



Canadian Institutes  
of Health Research    Instituts de recherche  
en santé du Canada

# 2020–21 Departmental Results Report

**Canadian Institutes of Health  
Research**

The Honourable Jean-Yves Duclos, P.C., M.P.  
Minister of Health

## **Canadian Institutes of Health Research (CIHR)**

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 Minister

I am pleased to present the 2020–21 Departmental Results Report of the Canadian Institutes of Health Research (CIHR).

From the outset of the COVID-19 pandemic, CIHR has been at the forefront of Canada’s response, supporting the science needed to develop evidence-based solutions to this global challenge. Thanks to CIHR’s rapid research response, we were able to mobilize Canada’s researchers in record time, safeguard the wider research community throughout the pandemic, and launch critically needed research projects. These projects included research on all aspects of COVID-19, and I am particularly pleased to note that they included a special focus on mental health and substance abuse – issues that have been exacerbated as a result of the pandemic. The pandemic has also shown us just how important it is to have an emergency-ready health research system in place before a crisis hits. To that end, in 2020 the Government created the Centre for Research on Pandemic Preparedness and Health Emergencies, which will be housed within CIHR. The Research Centre will focus on growing Canada’s capacity to prevent, prepare for, respond to, and recover from existing and future pandemics and public health emergencies. I would like to take this opportunity to personally thank everyone at CIHR for their tireless efforts during this very challenging time.



While the global pandemic occupied much of CIHR’s attention in 2020–21, this year also marked the launch of CIHR’s *Strategic Plan 2021–2031: A Vision for a Healthier Future*. Developed through the most extensive consultation process in CIHR’s history, the document expresses the values and outlines the priorities that will guide the agency’s investments over the next decade. Inspired by a vision to achieve *The best health for all, powered by outstanding research*, CIHR’s Strategic Plan focuses on the overarching priorities of advancing research excellence, strengthening research capacity, supporting Indigenous health research, pursuing equity, and integrating evidence in health decisions.

2021 also marked the 100<sup>th</sup> anniversary of the discovery of insulin by Canadian scientist Sir Frederick Banting – a discovery that has changed the lives of millions of people in Canada and around the world. In recognition of this historic milestone, CIHR launched *100 Years of Insulin: Accelerating Canadian Discoveries to Defeat Diabetes* – an initiative that is developing new preventive and therapeutic approaches that aim to reverse the upward trajectory of diabetes prevalence and associated morbidities, and reduce the impact of diabetes on individuals, families, and communities. I am pleased to note that this research will place a special focus on integrating models of resilience and wellness into diabetes prevention and treatment approaches among First Nations, Inuit, and Métis Peoples – populations that are disproportionately affected by this disease.

I invite you to read this 2020–21 Departmental Results Report to learn more about how CIHR’s investments are strengthening our health systems and improving health for Canadians and people throughout the world.

**The Honourable Jean-Yves Duclos P.C., M.P.**

**Minister of Health**

## Results at a glance

The Canadian Institutes of Health Research (CIHR) invests in health research and training, to support the creation of new knowledge and its translation into improved health for Canadians. In 2020–21, CIHR's total actual spending was approximately \$1.5 billion and its actual workforce (full-time equivalents) was 497.

In light of the renewed emphasis to protect Canadians in 2020–21, through CIHR the Government of Canada mobilized a rapid research response to the 2019 novel coronavirus (COVID-19) pandemic. In parallel and with limited interruption, CIHR continued to lead and contribute to the research agenda by way of ongoing investments in the domestic and international health research ecosystem. In addition, CIHR adapted its performance measurement, reporting, and risk management activities in the context of having activated its business continuity plan.

As Canada's health research investment agency, CIHR achieved the following key results and activities in 2020–21:

- CIHR continued to support commitments set out in the [mandate letters](#)<sup>i</sup> and [supplementary letter](#)<sup>ii</sup> of the Minister of Health including those in the areas of continued support of COVID research, [diabetes](#),<sup>iii</sup> [cannabis](#),<sup>iv</sup> [vaping](#)<sup>v</sup> and sex-and-gender-based analyses (SGBA).
- CIHR quickly recognized the challenges faced by the research community during the COVID-19 pandemic and continued to work closely with the research community and other departments and agencies of the Government of Canada to develop funding packages that continued to support the health research community. CIHR was able to mobilize the dedicated research community and peer-reviewers to deliver the [Spring 2020 Project Grant competition](#),<sup>vi</sup> as well as to increase [funding opportunities](#)<sup>vii</sup> to support researchers, students, trainees and research personnel.
- CIHR supported Health Canada's COVID-19 Task Force, along with the Public Health Agency of Canada (PHAC), Innovation, Science and Economic Development Canada (ISED), and the National Research Council (NRC), to develop key medical countermeasure initiatives needed to respond to the pandemic, including: COVID-19 research (e.g., virus origin and nature, transmission epidemiology, disease impacts, health system impacts, immunity, vaccines, treatments, testing, public health measures, and risk communications); pandemic preparedness and data monitoring; as well as the procurement of safe and effective vaccines and therapies, with corresponding logistics and supplies.
- On April 23, 2020, Prime Minister Trudeau announced new funding for CIHR to create the [Centre for Research on Pandemic Preparedness and Health Emergencies](#)<sup>viii</sup> (the Research Centre) as part of a suite of research investments to address COVID-19. Over 2020–21, CIHR engaged 56 organizations or individuals, including 12 federal

departments and agencies, advisory groups, and external partners and stakeholders, to inform and refine the design of the Research Centre.

- CIHR also collaborated with Health Canada, PHAC, and Genome Canada to develop and implement an integrated Variants of Concern Strategy for surveillance, sequencing, tracing, and research focused on the [COVID-19 virus variants](#).<sup>ix</sup>
- With the collaboration of its health portfolio partners, and through engagement with First Nations, Inuit and Métis communities, international partners, and non-governmental organizations, CIHR continued to address the pandemic health emergencies.
- In partnership with PHAC, CIHR mobilized the [Canadian Immunization Research Network \(CIRN\)](#)<sup>x</sup> to sustain and accelerate critical contributions to Canada’s response to the COVID-19 pandemic, including assessments of vaccine clinical trial capacity, research on vaccine hesitancy and uptake, understanding the impact of legal frameworks on vaccination and coordination and information sharing.
- In February 2021, CIHR launched its [Strategic Plan 2021–2031: A Vision for a Healthier Future](#)<sup>xi</sup> and accompanying [Action Plan for Year 1 \(2021–22\)](#).<sup>xii</sup>
- CIHR also continues to work with the [Canada Research Coordinating Committee \(CRCC\)](#)<sup>xiii</sup> and its Tri-Agency partners (Natural Sciences and Engineering Research Council (NSERC) and Social Sciences and Humanities Research Council (SSHRC) to increase harmonization and coordination in policies and programs in such areas as equity, diversity and inclusion (EDI), early career researcher (ECR) support, and Indigenous research.
- CIHR completed the following program [evaluations](#)<sup>xiv</sup> in 2020–21: Evaluation of the Vanier Canada Graduate Scholarship Program; Review of the Institute of Aging; Review of the Institute of Human Development, Child and Youth Health; Review of the Institute of Circulatory and Respiratory Health; and Evaluation of the Drug Safety and Effectiveness Network.

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

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## Results: what we achieved

### Core responsibility

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

#### Results:

CIHR continued to support its Core Responsibility, despite the COVID-19 pandemic. In 2020–21, the agency supported more than 15,000 researchers, including over 2,100 direct trainees, and provided funding to support over 8,500 new and ongoing projects. A robust peer review system was shifted seamlessly to a virtual review to support the selection of excellent science applications for research and/or knowledge translation, while upholding the principles of fairness, transparency and excellence. In 2020–21, approximately 3,400 peer reviewers provided their time, without remuneration, to review more than 14,400 submitted applications.

CIHR delivers its Core Responsibility activities through the three following Programs:

- The Investigator-Initiated Research Program provides funding for discovery-oriented, investigator-led research (i.e., projects identified by health researchers across the country). In 2020–21, CIHR funded over 4,500 new and ongoing grants in areas identified by health researchers, for a total investment of \$851.0M, including \$679.3M for its main open funding programs: the Foundation Grant and the Project Grant.
- The Training and Career Support 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 2020–21, this Program supported over 2,100 new and ongoing training and salary awards for a total investment of \$65.3M.
- The Research in Priority Areas 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 2020–21, this Program provided a total of \$523.2M to support over 1,900 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 continued its efforts to address the health challenges of the COVID-19 pandemic in Canada. In 2020–21, in collaboration with partners, a total of \$316.1M was invested towards COVID-19 research and support to the research community. One of CIHR’s key COVID-19 rapid research responses included [\\$109M in grants to 139 research teams](#)<sup>xv</sup> to accelerate the development, testing, and implementation of measures to deal with the COVID-19 outbreak.

CIHR continued to implement the San Francisco Declaration on Research Assessment (DORA) and to review policies, programs, tools, and practices to find ways to improve how research, and the impact of research, are measured and evaluated. Canadian researchers continued to be engaged in discussions pertaining to areas in health research and policy where Canada continues to play a leadership role. The Tri-Agency partners updated the unconscious bias module for researchers to include DORA, and presented a collective update to 285 members of the research community at the Canadian Association of Research Administrators (CARA) conference.

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

Work on the Tri-Agency ECR Action Plan was suspended throughout much of 2020–21 due to the COVID-19 pandemic. The individual funding agencies focused on support measures for ECRs, who are particularly vulnerable to impacts of a pandemic (e.g. CIHR extended access to funding equalization mechanisms). The ECR Action Plan was updated, pending final approval by the CRCC, under the overall direction of the Innovation, Science and Economic Development Granting Agency Review process.

CIHR implemented a number of solutions to mitigate the impacts of COVID-19 on the [research community](#).<sup>xvi</sup> For example, the agency provided status extensions for [ECRs affected by COVID-19](#),<sup>xvii</sup> [parental leave credits](#),<sup>xviii</sup> and ensured all ECRs can continue to benefit from programs and policies such as the [Observer Program](#)<sup>xix</sup> and the [equalization process](#)<sup>xx</sup> in the Project Grant competition. CIHR also [committed to enhancing equity, diversity, and inclusion in the research funding system](#).<sup>xxi</sup> Acknowledging the report by the [Clerk of the Privy Council](#)<sup>xxii</sup> and the [Speech from the Throne](#),<sup>xxiii</sup> CIHR hosted an [online discussion](#)<sup>xxiv</sup> to hear from individuals from communities marginalized by race and Indigenous communities about the barriers they face and what can be done to address systemic racism in Canada’s health research funding system.

CIHR and its Tri-Agency partners, in alignment with the CRCC strategic plan to strengthen Indigenous research, created the [Tri-Agency Reference Group](#)<sup>xxv</sup> for the Appropriate Review of Indigenous Research (Reference Group). Work involving the removal of barriers to Indigenous-led research has progressed to enable Indigenous communities to control research and knowledge dissemination and implementation activities. In 2020–21, 4.1% of research investments addressed Indigenous health.

Funding was also announced for the 2020 [EDI Institutional Capacity Building Grants](#)<sup>xxvi</sup> to help post-secondary institutions identify and overcome systemic barriers that impede the career advancement, recruitment and retention of underrepresented groups.

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

In order to support the Strategic Plan, CIHR launched its Action Plan for Year 1 (2021–22), which outlines the key activities that CIHR will undertake in 2021–22. This includes the establishment of the Research Centre, the beginning of a critical discussion to define a modernized concept of research excellence, the continued implementation of the [Action Plan: Building a Healthier Future for First Nations, Inuit, and Métis Peoples](#),<sup>xxvii</sup> and further efforts to promote equity, diversity, and inclusion within the health research community.

The Tri-Agency partners participated in a pilot project involving the Canadian Association of Research Libraries (CARL) and OpenAIRE to track Canadian-funded research outputs. Furthermore, CIHR completed a project to estimate the cost that researchers spend to make their publications open, and also required that all its COVID-19 related publications be openly accessible upon publication.

Together with its Tri-Agency partners, CIHR launched the Tri-Agency Research Data Management Policy in March 2021. To support the implementation of the policy, CIHR has been working closely with key stakeholders, including the CARL Portage Network, to develop training materials and workshops. CIHR has also remained engaged with the New Digital Research Infrastructure Organization (NDRIO) throughout their Canadian Digital Research Infrastructures Needs Assessment process (e.g. by attending their town hall sessions).

In addition, CIHR advanced research and knowledge mobilization in the following Government of Canada priority areas: Food Security in the North with Environment and Climate Change Canada; Controlled substances, and Safer supply with Health Canada; as well as worked with PHAC on addressing the Lyme disease, Anti-microbial Resistance (\$1.8M annually), Sexually Transmitted and Blood-Borne Illnesses (\$21M annually), and Hepatitis C (\$4.5M over five years).

#### Gender-based analysis plus

CIHR is signatory to and compliant with the [Health Portfolio Policy on Sex and Gender-Based Analysis](#).<sup>xxviii</sup> CIHR also has a [Gender-Based Analysis Plus \(GBA Plus\) Framework](#)<sup>xxix</sup> that seeks to build GBA Plus capacity and sustain the practice of GBA Plus through two streams:

##### GBA Plus in CIHR-Funded Research

- Launched the [Sex as a Biological Variable Supplement: COVID-19](#).<sup>xxx</sup>
- Introduced sex-and-gender-based analysis plus (SGBA Plus) evaluation criteria in [COVID-19 rapid research competitions](#).<sup>xxxi</sup>
- Developed a [SGBA Plus guidance document for COVID-19 research](#).<sup>xxxii</sup>

##### GBA Plus in CIHR’s Workplace

- Implemented mandatory unconscious bias training for CIHR staff.

CIHR’s efforts to implement the Tri-Agency [EDI Action Plan](#)<sup>xxxiii</sup> are described in the [progress report to the CRCC](#)<sup>xxxiv</sup> and on the [CIHR EDI in Action webpage](#).<sup>xxxv</sup>

Further, CIHR launched its new *Strategic Plan 2021–2031: A Vision for a Healthier Future*, which outlines key actions CIHR will undertake in future years to strengthen Canadian health research capacity and promote EDI.

## **Experimentation**

CIHR developed a novel competition delivery process shortly after the World Health Organization declared the COVID-19 outbreak a public health emergency of international concern. This novel process was employed, assessed, and adapted in the delivery of over 15 rapid response competitions. In order to support the extremely expedited competition timelines, a full-time dedicated team from across the organization was established. Rather than being confined by traditional roles, responsibilities and expertise, this dedicated team worked together closely, collaboratively and remotely as required, in order to make time-sensitive decisions. A survey of applicants and reviewers was conducted to gather feedback on the expedited application and review processes, the results of which informed changes to subsequent COVID-19 competitions over the course of 2020–21. A debrief session was also hosted with staff members and feedback was received from competition partners, both of which have informed internal competition delivery practices.

CIHR also adapted its operations in order to accelerate its delivery of research funding and peer review process. A robust virtual peer review system was established and implemented seamlessly to support the selection of the most innovative and cutting-edge applications for research and/or knowledge translation, while upholding the principles of fairness, transparency, and excellence.

In addition to experimenting with virtual and novel competition delivery processes, CIHR also experimented with SikuliX as a Robotics Process Automation (RPA) tool to triage Translation requests. It was determined that this tool was not amenable to citizen development, a critical requirement, and slight changes in screen content greatly affected reliability. As a result, the use case to automate the triage for Translation service requests was implemented more efficiently using Python scripts and Application Programming Interfaces (APIs), subsequently saving 250 person hours/year and freeing staff to perform higher-value work.

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## 2030 Agenda for Sustainable Development

In 2020–21, CIHR supported the achievement of the following Sustainable Development Goals (SDGs):

**SDG 3:** SDG 3.3 focuses on ending the epidemics of AIDS, tuberculosis, malaria and other communicable diseases. While CIHR focused its related efforts on the Canadian and global response to COVID-19, it also maintained research investments under the Government of Canada’s action plan on sexually-transmitted and blood-borne infections. With respect to SDG 3.4, focused on reducing the pre-mature mortality from non-communicable diseases, CIHR contributed to delivering a global research program focused on cancer prevention in low- and middle-income countries and other populations facing marginalization, including Indigenous populations in Canada.

In addition, CIHR builds upon both the diverse research capacity and wealth of existing data sets in Canada, while using a unique set of coordinated linked international intervention cohorts to focus the powerful Developmental Origins of Health and Disease (DOHaD) approach specifically on non-communicable diseases both in Canada and in countries where the burden is greatest.

**SDG 5:** CIHR continued to implement measures to ensure the research CIHR funds is relevant and impactful for women, girls and other intersecting identity groups, including requiring all applicants to indicate how they have integrated sex and/or gender into their applications.

CIHR’s Institute of Gender and Health also launched several key initiatives, including [Sex as a Biological Variable Supplement: COVID-19](#);<sup>xxxvi</sup> [SGBA Plus Health Policy Research Partnerships](#);<sup>xxxvii</sup> [Women’s Health Clinical Mentorship Grant](#);<sup>xxxviii</sup> and the [Sex and Gender Science Chairs](#).<sup>xxxix</sup>

**SDG 11:** In 2020–21, the Healthy Cities Initiative convened the Federal Table on Healthy Cities, which coordinates action across 15 federal government departments and has been rendered even more important due to the COVID-19 pandemic. The Applied Public Health Chair – Sex, Gender and Healthy Cities was launched in January 2021 to fund mid-career applied public health researchers to investigate sex and/or gender considerations to design, build or support healthy cities.

## Results achieved

Departmental results	Performance indicators	Target	Date to achieve target	2018–19 Actual results	2019–20 Actual results	2020–21 Actual results
Canada's health research is internationally competitive	Canada's rank among G7 nations in share of health research publications	2nd in the G7	March 31, 2021	2nd	2nd	2nd
	% of research involving international collaborations	Greater than or equal to 11%	March 31, 2021	12%	16%	14%
	Citation score of health research publications compared to the world average	Greater than or equal to 1.5	March 31, 2021	1.53	1.56	1.53
Canada's health research capacity is strengthened	\$ co-invested by partners in health research	Greater than or equal to \$0.80	March 31, 2021	\$0.84	\$0.89	\$0.66 <sup>1</sup>
	% of research that addresses sex or gender considerations	Greater than or equal to 56%	March 31, 2021	62%	67%	72%
	% of research investments addressing Indigenous health	Greater than or equal to 4.6% of CIHR's annual base budget	March 31, 2021	3.1%	4.0%	4.1% <sup>2</sup>
	% of the next generation of researchers that go on to work in a research position	Greater than or equal to 87%	March 31, 2021	92%	97%	N/A <sup>3</sup>
Canada's health research is used	% of federal health documents informed by research	Greater than or equal to 20%	March 31, 2021	23%	28%	29%
	% of research that informs patents	Greater than or equal to 9%	March 31, 2021	13%	13%	15%
	% of research contributing to improving health for Canadians	Greater than or equal to 39%	March 31, 2021	37%	38%	35% <sup>4</sup>

<sup>1</sup> The variance from other years is due to the large influx of CIHR's COVID-19 investments to compensate for a decrease in partner-funding.

<sup>2</sup> While CIHR did not meet the target for this indicator, the results achieved show a continuing progression in accordance with CIHR's effort to implement a series of concrete actions to strengthen research in Canada that addresses Indigenous health.

<sup>3</sup> The data for 2020–21 were not collected from researchers through the dedicated survey, due to Business Continuity Plan (BCP) activation in March 2021 and COVID-19 situation.

<sup>4</sup> This indicator is 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)**

2020–21 Main Estimates	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	2020–21 Difference (Actual spending minus Planned spending)
1,183,861,746	1,183,861,746	1,586,143,448	1,470,094,381	286,232,635

**Human resources (full-time equivalents)**

2020–21 Planned full-time equivalents	2020–21 Actual full-time equivalents	2020–21 Difference (Actual full-time equivalents minus Planned full-time equivalents)
257	263	6

Financial, human resources and performance information for CIHR's Program Inventory is available in [GC InfoBase](#).<sup>x1</sup>

## 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 refers 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

### Results

A horizontal operational planning approach was introduced in 2020–21, with the collection of activities aligned to annual organizational priorities. However, 2020–21 operational planning was paused at the prioritization stage in April 2020 due to Business Continuity Plan (BCP) activation. In March 2021, the 2021–22 operational planning process was initiated, with planned organizational activities identified for prioritization as part of a transitional integrated planning approach, to ensure operational, financial and human resource planning serve organizational priorities.

The enhanced analytics project was paused in early 2020 with the activation of the BCP and is envisioned to be re-initiated in the coming years. The importance of evidence informed decision making is a key commitment in the CIHR Strategic Plan with the following specific action identified in the 2023–24 fiscal year: *Expand analytics capacity in order to ensure availability and use of data to monitor outcomes and impacts of CIHR's investments on informing policy directions/decisions.*

In 2020–21, the Tri-Agency Grants Management Solution team continued to advance the development of the project. Despite delays in obtaining the necessary Treasury Board authorities, progress was made on stakeholder engagement and solidifying the procurement approach. In addition, proofs of concept were successfully completed in January.

**Budgetary financial resources (dollars)**

2020–21 Main Estimates	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	2020–21 Difference (Actual spending minus Planned spending)
30,996,904	30,996,904	33,285,014	33,367,179	2,370,275

**Human resources (full-time equivalents)**

2020–21 Planned full-time equivalents	2020–21 Actual full-time equivalents	2020–21 Difference (Actual full-time equivalents minus Planned full-time equivalents)
237	234	(3)

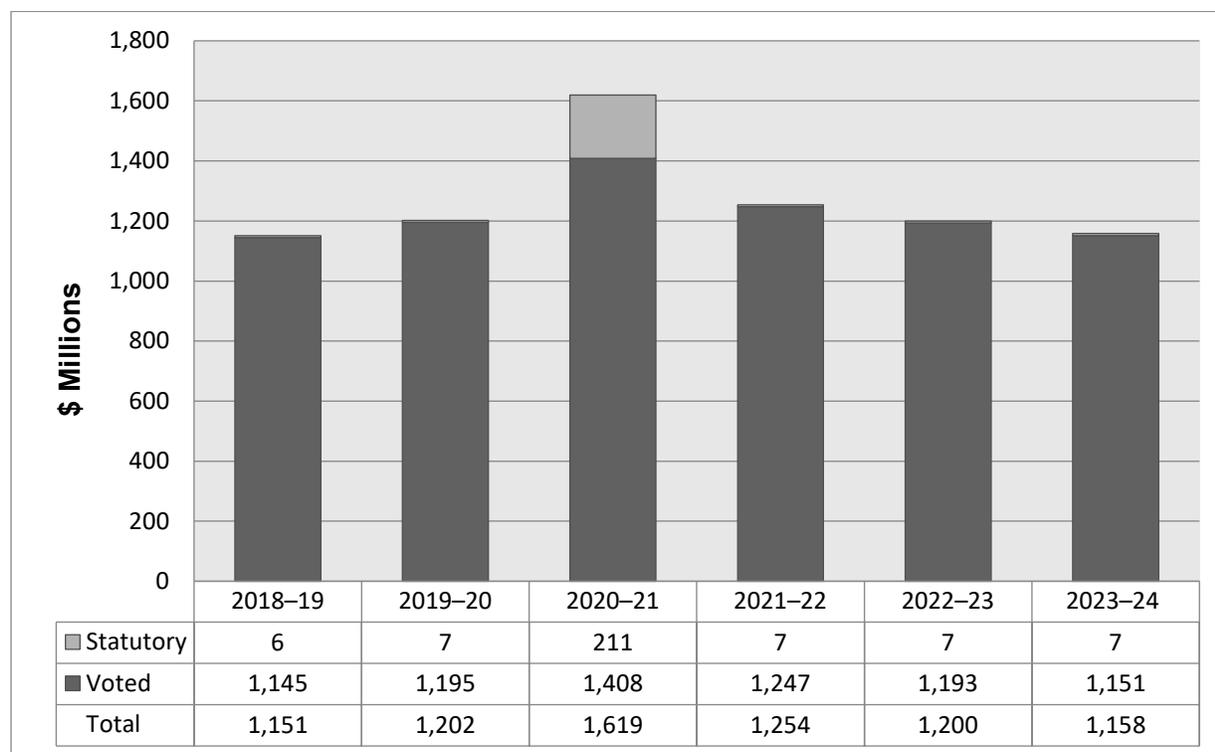


## Analysis of trends in spending and human resources

### Actual expenditures

#### Departmental spending trend graph

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 Payments Act* as part of the Government of Canada’s response to address COVID-19.

## Budgetary performance summary for Core Responsibilities and Internal Services (dollars)

Core responsibilities and Internal Services	2020–21 Main Estimates	2020–21 Planned spending	2021–22 Planned spending	2022–23 Planned spending	2020–21 Total authorities available for use	2018–19 Actual spending (authorities used)	2019–20 Actual spending (authorities used)	2020–21 Actual spending (authorities used)
Funding Health Research and Training	1,183,861,746	1,183,861,746	1,220,744,865	1,166,131,747	1,586,143,448	1,117,593,924	1,168,529,359	1,470,094,381
Subtotal	1,183,861,746	1,183,861,746	1,220,744,865	1,166,131,747	1,586,143,448	1,117,593,924	1,168,529,359	1,470,094,381
Internal Services	30,996,904	30,996,904	33,161,665	33,413,920	33,285,014	33,333,203	33,521,495	33,367,179
Total	1,214,858,650	1,214,858,650	1,253,906,530	1,199,545,667	1,619,428,462	1,150,927,127	1,202,050,854	1,503,461,560

CIHR's 2020–21 actual spending of \$1,503.5M exceeded its planned spending of \$1,214.9M by \$288.6M largely as a result of \$288.3M in additional funding provided to CIHR's to support the Government of Canada's response to COVID-19 through health research, including through:

- \$114.2M for the pandemic response and health emergencies research plan;
- \$83.3M for payments to support students and youth impacted by COVID-19;
- \$33.2M for medical countermeasures 3;
- \$25.8M for emergency research and innovation response measures;
- \$12.5M to mitigate health, social and economic risks of the novel coronavirus outbreak;
- \$12.4M from PHAC to support projects aligned with the mandate of the COVID-19 Immunity Task Force;
- \$3.2M from PHAC for the Canadian Immunization Research Network;
- \$2.5M from Health Canada to improve COVID-19 testing research and screening for travelers; and
- \$1.2M for the Safe Restart Agreement for federal investments in testing, contact tracing and data management.

CIHR’s actual expenditures of \$1,503.5M resulted in a lapse of \$115.9M when comparing with total authorities available for use of \$1,619.4M. This is largely resulting from:

- \$111.0M of the medical countermeasures 3 funding resulting from reprofiled from 2020–21 and available for use in 2021–22 to continue to address emerging priorities and gaps in COVID-19 research;
- \$1.4M from the Canada Excellence Research Chairs program due to the funding of one less chair in the most recent competition; and
- \$3.1M within the operating budget as a result of travel restrictions and CIHR pivoting to a virtual peer review delivery model, of which \$2.9M will be available for use in 2021–22.

## Actual human resources

### Human resources summary for core responsibilities and Internal Services

Core responsibilities and Internal Services	2018–19 Actual full-time equivalents	2019–20 Actual full-time equivalents	2020–21 Planned full-time equivalents	2020–21 Actual full-time equivalents	2021–22 Planned full-time equivalents	2022–23 Planned full-time equivalents
Funding health research and training	229	254	257	263	254	254
Subtotal	229	254	257	263	254	254
Internal Services	232	235	237	234	230	226
Total	461	489	494	497	484	480

The net increase from 2019–20 to 2020–21 is largely attributable to the creation and staffing of new positions to deliver rapid response programs to support COVID-19 health research. These positions are anticipated to be temporary given the context of the pandemic, which explains the decrease starting in 2021–22.

## Expenditures by vote

For information on the CIHR’s organizational voted and statutory expenditures, consult the [Public Accounts of Canada 2020–2021](#).<sup>xii</sup>

## Government of Canada spending and activities

Information on the alignment of CIHR’s spending with the Government of Canada’s spending and activities is available in [GC InfoBase](#).<sup>xlii</sup>

## Financial statements and financial statements highlights

### Financial statements

The CIHR’s financial statements (unaudited) for the year ended March 31, 2021, are available on the [departmental website](#).<sup>xliii</sup>

### Financial statement highlights

#### Condensed Statement of Operations (unaudited) for the year ended March 31, 2021 (dollars)

Financial information	2020–21 Planned results*	2020–21 Actual results	2019–20 Actual results	Difference (2020–21 Actual results minus 2020–21 Planned results)	Difference (2020–21 Actual results minus 2019–20 Actual results)
Total expenses	1,225,404,899	1,517,281,469	1,214,779,379	291,876,570	302,502,090
Total revenues	4,877,155	6,300,448	6,541,528	1,423,293	(241,080)
Net cost of operations before government funding and transfers	1,220,527,744	1,510,981,021	1,208,237,851	290,453,277	302,743,170

\* Refer to CIHR’s [2020–21 Future-Oriented Statement of Operations](#)<sup>xliv</sup> for additional information on planned results.

CIHR’s expenses consist of transfer payments for grants and awards (95.2%) and operating expenses (4.8%). Revenues are made up of donations from third parties for health research and refunds of previous years’ grants and awards.

CIHR’s actual total expenses were approximately \$291.9M higher than planned due primarily to new funding for COVID-19 research. Refer to *the Budgetary performance* summary for further details.

Total annual revenues fluctuation is entirely dependent on the actions of external parties and the refund of prior year’ grants.

Partner donations depend on the timing of receiving funding and disbursing it to health researchers. CIHR received \$4.2M from external partners and disbursed a similar amount in 2020–21 to health researchers throughout the year.

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 a result of the original value of the grant being based on estimates provided by the researchers at the time of application. In 2020–21, \$2.0M was refunded, a decrease from the \$4.9M refunded in the previous year. The refund is primarily driven by the 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.

CIHR's higher than planned total expenses of \$291.9M in 2020–21 and higher than planned total revenues by approximately \$1.4M resulted in the net cost of operations before government funding and transfers being approximately \$290.5M higher than planned for the fiscal year.

### Condensed Statement of Financial Position (unaudited) as of March 31, 2021 (dollars)

Financial information	2020–21	2019–20	Difference (2020–21 minus 2019–20)
Total net liabilities	14,100,543	\$13,882,967	217,576
Total net financial assets	9,985,690	12,711,874	(2,726,184)
Departmental net debt	4,114,853	1,171,093	2,943,760
Total non-financial assets	5,312,886	5,635,591	(322,705)
Departmental net financial position	1,198,033	4,464,498	(3,266,465)

CIHR's 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 slight increase in total net liabilities of \$0.2M is primarily due to an increase in the employee vacation accrual (\$1.4M) as a result of increased salary rates and the carrying over of excess vacation leave from year to year. This increase was offset by a decrease in accounts payable and accrued liabilities (\$1.2M) which mainly relates to payables due to other government departments.

Net financial assets include amounts due from the Consolidated Revenue Fund and accounts receivable and advances. The \$2.7M decrease of net financial assets in 2020–21 is primarily due to a decrease (\$1.5M) in accounts receivable, largely attributed to a decrease in amounts owing from other government departments. There was also a decrease (\$1.2M) in the amount due from the consolidated revenue fund.

CIHR's non-financial assets include prepaid expenses and tangible capital assets. The \$0.3M decrease in non-financial assets is primarily due to a decrease in the net tangible capital assets (\$0.5M) as a result of asset disposals/write-offs of fully amortized assets. These decreases were offset by an increase of \$0.2M in prepaid expenses related to IT contracts.

## Corporate Information

### Organizational profile

**Appropriate minister[s]:** The Honourable Jean-Yves Duclos, P.C., M.P.

**Institutional head:** Dr. Michael J. Strong, President

**Ministerial portfolio:** Health

**Enabling instrument[s]:** [Canadian Institutes of Health Research Act](#)<sup>xlvi</sup> (S.C. 2000, c. 6)

**Year of incorporation / commencement:** 2000

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

“Raison d'être, mandate and role: who we are and what we do” is available on [CIHR's website](#).<sup>xlvi</sup>

For more information on the department's organizational mandate letter commitments, see the [Minister's mandate letter](#).<sup>xlvii</sup>

### Operating context

Information on the operating context is available on [CIHR's website](#).<sup>xlviii</sup>

## Reporting framework

CIHR’s Departmental Results Framework and Program Inventory of record for 2020–21 are shown below.

<b>Departmental Results Framework</b>	<b>Core Responsibility: Funding Health Research and Training</b>		<b>Internal Services</b>	
	Departmental Result: Canada’s health research is internationally competitive	Indicator: Canada’s rank among G7 nations in share of health research publications		
		Indicator: % of research involving international collaborations		
		Indicator: Citation score of health research publications compared to the world average		
	Departmental Result: Canada’s health research capacity is strengthened	Indicator: \$ co-invested by partners in health research		
		Indicator: % of research that addresses sex or gender considerations		
		Indicator: % of research investments addressing Indigenous health		
		Indicator: % of the next generation of researchers that go on to work in a research position		
	Departmental Result: Canada’s health research is used	Indicator: % of federal health documents informed by research		
		Indicator: % of research that informs patents		
		Indicator: % of research contributing to improving health for Canadians		
	<b>Program Inventory</b>	Program: Investigator-Initiated Research		
		Program: Training and Career Support		
Program: Research in Priority Areas				

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## Supporting information on the program inventory

Financial, human resources and performance information for CIHR’s Program Inventory is available in [GC InfoBase](#).<sup>xlix</sup>

## Supplementary information tables

The following supplementary information tables are available on [CIHR’s website](#):<sup>l</sup>

- ▶ Reporting on Green Procurement
- ▶ Details on transfer payment programs
- ▶ Gender-based analysis plus

## 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](#).<sup>li</sup> 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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**Telephone:** 613-954-1968

**Toll Free:** 1-888-603-4178

**Fax:** 613-954-1800

**Email:** [support-soutien@cihr-irsc.gc.ca](mailto:support-soutien@cihr-irsc.gc.ca)

**Website(s):** [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)<sup>lii</sup>



## 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.

### **experimentation** (*expérimentation*)

The conducting of activities that seek to first explore, then test and compare the effects and impacts of policies and interventions in order to inform evidence-based decision-making, and improve outcomes for Canadians, by learning what works, for whom and in what circumstances.

Experimentation is related to, but distinct from innovation (the trying of new things), because it involves a rigorous comparison of results. For example, using a new website to communicate with Canadians can be an innovation; systematically testing the new website against existing outreach tools or an old website to see which one leads to more engagement, is experimentation.

**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+]*)

An analytical process used to assess how diverse groups of women, men and gender-diverse people experience policies, programs and services based on multiple factors including race ethnicity, religion, age, and mental or physical disability.

**government-wide priorities** (*priorités pangouvernementales*)

For the purpose of the 2020–21 Departmental Results Report, those high-level themes outlining the government's agenda in the 2019 Speech from the Throne, namely: Fighting climate change; Strengthening the Middle Class; Walking the road of reconciliation; Keeping Canadians safe and healthy; and Positioning Canada for success in an uncertain 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*)

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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 votées*)

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



## Endnotes

- <sup>i</sup> Minister of Health Mandate Letter, <https://pm.gc.ca/en/mandate-letters/2019/12/13/minister-health-mandate-letter>
- <sup>ii</sup> Minister of Health Supplementary Mandate Letter, <https://pm.gc.ca/en/mandate-letters/2021/01/15/minister-health-supplementary-mandate-letter>
- <sup>iii</sup> Government of Canada and JDRF Canada announce new research funding to accelerate stem cell-based therapies for type 1 diabetes, <https://www.canada.ca/en/institutes-health-research/news/2020/11/government-of-canada-and-jdrf-canada-announce-new-research-funding-to-accelerate-stem-cell-based-therapies-for-type-1-diabetes.html>
- <sup>iv</sup> CIHR and health partners invest more than \$21 million in cannabis research, <https://www.canada.ca/en/institutes-health-research/news/2020/11/cihr-and-health-partners-invest-more-than-21-million-in-cannabis-research.html>
- <sup>v</sup> Results of the Health Effects of Vaping Catalyst Grants, <https://cihr-irsc.gc.ca/e/52096.html>
- <sup>vi</sup> Project Grant: Spring 2020 results, <https://cihr-irsc.gc.ca/e/52145.html>
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- <sup>viii</sup> Centre for Research on Pandemic Preparedness and Health Emergencies, <https://cihr-irsc.gc.ca/e/52397.html>
- <sup>ix</sup> Government of Canada invests in new research to address COVID-19 variants, <https://www.canada.ca/en/institutes-health-research/news/2021/03/government-of-canada-invests-in-new-research-to-address-covid-19-variants.html>
- <sup>x</sup> Canadian Immunization Research Network (CIRN), <https://cirnetwork.ca/network/serious-outcomes/>
- <sup>xi</sup> Strategic Plan 2021–2031: A Vision for a Healthier Future, <https://cihr-irsc.gc.ca/e/52331.html>
- <sup>xii</sup> Action Plan for Year 1 (2021–22), <https://cihr-irsc.gc.ca/e/52334.html>
- <sup>xiii</sup> Canada Research Coordinating Committee, <https://www.canada.ca/en/research-coordinating-committee.html>
- <sup>xiv</sup> Evaluation reports, <https://cihr-irsc.gc.ca/e/46969.html>
- <sup>xv</sup> Government of Canada and provincial partners invest more than \$109M in COVID-19 research, <https://www.canada.ca/en/institutes-health-research/news/2020/06/government-of-canada-and-provincial-partners-invest-more-than-109m-in-covid-19-research.html>
- <sup>xvi</sup> COVID-19 Research, <https://cihr-irsc.gc.ca/e/51917.html>
- <sup>xvii</sup> Supporting early career researchers affected by COVID-19: Temporarily “pausing the clock” for ECRs, <https://cihr-irsc.gc.ca/e/52132.html>
- <sup>xviii</sup> Doubling of leave credits for early career researchers applying to Project Grant competition, <https://cihr-irsc.gc.ca/e/52159.html>
- <sup>xix</sup> Opportunity for Early Career Researchers: Call for expressions of interest to the Spring 2020 Observer Program, <https://cihr-irsc.gc.ca/e/50206.html>
- <sup>xx</sup> Equalization process, <https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?progCd=11077&language=E&org=CIHR>
- <sup>xxi</sup> CIHR’s commitment to enhancing equity, diversity, and inclusion in the research funding system, <https://cihr-irsc.gc.ca/e/52174.html>
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- <sup>xxiii</sup> A stronger and more resilient Canada, <https://www.canada.ca/en/privy-council/campaigns/speech-throne/2020/stronger-resilient-canada.html>
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- <sup>xxv</sup> Announcement: Membership of the Reference Group for the Appropriate Review of Indigenous Research, <https://cihr-irsc.gc.ca/e/52136.html>
- <sup>xxvi</sup> Government of Canada invests to grow equity, diversity and inclusion capacity in the post-secondary research enterprise, [https://www.nserc-crsng.gc.ca/Media-Media/NewsDetail-DetailNouvelles\\_eng.asp?ID=1242](https://www.nserc-crsng.gc.ca/Media-Media/NewsDetail-DetailNouvelles_eng.asp?ID=1242)
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- <sup>xxviii</sup> Health Portfolio Sex and Gender-Based Analysis Policy, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/health-portfolio-sex-gender-based-analysis-policy.html>
- <sup>xxix</sup> CIHR GBA Plus Framework, <https://cihr-irsc.gc.ca/e/50970.html>
- <sup>xxx</sup> Sex as a Biological Variable Supplement: COVID-19, <https://cihr-irsc.gc.ca/e/52009.html>

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- <sup>xxx</sup><sup>ii</sup> Why sex and gender need to be considered in COVID-19 research, <https://cihr-irsc.gc.ca/e/51939.html>
- <sup>xxx</sup><sup>iii</sup> Equity, Diversity and Inclusion, [https://www.nserc-crsng.gc.ca/NSERC-CRSNG/EDI-EDI/Action-Plan\\_Plan-dAction\\_eng.asp](https://www.nserc-crsng.gc.ca/NSERC-CRSNG/EDI-EDI/Action-Plan_Plan-dAction_eng.asp)
- <sup>xxx</sup><sup>iv</sup> Canada Research Coordinating Committee releases 2019–20 progress report, <https://www.canada.ca/en/research-coordinating-committee/news/2021/02/2019-20-progress-report.html>
- <sup>xxx</sup><sup>v</sup> Equity, Diversity and Inclusion (EDI) in Action at CIHR, <https://cihr-irsc.gc.ca/e/52551.html>
- <sup>xxx</sup><sup>vi</sup> Sex as a Biological Variable Supplement: COVID-19, <https://cihr-irsc.gc.ca/e/52009.html>
- <sup>xxx</sup><sup>vii</sup> SGBA plus Health Policy-Research Partnerships, <https://cihr-irsc.gc.ca/e/51192.html>
- <sup>xxx</sup><sup>viii</sup> Women’s Health Clinical Mentorship Grant, <https://cihr-irsc.gc.ca/e/51599.html>
- <sup>xxx</sup><sup>ix</sup> Sex and Gender Science Chairs, <https://cihr-irsc.gc.ca/e/51596.html>
- <sup>xl</sup> GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
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- <sup>xliii</sup> Financial statements (unaudited) for the year ended March 31, 2021, <https://cihr-irsc.gc.ca/e/52623.html>
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- <sup>xlvi</sup> Raison d’être, mandate and role: who we are and what we do, <https://cihr-irsc.gc.ca/e/52574.html>
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- <sup>xlviii</sup> Operating Context, <https://cihr-irsc.gc.ca/e/52575.html>
- <sup>xlix</sup> GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- <sup>l</sup> Supplementary Information Tables, <https://cihr-irsc.gc.ca/e/52572.html>
- <sup>li</sup> Report on Federal Tax Expenditures, <https://www.canada.ca/en/department-finance/services/publications/federal-tax-expenditures.html>
- <sup>lii</sup> Canadian Institutes of Health Research [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)