



Canadian Institutes of Health Research 2022–23 Departmental Results Report

The Honourable Mark Holland, P.C., M.P.
Minister of Health

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Minister of Mental Health and Addictions and Associate
Minister of Health

Canadian Institutes of Health Research

At the Canadian Institutes of Health Research (CIHR), we know that research has the power to change lives. As Canada's health research investment agency, we collaborate with partners and researchers to support the discoveries and innovations that improve our health and strengthen our health care system.

Canadian Institutes of Health Research

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From the Ministers

We are pleased to present the 2022–23 Departmental Results Report of the Canadian Institutes of Health Research (CIHR). As Canada’s health research funding agency, CIHR continues to invest in research that is allowing us to take evidence-informed approaches to address Canada’s most pressing health challenges.



In 2022–23, CIHR continued to play a key role in the government’s ongoing response to the COVID-19 pandemic. The Agency funded two new research initiatives to address the prolonged impacts of COVID-19. The first initiative was a pediatric research platform called Pediatric Outcome Improvement through Coordination of Research Networks (POPCORN). The platform will help us better understand the issues facing children affected by COVID-19 and their families. The second initiative was a pan-Canadian network called Long COVID Web which will help integrate the most up-to-date research into the care of Canadians living with post-COVID-19 condition.

In the past year, CIHR made key investments to increase clinical trial capacity with the launch of the Clinical Trials Fund (CTF) and successful delivery of three funding opportunities. A total of more than \$130M has been invested to support the pan-Canadian Accelerating Clinical Trials Consortium, seven training platforms, and 22 clinical trial projects. The exceptional work being supported by the Fund will drive the development of health interventions that will improve health outcomes for Canadians.

CIHR delivered research initiatives that addressed mental health and substance use across various parts of the country. For example, the Agency approved funding for the first four sites of the Integrated Youth Services Network of Networks (IYS-Net) and launched a \$15M funding opportunity to support the next phase of the initiative, which will support IYS sites in all regions of the country and facilitate equitable access to high quality mental health services for youth and their families. To support the development of standards for mental health services, CIHR also funded research on the existing standards, best practices, and guidelines for the delivery of mental health and substance use services for children, youth, and young adults.

We invite you to read this 2022–23 Departmental Results Report to learn more about how CIHR's investments are strengthening our health systems and improving health for Canadians and people around the world.

**The Honourable Mark Holland, P.C., M.P.
Minister of Health**

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Minister of Mental Health and Addictions and Associate Minister of Health**

Results at a glance

The Canadian Institutes of Health Research (CIHR) invests in health research and training to deliver on its core mandate to support the creation of new knowledge and its mobilization, improved health services and products, and a strengthened health care system to improve the health for all Canadians.

In 2022–23, CIHR implemented the early stages of its 10-year [Strategic Plan 2021–2031: A Vision for a Healthier Future](#)ⁱ by delivering on the commitments made in the [Action Plan for Year 2 \(2022–23\)](#).ⁱⁱ The Agency continued to work in close collaboration with the health research community to advance its shared priorities and strategies under the guidance of six internal Priority Steering Committees (PSCs), one for each priority area.

CIHR continued to invest in internationally competitive health research and training to improve the health of Canadians and the health care system. Building on lessons learned from the COVID-19 response and in collaboration with stakeholders, CIHR established the [Centre for Research on Pandemic Preparedness and Health Emergencies \(CRPPHE\)](#)ⁱⁱⁱ to serve as an “emergency-ready” health research system. In 2022–23, CIHR invested over \$40M in COVID-19 research through seven research grants covering a range of research priorities such as post COVID-19 condition, therapeutics, child health, and research to support public and clinical healthcare decision-making.

To improve health care and health outcomes for all Canadians, CIHR has been leading a new [Clinical Trials Fund \(CTF\)](#)^{iv} which supports clinical trials on new vaccines, therapies, treatments, and interventions. In 2022–23, CTF’s primary focus was to develop a deep national dialogue that will lead to a robust, pan-Canadian clinical trials strategy, and invest in Canada’s clinical trials ecosystem.

CIHR has a firm commitment to Indigenous health research through its Strategic Plan priority C, which includes a dedicated priority focused on accelerating self-determination of Indigenous Peoples in health research. The [Action Plan: Building a healthier future for First Nations, Inuit and Métis Peoples](#)^v continued to contribute to the Indigenous health research landscape, mainly by guiding the co-development of distinctions-based funding opportunities. In addition, the [Institute of Indigenous Peoples’ Health \(IIPH\)](#),^{vi} remained dedicated to advancing CIHR’s commitment to capacity building in First Nations, Inuit and Métis Peoples’ health through research grants and training awards.

CIHR’s investments in [health research training](#)^{vii} are strengthening Canada’s health research capacity. Through the [Strategic Action Plan on Training](#),^{viii} the Agency continued to support the development of the current and next generation of health research leaders by equipping trainees and Early Career Researchers (ECRs) with the experiences and skills needed to lead high-impact, interdisciplinary health research careers in a rapidly evolving research landscape.

CIHR also collaborated with its federal partners to address other government priorities such as diabetes, pediatric cancer, mental health, and the United Nations Sustainable Development Goals for 2030 (UN SDGs 2030). The Agency continued to work closely with its Tri-Agency partners

at the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC) to advance the development of strategies and deliver funding.

The Agency supported research on biomedical, clinical, and public health measures in key initiatives and federal priorities. Furthermore, CIHR continued to implement proactive measures that address systemic inequities and disparities in research to improve health outcomes for underrepresented and disadvantaged groups.

For more information on CIHR’s plans, priorities, and results achieved, see the “Results: What we achieved” section of this report.

Results: what we achieved

Core responsibility

Funding Health Research and Training

Description

CIHR is Canada's federal health research investment agency. By funding research excellence, CIHR supports the creation of new knowledge and its mobilization into improved health for Canadians, more effective health services and products, and a strengthened Canadian health care system. This is achieved by providing grants that fund health research and/or career and training support to the current and next generation of researchers.

Results

In support of its Core Responsibility, to fund health research and training, CIHR delivers activities through three main Programs: Investigator-Initiated Research (IIR), Training and Career Support (TCS), and Research in Priority Areas (RPA).

- The IIR Program provides funding for discovery-oriented, investigator-led research (i.e., projects identified by health researchers across the country). In 2022–23, CIHR funded over 4,500 new and ongoing grants in areas identified by health researchers, for a total investment of \$810M, including \$641M for its main open funding programs: the Foundation Grant Program and the Project Grant Program.
- The TCS Program invests in the next generation of researchers to build and maintain Canada's health research capacity to respond to new or existing challenges. In 2022–23, this Program supported over 1,970 new and ongoing training and salary awards for a total investment of \$66M.
- The RPA Program promotes and builds upon Canada's firm foundation of research excellence (as identified by CIHR in consultation with other government departments and agencies, partners, and stakeholders) by engaging the research community and encouraging interdisciplinary, integrative health research to address gaps or emerging health priorities. In 2022–23, this Program provided a total of \$383M to support over 1,860 new and ongoing grants and awards targeted at accelerating and mobilizing Canada's health research community.

Departmental Result # 1: Canada's health research is internationally competitive

CIHR's support for health research excellence through IIR and RPA investments has contributed towards making Canada's health research globally competitive and recognized.

As the Government of Canada's health research investment Agency, CIHR funds world-class research across the country and has continued to deliver peer-reviewed funding opportunities that support collaboration to prevent, detect, and mitigate the impacts of COVID-19.

In 2022–23, CIHR invested \$21M to support a diverse array of research on pandemic and health emergencies. These projects relate to post COVID-19 condition, mpox, Ebola, and behavioural sciences. In addition, CIHR partnered with the International Research Development Centre (IDRC) and SSHRC on the [Women RISE^{ix}](#) initiative to fund \$24M to identify solutions and strategies that improve women’s health and socioeconomic well-being throughout the recovery from COVID-19. Through this funding, 23 research teams encompassing 18 Canadian and 17 international research institutions were supported. Research topics included infectious diseases, HIV/AIDS, sexually transmitted and blood-borne infections, pandemics, and other health emergencies.

Departmental Result # 2: Canada’s health research capacity is strengthened

In 2022–23, CIHR continued to strengthen Canada’s health research capacity by supporting the development of scientific, professional, and organizational leaders within and beyond the health research enterprise. CIHR made significant progress independently, and working closely with partners, to advance the development of strategies and deliver funding to address this priority. The Agency supported various training opportunities in science and communication including 33 virtual science workshops to combat misinformation on social media and to develop multicultural science communication skills.

The COVID-19 pandemic has shown the significance of having an emergency-ready health research system in place. To further strengthen Canada’s research capability, CIHR established CRPPHE with an ongoing investment of \$18.5M per year. In addition, CIHR provided a \$20M targeted investment over five years to support the creation of a Canadian Post COVID-19 Condition Research Network called [Long COVID Web^x](#). The network will serve as a national platform to undertake, consolidate, and coordinate research on the long-term effects of COVID-19 infections on Canadians’ health and health systems.

Research that involves patients and people with lived/living experience (PWLE) is known to improve the relevance of health research and patient outcomes. CIHR’s 2022–23 exploratory work confirmed that the Agency is at the forefront internationally in involving PWLE in research, governance committees, and peer review panels. Through the new Strategy for Patient Oriented Research (SPOR) National Training Entity (Passerelle) and other SPOR funding, researchers, PWLE, and others in the research ecosystem were supported to understand and apply Patient-Oriented Research (POR) approaches to research. Other CIHR-led initiatives included advisory panels and consultations among people with lived and living experience such as [Engagement of People with Lived Experience of Dementia \(EPLED\)^{xi}](#).

Another important contributor to the advancement of the Strategic Plan is the work of CTF, particularly in integrating evidence in health decisions, strengthening Canadian health research capacity, and pursuing health equity through research. In 2022–23, CIHR reinforced Canada’s clinical trials ecosystem by investing in three funding streams:

1. A pan-Canadian Clinical Trials Consortium – [Accelerating Clinical Trials \(ACT\) Consortium Canada^{xii}](#) by expanding existing clinical trial networks and helping create new networks.

2. Seven Clinical Trial Training Platforms to help recruit, train, and mentor highly qualified trainees, researchers, and healthcare professionals.
3. 22 Clinical Trials Projects across a broad range of health research areas, aligned with the priorities of Canada’s [Biomanufacturing and Life Sciences Strategy](#).^{xiii}

CIHR remains committed to reconciliation by supporting Indigenous health research in ways that respect self-determination and align with reconciliation efforts. Most significant is the [Network Environments for Indigenous Health Research \(NEIHR\)](#).^{xiv} This initiative has been developed to address the needs of First Nations, Inuit, and Métis Peoples through the assertion of Indigenous understandings of health and by fostering innovative community-based and scientifically excellent research. As part of its [Action Plan: Building a healthier future for First Nations, Inuit, and Métis Peoples](#),^{xv} CIHR remained committed to work with other federal research councils to develop strategies that strengthen Indigenous research capacity through training and mentoring.

In 2022–23, the Tri-Agency partners launched the Indigenous Leadership Circle in Research, composed exclusively of First Nations, Inuit and Métis scholars and community members, to help guide the implementation of the Canada Research Coordinating Committee’s strategic plan, setting new directions to support Indigenous research and research training in Canada. In addition, the Tri-Agency partners launched an internal working group to analyze and understand different ways to affirm Indigenous citizenship and membership within the context of Tri-Agency programs and funding opportunities. Substantive engagement was undertaken with Indigenous leadership across the country, including Indigenous senior administrators in postsecondary institutions. In support of the same goals, Tri-Agency funding was provided for the 2023 National Indigenous Citizenship Forum – an Indigenous-only gathering for university campus members to discuss Indigenous citizenship within the Canadian postsecondary context.

In 2022–23, CIHR launched funding opportunities aimed at developing a diverse and dynamic cadre of highly-qualified personnel. For example, the [Health System Impact \(HSI\) program](#)^{xvi} which supports highly qualified PhD trainees and postdoctoral researchers, was refreshed to include a new stream for Early Career Researchers (ECRs). The Agency also advanced key analysis of the [Health Research Training Platform Pilot \(H RTP\)](#)^{xvii} to inform future training and career support-focused activities and the development of a new TCS Framework and Action Plan.

CIHR continued to work with NSERC and SSHRC to deliver funding that supports researchers along their career pathway. This includes supporting Black scholars at the undergraduate, masters, doctoral, postdoctoral, and post-health professional degree stages. CIHR worked with the Tri-Agency partners to implement the [Tri-Agency EDI Action Plan for 2018–2025](#).^{xviii} As part of the implementation of the Tri-Agency ECR Action Plan, CIHR introduced mechanisms within the [Project Grant Program](#)^{xix} to encourage reviewers to provide enhanced feedback to first-time ECR applicants. Providing fair access to research funding is a key step in enabling ECRs to establish their research careers. Since 2017, CIHR has ensured that the proportion of ECRs funded through each Project Grant competition is at least equal to the proportion of ECR applicants to the competition.

The [National Standards for Mental Health Services \(NSMHS\)](#)^{xx} is a partnership between CIHR, Health Canada and the Public Health Agency of Canada (PHAC). The initiative supports research to inform the development of national standards for mental health and/or substance use services to ensure all Canadians can access the support they need when they need it. In 2022–23, a total of 35 grants were funded through the NSMHS initiative.

The [Post Traumatic Stress Injuries \(PTSI\) among Public Safety Personnel Initiative \(PSP\)](#)^{xxi} is a joint initiative between CIHR and the Canadian Institute for Public Safety Research and Treatment (CIPSRT). In 2022–23, as part of the PTSI among PSP Initiative, CIHR invested \$2M in research to build the evidence base around effective support models (crisis/suicide prevention line and peer-to-peer support apps) for public safety personnel experiencing post-traumatic stress injuries.

CIHR, the Graham Boeckh Foundation, the Bell-GBF Partnership, and the Royal Bank of Canada (RBC) Foundation through RBC Future Launch have come together to develop the [Integrated Youth Services Network of Networks](#)^{xxii} (IYS-Net) initiative. In 2022–23, IYS-Net invested over \$15M to ensure youth (ranging 12-25 years old) have equitable access to services they need, when they need them (including primary care, peer support, work and study supports, and other supports and services).

In 2022–23, CIHR invested \$23M to establish the [Canadian Pediatric Cancer Consortium \(CPCC\)](#)^{xxiii}. This is part of a larger \$30M investment in pediatric cancer research from the Government of Canada through Budget 2021 which also supports transformative [type 1 diabetes \(T1D\) research](#).^{xxiv} CIHR also invested over \$4.2M in supporting individual pediatric cancer research projects and sustained its commitment to work with other health research funders, such as the Canadian Cancer Society, the Cancer Research Society, Genome Canada, the Ontario Institute for Cancer Research, and the Terry Fox Research Institute, to support pediatric cancer investments.

Departmental Result #3 – Canada’s health research is used

Knowledge mobilization is a fundamental part of CIHR’s mandate. The Strategic Plan includes a commitment to promote open science and integrate evidence in health decisions by advancing the science of Knowledge Mobilization (KM) and maximizing results for Canadians. CIHR is developing a new KM Framework & Action Plan that will guide its activities in this space for the next decade.

In 2022–23, CIHR launched funding opportunities that focus on building KM hubs and networks, advancing implementation science, and supporting knowledge user engagement. For example, CIHR initiated a refreshed Café Scientifique funding opportunity, to enable knowledge sharing and open, respectful dialogues between the public and health researchers on health-related issues of general interest. Throughout the year, CIHR collaborated with federal and provincial policy partners^{xxv} to deliver five [Best Brains Exchanges](#)^{xxv} on high-priority health related topics.

Through the [Tri-Agency Open Access Policy on Publications](#),^{xxvi} CIHR-supported research papers will continue to be made freely accessible. In line with this commitment, CIHR in collaboration with SSHRC and NSERC, continued to implement the [Tri-Agency Research Data Management \(RDM\) Policy](#).^{xxvii} This involved engaging with post-secondary institutions and research hospitals as they completed their institutional RDM strategies and piloting data management plans in select funding opportunities.

Gender-based analysis plus

CIHR has a [Gender-Based Analysis \(GBA\) Plus Framework](#)^{xxviii} to coordinate related work and operationalize commitments to the [Health Portfolio Sex- and Gender-Based Analysis Plus Policy Statement](#),^{xxix} the Department of Women and Gender Equality, and within CIHR's Strategic Plan. The Framework seeks to build GBA Plus organizational capacity and sustain the practice of GBA Plus through three streams: GBA Plus in CIHR-funded research; GBA Plus in CIHR's funding system; and GBA Plus in CIHR's workplace.

In 2022–23, CIHR established an Equity Strategy Branch, dedicated to strengthening EDI and GBA Plus application in CIHR's funding system and funded research. In alignment with the principles of the [Accessible Canada Act](#)^{xxx} and the Clerk of the Privy Council's [Call to Action on Anti-Racism, Equity and Inclusion in the Federal Public Service](#),^{xxxi} CIHR published its [Accessibility Plan 2023–2026](#)^{xxxii} in December 2022. The Plan aims to identify, remove and prevent barriers for persons with disabilities within both CIHR's workplace and its funding system. Furthermore, CIHR launched an Inclusion, Diversity, Equity, Accessibility and Anti-racism (IDEAA) Learning Series for CIHR staff. In the past year, four learning events were held on IDEAA topics relevant to the health research funding system and the workplace.

In 2022–23, CIHR has made important progress on implementation of GBA Plus in each of the three streams.

1. GBA Plus in CIHR-funded Research:
 - Continued to require the consideration of diverse biological factors (e.g., sex, age) and intersecting aspects of social location or identity (e.g., gender, race, disability) and Indigenous Rights in research funding proposals, where applicable.
 - Continued to include requirements within funding opportunities related to ensuring meaningful representation, equity and inclusion of researchers and other team members who have historically been underrepresented or excluded.
2. GBA Plus in CIHR's Funding System:
 - Launched an expanded [Self-Identification Questionnaire](#)^{xxxiii} to collect applicant data across eight identity dimensions. This new information will help CIHR to better understand systemic barriers, and to design equitable and inclusive programs.
 - Launched the CIHR [Research Excellence, Diversity, and Independence Early Career Transition Award](#)^{xxxiv} to support post-doctoral researchers, clinicians, and research associates from specific underrepresented groups in furthering research faculty careers in Canada.

- Hosted eight virtual engagement sessions with members of the health research community impacted by racism and published a [summary report](#)^{xxxv} of the findings. These findings, along with continued consultations with the research community, will help inform the development of a CIHR Anti-Racism Action Plan which will be finalized in 2023–24.
 - Hosted eight virtual discussion sessions with persons with disabilities and launched two surveys, one for persons with disabilities and another for their allies. Findings from these engagements, an environmental scan, and a review of policies and practices helped to inform the CIHR Accessibility Plan 2023–26, in collaboration with the [External Advisory Group on Accessibility and Systemic Ableism](#).^{xxxvi} These findings will also be used to develop the CIHR Accessibility and Systemic Ableism Action Plan which will be finalized in 2023–24.
3. GBA Plus in CIHR’s Workplace:
- Continued to track mandatory training related to GBA Plus, EDI, and First Nations, Inuit, and Métis Peoples completed by all employees and members of the Governing Council.
 - Started reviewing CIHR’s internal self-identification process in anticipation of implementing the new Self-Identification Modernization Project led by Treasury Board Secretariat, with the aim of developing an expanded self-identification questionnaire that would improve staff response rate and ability to analyze data at a disaggregated level.
 - Continued the development of an internal EDI Action Plan that aims to identify and address systemic barriers in CIHR’s workplace.

In 2022–23, CIHR initiated the development of the [Pan-Canadian Women’s Health Coalition](#),^{xxxvii} a joint partnership between the Institute of Gender and Health (IGH), and Women and Gender Equality Canada. In October 2022, the Coalition held the virtual [Ideas Fair and Learning Circle](#)^{xxxviii} with over 160 community experts across Canada to develop ideas, and identify community, regional and/or national challenges in women’s health and wellness. In March 2023, the Coalition launched the Biomedical Discovery Grants funding opportunity through the “Innovation Fund” to support ‘high risk, high reward’ research in high priority areas of women’s health research.

United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals

In 2022–23, CIHR supported the achievement of the following Sustainable Development Goals (SDGs):

SDG 3: Ensure healthy lives and promote well-being for all at all ages

CIHR continued to implement its [Framework for Action on Global Health Research](#).^{xxxix} The Framework centres around the vision of Canada being a world leader in leveraging the power of

research to accelerate global health equity for all. In 2022–23, CIHR began to implement the use of principles that are designed to support researchers in Canada to embrace ethical and equitable approaches to global health research.

CIHR contributed to SDG 3 by funding research on priority issues that affect Canadians throughout the lifecycle by:

- working closely with India’s Department of Biotechnology (DBT), the National Natural Sciences Foundation of China (NSFC), South Africa’s Medical Research Council (SAMRC) and the World Health Organization (WHO) to deliver the [Healthy Life Trajectories Initiative \(HeLTI\)](#).^{xi} This year, CIHR supported sessions focused on HeLTI and early career researchers at the 12th World Congress on Developmental Origins of Health and Disease hosted in Vancouver in August 2022;
- maintaining its ongoing leadership in the [Global Alliance for Chronic Diseases \(GACD\)](#)^{xii} and contributing to deliver a global implementation research program (\$400,000 per year for up to five years, for a total of \$2M) targeting chronic non-communicable disease risk factors associated with city environments in low and middle-income countries and/or in populations facing conditions of vulnerability in Canada.

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

In 2022–23, CIHR continued to implement the Tri-Agency EDI Action Plan, by launching an expanded version of the Tri-Agency Self-identification Questionnaire for applicants and peer reviewers to collect information on eight identity dimensions. The questionnaires will help identify systemic barriers and design equitable and inclusive programs for all members of the health research community. CIHR also continued to work with the other federal research funding agencies to foster an equitable, diverse, and inclusive culture in Canadian post-secondary institutions through innovative programs such as Dimensions EDI Canada and the EDI Institutional Capacity Building Grants.

SDG 5: Achieve gender equality and empower all women and girls.

CIHR continued to implement proactive measures to ensure that the research funds are relevant and impactful for women, girls, gender-diverse individuals, and other intersecting identity groups. For example, in 2022, the Agency launched the [Support grants for Community-Led Research on LGBTQIA/2S Wellness](#),^{xlii} and Biomedical Discovery Grants for innovation in women’s health initiatives.

SDG 11: Make cities and human settlements inclusive, safe, resilient, and sustainable.

CIHR supported SDG 11 by continuing to invest in initiatives such as the [Healthy Cities Research Initiative \(HCRI\)](#)^{xliii} through a series of funding opportunities. As urban environments

have the potential to become engines of good health and health equity, governments and communities continue to invest in health initiatives by promoting healthy lifestyles, economic opportunity, injury prevention, and access to health services. In 2022–23, HCRI hosted a meeting of the Federal Table on Healthy Cities with the aim of coordinating action across 15 federal departments. In October 2022, HCRI funded six implementation science team grants focused on increasing evidence-based interventions in multiple urban environments to improve population health and well-being.

SDG 13: Take urgent action to combat climate change and its impacts.

As a part of the Government’s commitment to support the [Pan-Canadian Framework on Clean Growth and Climate Change](#),^{xliv} CIHR implemented targeted investments in health and climate change that contribute to new knowledge, tools, and resources to manage and reduce the health impacts of climate change. CIHR has been supporting the [Canadian Lyme Disease Research Network](#),^{xlv} a \$4M joint research network with PHAC. CIHR is also supporting the Food Security and Climate Change in the Canadian North Initiative, a \$7M multisectoral research initiative to create new knowledge and identify interventions to address the effects of climate change on food security in Canada’s North. This initiative prioritizes Indigenous leadership and the strong and meaningful engagement of Indigenous communities and organizations, while building capacity for community-based research on food security and climate change in the North.

Innovation

Workflow Automation

CIHR has been experimenting with an open-source, web-based, workflow software (Joget DX) to increase organizational efficiency and effectiveness. In 2022–23, Digital and Security Services branch (DSS) of CIHR began configuring foundational elements of Joget which will allow the implementation of workflows requiring approvals based on organizational hierarchy. CIHR also developed proof of concepts within Joget to automate the security screening process and simplified the finance expense submission approval process.

Data Estate Modernization – Proof of Concept

The development of the integrated reporting and analytics solution using Microsoft cloud-based technologies aligns with the Government of Canada and CIHR’s data strategies in terms of strengthening the ability to make data-driven decisions, improving data management and user experience.

In July 2022, a proof of concept, using Microsoft M365 suite of solutions, was successfully completed and endorsed by the CIHR Architecture Review Board. In Fall 2022, a third-party assessment was performed to review and validate the completed work, assist with technical

planning, and provide advice on the approach to Agency-wide scale up, including knowledge and skills capacity building. The validation exercise confirmed that the architecture chosen was optimal, consistent, and conversant with CIHR strategic objectives.

Tri-Agency Grants Management Solution

CIHR continues to collaborate with NSERC and SSHRC to co-develop the Tri-Agency Grants Management Solution (TGMS) project. The project aims to replace the Tri-Agency’s existing grants management systems which operate on dated technology and are limiting the agencies and the research community in their ability to adapt to the changing needs of the research ecosystem in Canada. In 2022–23, TGMS team launched and completed a competitive process to select a system integrator (SI) to assist with the configuration of the platform (i.e., Microsoft Power Platform) in collaboration with Public Services and Procurement Canada (PSPC). In addition, it obtained approval from the Government of Canada Enterprise Architecture Review Board (GC-EARB) on the proposed target-state architecture for the project. Finally, the TGMS team has completed most key project deliverables required to obtain the proper authorities from Treasury Board to start the Implementation phase.

Key risks

The 2022–23 Corporate Risk Profile (CRP) guided CIHR’s approach to managing risks to support the Agency’s efforts in fulfilling its mandate. The CRP presented three risks:

- i. addressing organizational capacity;
- ii. cyber security; and
- iii. the delivery of the Strategic Plan Year 1 and Year 2 Action Plans.

Risk mitigation measures include modernizing the suite of internal people management policies, exploring technological innovations, and improving the integrated planning process to adjust priorities based on budgetary and operational realities. Mitigations were regularly monitored to ensure the Agency met its risk management objectives.

In 2022–23, CIHR conducted an internal risk review through consultations with the Agency’s senior management to gain an understanding of its risk context and risk management approaches. Based on the outcomes of those consultations and thorough analyses of external and internal risk drivers, a new Corporate Risk Profile was drafted for implementation in 2023–24 and 2024–25.

Results achieved

The following table shows, for funding health research and training, the results achieved, the performance indicators, the targets, and the target dates for 2022–23, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental results	Performance indicators	Target	Date to achieve target	2020–21 actual results	2021–22 actual results	2022–23 actual results
Canada's health research is internationally competitive	Canada's rank among the Organization for Economic Co-operation and Development (OECD) nations on the citation score of related health research publications	Greater than or equal to 17	March 31, 2023	15	11	20 ¹
	Percentage of funded research involving international collaborations	Greater than or equal to 13.5%	March 31, 2023	14%	13.4%	14.5%
	Number of research projects funded jointly by CIHR and (an) international partner(s)	Greater than or equal to 151	March 31, 2023	123	117	90 ²
Canada's health research capacity is strengthened	Percentage of newly funded recipients who self-identify as women	Greater than or equal to 33.3%	March 31, 2023	47.3%	48.9%	45.2%
	Percentage of newly funded recipients who self-identify as visible minorities	Greater than or equal to 13.5%	March 31, 2023	23.6%	26.4%	23.9%
	Percentage of newly funded recipients who self-identify as Indigenous peoples	Greater than or equal to 1.1%	March 31, 2023	2.6%	2.3%	1.3%
	Percentage of newly funded recipients who self-identify as persons with disabilities	Greater than or equal to 1.6%	March 31, 2023	3.0%	3.6%	2.9%

¹ For 2022–23, we updated our methodology to use Dimensions data (CIHR's new bibliometric provider) as the data source for this indicator. The ranking is generated by taking the geometric mean of the field citation ratio for all publications classified in the Biomedical and Clinical Sciences, Clinical and Health Psychology and Health Sciences fields of research, and published in 2021.

² The decrease in the number of projects with international partners is likely due to a number of factors, including a reduction in collaborative activities due to the pandemic and a decrease in agreements with an international partner, resulting in fewer projects funded jointly by CIHR and international partners.

	Percentage of research that addresses sex or gender considerations	Greater than or equal to 67%	March 31, 2023	72%	78.2%	81.2% ³
	Percentage of research investments addressing Indigenous health	Greater than or equal to 4.6% of CIHR's total annual Grants and Awards expenditures	March 31, 2023	4.1%	4.8%	4.7% ⁴
	Percentage of funded research trainees reporting using their research knowledge in their current position	Greater than or equal to 90%	March 31, 2023	N/A ⁵	94%	94.3%
Canada's health research is used	Partner funding for research projects	Greater than or equal to \$24.7M	March 31, 2023	\$29.2M	\$26.8M	\$24.1M ⁶
	Percentage of CIHR funded research cited in patents	Greater than or equal to 13%	March 31, 2023	15%	14.5%	7.3% ⁷
	Percentage of grants reporting stakeholder involvement in the research process	Greater than or equal to 84%	March 31, 2023	81.6%	86.9%	87.3%
	Percentage of research contributing to improving health for Canadians	Greater than or equal to 39%	March 31, 2023	35%	40.2%	38.8% ⁸

Financial, human resources and performance information for CIHR's program inventory is available in [GC InfoBase](#).^{xlvi}

³ Note that this refers to the % of ongoing research that addresses sex or gender considerations and not newly funded research.

⁴ In 2022–23 and going forward, the total annual Grants and Awards (G&A) expenditures is used as the denominator instead of the CIHR G&A annual base budget.

⁵ The data for 2020–21 was not collected from researchers through the dedicated survey due to Business Continuity Plan (BCP) activation in March 2021 and COVID-19 pandemic.

⁶ The decrease in funding from partners is attributable to the decrease in collaborative activities and donations due to the pandemic.

⁷ The data source for 2022–23 was changed from Web of Science to Dimensions. As a result, the methodology was refined to adapt the new source. Based on the revised methodology, the actual results for the previous years' mirror the 2022–23 actual result (7.6% for 2019–20, 7.49% for 2020–21 and 7.26% for 2021–22). Accordingly, CIHR will revise the target.

⁸ The result of this indicator is calculated based on self-reported data collected from end of grant reports. As is typical of funded research outcomes, it is not uncommon to see fluctuations from year to year.

Budgetary financial resources (dollars)

The following table shows, for Funding Health Research and Training, budgetary spending for 2022–23, as well as actual spending for that year.

2022–23 Main Estimates	2022–23 planned spending	2022–23 total authorities available for use	2022–23 actual spending (authorities used)	2022–23 difference (actual spending minus planned spending)
1,207,736,407	1,207,736,407	1,324,030,996	1,296,803,889	89,067,482

Financial, human resources and performance information for CIHR’s program inventory is available in [GC InfoBase](#).^{xlvii}

Human resources (full-time equivalents) for funding health research and training

The following table shows, in full-time equivalents, the human resources the department needed to fulfill this core responsibility for 2022–23.

2022–23 planned full-time equivalents	2022–23 actual full-time equivalents	2022–23 difference (actual full-time equivalents minus planned full-time equivalents)
295	314	19

Financial, human resources and performance information for CIHR’s program inventory is available in [GC InfoBase](#).^{xlviii}

Internal services

Description

Internal services are those groups of related activities and resources that the federal government considers to be services in support of programs and/or required to meet corporate obligations of an organization. Internal services refer to the activities and resources of the 10 distinct service categories that support program delivery in the organization, regardless of the internal services delivery model in a department. The 10 service categories are:

- ▶ acquisition management services
- ▶ communication services
- ▶ financial management services
- ▶ human resources management services
- ▶ information management services
- ▶ information technology services
- ▶ legal services
- ▶ material management services
- ▶ management and oversight services
- ▶ real property management services

CIHR implemented the Strategic Plan Action Plan for Year 2 (2022–23), delivering the following key results in the six priority areas of the Strategic Plan:

- Advance Research Excellence in All Its Diversity – Developed a revised concept of inclusive research excellence, implemented new conflict of interest policies and procedures, and signaled CIHR’s intent to be a core partner in the second phase of the [Research on Research Institute \(RoRI\)](#)^{xlix} – an international consortium of funders working together to develop a more open, inclusive, and effective research ecosystem.
- Strengthen Canadian Health Research Capacity – Through the CRPPHE, CIHR enhanced its rapid response capacity and established an integrated, interdisciplinary Canadian Post COVID-19 Condition Research Network.
- Accelerate the Self-Determination of Indigenous Peoples in Health Research – Advanced the health and well-being of First Nations, Inuit, and Métis Peoples by proactively removing barriers and strengthening relationships through the co-development of engagement strategies and tools. In addition, an Indigenous Engagement Strategy Working Group was created to strengthen relationships with Indigenous Peoples while the Tri-Agency Working Group continues to remove administrative barriers to Indigenous community-led research.

- Pursue Health Equity Through Research – Launched several initiatives and funding opportunities with a focus on addressing health inequities through research and included patient engagement in its work through the Patient-Oriented Research.
- Integrated Evidence in Health Decisions – Continued to advance its goal of bridging the gap between discovery and implementation, where researchers in Canada are at the forefront of knowledge mobilization, maximizing results and research outputs and fostering health system innovations through commercialization in areas such as technology, virtual care, and artificial intelligence.
- Organizational Excellence – Modernized internal operations, technologies, and management practices, including the publication of the Accessibility Plan and updates to the Mental Health Strategy and Official Languages Action Plan.

For more information on this year’s progress, see [CIHR’s Year 2 \(2022–23\) Progress and Achievements](#).¹

CIHR implemented key ongoing and planned evaluations outlined in its approved 2022–23 Departmental Evaluation Plan; however, some evaluations were delayed due to the pandemic.

The evaluation report for the IIR Program which examines the relevance, implementation, and performance of the main open funding programs was approved in 2022–23. CIHR continued to support and advance the approval of the Tri-Agency Program Evaluation of the [Canada Research Chairs \(CRC\)](#),^{li} led by SSHRC.

[TCS Program evaluation](#)^{liii} and [Management Action Plan \(MAP\)](#)^{liiii} was approved in 2022–23. The evaluation which resulted in four recommendations confirms that CIHR investments in TCS contribute to building health research capacity as per the [CIHR Act](#).^{liv} The recommendations are to: continue to provide funding that contributes to building health research capacity; clearly define the approach to providing sustained support; align investments and activities to meet research capacity objectives; and, improve performance measurement of all TCS activities and investments. CIHR accepted all recommendations and started implementing an action plan to address them. In addition, CIHR continued to lead the implementation of the evaluation of the Tri-Agency [Banting Postdoctoral Fellowships](#).^{lv} Program, and supports the Tri-Agency evaluation of [Research Training and Talent Development](#),^{lvi} led by SSHRC.

Within the RPA Program, CIHR continued to advance the implementation of the evaluations of the [Antimicrobial Resistance Research Initiative \(AMR\)](#),^{lvii} the Strategy for POR and supported the evaluation of the [Canadian Drugs and Substances Strategy \(CDSS\)](#).^{lviii} The planned evaluations of the [Canadian Epigenetics, Environment and Health Research Consortium](#)^{lix} was removed from the 2022–23 evaluation plan; and the Review of the Climate Change Health Research Initiative was deferred to focus on other evaluations delayed by the pandemic.

Contracts awarded to Indigenous businesses

CIHR is a Phase 2 organization and is aiming to achieve the minimum 5% target by the end of March 31, 2024.

CIHR does not have any procurement leases in the Nunavut Settlement Area, given its narrow mandate. The Agency's achievements were mostly realized through information technology (IT) supplier purchases made through Shared Services Canada (SSC) procurement vehicles.

In 2022–23, CIHR underwent through major reorganization in its procurement sector. As part of the reorganization, an Indigenous Action Plan which ensures that the 5% minimum target is met will be put in place in 2023.

Procurement Plans for 2023–24 include:

- Requesting Digital and Security Services (DSS) and PSPC to prioritize indigenous companies for IT contracts.
- When possible, at the request stage, ensuring internal customers indicate their intention to use an indigenous company.
- Ensuring procurement employees complete the mandatory course – Indigenous Considerations in Procurement training through the Canada School of Public Service.
- Facilitating information and awareness sessions for CIHR internal customers
- Ensuring CIHR procurement department always include indigenous companies in procurement processes.
- Establishing agreements with knowledge keepers and Elders.
- Implementing means to capture information for reporting and presentation of reports to CIHR management including tools to capture all inquiries made to indigenous businesses.
- Establishing agreement(s) as needed with external organizations that have access to indigenous communities.
- Continuous monitoring of CIHR's progress throughout the fiscal year, leading to the evaluation of the achievements against the minimum target.

Key challenges in achieving the mandatory minimum target and mitigation strategies

As a small institute with a narrow mandate, CIHR has a limited number of contracts. Most of the Agency's contracts by nature are contracts for specific types of professional services. Indigenous companies that are in the right field or have capabilities to fulfill the Agency's contracts may be limited in relation to its needs which often require very precise expertise.

In 2022–23, CIHR made multiple attempts to secure the services of Knowledge Keepers and

Elders, recognizing their immense importance to the organization. CIHR also contacted various entities such as Indigenous Services Canada (ISC), Kumik, and more than 20 local businesses, universities, colleges. However, it was difficult to obtain responses to calls for tenders. CIHR will continue its efforts to achieve the minimum 5% target by the end of March 31, 2024.

Budgetary financial resources (dollars)

The following table shows, for internal services, budgetary spending for 2022–23, as well as spending for that year.

2022–23 Main Estimates	2022–23 planned spending	2022–23 total authorities available for use	2022–23 actual spending (authorities used)	2022–23 difference (actual spending minus planned spending)
34,748,245	34,748,245	38,305,999	40,108,019	5,359,774

Human resources (full-time equivalents)

The following table shows, in full-time equivalents, the human resources the department needed to carry out its internal services for 2022–23.

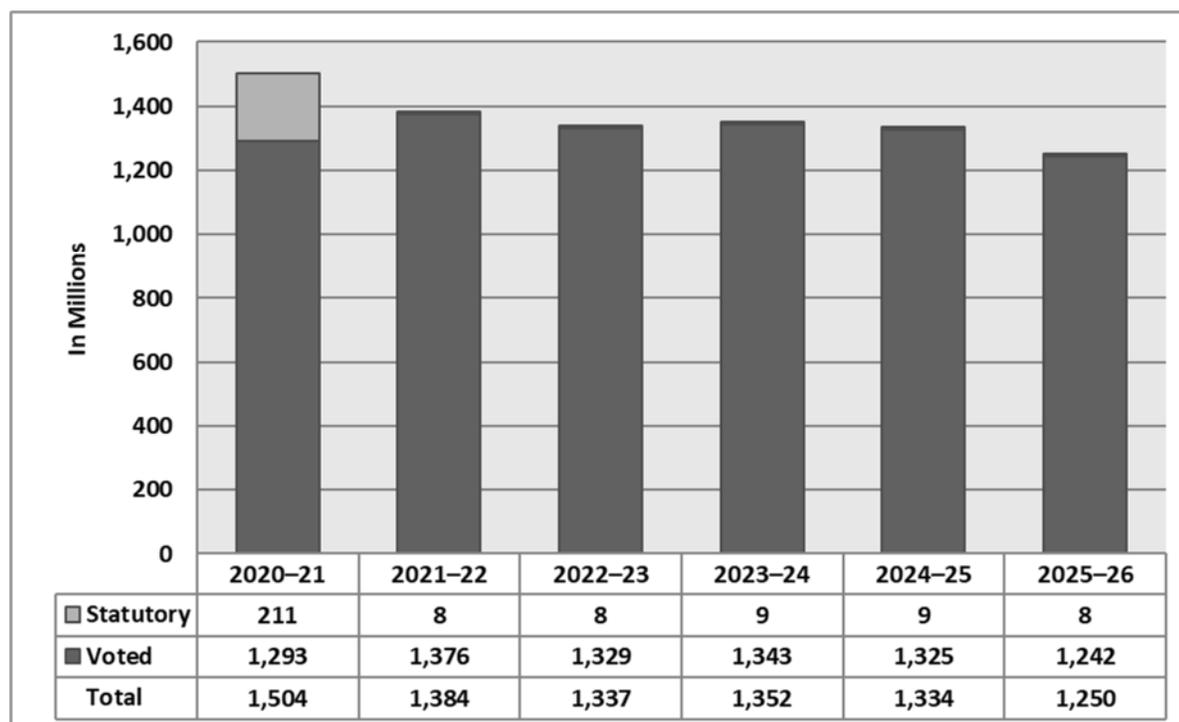
2022–23 planned full-time equivalents	2022–23 actual full-time equivalents	2022–23 difference (actual full-time equivalents minus planned full-time equivalents)
246	276	30

Spending and human resources

Spending

Spending 2020–21 to 2025–26

The following graph presents planned (voted and statutory spending) over time.



The increase in statutory authorities in 2020–21 reflects the additional \$204M of funding measures pursuant to the *Public Health Events of National Concern Payment Act* as part of the Government of Canada's responses to address COVID-19.

Budgetary performance summary for core responsibilities and internal services (dollars)

The “Budgetary performance summary for core responsibilities and internal services” table presents the budgetary financial resources allocated for CIHR’s core responsibility, funding health research and training, and for internal services.

Core responsibilities and internal services	2022–23 Main Estimates	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending	2022–23 total authorities available for use	2020–21 actual spending (authorities used)	2021–22 actual spending (authorities used)	2022–23 actual spending (authorities used)
Funding Health Research and Training	1,207,736,407	1,207,736,407	1,309,864,420	1,292,616,373	1,324,030,996	1,470,094,381	1,348,771,749	1,296,803,889
Subtotal	1,207,736,407	1,207,736,407	1,309,864,420	1,292,616,373	1,324,030,996	1,470,094,381	1,348,771,749	1,296,803,889
Internal services	34,748,245	34,748,245	41,776,361	41,194,790	38,305,999	33,367,179	35,527,516	40,108,019
Total	1,242,484,652	1,242,484,652	1,351,640,781	1,333,811,163	1,362,336,995	1,503,461,560	1,384,299,265	1,336,911,908

CIHR's 2022–23 actual spending of \$1,336.9M exceeded its planned spending of \$1,242.5M by \$94.4M.

The net variance is mainly due to the following increases, for a total of \$98.5M:

- \$64.1M (net of lapsed funds) for improving health outcomes and strengthening our economy through clinical trials, as announced in Budget 2021;
- \$10.6M in funding for the 2022–23 Canada First Research Excellence Fund competition;
- \$10.3M for responding to the evolving threat of monkeypox in Canada;
- \$5.0M transfer from Health Canada for the COVID-19 Outpatient Therapeutic Study;
- \$3.0M transfer from the Public Health Agency of Canada to fund the Pediatric Outcome improvement through Coordination of Research Networks;
- \$1.4M to study the long-term health impacts of COVID-19, as announced in Budget 2022;
- \$1.4M to support a new National Women's Health Research Initiative to advance research in high-priority areas of women's health, as announced in Budget 2021;
- \$1.4M to support efforts to learn more about dementia and brain health, as announced in Budget 2022; and
- \$1.3M to support Canada's Black students and postdoctoral fellows, as announced in Budget 2022.

This increase has been offset mostly by the following decreases, for a total of \$3.5M:

- \$2.0M transferred to IDRC to support the women's health and economic well-being for a post-COVID-19 recovery; and
- \$1.5M transferred to IDRC to support a vaccine clinical trial against the Sudan Ebolavirus.

Since its inception in 2000, while delivering an increasing number of funding programs and initiatives, CIHR's operating expenditures has remained extremely lean, representing less than 6% of its total expenditures.

Human resources

The “Human resources summary for core responsibilities and internal services” table presents the full-time equivalents (FTEs) allocated to CIHR’s funding health research and training and to internal services.

Human resources summary for funding health research and training and internal services

Core responsibilities and internal services	2020–21 actual full-time equivalents	2021–22 actual full-time equivalents	2022–23 planned full-time equivalents	2022–23 actual full-time equivalents	2023–24 planned full-time equivalents	2024–25 planned full-time equivalents
Funding Health Research and Training	263	282	295	314	344	332
Subtotal	263	282	295	314	344	332
Internal services	234	256	246	276	281	270
Total	497	538	541	590	625	602

The net increase from 2020–21 and 2021–22 is largely attributable to temporary positions in 2020–21 to support the delivery of COVID-19 related health research funding opportunities and address immediate operational requirements.

The increase from 2021–22 to 2023–24 results from the extension of some of these positions, and new temporary positions created to support initiatives announced in Budget 2021 and Budget 2022. As these initiatives are time-limited, the respective temporary positions begin to wind up, which explains the decrease in full-time equivalents in future years.

Expenditures by vote

For information on CIHR’s voted and statutory expenditures, consult the [Public Accounts of Canada](#).^{lx}

Government of Canada spending and activities

Information on the alignment of CIHR’s spending with Government of Canada’s spending and activities is available in [GC InfoBase](#).^{lxi}

Financial statements and financial statements highlights

Financial statements

CIHR’s financial statements (unaudited) for the year ended March 31, 2023, are available on the Agency’s [website](#).^{lxii}

Financial statement highlights

Condensed Statement of Operations (unaudited) for the year ended March 31, 2023 (dollars)

Financial information	2022–23 planned results	2022–23 actual results	2021–22 actual results	Difference (2022–23 actual results minus 2022–23 planned results)	Difference (2022–23 actual results minus 2021–22 actual results)
Total expenses	1,373,752,689	1,346,593,319	1,396,740,380	(27,159,370)	(50,147,061)
Total revenues	7,483,210	7,157,392	6,188,943	(325,818)	968,449
Net cost of operations before government funding and transfers	1,366,269,479	1,339,435,927	1,390,551,437	(26,833,552)	(51,115,510)

The 2022–23 planned results information is provided in the Canadian Institutes of Health Research’s [Future-Oriented Statement of Operations and Notes 2022–23](#).^{lxiii}

CIHR’s expenses consist of transfer payments for grants and awards (93.5%) and operating expenses (6.5%). Revenues are made up of donations from third parties for health research and re-funds of previous years’ grants and awards.

CIHR’s actual total expenses were approximately \$27.2M lower than planned due primarily to an unexpected lapse in grant funding for the Clinical Trials Fund (\$19.4M) due to a change in strategic direction of the program.

Total revenues fluctuate annually as both components of CIHR revenues are entirely dependent on the collaborations with external parties to support health research. Partner donations depend on the timing of receiving the funding and disbursing it to health researchers. CIHR received \$0.7M from external partners and disbursed a similar amount to health researchers in 2022–23.

Refund of prior years' grants and awards is due to grant recipients underspending the full value of the funding received in prior years. The underspending is generated by the value of the grant being based on estimates provided by the researchers. In 2022–23, \$6.5M was refunded, an increase from the \$3.2M refunded in the previous year. The refund is primarily due to end dates of grants (at which time the refund is calculated based on actual expenditures) and the collection of previous year's unspent balances, which fluctuates from year to year.

Condensed Statement of Financial Position (unaudited) as of March 31, 2023 (dollars)

Financial information	2022–23	2021–22	Difference (2022–23 minus 2021–22)
Total net liabilities	13,837,755	13,414,726	423,029
Total net financial assets	9,421,931	9,768,838	(346,907)
Departmental net debt	4,415,824	3,645,888	769,936
Total non-financial assets	3,258,926	4,009,001	(750,075)
Departmental net financial position	(1,156,898)	363,113	(1,520,011)

The 2022–23 planned results information is provided in the Canadian Institutes of Health Research's Future-Oriented Statement of Operations and Notes 2022–23.

CIHR's total net liabilities are made up of accounts payables and accrued liabilities, vacation pay and compensatory leave, deferred revenue as well as employee future benefits. The overall increase of \$0.4M is primarily due to an increase in accrued salaries and accrued payables to other government departments (\$1.0M). This increase was offset by a decrease in the amount of vacation leave accrued for 2022–23 compared to the prior fiscal year (\$0.6M).

Net financial assets include amounts due from the Consolidated Revenue Fund and accounts receivable and advances. The \$0.4M decrease when compared to 2021–22 is primarily due to a decrease of \$1.4M in accounts receivable due to significant reductions in amounts owed to CIHR by other government departments. The decrease was offset by a \$1.0M increase in amounts due from the consolidated revenue fund.

CIHR's non-financial assets include prepaid expenses and tangible capital assets. The \$0.8M decrease is primarily due to a decrease in the net book value of tangible capital assets. CIHR is scheduled to move to a new physical location in 2024. As such, the corporate decision was made to not acquire significant capital assets until the organization's relocation is completed.

Corporate information

Organizational profile

Appropriate ministers: The Honourable Mark Holland, P.C., M.P., and The Honourable Ya'ara Saks, P.C., M.P.

Institutional head: Catherine MacLeod, Acting President

Ministerial portfolio: Health

Enabling instrument: [Canadian Institutes of Health Research Act](#)^{lxiv} (S.C. 2000, c. 6)

Year of incorporation / commencement: 2000

Raison d'être, mandate and role: who we are and what we do

Information on the Canadian Institutes of Health Research's raison d'être, mandate and role is available on the Canadian Institutes of Health Research's [website](#).^{lxv}

Operating context

Information on the operating context is available on [CIHR's website](#).^{lxvi}

Reporting framework

CIHR’s Departmental Results Framework and Program Inventory of record for 2022–23 is shown below.

Departmental Results Framework	Core Responsibility: Funding Health Research and Training		Internal Services
	Departmental Results: Canada’s health research is internationally competitive	Indicator: Canada's rank among the Organization for Economic Co-operation and Development (OECD) nations on the citation score of related health research publications	
		Indicator: Percentage of funded research involving international collaborations	
		Indicator: Number of research projects funded jointly by CIHR and (an) international partner(s)	
	Departmental Results: Canada’s health research capacity is strengthened	Indicator: Percentage of newly funded recipients who self-identify as women	
		Indicator: Percentage of newly funded recipients who self-identify as visible minorities	
		Indicator: Percentage of newly funded recipients who self-identify as Indigenous Peoples	
		Indicator: Percentage of newly funded recipients who self-identify as persons with disabilities	
		Indicator: Percentage of research that addresses sex or gender considerations	
		Indicator: Percentage of total research investments in grants and awards addressing Indigenous health	
		Indicator: Percentage of funded research trainees reporting using their research knowledge in their current position	
	Departmental Results: Canada’s health research is used	Indicator: Partner funding for research projects	
		Indicator: Percentage of CIHR funded research cited in patents	
		Indicator: Percentage of federal health documents citing CIHR funded research	
		Indicator: Percentage of grants reporting stakeholder involvement in the research process	
Indicator: Percentage of research contributing to improving health for Canadians			
Program Inventory	Program: Investigator-Initiated Research		
	Program: Training and Career Support		
	Program: Research in Priority Areas		

Supporting information on the program inventory

Financial, human resources and performance information for CIHR’s program inventory is available in [GC InfoBase](#).^{lxvii}

Supplementary information tables

The following supplementary information tables are available on [CIHR’s website](#):^{lxviii}

- ▶ Reporting on Green Procurement
- ▶ Details on transfer payment programs
- ▶ Gender-based analysis plus
- ▶ United Nations 2030 Agenda and the Sustainable Development Goals
- ▶ Response to Parliamentary Committees

Federal tax expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the [Report on Federal Tax Expenditures](#).^{lxix} This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs as well as evaluations and GBA Plus of tax expenditures.

Organizational contact information

Mailing address:

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Ottawa, Ontario K1A 0W9

Telephone: 613-954-1968

TTY: 1-888-603-4178

Fax: 613-954-1800

Email: support-soutien@cihr-irsc.gc.ca

Website(s): www.cihr-irsc.gc.ca^{lxx}

Appendix: definitions

appropriation (*crédit*)

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (*dépenses budgétaires*)

Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

core responsibility (*responsabilité essentielle*)

An enduring function or role performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

Departmental Plan (*plan ministériel*)

A report on the plans and expected performance of an appropriated department over a 3-year period. Departmental Plans are usually tabled in Parliament each spring.

departmental priority (*priorité*)

A plan or project that a department has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired departmental results.

departmental result (*résultat ministériel*)

A consequence or outcome that a department seeks to achieve. A departmental result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

departmental result indicator (*indicateur de résultat ministériel*)

A quantitative measure of progress on a departmental result.

departmental results framework (*cadre ministériel des résultats*)

A framework that connects the department's core responsibilities to its departmental results and departmental result indicators.

Departmental Results Report (*rapport sur les résultats ministériels*)

A report on a department's actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

full-time equivalent (*équivalent temps plein*)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. For a particular position, the full-time equivalent figure is the ratio of

number of hours the person actually works divided by the standard number of hours set out in the person's collective agreement.

gender-based analysis plus (GBA Plus) (*analyse comparative entre les sexes plus [ACS Plus]*)

An analytical tool used to support the development of responsive and inclusive policies, programs and other initiatives; and understand how factors such as sex, race, national and ethnic origin, Indigenous origin or identity, age, sexual orientation, socio-economic conditions, geography, culture and disability, impact experiences and outcomes, and can affect access to and experience of government programs.

government-wide priorities (*priorités pangouvernementales*)

For the purpose of the 2022–23 Departmental Results Report, government-wide priorities are the high-level themes outlining the government's agenda in the November 23, 2021, [Speech from the Throne](#).^{lxxi} building a healthier today and tomorrow; growing a more resilient economy; bolder climate action; fighter harder for safer communities; standing up for diversity and inclusion; moving faster on the path to reconciliation; and fighting for a secure, just and equitable world.

horizontal initiative (*initiative horizontale*)

An initiative where two or more federal organizations are given funding to pursue a shared outcome, often linked to a government priority.

non-budgetary expenditures (*dépenses non budgétaires*)

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance (*rendement*)

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

performance indicator (*indicateur de rendement*)

A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

performance reporting (*production de rapports sur le rendement*)

The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

plan (*plan*)

The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally, a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead to the expected result.

planned spending (*dépenses prévues*)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

program (*programme*)

Individual or groups of services, activities or combinations thereof that are managed together within the department and focus on a specific set of outputs, outcomes or service levels.

program inventory (*répertoire des programmes*)

Identifies all the department's programs and describes how resources are organized to contribute to the department's core responsibilities and results.

result (*résultat*)

A consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

statutory expenditures (*dépenses législatives*)

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

target (*cible*)

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures (*dépenses votée*)

Expenditures that Parliament approves annually through an appropriation act. The vote wording becomes the governing conditions under which these expenditures may be made.

Endnotes

- i. CIHR Strategic Plan 2021–2031, <https://cihr-irsc.gc.ca/e/52331.html>
- ii. CIHR Strategic Plan 2021–2031: Action Plan for Year 2 (2022–23), <https://cihr-irsc.gc.ca/e/53026.html>
- iii. Centre for Research on Pandemic Preparedness and Health Emergencies, <https://cihr-irsc.gc.ca/e/52397.html>
- iv. Clinical Trials Fund, <https://cihr-irsc.gc.ca/e/52987.html>
- v. Action Plan: Building a healthier future for First Nations, Inuit, and Métis Peoples, <https://cihr-irsc.gc.ca/e/50372.html>
- vi. Institute of Indigenous Peoples' Health, <https://cihr-irsc.gc.ca/e/8668.html>
- vii. Health Research Training at CIHR, <https://cihr-irsc.gc.ca/e/50507.html>
- viii. CIHR's Strategic Action Plan on Training, <https://cihr-irsc.gc.ca/e/50519.html>
- ix. Women RISE, <https://idrc-crdd.ca/en/initiative/women-rise>
- x. Long Covid Web, <https://www.longcovidweb.ca/>
- xi. Engagement of People with Lived Experience of Dementia, <https://www.epled.ca/>
- xii. Accelerating Clinical Trials (ACT) Consortium Canada, <https://www.act-aec.ca/>
- xiii. Canada's Biomanufacturing and Life Sciences Strategy, <https://ised-isde.canada.ca/site/biomanufacturing/en/canadas-biomanufacturing-and-life-sciences-strategy>
- xiv. NEIHR Overview, <https://cihr-irsc.gc.ca/e/51162.html>
- xv. Action Plan: Building a healthier future for First Nations, Inuit, and Métis Peoples, <https://cihr-irsc.gc.ca/e/50372.html>
- xvi. The Health System Impact Program, <https://cihr-irsc.gc.ca/e/51211.html>
- xvii. Health Research Training Platform Pilot, <https://cihr-irsc.gc.ca/e/52278.html>
- xviii. Tri-Agency EDI Action Plan for 2018–2025, https://www.nserc-crsng.gc.ca/InterAgency-Interorganismes/EDI-EDI/Action-Plan_Plan-dAction_eng.asp
- xix. Project Grant Program, <https://cihr-irsc.gc.ca/e/49051.html>
- xx. National Standards for Mental Health Services, <https://cihr-irsc.gc.ca/e/52749.html>
- xxi. Post-traumatic Stress Injuries (PTSI) among Public Safety Personnel (PSP), <https://cihr-irsc.gc.ca/e/52181.html>
- xxii. Integrated Youth Services Network of Networks Initiative (IYS-Net), <https://cihr-irsc.gc.ca/e/52912.html>
- xxiii. Canadian Pediatric Cancer Consortium, <https://www.canada.ca/en/institutes-health-research/news/2023/01/canadian-pediatric-cancer-consortium.html>
- xxiv. Government of Canada Approves \$30M Joint Funding for Type 1 Diabetes Research, <https://www.jdrf.ca/news/government-of-canada-approves-30m-joint-funding-for-type-1-diabetes-research/>
- xxv. Best Brains Exchanges, <https://cihr-irsc.gc.ca/e/43978.html>
- xxvi. Tri-Agency Open Access Policy on Publications, <https://cihr-irsc.gc.ca/e/32005.html>
- xxvii. Tri-Agency Research Data Management Policy, <https://science.gc.ca/site/science/en/interagency-research-funding/policies-and-guidelines/research-data-management/tri-agency-research-data-management-policy>
- xxviii. CIHR GBA Plus Framework, <https://cihr-irsc.gc.ca/e/50970.html>
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