



2021–22 Departmental Results Report

Canadian Institutes of Health Research

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

The Honourable Carolyn Bennett, M.D., P.C.,
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Minister of Mental Health and Addictions and
Associate 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.

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From the Ministers

We are pleased to present the 2021–22 Departmental Results Report of the Canadian Institutes of Health Research (CIHR).

As Canada’s health research funding agency, CIHR continues to play a central role in the whole-of-government response to the COVID-19 pandemic. Through its rapid research funding and ongoing support of the Canadian health research community (including adapting to provide virtual peer review), CIHR continues to lead important initiatives that are strengthening health research and keeping Canadians safe and healthy. Most recently, CIHR has also been at the forefront of Canada’s efforts to study the long-term effects of COVID-19 – the next major challenge in our ongoing efforts to protect and treat those who have been affected by the virus and its variants. We would like to thank everyone at CIHR, along with the health researchers throughout Canada, who are working collaboratively with countries throughout the world to address COVID-19 and prevent future pandemics.



CIHR has also been the driving force behind the creation of a new Centre for Research on Pandemic Preparedness and Health Emergencies (the Centre). With the launch of this research centre, Canada will now be able to establish a more coordinated research agenda, both domestically and internationally. As well, the centre will facilitate clear public communications during outbreaks and other health emergencies by emphasizing the role of science and evidence-based responses and policies to address public health crises. We are particularly pleased to note that the centre will be engaging with First Nations, Inuit, and Métis communities to support the distinct needs of these communities and ensure that Indigenous voices are heard and respected as the centre embarks on its important work. CIHR continues to support the engagement in knowledge mobilization activities to share research results from the [COVID-19 and Mental Health Initiative](#).ⁱ To support research to inform the development of national standards for mental health and/or substance use services CIHR also launched the [National Standards for Mental Health Services](#),ⁱⁱ initiative.

As CIHR enters year two of its ambitious Strategic Plan, we wish to also commend the Agency on its promotion of equity, diversity, and inclusion throughout the Canadian health research enterprise. CIHR continues to be a leading voice in promoting anti-racism, countering ableism, and building a health research community that is free of systemic bias.

We invite you to read this 2021–22 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

The Honourable Carolyn Bennett, M.D., P.C., M.P.
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 support the creation of new knowledge and its mobilization into improved health for Canadians.

In 2021–22, CIHR began to implement its 10-year [Strategic Plan 2021–2031: A Vision for a Healthier Future](#),ⁱ which will guide the Agency's key activities. CIHR's health research ecosystem stakeholders are critical to the success of this Plan. The Agency's close collaboration and engagement with the health research community in 2021–22 enabled the realization of shared priorities and strategies, as supported by the actions undertaken this inaugural year to implement the [Action Plan for Year 1 \(2021–22\)](#),ⁱⁱ in which CIHR:

- invested almost \$390M in COVID-19 research through rapid funding competitions,
- opened the Centre for Research on Pandemic Preparedness and Health Emergencies,
- forged strong ties with the provinces and territories by renewing our support for Canada's Strategy for Patient-Oriented Research (SPOR) with a combined investment of more than \$320M,
- continued our work on modernizing our grants management systems together with our Tri-Agency partners,
- published *Global Health 3.0: CIHR's Framework for Action on Global Health Research, 2021–2026*,
- continued embedding equity, diversity, and inclusion in our ways of working and within the health research community, and
- contributed 4.8% of CIHR research investments to address Indigenous health. While CIHR continues to target 4.6% and that target has been reached, we must consider that the result is calculated by in-year expenditures and could therefore change from year to year (fluctuation).

As part of the Government of Canada's response to address the health challenges of the COVID-19 pandemic, CIHR has continued to design and deliver rapid response funding opportunities to generate new scientific knowledge, mobilize research evidence to inform policies and practices, and catalyze actions in collaboration with Canadian and international stakeholders to better understand and address new research gaps and priorities related to COVID-19. In 2021–22, CIHR awarded over \$151M of funding to support COVID-19 research with a lens to ensure research findings are accelerated into policy and/or practice. In addition, we have collaborated and engaged with national and international stakeholders to ensure that Canada's COVID-19 research response is complementary and continues to be informed by scientific excellence. Selected research impacts of CIHR-funded researchers have been highlighted on the [CIHR website](#).ⁱⁱⁱ

The Agency partnered with various members of the Health Portfolio (i.e., provincial partners, broader research community) in collaboration with CIHR initiatives, like the Centre, to continue identifying gaps and advancing Canada's rapid response capacity. As well, the Agency developed, designed, and delivered 15 funding opportunities in a rapid response nature to

support the Government of Canada's global effort to address the COVID-19 outbreak such as for the Coronavirus Variants Rapid Response Network (CoVaRR-Net), and the COVID-19 Evidence Network to support Decision-making (COVID-END). CIHR also engaged with the research community to adapt to the changing COVID-19 landscape. For example, it implemented a virtual peer review session for the Spring 2021 Project Grant competition, in response to travel constraints imposed by the COVID-19 pandemic.

In 2021–22, CIHR continued to work with its Tri-Agency Partners, namely the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC), to implement the Canada Research Coordinating Committee (CRCC) priorities, including a focus on equity, diversity, and inclusion (EDI), early career researchers (ECR), and Indigenous research. The Agency also continued to work closely with the Canada Foundation for Innovation and other partners throughout the health research ecosystem to support a more cohesive research environment in Canada aiming to improve the health of Canadians and the health care system.

The foregoing was done while continuing to strive to deliver the core mandate of CIHR of creating new knowledge and mobilizing it into improved health for Canadians, more effective health services and products, and a strengthened Canadian health care system.

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

Description:

CIHR is Canada's 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 done by providing grants that fund health research and/or provide 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) to achieve its Departmental Results.

- The Investigator-Initiated Research Program provides funding for discovery-oriented, investigator-led research (i.e., projects identified by health researchers across the country). In 2021–22, CIHR funded over 4,761 new and ongoing grants in areas identified by health researchers, for a total investment of \$839M, including \$667M for its main open funding programs: the Foundation Grant Program and the Project Grant Program.
- 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 2021–22, this Program supported over 1,672 new and ongoing training and salary awards for a total investment of \$58M.
- 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 2021–22, this Program provided a total of \$417M to support over 1,630 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 internationally competitive and internationally recognized.

In support of this departmental result and the current COVID-19 pandemic, in 2021–22, CIHR continued to fund key research to respond to the COVID-19 pandemic. A few key highlights include:

- over \$26M invested to support projects in the Emerging COVID-19 Research Gaps & Priorities (July 2021) competition, and
- over \$44M invested in the Addressing the Wider Health Impacts of COVID-19 (September 2021) competition.

The research priorities for both competitions were informed by a rigorous stakeholder engagement and prioritization process. Within the Emerging COVID-19 Research Gaps & Priorities funding opportunity, the HIV/AIDS and STBBI Research Initiative, led by the CIHR Institute of Infection and Immunity, invested \$1.5M to fund three grants to understand the underlying biological interactions between HIV and SARS-CoV-2 co-infection.

Through direct (recipient of CIHR training awards) and indirect (from a researcher's CIHR grant) funding to trainees and postdoctoral fellows, CIHR investments will strengthen Canada's health research capacity by supporting the development of scientific, professional, and organizational leaders within and beyond the health research ecosystem.

In 2021–22, CIHR approved extension funding to important COVID-19 platforms (including COVID-END and CoVaRR-Net) to provide continued investment in rapid and coordinated research and evidence synthesis efforts in support of more effective and responsive COVID-19 policies and public health decisions.

In 2021–22, CIHR also continued collaborating with CRCC, NSERC and SSHRC on increasing harmonization and coordination in policies and programs (i.e., [equity, diversity, and inclusion \(EDI\)](#),^{iv} Indigenous research, and implementation of the early career researcher (ECR) Action Plan), while considering the impacts caused by the COVID-19 pandemic. During the ongoing implementation of these practices, ECRs have benefited from programs and policies such as the ECR Awards Review Program, the Reviewer in Training Program, and the equalization process in the [Project Grant Program](#)^v competition. CIHR is equalizing applications to the CIHR Project Grant program to ensure that the proportion of ECRs funded will not be less than the proportion of ECR applicants to the competition.

In addition, CIHR has collaborated with NSERC and SSHRC, under the guidance of the [Canada Research Coordinating Committee \(CRCC\)](#),^{vi} on work towards a new [Tri-Agency Training Strategy](#)^{vii} to deliver an equitable, accessible, and effective suite of scholarships and fellowships that help support and prepare a diverse population of students and post-doctoral fellows for careers requiring substantive research skills in all sectors of society.

In 2021–22, CIHR made important research investments to build research capacity and support an emergency-ready health research system. This includes the establishment of [the Centre](#),^{viii} which focuses on growing Canada's capacity to research and mobilize knowledge to prevent, prepare for, respond to, and recover from existing and future pandemics and health emergencies. Other key activities in 2021–22 included: the formal announcement of the Research Centre and the commencement of stakeholder outreach activities to promote the Centre's mandate and research investments domestically and internationally.

Furthermore, CIHR collaborated with the National Alliance of Provincial Health Research Organizations (NAPHRO) to develop a report on the initial impacts of the COVID-19 pandemic on the health research ecosystem and to identify opportunities for collective action. Members of the Health Charities Coalition of Canada (HCCC) were also involved in the planning and development of this report.

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

In 2021–22, CIHR continued to launch funding opportunities that support the development of trainees and ECRs and equip recipients with the skills required to succeed in academic and non-academic careers. A notable result was the announcement of funding through the [Health Research Training Platform](#)^{ix} and [pilot](#),^x a program to support the development of interdisciplinary, inter-jurisdictional, and intersectoral research training platforms designed to attract a diverse cadre of high-caliber trainees and ECRs.

CIHR is a signatory and compliant with [Health Portfolio Policy on Sex and Gender-Based Analysis](#) (SGBA).^{xi} In 2021–22, CIHR collaborated with other members of the Health Portfolio to revise the policy to include an emphasis on intersectionality and to encompass SGBA Plus (with the 'Plus' including but not limited to sex, gender, age, race, and sexual orientation). Updates included: requirement of the application of intersectional analyses to Health Portfolio activities; acknowledgement of the need for culturally relevant approaches that recognize Indigenous Peoples as rights-holding, self-determining First Peoples of Canada; and emphasis on the importance of collecting disaggregated data and engaging diverse stakeholder and partners with lived experience.

In 2021–22, CIHR continued to promote equity, diversity, and inclusion (EDI) through its [Strategic Plan \(2021–2031\)](#)^{xii} and through its implementation of the [Tri-Agency EDI Action Plan \(2018–2025\)](#).^{xiii} CIHR also has a Gender-Based Analysis Plus (GBA Plus) Framework that seeks to build capacity for and sustain the practice of GBA Plus. Progress has been made to advance the health and well-being of First Nations, Inuit, and Métis Peoples and to remove barriers to Indigenous-led research, while taking the time to listen and engage with Indigenous communities to ensure that the work we embark on is meaningful for First Nations, Inuit, and Métis Peoples and respects their unique needs as rights-holders.

CIHR advanced Indigenous Knowledge Mobilization through the [CIHR Network Environments for Indigenous Health Research](#),^{xiv} and the Institute of Indigenous Peoples' Health (IIPH) Virtual Knowledge Mobilization Forum for all CIHR-funded Indigenous Peoples and COVID-19 research teams, including a Special Session on Indigenous Peoples and COVID-19 in Australia, Canada, and New Zealand. CIHR also ran multiple funding competitions tailored to Indigenous organizations to address Indigenous health issues (i.e., impacts of COVID-19 in Indigenous communities). As well, collaborative efforts are ongoing between CIHR and its Tri-Agency partners. Notably, the [Reference Group for the Appropriate Review of Indigenous Research](#),^{xv} which is comprised of 16 Indigenous scholars, continues to guide the ethically and culturally safe peer review approaches and practices for Indigenous Peoples, further advancing the development of Indigenous research principles.

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

Knowledge mobilization is a fundamental part of CIHR's mandate to improve the health of Canadians and our health care system and will continue to be a priority for the Agency within its new Strategic Plan and vision.

Through the Tri-Agency Open Access Policy on Publications, CIHR-supported research papers will continue to be made freely accessible. This policy facilitates the use of CIHR-supported research knowledge within Canada and abroad.

In 2021–22, CIHR continued to invest in knowledge mobilization (KM) research and to connect research results with knowledge users. This included running funding competitions focused on implementation science, knowledge synthesis and knowledge user engagement. Throughout the year, CIHR also collaborated with federal and provincial policy partners to deliver the [Best Brains Exchange \(BBE\) Program](#),^{xvi} a knowledge mobilization program which brings together senior policy makers, researchers, implementation experts and key stakeholders to discuss high-priority, health-related topics identified by policy makers with the goal of supporting the integration of research evidence into policy, which included events with a COVID-19 focus. A BBE was held in April 2021 to inform the [Chief Public Health Officer of Canada's 2021 Annual Report](#).^{xvii} Other BBE topics in 2021–22 included youth vaping cessation, the regulation of retirement homes, and the healthy development of children facing health equity barriers.

[CIHR's Strategic Plan 2021–2031](#)^{xviii} includes a commitment (Priority E) to integrate evidence in health decisions by advancing the science of KM, maximizing results for Canadians, and strengthening Canada's health systems through innovation. As a step towards achieving this goal, in 2021–22 CIHR developed a draft KM Framework and Action Plan and began stakeholder engagements to refine the approach; a final version of the KM Framework and Action Plan is anticipated to be published in early 2023.

Recognizing the impact of the pandemic on mental health, CIHR continues to support the engagement in knowledge mobilization activities to share research results from the [COVID-19 and Mental Health Initiative](#).^{xix} Through the leadership of the CIHR's Institute of Neurosciences, Mental Health and Addiction (INMHA), CIHR engaged with the COVID-19 and Mental health Initiative [Expert Advisory Panel \(EAP\)](#)^{xx} to identify and advise on knowledge gaps related to mental health and the COVID-19 pandemic.

In collaboration with its partners, through the leadership of the INMHA, CIHR launched the [National Standards for Mental Health Services](#),^{xxi} initiative, which aims to support research to inform the development of national standards for mental health and/or substance use services ensuring that all Canadians can access the support they need when they need it. As a first step, a Catalyst Grant funding opportunity was launched to synthesize evidence, compare, or evaluate existing service standards regarding virtual delivery of mental health and/or substance use services. These grants will inform the development of national standards for mental health and/or substance use services. CIHR will continue to work closely with Health Canada (HC) and the Public Health Agency of Canada (PHAC) by supporting innovative health research and knowledge mobilization to inform equitable standards development and future evaluation.

In 2021–22, an investment of \$61.5M from the Government of Canada for the next phase of the Canadian Longitudinal Study on Aging (CLSA), was co-led by the CIHR Institute of Aging and Institute of Population and Public Health. This funding includes \$52M from the Canadian Institutes of Health Research and \$9.5M from the Canada Foundation for Innovation. The CLSA is the largest and longest study of its kind in Canada and includes over 50,000 Canadians between the ages of 45 and 85 whose health will be tracked for at least 20 years. The CLSA is a collaboration between 160 researchers located at 26 institutions across the country.

CIHR funding is the beginning of the research lifecycle, followed by an often-lengthy research process, but the result is that Canadian expertise is ultimately translated into tangible gains. This speaks to the power of research to make a difference in the lives of people across the country and around the world. Some of the highlights of CIHR-funded research can be found on the CIHR website in the [Health Research in Action](#)^{xxii} series and the [Faces of Health Research](#)^{xxiii} page.

Gender-based analysis plus

In 2021–22, CIHR completed the following actions through the three streams of the GBA Plus Framework:

GBA Plus in CIHR-Funded Research:

- Launched the [Race, Gender, and Diversity Initiative](#),^{xxiv} in collaboration with SSHRC.
- Continued to require the consideration of diverse biological factors (e.g., sex, age) and/or socio-cultural identity factors (e.g., gender, race, disability) in the design of research initiatives and in funding proposals, where applicable.
- Established peer review evaluation criteria and guidelines for the appropriate integration of sex and/or gender in research for the [Project Grant Program](#).^{xxv}

GBA Plus in CIHR's Funding System:

- In partnership with NSERC and SSHRC, publicly released an updated [Tri-Agency EDI Action Plan \(2018-2025\)](#),^{xxvi} which identifies measures to embed EDI within the agencies' policies, programs, plans and practices, as well as to move Canada toward an equitable, diverse and inclusive post-secondary research system and culture.
- Established an [External Anti-Racism Advisory Committee](#)^{xxvii} and an [External Advisory Committee on Accessibility and Systemic Ableism](#).^{xxviii}
- Administered surveys to applicants and recipients of CIHR funding, as part of program evaluations, to monitor the differential impacts of funding programs on the four designated employment equity groups.
- Continued work to implement the revised Tri-Agency Self-identification Questionnaire for applicants (anticipated for Summer 2022), to monitor equity and diversity in all funding programs and identify barriers to access to funding.

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](#).^{xxix}
- Established [two internal advisory groups](#),^{xxx} one focused on promoting EDI in the funding system and in funded research and the other focused on promoting EDI within CIHR's workplace.

CIHR's response to the Clerk's Call to Action on Anti-Racism, Equity, and Inclusion:

- Implemented mandatory anti-racism training for its senior leadership team and Scientific Directors.
- Initiated planning for an Inclusion, Diversity, Equity, Accessibility and Anti-Racism (IDEAA) Learning Series to raise organizational awareness of IDEAA-related considerations relevant to the health research system and CIHR's workplace.
- Continued to make progress to update the unconscious bias training module to include specific content on racism, accessibility and systemic ableism, intersectionality, and barriers faced by members of 2SLGBTQIA+ communities.

United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs)

In 2021–22, 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*

By funding research on priority issues that affect Canadians throughout the lifecycle as follows:

- working with domestic and international partners to fund research on priority issues that affect Canadians throughout their lifecycle and to improve health in developing countries. For example, in 2021–22 CIHR chaired the Global research Collaboration for Infectious Disease Preparedness (GloPID-R) and housed the Centre while continuing its efforts to support the Canadian and global response to COVID-19;
- 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), CIHR renewed funding opportunities for four linked international intervention cohorts as part of the [Healthy Life Trajectories Initiative \(HeLTI\)](#),^{xxxi} focusing on generating evidence to inform national and international policy and decision-making for the improvement of health and the prevention of non-communicable diseases;
- launching the Hepatitis C Research funding opportunity, in conjunction with PHAC, through the Hepatitis C research initiative, focusing on the prevention, diagnosis, and long-term consequences to improve health outcomes. CIHR continues to build on existing investments in HIV/AIDS, sexually transmitted and blood-borne infections (STBBI) and harm reduction to support an integrated approach to STBBI along the continuum of care for achieving Canada's goal of reducing the health impact of HIV/AIDS and STBBI in Canada by 2030. As well, CIHR continues, through these

- connections, to support research related to controlling communicable diseases, the prevention and treatment of non-communicable diseases and the prevention and treatment of harmful substance use, amongst others;
- maintaining its ongoing leadership in the Global Alliance for Chronic Diseases (GACD) and contributing to deliver a global research program focused on a life course approach to reducing the risk for Non-communicable Diseases in Low- and Middle-Income Countries (NCDs in LMICs) and/or in disadvantaged populations in Canada. Additionally, CIHR continued its work with international partners to leverage the Developmental Origins of Health and Disease (DOHaD) approach to improve the prevention of non-communicable diseases both in Canada and in countries where the burden is greatest; and,
 - continuing to support research, by connections and activities, to control communicable diseases and strengthen the prevention and treatment of non-communicable diseases and the prevention and treatment of harmful substance use, amongst others.

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

By implementing existing measures such as the Gender Equity Framework and developing innovative approaches to address gender inequality within the research landscape as follows:

- continuing to implement proactive measures to ensure that research funded is relevant and impactful for women, girls, and other intersecting identity groups, including investing in specific research initiatives focusing on gender-transformative interventions. For example, in 2021–22 CIHR collaborated with SSHRC and the International Development Research Centre (IDRC) to launch Women RISE (Women’s health and economic empowerment for a COVID-19 Recovery that is Inclusive, Sustainable and Equitable), to support action-oriented and gender-transformative research on how women's health and their work (paid or unpaid) intersects and interacts in the context of preparedness, response and recovery from COVID-19. This \$22M funding opportunity will help address the gendered consequences of the pandemic on women around the world. CIHR, as well as several institutes, collaborated with SSHRC to launch the Race, Gender, and Diversity funding opportunity to analyze the causes and persistence of systemic racism and discrimination.

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

By continuing to invest in initiatives such as the [Healthy Cities Research Initiative \(HCRI\)](#),^{xxxii} 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 physical activity, healthy eating, social connectivity, economic opportunity, and injury prevention, as well as access to health services, clean air, nutritious food, and green space. For instance, in 2021–22, the HCRI hosted 3 meetings of the Federal Table on Healthy Cities with the aim of coordinating action across 15 federal departments and in February 2022, funded 17 development and

- engagement grants to help establish new teams and partnerships. These teams are now eligible to apply for larger implementation science-focused grants and increase understanding of related processes to improve population health and well-being, and,
- launching the Healthy Cities Implementation Science Team Grants in partnership with PHAC and the National Health and Medical Research Council in Australia. This \$27M program aims to improve population health and well-being by increasing our understanding of evidence-based interventions in multiple urban environments. This investment was complemented by funding a six-year Tri-Council \$4.95M training platform to maximize the health-promoting potential of cities and the funding of the [Applied Public Health Chair](#)^{xxxiii} in Sex, Gender, and Healthy Cities.

Experimentation

Peer review:

CIHR is committed to improving how it delivers services and generates impact from its investments to strengthen Canada's health systems and to fund the most meritorious applications. In this light, in the past year, CIHR worked on various program innovations, notably the introduction of virtual peer review for the Project Grants competition, expanded use of analytics to support rapid response decision making and processes (i.e., reviewer assignment, funding decision scenarios, equalization, and reporting) and integration of Indigenous Health Research considerations in rapid response competitions.

Vaccine Attestation System (VATS):

In keeping with the Government of Canada's policy on mandatory vaccination as a response to the COVID-19 pandemic, CIHR established its organizational Policy on COVID-19 requiring all employees to be fully vaccinated against the virus. The operationalization of the new CIHR policy on collection and verification of vaccine attestations, led by the CIHR Human Resources branch (HRB), was facilitated by using a modern workflow management application by developing and launching the Vaccine Attestation System (VATS) empowering employees to attest to their vaccination status directly and relieving HR staff of manual process. The application was put in place in less than two weeks, with an efficiency of less than a minute per employee to record their attestation.

VATS implementation led to a marked reduction in the time and effort required for managing vaccination data and improved reporting accuracy due to automation.

Passport Application:

To facilitate safe in-person access to the CIHR work premises during COVID-impacted business operations, CIHR developed the CIHR Passport Application to automate the process of accessing the Agency's office space. The development of the Passport app eliminated the need for employees to manually submit requests for permission to access the building.

The Passport app was the first CIHR application to leverage the new Microsoft (MS) PowerApps platform on employee's mobile and desktop devices. It provides a more efficient check-in process and records the employee's health attestation prior to entry into the CIHR office space. It also ensures the overall management of the capacity and flow of employees within the office space and continues to evolve to align with emerging public health guidance and the future workplace model.

Organizational Chart Automation:

For over 15 years CIHR's organizational chart was created manually once a month and uploaded as a Portable Document Format (PDF) on the Agency's Intranet site. The PDF document was difficult to navigate or search, hard to update and frequently out of date. By using the newly acquired workflow management and business process automation software as an innovation pilot, CIHR was able to leverage Treasury Board of Canada Secretariat's MyGCHR data to auto-generate the chart. The new system introduced several enhancements in terms of automation, ease-of-use, ready and intuitive searchability, bilingualism and rapid automated update capability with data synchronized with MyGCHR daily. This automation not only provided unprecedented augmentation in efficiencies for CIHR, but also saved HR FTE cycles which are now put towards more value-added work.

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 improve the Tri-Agency's existing grants management systems which operate on outdated technology and limited ability to adapt to the changing needs of both the research community and the agencies themselves. In 2021–22, a Treasury Board submission was presented and TGMS obtained project authorities which enabled the team to launch a competitive process to select the new solution. Through Shared Services Canada's Cloud Brokering Services, the Microsoft Power Platform was chosen as the platform that will support the Tri-Agency grants management solution. The team is currently engaging with Public Services and Procurement Canada to select a vendor to help with the configuration of the new platform. Once this is completed, expenditure authorities will be sought from Treasury Board to start the implementation phase. These approvals are expected early in the 2023–24 fiscal year.

Key risks

Following resumption of normal activities after CIHR's activation of its business continuity plans (BCP), in accordance with the Policy on Government Security in response to COVID-19, CIHR developed its 2021–22 and 2022–23 Corporate Risk Profile (CRP) in fall 2021. The CRP focuses on the key strategic, operational, and horizontal risks across the organization. The three risks identified in the CRP and associated mitigations are as follows:

Risk 1 – Organizational Capacity - There is a risk that as the organization embraces a broader mandate within the evolving health research ecosystem, it will impact its ability to deliver optimally on its mandate.

Mitigation Strategy - CIHR established a new Planning, Evaluation and Results (PER) Branch to lead, the organization's integrated planning and results processes. In 2021–22, PER led a CIHR-wide exercise that resulted in the prioritization of activities based on strategic importance and operational feasibility. This integrated planning approach and results from the 2021–22 planning exercise informed the Agency of existing risks, gaps, and impact on resource capacity to continue to meet CIHR's priorities and mandate.

The organizational structure of CIHR was updated to reflect changes to the organization's business model, with staffing of new business units underway or nearing completion. For example, CIHR has restructured the Agency's Research Portfolio to include a new Learning Health Systems portfolio that will strengthen the Agency's endeavors regarding the Equity, Diversity, and Inclusion and Knowledge Mobilization. In 2021–22, the HRB continued to address critical and emerging staffing needs to ensure the continued effective and efficient delivery of strategic actions and core functions throughout the pandemic.

Risk 2 – Effective Cyber Security Solutions - There is a risk that successful cyber-attacks on CIHR will compromise CIHR's assets and researchers' intellectual property and disrupt CIHR's ability to deliver on programs defined by the CIHR Act.

Mitigation Strategy - As demonstrated during the COVID-19 pandemic, CIHR has continued to deliver its core business by leveraging its existing IT infrastructure and deploying new IT solutions to support pandemic-impacted business functioning. CIHR continues to explore technological innovations to ensure business continuity and uninterrupted service delivery, such as the deployment of Host Based sensors (HSBs) for enhanced monitoring. HSBs are a Canadian cyber security innovation developed to defend Government of Canada systems by automatically detecting and neutralizing malicious activity (e.g., malware trying to download) through technology with built-in privacy controls. HSBs layer on top of other security products in a complimentary way, and this innovation is being used to protect CIHR and thereby reduce risks to business continuity. The Digital and Security Services (DSS) Branch has also refreshed the CIHR Department Security Plan and is implementing controls moving forward to address key gaps as identified in the plan including a security assessment refresh of CIHR's grants management systems, and the procurement and deployment of a Security Incident and Event Management solution.

Risk 3 - Delivery of the Strategic Plan's Year 1 and 2 Action Plans - There is a risk that the context of the continuing pandemic could lead to an inability to fully implement some activities in year 1 and 2 of the 2021–31 Strategic Plan.

Mitigation Strategy - In March 2022, CIHR launched the Strategic Plan Performance Measurement Framework (PMF) to monitor progress and report on results achieved over

the course of the Strategic Plan’s 10-year implementation period. The PMF development was guided by a Theory of Change approach to fully harness the richness of the Strategic Plan priorities and strategies, and to assess how the actions being undertaken are effectively leading to the change CIHR is seeking. To support the PMF’s implementation and as part of the Agency’s integrated planning approach, CIHR has developed detailed progress monitoring and reporting mechanisms including the creation of Priority Steering Committees (PSCs) with designated accountability for the respective priorities’ implementation – to ensure progress towards organizational priorities and commitments. CIHR has established a seamless process for ongoing progress tracking and timely reporting that includes priority workplans as well as mid-year and year-end progress reporting templates for the PSCs to report on results achieved from actions taken. This reporting will provide timely information on how CIHR is achieving the goals and objectives outlined in the Strategic Plan on an annual basis.

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 2021–22, 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	2019–20 actual results	2020–21 actual results	2021–22 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 ¹	Greater than or equal to 17	March 31, 2022	17	15	11 ²
	Percentage ³ of funded research involving international collaborations	Greater than or equal to 13.5%	March 31, 2022	14.1%	14%	13.4%
	Number of research projects funded jointly by CIHR and (an) international partner(s) ⁴	Greater than or equal to 151	March 31, 2022	151	123	117
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, 2022	33.3%	47.3%	48.9%
	Percentage of newly funded recipients who self-identify as visible minorities	Greater than or equal to 13.5%	March 31, 2022	13.5%	23.6%	26.4%
	Percentage of newly funded recipients who self-identify as Indigenous Peoples	Greater than or equal to 1.1%	March 31, 2022	1.1%	2.6%	2.3%
	Percentage of newly funded recipients who self-identify as persons with disabilities	Greater than or equal to 1.6%	March 31, 2022	1.6%	3.0%	3.6%

	Percentage of research that addresses sex or gender considerations	Greater than or equal to 67%	March 31, 2022	67%	72%	78.2%
	Percentage of total research investments in grants and awards addressing Indigenous health	Greater than or equal to 4.6% of CIHR's total annual Grants and Awards expenditures	March 31, 2022	4.0%	4.1%	4.8%
	Percentage of funded research trainees reporting using their research knowledge in their current position	Greater than or equal to 90%	March 31, 2022	97%	Not available ⁵	94%
Canada's health research is used	Partner funding for research projects	Greater than or equal to \$24.7M	March 31, 2022	\$24.7M	\$29.2M	\$26.8M
	Percentage of federal health documents citing CIHR funded research ⁶	Greater than or equal to 28%	March 31, 2022	28%	Not available	Not available
	Percentage of CIHR funded research cited in patents	Greater than or equal to 13%	March 31, 2022	13%	15%	14.5%
	Percentage of grants reporting stakeholder involvement in the research process	Greater than or equal to 84%	March 31, 2022	84.5%	81.6%	86.9% ⁷
	Percentage of research contributing to improving health for Canadians	Greater than or equal to 39%	March 31, 2022	38%	35%	40.2% ⁷

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

1. As indicated in the 2021–22 Departmental Plan, the indicator "Canada's rank among G7 nations in share of health research publications" was removed during the 2021-22 DRF amendment process and replaced with a new indicator which speaks to the indirect impacts of the funding agency's activities in contributing to a strong research ecosystem in Canada, as well as making Canada's research is internationally competitive.
2. The data available for 2021–22 represents the last available data year, which is the 2019 calendar year due to the nature of data availability and validation.
3. There was a change in the calculation method for this indicator in 2021–22: The previous calculation method only counted grants for which the Principal Investigator (PI) or Co-Investigator (CO-I) had a primary affiliation with a research institution located outside Canada. This count was not representative of the full scope of the international collaboration as it excluded key international collaborations and institutional/organizational levels. The definition of international collaboration has been expanded to include formal bilateral or multilateral collaboration among academic institutions and non-academic partner organizations.

4. The decrease in international partners is attributable to the decrease in collaborative activities due to the pandemic.
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 indicator “Percentage of federal health documents citing CIHR-funded research” was removed as part of the 2021–22 DRF amendment process.
7. 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)

The following table shows, for Funding Health Research and Training, budgetary spending for 2021–22, as well as actual spending for that year.

2021–22 Main Estimates	2021–22 planned spending	2021–22 total authorities available for use	2021–22 actual spending (authorities used)	2021–22 difference (actual spending minus planned spending)
1,220,744,865	1,220,744,865	1,358,311,363	1,348,771,749	128,026,884

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

Human resources (full-time equivalents)

The following table shows, in full-time equivalents, the human resources the department needed to fulfill this core responsibility for 2021–22.

2021–22 planned full-time equivalents	2021–22 actual full-time equivalents	2021–22 difference (actual full-time equivalents minus planned full-time equivalents)
281	282	1

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

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 services 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's Strategic Plan outlines key actions the Agency is taking over the next 10 years to better deliver on our core mandate responsibilities and improve outcomes. Specific actions are outlined in the Strategic Plan Action Plan for Year 1 (2021–22) to support the realization of the Agency's vision, which involves fostering collaboration with the health research community as part of our shared commitment to implementing the Strategic Plan. Six PSCs internal to CIHR were established to oversee and guide the delivery of each of the Strategic Plan priorities (including Organizational Excellence).

In addition to annual reporting on our Departmental Results Framework Indicators through the Departmental Plan and Departmental Results Report, CIHR is also reporting annually on progress in achieving the objectives of its 2021–2031 Strategic Plan, which will allow the Agency to demonstrate accountability in achieving its strategic goals and commitments. In June 2022, CIHR began its yearly reporting with the publication of CIHR's [Year 1 \(2021–22\) Progress and Achievements](#).^{xxxvii} In addition, CIHR launched a PMF in March 2022 to monitor progress of the Strategic Plan implementation and assess the performance to report on results achieved.

In 2021–22, CIHR implemented key ongoing and planned evaluations outlined in its approved 2021–22 Departmental Evaluation Plan; however, some evaluations were delayed due to the pandemic. CIHR completed the following program evaluations in 2021–22 in the Research in Priorities Area Program: Evaluation of the Canadian Longitudinal Study on Aging (CLSA); Evaluation of the Dementia Research Strategy (DRS); and Evaluation of the Collaborative Health Research Projects (CHRP) Program.

The CLSA evaluation concluded that the CLSA is uniquely positioned to address a continued need within the Canadian aging research landscape. The CLSA is supporting the advancement knowledge in the field of aging through an increase in accessibility to high quality data. The CLSA has met its target for leveraging funding and resources from non-CIHR sources, its CLSA’s participant retention strategy has been extremely effective.

The DRS evaluation found that the Strategy addressed a demonstrated need to support dementia research, but current funding was insufficient to meet all its objectives and priorities. The evaluation also found that the Strategy had contributed to increasing research capacity through funding dementia research as well as through supporting trainees. As a result, the evaluation recommended that CIHR should continue to invest strategically in the DRS and re-assess the nature and extent of funding to meet its expected outcomes as well as the needs of the National Dementia Strategy.

The evaluation of the CHRP program found that the program facilitated collaborations between CIHR and NSERC researchers and provided training opportunities for highly qualified personnel. There is some evidence that CHRP-supported research has resulted in innovations, efficiencies, technologies, and/or improved health systems and services, but limited evidence that CHRP-funded research has resulted in economic and health benefits for Canadians. The findings suggest that some elements of the design and delivery of the program may be limiting the achievement of expected results; in particular, those related to the knowledge/technology user requirement, three-year funding period, and expected translation and commercialization of research results.

For the Investigator-Initiated Research Program, the Evaluation Unit advanced the approval process for the Operating Support Program Evaluation, delayed due to the pandemic, which examines the relevance, implementation, and performance of the main open funding programs. CIHR continued to support the Tri-Agency evaluation of the Canada Research Chairs (CRC) Program.

For the Training and Career Support Program, CIHR continued to lead the implementation of the evaluation of the Tri-Agency Banting Postdoctoral Fellowships Program and support the ongoing conduct of the Tri-Agency evaluation of Research Training and Talent Development, led by NSERC, which includes the Evaluation of the Canada Graduate Scholarships Program (CGS).

Budgetary financial resources (dollars)

The following table shows, for internal services, budgetary spending for 2021–22, as well as spending for that year.

2021–22 Main Estimates	2021–22 planned spending	2021–22 total authorities available for use	2021–22 actual spending (authorities used)	2021–22 difference (actual spending minus planned spending)
33,161,665	33,161,665	34,552,362	35,527,516	2,365,851

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 2021–22.

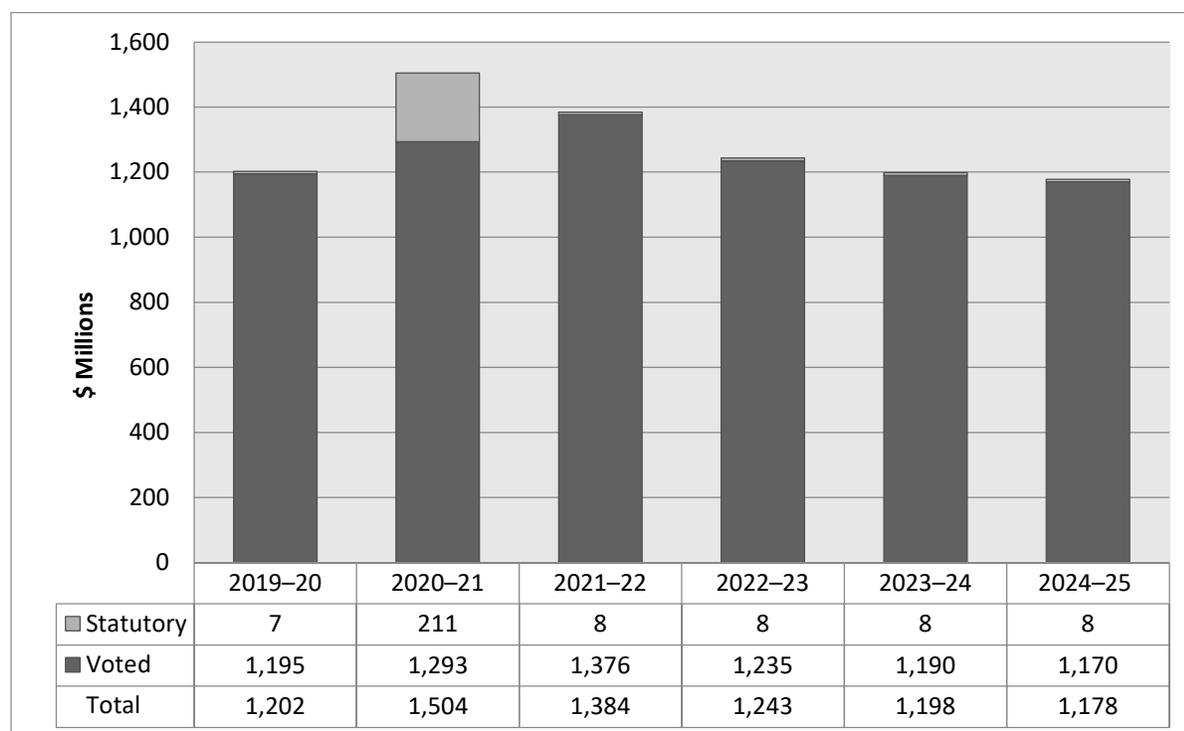
2021–22 planned full-time equivalents	2021–22 actual full-time equivalents	2021–22 difference (actual full-time equivalents minus planned full-time equivalents)
230	256	26

Spending and human resources

Spending

Spending 2018–19 to 2023–24

The following graph presents actual and 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 responsibilities and for internal services.

Core responsibilities and internal services	2021–22 Main Estimates	2021–22 planned spending	2022–23 planned spending	2023–24 planned spending	2021–22 total authorities available for use	2019–20 actual spending (authorities used)	2020–21 actual spending (authorities used)	2021–22 actual spending (authorities used)
Funding Health Research and Training	1,220,744,865	1,220,744,865	1,207,736,407	1,163,214,842	1,358,311,363	1,168,529,359	1,470,094,381	1,348,771,749
Subtotal	1,220,744,865	1,220,744,865	1,207,736,407	1,163,214,842	1,358,311,363	1,168,529,359	1,470,094,381	1,348,771,749
Internal services	33,161,665	33,161,665	34,748,245	34,923,585	34,552,362	33,521,495	33,367,179	35,527,516
Total	1,253,906,530	1,253,906,530	1,242,484,652	1,198,138,427	1,392,863,725	1,202,050,854	1,503,461,560	1,384,299,265

CIHR’s 2021–22 actual spending of \$1,384.3M exceeded its planned spending of \$1,253.9M by \$130.4M.

The net variance is mainly due to the following increases, for a total of \$142.5M:

- \$111.0M in funding re-profiled from 2020–21 to 2021–22 for medical countermeasures to fund research in priority areas and to fill knowledge gaps in COVID-19 research.
- \$18.3M for the Centre for Research on Pandemic Preparedness and Health Emergencies to fund health emergency research, capacity building and knowledge mobilization.
- \$7.0M from PHAC to support research projects aligned with the mandate of the COVID-19 Immunity Task Force.
- \$4.0M in diabetes prevention as announced in Budget 2021; and,
- \$2.2M in mental health research as announced in Budget 2021.

This increase has been offset mostly by the following decreases, for a total of \$10.3M:

- \$5.6M transferred to IDRC to support the Wellbeing of Women Responding to COVID-19 in Global Systems program.
- \$3.1M planned operating funding to be carried-forward from 2021–22 into 2022–23 to support operational capacity.
- \$0.8M transferred to SSHRC to support the Race, Gender, and Diversity Initiative; and,
- \$0.8M transferred to NSERC to encourage vaccine confidence in Canada.

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 each of CIHR’s core responsibilities and to internal services.

Human resources summary for core responsibilities and internal services

Core responsibilities and internal services	2019–20 actual full-time equivalents	2020–21 actual full-time equivalents	2021–22 planned full-time equivalents	2021–22 actual full-time equivalents	2022–23 planned full-time equivalents	2023–24 planned full-time equivalents
Funding Health Research and Training	254	263	281	282	295	278
Subtotal	254	263	281	282	295	278
Internal services	235	234	230	256	246	241
Total	489	497	511	538	541	519

The net increase from 2020–21 and 2021–22 is attributable to the creation and staffing of temporary positions to address CIHR’s role in supporting COVID-19 research through delivery of COVID-19 related health research funding opportunities and to address immediate operational requirements. As these temporary positions end in 2022–23, this also explains the variance between 2022–23 and 2023–24.

The reduction in full-time equivalents stemming from the ending of these temporary positions is compensated by the new temporary positions created to support initiatives announced in Budget 2021, such as mental health, pediatric cancer, and diabetes, which have been created in 2021–22. As these term positions are ending in March 2023, March 2024, and March 2026, this also explains the decrease in full-time equivalents in future years.

Expenditures by vote

For information on CIHR’s organizational voted and statutory expenditures, consult the [Public Accounts of Canada 2021](#).^{xxxviii}

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](#).^{xxxix}

Financial statements and financial statements highlight

Financial statements

CIHR’s financial statements (unaudited) for the year ended March 31, 2022, are available on [departmental website](#).^{xl}

Financial statement highlights

Condensed Statement of Operations (unaudited) for the year ended March 31, 2022 (dollars)

Financial information	2021–22 planned results	2021–22 actual results	2020–21 actual results	Difference (2021–22 actual results minus 2021–22 planned results)	Difference (2021–22 actual results minus 2020–21 actual results)
Total expenses	1,263,654,512	1,396,740,380	1,517,281,469	133,085,868	(120,541,089)
Total revenues	4,258,684	6,188,943	6,300,448	1,930,259	(111,505)
Net cost of operations before government funding and transfers	1,259,395,828	1,390,551,437	1,510,981,021	131,155,609	(120,429,584)

CIHR’s expenses consist of transfer payments for grants and awards (94.4%) and operating expenses (5.6%). 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 \$133.1M higher than planned due primarily to increased funding from Budget 2021 and other funding announcements. Refer to the Budgetary performance summary for further details.

Total revenues fluctuate annually as both components are entirely dependent on the collaborations external parties to support health research.

Partner donations depend on the timing of receiving the funding and disbursing it to health researchers. CIHR received \$3.0M from external partners and disbursed a similar amount to health researchers in 2021–22.

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 2021–22, \$3.2M was refunded, an increase from the \$2.0M 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, 2022
(dollars)**

Financial information	2021–22	2020–21	Difference (2021–22 minus 2020–21)
Total net liabilities	13,415,726	14,100,543	(684,817)
Total net financial assets	9,767,838	9,985,690	(217,852)
Departmental net debt	3,647,888	4,114,853	(466,965)
Total non-financial assets	4,007,001	5,312,886	(1,305,885)
Departmental net financial position	359,113	1,198,033	(838,920)

The 2021–22 planned results information is provided in CIHR's [Future-Oriented Statement of Operations 2021–22^{xli}](#) and Notes 2021–22.

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 overall decrease of \$0.7M is primarily due to a decrease in payables to external suppliers (\$0.7M), a decrease in accrued compensatory leave (\$0.4M) as the mandatory cash-out resumed in 2021–22. These decreases were offset by an increase of in salaries payable due (\$0.4M) to an increase in the year-end salary accruals. Net financial assets include amounts due from the Consolidated Revenue Fund and accounts receivable and advances. The \$0.2M decrease when compared to 2020–21 is primarily due to the ongoing recovery of outstanding grant receivables stemming from prior years.

CIHR's non-financial assets include prepaid expenses and tangible capital assets.

The decrease of \$1.3M is due to an overall decrease in the acquisition of capital assets, as CIHR is scheduled to move to a new physical location in 2024. Further, CIHR is also planning to decommission its current data center, resulting in most systems transitioning to the cloud, or transferring to Shared Service Canada's Facility as a Service.

Corporate information

Organizational profile

Appropriate minister[s]: The Honourable Jean-Yves Duclos, P.C., M.P., and The Honourable Carolyn Bennett M.D., P.C., M.P.

Institutional head: Dr. Michael J. Strong, President

Ministerial portfolio: Health

Enabling instrument[s]: *Canadian Institutes of Health Research Act*^{xlii} (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 [website](#).^{xliii}

For more information on the department's organizational mandate letter commitments, see the [Minister's mandate letter](#)^{xliv} and the [associate Minister's mandate letter](#).^{xlv}

Operating context

Information on the operating context is available on the Canadian Institutes of Health Research's [website](#).^{xlvi}

Reporting framework

CIHR’s Departmental Results Framework and Program Inventory of record for 2021–22 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](#).^{xlvii}

Supplementary information tables

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

- ▶ Departmental Sustainable Development Strategy/Reporting on Green Procurement
- ▶ Details on transfer payment programs
- ▶ Gender-based analysis plus
- ▶ United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals

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](#).^{xlix} 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.ca¹

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 as 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 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 2021–22 Departmental Results Report, government-wide priorities refers to those high-level themes outlining the government's agenda in the 2020 Speech from the Throne, namely: Protecting Canadians from COVID-19; Helping Canadians through the pandemic; Building back better – a resiliency agenda for the middle class; The Canada we're fighting for.

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 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

- ⁱ COVID-19 and Mental Health Initiative, <https://cihr-irsc.gc.ca/e/52001.html>
- ⁱⁱ National Standards for Mental Health Services, <https://cihr-irsc.gc.ca/e/52749.html>
- ⁱⁱⁱ CIHR Strategic Plan 2021–2031: A Vision for a Healthier Future, <https://cihr-irsc.gc.ca/e/52331.html>
- ^{iv} Action Plan for Year 1 (2021–22), <https://cihr-irsc.gc.ca/e/52334.html>
- ^v Canadian impacts: Research to address COVID-19, <https://cihr-irsc.gc.ca/e/51981.html>
- ^{vi} Equity, Diversity, and Inclusion in the Research System, <https://cihr-irsc.gc.ca/e/52543.html>
- ^{vii} Project Grant Program, <https://cihr-irsc.gc.ca/e/49051.html>
- ^{viii} Canada Research Coordinating Committee, <https://www.canada.ca/en/research-coordinating-committee.html>
- ^{ix} Research Talent for a Knowledge-Based Society, <https://www.canada.ca/en/research-coordinating-committee/priorities/research-talent-for-a-knowledge-based-society.html>
- ^x Center for Research on Pandemic Preparedness and Health Emergencies, <https://cihr-irsc.gc.ca/e/52397.html>
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