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# Health and Medical Research in Canada

## Observatory on Health Research Systems

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# Summary

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## Summary: Key Points

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- Funding by endowment; providing lump sums to research and funding from the interest on that sum as opposed to traditional research funding
- Prevalence of higher education field in *funding* research as well as performing research
- Focus on aboriginal health
- Translational activities; explicit focus on translating research to commercial gains through government funding

One of the most interesting aspects of the Canadian health research system is the use of endowment funding, a system more commonly associated with university funding. The funding of the Canadian Health Services Research Foundation (CHSRF) is mainly funded by endowments from the major federal funders of health or services research: the then Medical Research Council of Canada (MRCC; now the Canadian Institutes of Health Research [CIHR]); Health Canada (the federal healthcare funder); and the Social Sciences and Humanities Research Council (SSHRC). Between 1997 and 2002, the CHSRF has received endowments totalling over \$150 million,<sup>2</sup> of which the endowment exclusively controlled by CHSRF amounts to \$110 million. This gives the organisation an annual operating budget of around \$16 million (the interest accrued annually on the endowment), which is supplemented by additional federal grant funding.<sup>3</sup> Another example of endowment funding is the Alberta Heritage Foundation for Medical Research, who receives endowments from the Alberta Provincial Government, and now have an endowment fund of over \$1 billion (Alberta Heritage Foundation for Medical Research, 2005).

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<sup>2</sup> CHSRF, “History: Where did CHSRF Come From?” [http://www.chsrf.ca/about/history\\_e.php](http://www.chsrf.ca/about/history_e.php) (as of March 26, 2007).

<sup>3</sup> CHSRF, “Organizational Structure,” [http://www.chsrf.ca/about/structure\\_e.php](http://www.chsrf.ca/about/structure_e.php) (as of March 26, 2007).

Another interesting aspect of the Canadian system is the prevalence of the higher education sector in the funding of health R&D; in fact, 2005 figures (Statistics Canada, 2006a) suggest that the higher education sector spend more than the federal government, and nearly as much as industry, on health R&D. This is partly a reporting issue based on the use of total R&D expenditures that include indirect expenditure on research and researchers, therefore boosting HE spend on R&D.

As with many other countries with a minority indigenous population, Canada has a number of health problems that are specifically relevant to their aboriginal population. CIHR have a specific institute in aboriginal health which in 2005/06 spent nearly \$6.5 million on R&D for aboriginal issues. CIHR also spent an additional \$12 million outside of the funding from the aboriginal institute (CIHR, Institute of Aboriginal Peoples' Health, 2006). Politically, there is great importance attached to the issues faced by aboriginal population.

Also of note is the emphasis on translation that is evident in the government-funded sector of the health research system, in which CIHR has several specific programmes to foster translation to practice and economic benefit. CIHR also participates in the Networks of Centres of Excellence (NCE) programme that aims to improve research and translation through extensive virtual networks of academic researchers, industry, government, and hospitals.