



**Modernizing the Federal Research Support System for Future Success:  
Response to Engagement Request**

Submitted to:  
Canada Research Coordinating Committee Secretariat  
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## **Purpose**

The purpose of this submission is to respond to the request made to the Tri-Council Presidents to engage the research community for feedback on the creation of the new capstone organization, intended to modernize federal research support and increase the impact of federal funding. The Canadian Cancer Research Alliance (CCRA) is a long-standing and unique alliance representing organizations and key stakeholders dedicated to fostering collaborations and promoting the development of national research priorities on cancer, one of our most pressing health issues. We are, therefore, concerned that a strong federal health research environment be maintained and enhanced within this re-structuring. To this end, we propose three considerations.

### *1. Commitment to improving the health of Canadians*

Economic and commercial goals and interests need to be appropriately balanced with broader health and societal concerns. Continued direction by and engagement of the Minister of Health is important in the new structure as is preservation of the authority, leadership and fiscal autonomy of Tri-Council leaders. Given that CIHR research investments represent the largest proportion of the federal cancer research investment, we feel this is particularly important for CIHR's President and Institute Scientific Directors.

As per the white paper issued by Research Canada, there is an opportunity for the capstone organization to initiate mechanisms to better support research that addresses the needs identified by healthcare providers and the people they serve. To this end, academic medical centres, research institutes, and hospitals, where research is conducted and supported, should be recognized as eligible funding recipient institutions for all capstone-supported research programs. These programs should be designed to ensure that they enhance the progress made in terms of implementing patient-oriented research, addressing health disparities, strengthening Indigenous-led and Indigenous-oriented health research, improving the availability and use of health (cancer) data, and accelerating coordinated responses to emerging and unforeseen crises (e.g., shortage of medical isotopes, CAR-T cell therapy accessibility, etc.).

In addition, there is an opportunity to leverage and build upon the critical platforms and infrastructure funded by various CCRA members in the areas of clinical trials (e.g., the Canadian Clinical Trials Group, the Canadian Cancer Clinical Trials Network), translational research (e.g., the Marathon of Hope Cancer Centres Network), and epidemiological research (e.g., CanPath). These were intentionally designed to harness the collective research strengths of many organizations and they are a central part of the cancer research ecosystem.

### *2. Prioritization of funding mechanisms*

As there are few details on how the capstone organization will be funded, discretionary CIHR funding allocations (for both investigator-initiated and priority areas) should be clearly protected and separate from the funding for the capstone organization. That is, funding for the capstone organization (administration plus programs) should not cannibalize but complement and synergize the discretionary research budgets of the Tri-Council agencies.

A path on how health research investments will be increased needs to be enshrined as part of the budget allocation process going forward to ensure that funding is increased over and above inflation and beyond the recent commitments made to augment trainee support. As context, the CCRA has been monitoring the cancer research investments made in Canada by nearly 40 organizations/programs since 2005. Federal cancer-related research investments have been flat (unadjusted 2017 to 2021) and are well below peer countries. Increasing cancer research investment would not only amplify Canada's global contribution to our understanding of cancer but accelerate the translational pipeline for 'made in Canada' interventions and technologies designed to prevent cancer, identify cancer earlier, and improve treatment outcomes.

A robust federal health research environment facilitates the broader health research funding community's investment (charities, research institutes, and provincial organizations) through strategic alignment,

partnerships, and capacity building, creating an environment where health research and its impact can be accelerated. Boosting federal health research investment would enhance the ability of other organizations to partner on areas of strategic importance, ultimately improving coordination, one of the objectives of the federal research support restructuring. Within the context of cancer, partnered funding and collaboration has become a growing feature of research programs and the CCRA is one mechanism that has helped to facilitate these partnerships. For example, more than a quarter of CIHR's cancer-related strategic operating grants initiated in 2021 had philanthropic partners, and a major new partnership to support research on the biology of cancer prevention is currently in development.

We also hope that federal re-structuring will increase the productivity of our researchers and research teams by harmonizing administrative systems and reducing burden while supporting the continuation of research programs. In this vein, the transition phase should be planned to minimally disrupt ongoing Tri-Council processes.

### *3. Strong accountability and reporting to Canadians*

We are concerned that the absence of overarching strategic direction could jeopardize the transformative change intended with this restructuring. As articulated by Research Canada, we hope that the government will pursue the creation of the Advisory Council on Science and Innovation (ACSI) as announced in Budget 2024 in tandem with the capstone organization's implementation.

The ACSI, by undertaking arms-length, international oversight of the re-structured system, would be charged with regularly reporting to Canadians. To this end, undertaking a detailed impact evaluation within a two- to five-year window with a commitment to addressing issues and making structural improvements is essential. Allowing sufficient time to solicit and incorporate broad input from government and non-government research stakeholders and the researcher communities is important in informing this evaluation.

Furthermore, integrated, timely release of annual, project-level disclosures accessible on the government's open government portal of all capstone and Tri-Council research investments will enable organizations to monitor research investments themselves as well as demonstrate the government's continued commitment to open data and transparency. CIHR's current grants and awards reporting is a good model. We want to preserve our ability to monitor the state of cancer research funding in Canada so that the cancer research community can continue to identify and address gaps and align on emerging priorities.

### **The Canadian Cancer Research Alliance (CCRA)**

The 37 [members](#) of the Canadian Cancer Research Alliance (CCRA) collectively fund most of the cancer research conducted in Canada and are motivated by the belief that, through effective collaboration, Canadian cancer research funding organizations can maximize their collective impact on cancer control and accelerate discovery for the ultimate benefit of Canadians affected by cancer. The CCRA, established by Drs. Victor Ling, Philip Branton, and Gerald Johnston in the early 2000s, has become a forum that has fostered trusted, collegial relationships among Canada's cancer research funding leaders. Members are committed to [Canada's Vision for Cancer Research](#).

For more, see [www.ccra-acrc.ca](http://www.ccra-acrc.ca) ● [www.ccra-acrc.ca/fr/](http://www.ccra-acrc.ca/fr/)