term effects of rosiglitazone, and left ventricular function and other indices of cardiac function are being tested on 300 participants.

The trial was funded by the Canadian Institutes of Health Research, Sanofi-Aventis, GlaxoSmithKline PLC (rosiglitazone's manufacturer) and King Pharmaceuticals (ramipril). — Pauline Comeau, Ottawa

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New health academy must be financially independent

Financial independence is essential to the future credibility and success of the Canadian Academy of Health Sciences (CAHS), says the former head of the US Institute of Medicine (IOM).

Modeled after the IOM and similar national bodies, the recently-minted CAHS, 1 of 3 member academies of the equally embryonic Council of Canadian Academies (CCA), ultimately hopes to serve as the nation's primary source of objective, evidence-based research on health issues.

To achieve this, it's vital that the CAHS establish a diversified source of funding during its formative years, former IOM president Kenneth Shine told the new academy's second annual meeting, held in Ottawa Sept. 26–28. "Depending on government money will compromise independence. In the [US], if the government doesn't like what you do, they will cut your funding."

In the interest of maintaining credibility and ensuring that it isn't conflicted, the US National Academies have opted to turn down government money for studies that aren't science-based, he said. When they do take federal funding, it's under contract, so the academies can determine the conditions of the study.

The IOM, established in the 1980s, funds its 40 or so reports each year through contract work for governments, other institutions and organizations. It's also built an endowment fund through planned giving and annual gifts. Approximately 70% of its research is proposed by others, and the remainder has been self-generated, including a headline-grabbing report on medical error.

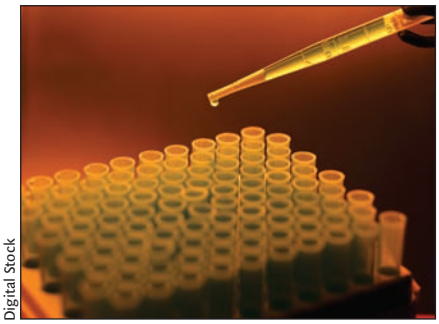
CAHS President-Elect Dr. Martin Schechter agreed that diversified funding would be preferable in terms of the long-term viability of the academy and, ultimately, will augment its credibility. "We'd be acting as honest brokers to everybody."

For now, though, the CAHS has nothing in the way of a pot of money, although, as a member of the CCA, it could theoretically be asked to conduct a study for the federal government under the latter's agreement with the CCA. Ottawa provided $30 million over 10 years in exchange for a commitment to conduct roughly 5 studies annually on federally chosen topics.

CCA President Peter Nicholson said "there is little to no room" within the arrangement to investigate issues at the scientific community's initiative. The first CCA report was recently delivered in response to a June request to assess the state of science and technology in Canada (see *CMAJ* 2006;175: 1046).

Shine argued that the CAHS' reputation will ultimately build on its capacity to initiate studies in areas of national need. "If you are all over the place, you won't have the impact ... to develop credibility and make a difference."

There's no doubt Canada needs a credible source of unbiased advice on health-related issues, CAHS founding President and University of Alberta professor of medicine Dr. Paul Armstrong said. Other nations are far more advanced in developing such a resource, including the UK, which is establishing the Academy of Medical Sciences, and France, with its Académie nationale de médecine.



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The Canadian Academy of Health Sciences hopes to be Canada's primary source of objective, evidence-based research on health issues.

"Canada has lagged behind other countries," Armstrong said, adding that the CAHS voice could potentially be unique due to its multidisciplinary nature, with fellows from medicine, nursing pharmacy, dentistry, rehabilitation sciences and veterinary medicine. Fittingly, the academy's first self-initiated project assessed the barriers to, and benefits of, fostering interdisciplinary health research (*CMAJ* 2006;175:763-71).

Shine also stressed that an academy is only as good as "the quality of your membership." In the IOM's case, one-quarter of members are from outside the health professions, including lawyers, historians and ethicists. By contrast, the current CAHS membership (roughly 220) is primarily comprised of biomedical researchers and administrative luminaries.

The IOM, established in 1970 as a private, independent non-profit organization, has drawn rave reviews for pivotal reports like *To Err is Human: Building a Safer Health System* (1999). No one wanted to fund the medical errors study, said Shine. But the IOM saved up for four years and used a $1.2-million endowment to conduct the study, which made international headlines and resulted in policy

changes like the addition of adding bar codes to drugs, prompting a 50%–60% reduction in medication errors.

"We changed the anatomy in terms of truth," said Shine. "It's now okay to admit, apologize and explain error. We've seen a drop in malpractice settlements as a result."

"But simply producing a good report is inadequate," adds Shine. "There needs to be clear dissemination."

"We're not an advocacy group, but we know who is; you have to put it in the right language ... [so] it is easily understood by media, policy-makers and others."

Moving from evidence to action is a challenge, said Jonathan Lomas, president and CEO of the Canadian Health Services Research Foundation, formed in 1997 with a $120-million endowment.

Lomas argued the community must become more sophisticated about knowledge dissemination. "We need to inform science with the colloquial," so that it's more likely to be comprehended and adopted.

Armstrong hoped the advice garnered at the gathering will help CAHS establish itself as neutral broker. "We should be the 'go to' organization for research assessment." — Barbara Sibbald, *CMAJ*

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National Pharmaceutical Strategy's progress comes under scrutiny

Coming later than expected, and focusing on only 5 of 9 stated priorities, the 2-year-old National Pharmaceutical Strategy (NPS) Ministerial Task Force has issued its first official progress report, mapping out directions for pharmaceutical policy in Canada.

The report outlines progress on catastrophic drug coverage, covering expensive drugs for rare diseases, a common national formulary and drug pricing and purchasing strategies. The last of the 5 discussed priorities — real world drug safety and effectiveness — is seen as a vital step in a national approach to drug safety in the post-Vioxx era. Progress is in place to establish a Canadian research network to gather, interpret and apply drug safety and effectiveness information for drugs already on the market.

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Five of the 9 stated priorities are addressed in this first report.

Potential funding models for catastrophic drug expenditures examined an array of geared-to-income or -expenditure options that called for between $1.4 and $4.7 billion in new public funding, bringing the total cost to as much as $10.3 billion. Figuring out how these costs will be shared among governments will be pivotal to moving forward. An estimated 20% of Canadians are under-insured for catastrohic drug expenditures, and are currently bearing a burrden of up to $2.2 billion.

Like many of the recommendations emerging from the report this priority will involve more "stakeholder engagement" and "ongoing dialogue" with governments before any financial commitments will be made.

Consumer groups in Canada are criticizing the report's lack of substantive progress and the unusual fact that, of the 9 priorities outlined in 2004 when the Strategy was announced, some have noticeably fallen off the radar.

Mike McBane of the the Canadian Health Coalition, a nonprofit organization of unions, seniors' groups and others, notes that a key priority, "Enhancing action to influence prescribing behaviour," intended to improve physician prescribing is "missing in action" from this federal–provincial–territorial task force's progress report. All Canadian territories and provinces, except Quebec, are represented in the NPS.

Although some consumer groups are critical of what's missing from the NPS list of priorities others warn that the strategy could be too ambitious. The Best Medicines Coalition, a grassroots group of consumer and advocate organizations, expressed caution around suggestions to enhance Canada's Common Drug Review (CDR), a new federal agency that reviews the value of new drugs in Canada. They warned that expanding federal oversight of new drugs should not be done at the cost of "unnecessary delays" for consumers needing access to new medications.

Criticism has also been levelled at the lack of independent stakeholders in the consultative process thus far. Wendy Armstrong of the Alberta Consumers Association says they are not hopeful the process of consulting stakeholders will examine areas of overuse and inappropriate use of pharmaceuticals or marketing practices.

"When you've got little more than pharmaceutical companies and their paid consumer groups telling the government what to do, the public interest never even seems to see the light of day," says Armstrong. "Unless intervener funding is provided to independent groups to present a pro-public perspective, this task force's recommendations will be decidedly one-sided."

Regardless of the sense of the report's hits and misses, stakeholder groups seem to agree on one thing: there is an urgent need for strong federal leadership in the creation of a comprehensive national strategy, especially when it comes to budgeting sufficient funding to provide meaningful help to Canadians facing catastrophic drug costs.

"Clearly, after 2 years, the time for study is over," CMA President Dr. Colin McMillan stated in a news release from the Coalition for a Canadian Pharmaceutical Strategy, a group of national organizations that also includes the Canadian Nurses Association and Canadian Healthcare Association.

George Abbott, the BC minister of health who co-chairs the NPS task force with federal Health Minister Tony Clement, said the report provides a framework for federal–provincial–territorial discussions. — Alan Cassels, Victoria

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