



Canadian Institutes of Health Research

2022–23

Departmental Plan

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

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 Ministers

We are pleased to present the 2022–23 Departmental Plan of the Canadian Institutes of Health Research (CIHR).

As we continue to address the many challenges of the global COVID-19 pandemic, CIHR will once again play a central role in the



Government of Canada's response. On a global scale, CIHR will continue to consult with international partners including the World Health Organization and the Global Research Collaboration for Infectious Disease Preparedness to ensure that the Canadian and international research responses are aligned and coordinated. This will also enable us to determine how Canadian researchers can best assist with global research efforts and alleviate COVID-related disparities in developing countries.

To support clinical trials on new vaccines, therapies, treatments, and interventions, CIHR is leading a new Clinical Trials Fund. This investment of \$250M over three years will strengthen Canada's bio-innovation pipeline and provide the foundational support needed to address the current gap between discovery and life-saving vaccines and therapeutics by moving innovations in health from discovery to application. This year, CIHR will also launch the new Centre for Research on Pandemic Preparedness and Health Emergencies. Among the many lessons learned during the pandemic is a recognition of the importance of having an emergency-ready health research system in place before a crisis strikes. Supported by an annual investment of \$18.5M, the Centre will build Canada's capacity to research and mobilize knowledge to address existing and future pandemics and public health emergencies. These efforts and many others are an important part of CIHR's Strategic Plan and accompanying annual Action Plans, which aim to improve and protect the health of Canadians by pursuing excellence across all fields of research.

While COVID-19 and long COVID will remain key research priorities, we also recognize that many of the other health issues that we face as Canadians have become even more challenging as a result of the pandemic, and this includes mental health and addiction. It is clear that the stress of self-isolation, as well as worry and anxiety regarding their health, family's health, and their economic future is having an adverse impact on mental health, with more than half of all Canadians reporting deteriorating mental health. In addition, the Canadian health care system is under immense pressure from the impact of COVID-19 and the increased demand on mental health services – including those for problematic substance use. To support the mental health of

Canadians, CIHR is leading the development of a COVID-19 and Mental Health Initiative – a proactive response that will provide urgent knowledge and evidence to support decision making related to mental health responses. CIHR will also play a major role in the Health Portfolio’s efforts to find solutions to the growing challenge of opioid addiction. By supporting research focused on prevention, treatment, harm reduction, and enforcement, CIHR will assist decision makers in developing evidence-based solutions that will help to stem the scourge of opioid abuse in Canada.

In 2022–23, CIHR will also deploy its new Learning Health Systems portfolio, which will seek to embed research-based evidence in decision making and policy making, in an effort to strengthen health care systems across the country.

We encourage everyone to read the 2022–23 CIHR Departmental Plan to learn more about the many CIHR-funded research efforts that are helping to protect and improve the health of Canadians and people throughout the world.

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

Minister of Health

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Minister of Mental Health and Addictions and Associate Minister of Health

Plans 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.

The [CIHR Strategic Plan 2021–2031: A Vision for a Healthier Future](#)ⁱ was launched in February 2021. This plan – enacted through a series of annual strategic action plans – reflects the bold vision and strategic direction of CIHR’s Governing Council to demonstrably improve the health of future generations of Canadians and builds on successes over the past 20 years in supporting a community of health researchers that is stronger and more diverse than ever before.

The [Year 1 Action Plan \(2021–22\)](#),ⁱⁱ launched alongside CIHR’s 2021–2031 Strategic Plan, identified key actions planned in this inaugural year to support the realization of our 10-year vision. Six internal Priority Steering Committees (PSCs) have been established to oversee and advise on the delivery of each of the five main Strategic Plan priorities (Advance Research Excellence in All Its Diversity, Strengthen Canadian Health Research Capacity, Accelerate the Self-Determination of Indigenous Peoples in Health Research, Pursue Health Equity Through Research, and Integrate Evidence in Health Decisions) along with a sixth priority focused on Organizational Excellence.

In 2022–23, CIHR will continue to deliver work in support of the vision, priorities and strategies identified in its 2021–2031 Strategic Plan – implementing the Strategic Plan Year 2 Action Plan with a focus on key priority areas – as the organization continues to take required action to respond and adapt to the evolving COVID-19 pandemic and health research landscape. Through the Strategy for Patient-Oriented Research (SPOR), CIHR will continue to engage with patients and its Provincial and Territorial (P/T) counterparts to accelerate the uptake of research evidence into policy and practice, thereby improving health outcomes for Canadians.

In the context of the COVID-19 pandemic, CIHR will continue to support research on the biomedical, clinical, and public health measures through continued engagement with the Canadian research community to inform key federal priorities in understanding the fundamental mechanisms by which the SARS-CoV-2 virus induces a broad range of societal, health and health systems impacts. Contributing to the whole-of-government response to the ongoing pandemic, CIHR will also implement the recently launched Centre for Research on Pandemic Preparedness and Health Emergencies.

CIHR will continue to invest in internationally competitive health research and training to improve the health of Canadians and the health care system. CIHR will also collaborate with its federal partners to address other government priorities such as diabetes, mental health, and the United Nations Sustainable Development Goals for 2030 (UN SDG 2030).

CIHR will continue to work with its Tri-Agency partners at the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC) to implement the Canada Research Coordinating Committee (CRCC) priorities, including equity, diversity, and inclusion (EDI), training, early career researchers (ECR), and Indigenous research. The agency will also continue to work closely with the Canada Foundation for Innovation (CFI) and other partners throughout the health research ecosystem to support a more cohesive research environment in Canada. CIHR will further its agency-specific commitments to EDI through the co-development of action plans to address systemic racism and systemic ableism in the health research funding system. These action plans will be guided by external advisory committees comprised of individuals with lived experience and expertise, and they will be further refined through engagements with impacted communities. CIHR will also take early action, alongside action planning, towards addressing systemic racism and systemic ableism and valuing a more inclusive approach to research excellence.

All of this will be done while continuing to strive to deliver the core mandate of CIHR: 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 the Canadian Institutes of Health Research’s plans, see the “Core responsibilities: planned results and resources, and key risks” section of this plan.

Core responsibilities: planned results and resources, and key risks

This section contains information on CIHR’s planned results and resources for each of its core responsibilities. It also contains information on key risks related to achieving those results.

Funding Health Research and Training

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.

Planning highlights

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.

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

CIHR’s support for health research excellence through IIR and RPA investments has contributed to making Canada’s health research internationally competitive and internationally recognized.

In support of this departmental result and the current COVID-19 pandemic, in 2022–23, CIHR will continue to deliver [funding opportunities](#)ⁱⁱⁱ that support collaboration to prevent, detect, and mitigate the impacts of COVID-19.

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

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 enterprise.

Budget 2021 proposed new investments in diabetes research, surveillance, prevention, and the development of a national framework for diabetes. As part of these investments, the Government of Canada is providing \$19M of funding through CIHR, of which \$15M is in partnership with JDRF Canada, for a total of \$30M to support Type 1 diabetes research. This investment is part of CIHR’s *100 Years of Insulin: Accelerating Canadian Discoveries to Defeat Diabetes* initiative.

Building on lessons learned from the COVID-19 response and working closely with stakeholders, CIHR launched the Centre for Research on Pandemic Preparedness and Health Emergencies (the Research Centre). As the Research Centre is implemented in 2022–23, it will contribute to an “emergency-ready” Canadian health research system. The Research Centre will build on Canada’s research strengths, identify emerging research priorities, and continue to grow its capacity to be a leader in preventing, preparing for, responding to, and recovering from existing and future pandemics and public health emergencies.

In 2022–23, CIHR will fund a Pediatric Cancer Consortium to establish a foundation for coordinated research and knowledge mobilization and advance a shared vision for collaborating and producing research. This research will seek to influence policy and practice and will be predicated on better science, better access, and better coordination within the research ecosystem to improve the lives of pediatric cancer patients and their families/caregivers. The Consortium will address knowledge gaps in pediatric cancer research and encourage the application of research evidence to improve health outcomes for children affected by cancer and their families.

In addition, the Consortium will establish a robust training and capacity building component to help support the next generation of pediatric cancer researchers. The resulting effect will enhance research capacity and develop and test novel therapeutics across the cancer control continuum of pediatric, adolescent, and young adult cancers.

CIHR has a longstanding commitment to Indigenous health research through its Institute of Indigenous Peoples’ Health (IIPH) and [Action Plan: Building a Healthier Future for First Nations, Inuit, and Métis Peoples](#).^{iv} CIHR will continue to work with its Tri-Agency partners to identify and reduce administrative barriers that are restricting access to research funding for Indigenous Peoples.

Building on previous investments in research on Indigenous Peoples and COVID-19, CIHR will fund rapid, timely, and distinctions-based research and knowledge mobilization projects. This research will be responsive to the unique circumstances and the current phase of the COVID-19 pandemic in First Nations, Inuit, Métis, and Urban Indigenous communities in Canada. Recognizing that Indigenous communities are best positioned to identify the research, program or policy gaps, issues of concern, and solutions for their communities, this funding will support Indigenous-led, community-specific research that is meaningful, culturally relevant, and necessary to understand and respond to the differential impacts of COVID-19 on Indigenous communities.

In 2022–23, CIHR will continue to support the development of scientific, professional, and organizational leaders within and beyond the health research enterprise through a collection of initiatives, programs, policies, and other activities. For instance, the Health Research Training Platform is a pilot project that will support the creation of interdisciplinary, inter-jurisdictional, and intersectoral research training platforms to develop the research leaders of tomorrow. CIHR has also partnered with Michael Smith Health Research BC, Fonds de recherche du Québec-

Santé and Mitacs to deliver the Health System Impact Fellowship and provide some of the brightest minds with the opportunity to work directly within Canadian health systems and related organizations.

Through the renewal of the SPOR SUPPORT Units, partnerships with the provincial and territorial Ministries of Health and health funding organizations will be strengthened, providing a direct mechanism for the P/Ts to share their health research priorities and conduct cross-jurisdictional projects in Patient-Oriented Research. Other CIHR-led initiatives include advisory panels or consultations among people with lived and living experience, such as [Engagement of People with Lived Experience of Dementia \(EPLLED\)](#)^v advisory group including people living with dementia, their family, or caregivers.

In addition, CIHR will begin the development of a policy framework, that will guide its future efforts to help strengthen the health research community and support highly qualified research personnel across all career stages, transitions, and paths. This work will integrate considerations around the evolving impacts caused by the COVID-19 pandemic. CIHR will also continue to work with NSERC and SSHRC on joint efforts aimed at supporting researchers along the career pathway, including the development of a future Canada Research Coordinating Committee/Tri-Agency Training Strategy, and the implementation of the ECR Action Plan.

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

Knowledge translation is a fundamental part of CIHR's mandate to improve the health of Canadians and our health care systems and will continue to be a priority of 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 response to the significant impact of the COVID-19 pandemic on Canadians' mental health, CIHR will continue to support the expert advisory panel on mental health and substance use needs and services, which provides advice on knowledge gaps and how to access and mobilize the best evidence to support mental health systems and services in Canada. CIHR will lead the knowledge mobilization activities to support research uptake of the COVID-19 and Mental Health Initiative, ultimately integrating research into policy and practice decision making. As part of the National Standards for Mental Health Services Initiative announced in Budget 2021, CIHR (in partnership with Health Canada and Public Health Agency of Canada) will support innovative health research and knowledge mobilization to inform equitable mental health and/or substance use service standards development working in collaboration with Standards Council of Canada. In partnership with Public Safety Canada and the Canadian Institute for Public Safety Research and Treatment, CIHR will also continue to work with the public safety community to address post-traumatic stress injuries (PTSI) among public safety personnel (PSP) to move research knowledge into active use.

Gender-based analysis plus

CIHR has a [GBA Plus Framework](#)^{vi} that seeks to build GBA Plus capacity and to sustain the practice of using a GBA Plus lens through three streams:

- *GBA Plus in CIHR-Funded Research*: This stream will help ensure that GBA Plus is taken into account in research design, methods, analysis, and the interpretation and/or dissemination of findings. [CIHR's Sex and Gender-based Analysis \(SGBA\) in Research Action Plan](#)^{vii} aims to systematically integrate sex, gender, and other diversity considerations into CIHR-funded research to ensure that it is relevant and impactful for Canada's diverse population. In 2022–23, CIHR plans to build on this work to enhance the integration of all relevant biological, socio-cultural, and life-cycle-related considerations in research design. In addition, CIHR has committed to integrating requirements in funding opportunities to ensure that EDI and Indigenous Rights considerations are meaningfully considered in research teams.
- *GBA Plus in CIHR's Funding System*: CIHR's [Equity Strategy](#)^{viii} aims to ensure equitable access to funding for all eligible individuals by: a) identifying, addressing and eliminating systematic biases against any individual or groups that would hinder access to CIHR funding, and b) influencing the larger health research enterprise to also adopt practices that are more equitable. CIHR will continue to implement and monitor its Action Plans and Framework aimed at addressing systemic barriers experienced by equity-seeking and underrepresented groups, including the [Gender Equity Framework](#),^{ix} [Official Languages and Minority Communities Action Plan](#),^x and Action Plan: Building a healthier future for First Nations, Inuit and Métis Peoples. In 2022–23, CIHR plans to develop and launch an action plan to address systemic racism across all areas of CIHR, and an action plan to improve accessibility in the CIHR funding system, in alignment with the Accessible Canada Act (2019).
- *GBA Plus in CIHR's Workplace*: This stream will help ensure that CIHR conducts its business in an equitable manner through federal legislation (such as the [Employment Equity Act](#),^{xi} the [Canadian Multiculturalism Act](#),^{xii} and the [Official Languages Act](#)^{xiii}) and policies (such as the Employment Equity policy, Duty to Accommodate policy, and Workplace Harassment and Violence Prevention Policy). CIHR will continue to implement mandatory training commitments related to GBA Plus, EDI and Indigenous cultural awareness for all employees and members of Governing Council. In 2022–23, CIHR will review findings from an Employment Systems Review (ESR) that aimed to identify systemic barriers that impede employment opportunities and career progression for the four designated employment groups (women, Indigenous Peoples, visible minorities, and persons with disabilities). Recommendations from the ESR will be used to develop a human resources strategy to improve EDI in CIHR's workforce. Also, in 2022–23, CIHR will continue to update its people management policies using an EDI lens.

CIHR will continue to support and monitor the implementation of GBA Plus in each of the three streams as follows:

- Ensuring the integration of GBA Plus in all Budget proposals, Treasury Board submissions, and the development of new CIHR policies, programs and initiatives;

- Promoting the integration of relevant biological (e.g. age, sex, etc.) and socio-cultural (e.g., gender, ethnicity, etc.) factors in all CIHR-funded research proposals;
- Monitoring the integration of sex and gender in all CIHR-funded research proposals;
- Monitoring equity and diversity in all of its funding programs through the Tri-Agency Self-Identification Questionnaire, which collects information on applicant age and gender, as well as noting whether the individual identifies as Indigenous, a visible minority, or a person with a disability;
- Administering 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;
- Tracking completion of mandatory training commitments related to GBA Plus, EDI and Indigenous cultural awareness completed by all employees and members of Governing Council;
- Participating in Health Portfolio-wide surveys to assess staff knowledge and application of GBA Plus;
- Monitoring representation of the four designated employee groups across CIHR’s workforce.

These findings will be used to identify gaps in the application of GBA Plus and any inequities in funding access, and to develop evidence-based solutions to improve GBA Plus in CIHR-funded research, CIHR’s funding system, and CIHR’s workplace. CIHR will also continue to work with NSERC and SSHRC to implement the [Tri-Agency EDI Action Plan](#),^{xiv} which includes activities that cut across the three streams of CIHR’s GBA Plus Framework, and outlines actions needed to provide equitable access for all members of the research community to granting agency funding opportunities, and to influence the achievement of an inclusive post-secondary research system and culture in Canada.

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

In 2022–23, CIHR will continue to support the achievement of the following UN SDG 2030s.

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

CIHR’s new Strategic Plan will contribute to advancing SDG 3 by enabling health researchers across Canada to generate new scientific knowledge and translate their findings into new health practices, products, and policies for all. CIHR will continue to make investments towards advancing research in SDG priority areas such as chronic diseases, substance misuse, health systems, mental health, sexually-transmitted and blood-borne infections and other communicable diseases, pandemic preparedness, and Indigenous health, among others.

CIHR will continue to implement its [Framework for Action on Global Health Research](#)^{xv}. The Framework centres around the vision of Canada being a world leader in leveraging the power of research to accelerate global health equity for all. In 2022–23, CIHR will begin to implement the use of principles that are designed to support researchers in Canada to embrace ethical and equitable approaches to global health research. CIHR will continue to collaborate with domestic and international organizations to improve health in developing countries through activities such as ongoing leadership roles in the Global Alliance for Chronic Diseases (GACD) and the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R), and initiatives such as the Healthy Life Trajectories Initiative (HeLTI), which follows a Developmental Origins of Health and Disease (DOHaD) approach. HeLTI builds upon the diverse research capacity and wealth of existing data sets in Canada, while using a unique set of coordinated international intervention cohorts to focus the powerful DOHaD approach specifically on non-communicable diseases both in Canada and in countries where the burden is greatest.

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

CIHR will continue to implement its Equity Strategy, which aims to ensure equitable access to CIHR funding (including training and career support grants), and requires the integration of equity, diversity and inclusion considerations in trainee recruitment and mentorship practices across CIHR-funded research. CIHR will also continue to work with the other federal research funding agencies to foster an equitable, diverse, and inclusive culture in Canadian post-secondary institutions through innovative programs such as Dimensions EDI Canada and EDI Institutional Capacity Building Grants.

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

CIHR will initiate a refresh of its Gender Equity Framework and will develop innovative approaches to address gender inequality within the research landscape. CIHR will also continue to implement proactive measures to ensure that the research it funds is relevant and impactful for women, girls, gender-diverse individuals, and other intersecting identity groups, including investing in specific research initiatives focused on gender-transformative interventions. CIHR is partnering with the International Research Development Centre (IDRC) and the SSHRC to launch a new \$22M funding opportunity focused on women’s health and economic empowerment within the global COVID-19 recovery process. This initiative will focus on action-oriented, gender transformative research to inform immediate and medium-term solutions for equitable recovery and is guided by research priorities identified in the UN Research Roadmap for the COVID-19 Recovery – Leveraging the Power of Science for a More Equitable, Resilient and Sustainable Future.

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

CIHR will continue to invest in initiatives such as the Healthy Cities Research Initiative (HCRI). In 2021–22, a new component of the HCRI, the SMART Training Platform, will play a vital role in bringing together HCRI stakeholders and partners to build a community of practice around implementing, developing, and evaluating urban solutions that achieve positive health and well-being outcomes in ways that are impactful, sustainable, and equitable. Jointly funded by CIHR, SSHRC, and NSERC, this \$4.95M platform will guide the development of a new generation of health, social sciences and humanities, engineering and natural sciences researchers to find ways to make Canadian cities healthier, more livable, and more resilient.

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

As a part of Budget 2017’s commitment to support the government’s Pan-Canadian Framework on Clean Growth and Climate Change, CIHR implemented targeted investments in health and climate change. The outcomes of these investments will contribute to new knowledge, tools, and resources to collectively manage and reduce the health impacts of climate change, as well as build an evidence base to support effective health and non-health interventions to enable climate change adaptation. In particular, CIHR is supporting the National Research Network on Lyme Disease (2018–23) a \$4M joint program with the Public Health Agency of Canada (PHAC) that aims to improve the prevention, diagnosis, treatment, and control of Lyme disease. CIHR is also supporting the Food Security and Climate Change in the Canadian North Initiative (2018–25) a \$11M multisectoral research Initiative to create new knowledge and identify interventions to address the effects of climate change on food security in Canada’s North. Building capacity for community-based research on food security and climate change in the North, this initiative prioritizes Indigenous leadership and the strong and meaningful engagement of Indigenous communities and organizations.

Experimentation

Workflow Automation

In 2022–23, CIHR will experiment with workflow automation and enable citizen development using an open-sources, web-based, workflow software (Joget DX) to increase efficiency and reduce dependence on manual processes. The desired outcomes are to demonstrate that Joget DX can offer significant benefits, opportunities, and efficiencies for the organization and to validate the effectiveness of the open-source software.

Data estate modernization – Proof of concept

An integrated analytics and reporting solution is currently being documented and researched at CIHR. This solution aims to strengthen our ability to make data-driven decisions, improve organizational excellence, and increase data integrity. Microsoft 365 (M365) is the Government of Canada’s digital platform to improve the way we communicate and collaborate and deliver programs and services to Canadians. The M365 suite of tools are certified to handle data and information up to and including the Protected B level of classification. In the coming months, we will be completing a proof of concept with Microsoft followed by a feasibility analysis that will enable us to validate and leverage Microsoft technologies and resources and ensure that the implementation and integration of analytics and reporting are consistent and conversant with CIHR strategic objectives. This proof of concept will validate our decisions to move forward with Microsoft and align with the CIHR Cloud Strategy which states that we must leverage existing cloud collaboration platforms, starting with Microsoft 365.

Key risk(s)

After a pause imposed by the Business Continuity Plan (BCP) invoked in response to the COVID-19 pandemic, CIHR has now resumed regular operations and has developed a Corporate Risk Profile for 2022–23 through a multi-phased approach.

Risk 1 – Organizational Capacity – There is a risk that increasing expectations being placed on the organization, as it embraces a broader mandate within the evolving health research ecosystem, will compete for CIHR’s limited operational resources and impact its ability to deliver optimally on its mandate.

The Human Resources Branch (HRB) continues to address critical and emerging staffing needs to ensure the continued effective and efficient delivery of programs and services throughout the pandemic. HRB is in the process of modernizing the suite of CIHR people management policies to focus on key policy elements that support future of work and return to work needs. CIHR’s newly established Planning Evaluation and Results branch is leading the organization’s

integrated planning process to enable CIHR to effectively plan and execute operational resource requirements across the organization.

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, thereby impacting its reputation due to security breaches and improper information disclosure, as well as disrupting CIHR’s ability to deliver on programs defined by the CIHR Act.

As demonstrated during the COVID-19 pandemic, CIHR has been able to continue 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

Risk 3 – Delivery of the Strategic Plan Year 1 and 2 Action Plans – In the context of the ongoing pandemic and CIHR’s adjusting to a collaborative and integrated leadership approach with the Institutes, there is a risk that CIHR will be unable to fully implement some activities in year 1 and 2 of the 2021–31 Strategic Plan.

A detailed monitoring and reporting process has been developed to support progress tracking of the activities in service of the Strategic Plan to assist designated accountable leads for each priority. In addition, CIHR will continue to incrementally deliver a strengthened planning and prioritization process and analyze resources with a critical eye towards prioritizing work on the strategic vision of the plan.

Planned results for funding health research and training

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

Departmental result	Departmental result indicator	Target	Date to achieve target	2018–19 actual result	2019–20 actual result	2020–21 actual result
Canada's health research is internationally competitive	Canada's rank among the Organization for Economic Co-operation and Development (OECD) nations on the citation score of related health research publications	Greater than or equal to 17	March 31, 2022	17	17	Not available ¹
	Percentage ² of funded research involving international collaborations	Greater than or equal to 13.5%	March 31, 2022	13.0%	14.1%	14%
	Number of research projects funded jointly by CIHR and (an) international partner(s)	Greater than or equal to 151	March 31, 2022	151	151	123 ³
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	Not available*	33.3%	47.3%
	Percentage of newly funded recipients who self-identify as visible minorities	Greater than or equal to 13.5%	March 31, 2022	Not available*	13.5%	23.6%
	Percentage of newly funded recipients who self-identify as Indigenous Peoples	Greater than or equal to 1.1%	March 31, 2022	Not available*	1.1%	2.6%
	Percentage of newly funded recipients who self-identify as persons with disabilities	Greater than or equal to 1.6%	March 31, 2022	Not available*	1.6%	3.0%
	Percentage ² of research that addresses sex or gender considerations	Greater than or equal to 67%	March 31, 2022	62%	67%	72%
	Percentage of total research investments in grants and awards addressing Indigenous health ⁴	Greater than or equal to 4.6% of CIHR's total annual Grants and Awards expenditures	March 31, 2022	3.1%	4.0%	4.1%

	Percentage of funded research trainees reporting using their research knowledge in their current position	Greater than or equal to 90%	March 31, 2022	92%	97%	Not available ⁵
Canada's health research is used ⁶	Partner funding for research projects	Greater than or equal to \$24.7M	March 31, 2022	\$23.8M	\$24.7M	\$29.2M
	Percentage of CIHR funded research cited in patents	Greater than or equal to 13%	March 31, 2022	13%	13%	15%
	Percentage of grants reporting stakeholder involvement in the research process	Greater than or equal to 84%	March 31, 2022	84.0%	84.5%	81.6% ⁷
	Percentage ² of research contributing to improving health for Canadians	Greater than or equal to 39%	March 31, 2022	37%	38%	35% ⁷

¹ The data for 2020–21 are not available as CIHR no longer has access to the data source for these calculations.

² This indicator was changed to have the “%” read as “Percentage” in the 2021–22 DRF amendment process for clarity and alignment with other indicators. The calculation did not change.

³ The methodology for identifying international partners was refined in 2020–21, which accounts for the decrease in the number of partners.

⁴ This indicator was changed from “% of research investments addressing Indigenous health” to “Percentage of total research investments in grants and awards addressing Indigenous health” in the 2021–22 DRF amendment process for clarity. The calculation did not change.

⁵ 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 pandemic.

⁶ The indicator “Percentage of federal health documents citing CIHR-funded research” was removed in 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.

^{*} This performance indicator was added to the 2021–22 DRF. Prior year data for all indicators are either not available or available for the years indicated in the Planned Results table.

The financial, human resources and performance information for the Canadian Institutes of Health Research’s program inventory is available on [GC InfoBase](#).^{xvi}

Planned budgetary spending for funding health research and training

The following table shows the budgetary spending for 2022–23 for funding health research and training, as well as planned spending for that year and for each of the next two fiscal years.

2022–23 budgetary spending (as indicated in Main Estimates)	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
1,207,736,407	1,207,736,407	1,163,214,842	1,142,716,915

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

Planned human resources for funding health research and training

The following table shows, in full-time equivalents, the human resources that the department will need to fulfill this core responsibility for 2022–23 and for each of the next two fiscal years.

2022–23 planned full-time equivalents	2023–24 planned full-time equivalents	2024–25 planned full-time equivalents
295	278	272

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

Internal services: planned results

Description

Internal services are the services that are provided within a department so that it can meet its corporate obligations and deliver its programs. There are 10 categories of internal services:

- ▶ management and oversight services
- ▶ communications services
- ▶ legal services
- ▶ human resources management services
- ▶ financial management services
- ▶ information management services
- ▶ information technology services
- ▶ real property management services
- ▶ materiel management services
- ▶ acquisition management services

Planning highlights

In 2022–23, CIHR will implement the Year 2 Action Plan as part of its ongoing efforts to support the operationalization of the new Strategic Plan and to continue laying the foundation for implementing a new approach to planning and priority-setting. The operational planning process is an important component of a multi-phased integrated approach for establishing CIHR's priorities and allocating its resources.

Within the IIR Program, the Evaluation Unit will continue to support the Tri-Agency evaluation of the Canada Research Chairs (CRC) Program Evaluation that is being led by SSHRC. The evaluation will assess the impact of this key Tri-Agency initiative to attract and retain a diverse cadre of world-class researchers, as part of its efforts to reinforce academic research and training excellence in Canadian post-secondary institutions. The results of this evaluation will inform CIHR's priorities to advance research excellence and strengthen Canadian research capacity.

The Evaluation Unit will continue to implement two evaluations within the TCS Program: the Evaluation of the Banting Postdoctoral Fellowships Program (led by CIHR); and, the Talent/Canada Graduate Scholarships (CGS) Program Evaluation led by NSERC. These evaluations will assess the extent to which these programs are contributing to CIHR and Tri-Agency results related to the support of postdoctoral and doctoral trainees, respectively.

For initiatives within the RPA Program, the Evaluation Unit will work to complete the evaluations of the Antimicrobial Resistance Research Initiative and the Strategy for Patient-Oriented Research. The results of these evaluations will support CIHR's priority to integrate evidence into health decisions. In addition, the evaluation unit will initiate planning for

evaluations scheduled for 2022–23: the Review of the Climate Change Health Research Initiative; the Horizontal Evaluation of the Canadian Drugs and Substances Strategy (led by Health Canada); and the Canadian Epigenetics, Environment and Health Research Consortium. These evaluations will assess the extent to which these initiatives have responded to the needs and priorities of Canadians and advanced health knowledge and its application to improve health systems and/or improve health outcomes in their respective priority areas.

Planned budgetary spending for internal services

The following table shows the budgetary spending for internal services in 2022–23, as well as planned spending for that year and for each of the next two fiscal years.

2022–23 budgetary spending (as indicated in Main Estimates)	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
34,748,245	34,748,245	34,923,585	34,860,249

Planned human resources for internal services

The following table shows, in full-time equivalents, the human resources that the department will need to carry out its internal services for 2022–23 and for each of the next two fiscal years.

2022–23 planned full-time equivalents	2023–24 planned full-time equivalents	2024–25 planned full-time equivalents
246	241	239

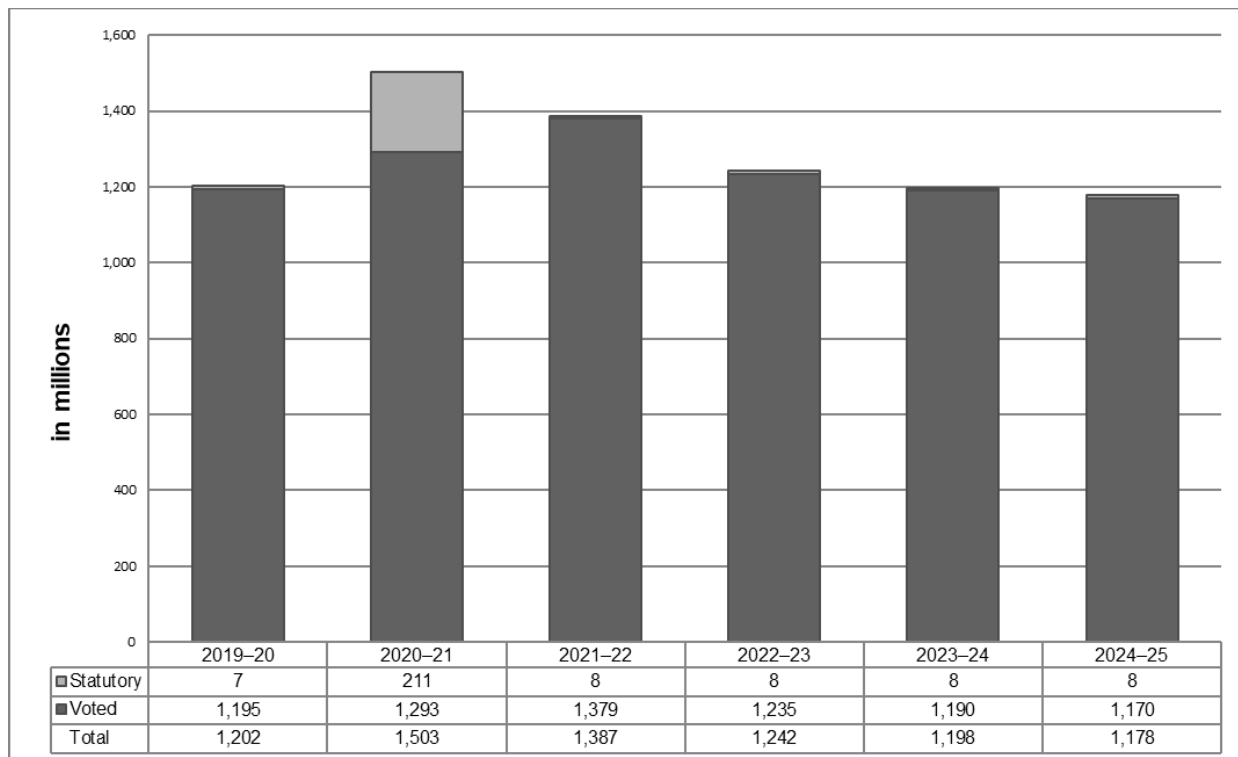
Planned spending and human resources

This section provides an overview of the department’s planned spending and human resources for the next three fiscal years and compares planned spending for 2022–23 with actual spending for the current year and the previous year.

Planned spending

Departmental spending 2019–20 to 2024–25

The following graph presents planned spending (voted and statutory expenditures) 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 planning summary for core responsibilities and internal services (dollars)

The following table shows information on spending for each of CIHR’s core responsibilities and for its internal services for 2022–23 and other relevant fiscal years.

Core responsibilities and internal services	2019–20 actual expenditures	2020–21 actual expenditures	2021–22 forecast spending	2022–23 budgetary spending (as indicated in Main Estimates)	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending
Funding Health Research and Training	1,168,529,359	1,470,094,381	1,351,231,966	1,207,736,407	1,207,736,407	1,163,214,842	1,142,716,915
Subtotal	1,168,529,359	1,470,094,381	1,351,231,966	1,207,736,407	1,207,736,407	1,163,214,842	1,142,716,915
Internal services	33,521,495	33,367,179	35,807,655	34,748,245	34,748,245	34,923,585	34,860,249
Total	1,202,050,854	1,503,461,560	1,387,039,621	1,242,484,652	1,242,484,652	1,198,138,427	1,177,577,164

CIHR’s actual spending reached approximately \$1.5 billion in 2020–21, and decreases to approximately \$1.4 billion in 2021–22. Starting in 2022–23, CIHR’s planned spending is expected to stabilize at approximately \$1.2 billion, a spending level similar to actual expenditures previous to 2020–21.

The majority of the net variance between 2019–20 and 2020–21 as well as between 2020–21 and 2021–22 is the result of surge time-limited funding received in 2020–21 to support COVID-19 research, with funding for COVID-19 research also provided in 2021–22.

The net variance of \$145.0 million between 2021–22 and 2022–23 is mainly due to the following decreases, for a total of 174.5 million:

- \$135.0 million as a result of time-limited funding for COVID-19 research in 2021–22 (including \$126.0 million from Parliament and \$9.0 million from the Public Health Agency of Canada and Health Canada for targeted COVID-19 research initiatives);
- \$15.7 million for the Canada First Research Excellence Fund due to time-limited funding for the program’s first competition ending in 2021–22;

- \$12.1 million due to the gradual transfer of the Networks of Centres of Excellence Program to the New Frontiers in Research Fund as announced in Budget 2018;
- \$4.0 million due to the gradual transfer of the Centres of Excellence for Commercialization and Research and the Business-led Networks of Centres of Excellence programs to the Strategic Innovation Fund, as announced in Budget 2018;
- \$5.2 million due to the transfer of the Drug Safety and Effectiveness Network program to the Canadian Agency for Drugs and Technology in Health; and
- \$2.5 million for Climate Change as time-limited funding ended in 2021–22.

This decrease has been offset mostly by the following increases, for a total of \$27.7 million:

- \$14.6 million for Pediatric Cancer Research as announced in Budget 2021;
- \$6.9 million due to the distribution of the Canada Graduate Scholarships;
- \$4.0 million in diabetes prevention as announced in Budget 2021; and
- \$2.2 million in mental health research as announced in Budget 2021.

CIHR's remaining variance in planned spending is due to the allocation of funding for Tri-Agency programs (in collaboration with its Tri-Agency partners). Funding for these programs impact CIHR's planned spending on an annual basis as CIHR receives time-limited funding following each competition which depends on the successful applications' alignment with CIHR's health-related mandate.

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

Planned human resources

The following table shows information on human resources, in full-time equivalents (FTEs), for each of CIHR’s core responsibilities and for its internal services for 2022–23 and the other relevant years.

Human resources planning 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 forecast full-time equivalents	2022–23 planned full-time equivalents	2023–24 planned full-time equivalents	2024–25 planned full-time equivalents
Funding Health Research and Training	252	263	292	295	278	272
Subtotal	252	263	292	295	278	272
Internal services	240	234	249	246	241	239
Total	492	497	541	541	519	511

The net increase from 2020–21 and 2021–22 is largely attributable to the creation and staffing of temporary positions in 2020–21 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 term positions are ending throughout 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 term 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.

Estimates by vote

Information on CIHR’s organizational appropriations is available in the [2022–23 Main Estimates](#).^{xix}

Future-oriented condensed statement of operations

The future-oriented condensed statement of operations provides an overview of the Canadian Institutes of Health Research's operations for 2021–22 to 2022–23.

The forecast and planned amounts in this statement of operations were prepared on an accrual basis. The forecast and planned amounts presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net cost of operations with the requested authorities, are available on CIHR's [website](#).^{xx}

Future-oriented condensed statement of operations for the year ending March 31, 2023 (dollars)

Financial information	2021–22 forecast results	2022–23 planned results	Difference (2022–23 planned results minus 2021–22 forecast results)
Total expenses	1,399,305	1,254,424	(144,881)
Total revenues	5,073	6,082	1,009
Net cost of operations before government funding and transfers	1,394,232	1,248,342	(145,890)

Total expenses include grants and awards payments for health research and training of approximately \$1,317.5M in 2021–22 and \$1,171.8M in 2022–23. The remaining amount of \$81.8M in 2021–22 and \$82.6M in 2020–21 relates to operating expenses such as salaries and goods and services.

Total revenues include funds received from external partners for health research and training, as well as any refunds of prior year grants and awards payments.

The forecasted expenses for 2021–22 include additional investments for grants as part of the Government's ongoing COVID-19 response. However, it is anticipated that these additional investments are ending in 2021–22, therefore returning to historical levels in 2022–23.

Revenues are expected to increase slightly in 2022–23 as a result of an increase to forecasted refunds of prior year grants and awards payments. This is primarily due to the previous reporting timeframe extensions provided to grant recipients which has had a direct impact on the timing of receipt of the prior year grants being returned to CIHR.

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*^{xxi} (S.C. 2000, c. 6)

Year of incorporation / commencement: 2000

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

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

The Canadian Institutes of Health Research's mandate letter commitments can be found in the [Minister's mandate letter](#)^{xxiii} and the [associate Minister's mandate letter](#).^{xxiv}

Operating context

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

Reporting framework

The Canadian Institutes of Health Research's approved departmental results framework and program inventory for 2022–23 are as follows.

Departmental Results Framework	Core Responsibility: Funding Health Research and Training		Internal
	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 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

Changes to the approved reporting framework since 2021–22*

Structure	2022–23	2021–22	Change	Reason for change
CORE RESPONSIBILITY	Funding Health Research and Training	Funding Health Research and Training	No change	Not applicable
PROGRAM	Investigator-Initiated Research	Investigator-Initiated Research	No change	Not applicable
PROGRAM	Training and Career Support	Training and Career Support	No change	Not applicable
PROGRAM	Research in Priority Areas	Research in Priority Areas	No change	Not applicable

* Note: In 2021–22 CIHR amended the indicators of the Departmental Results. For more details see the notes section of the Planned results for Funding health research and training table.

Supporting information on the program inventory

Supporting information on planned expenditures, human resources, and results related to The Canadian Institutes of Health Research’s program inventory is available on [GC InfoBase](#).^{xxvi}

Supplementary information tables

The following supplementary information tables are available on Canadian Institutes of Health Research’s [website](#).^{xxvii}

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

Federal tax expenditures

The Canadian Institutes of Health Research’s Departmental Plan does not include information on tax expenditures.

Tax expenditures are the responsibility of the Minister of Finance. The Department of Finance Canada publishes cost estimates and projections for government-wide tax expenditures each year in the [Report on Federal Tax Expenditures](#).^{xxviii} This report provides detailed information on tax expenditures, including objectives, historical background and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis plus.

Organizational contact information

Mailing address

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160 Elgin Street, 9th Floor
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Ottawa, Ontario K1A 0W9

Telephone: 613-954-1968

TTY: 1-888-603-4178

Fax: 613-954-1800

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

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

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 document that sets out a department's priorities, programs, expected results and associated resource requirements, covering a three-year period beginning with the year indicated in the title of the report. Departmental Plans are tabled in Parliament each spring.

departmental result (résultat ministériel)

A change that a department seeks to influence. 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 factor or variable that provides a valid and reliable means to measure or describe progress on a departmental result.

departmental results framework (cadre ministériel des résultats)

A framework that consists of the department's core responsibilities, departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)

A report on a department's actual performance in a fiscal year against its plans, priorities and expected results set out in its Departmental Plan for that year. Departmental Results Reports are usually tabled in Parliament each fall.

experimentation (expérimentation)

The conducting of activities that explore, test and compare the effects and impacts of policies and interventions in order to inform decision making and improve outcomes for Canadians. Experimentation is related to, but distinct from, innovation. Innovation is the trying of something new; experimentation involves a rigorous comparison of results. For example, introducing a new

mobile application to communicate with Canadians can be an innovation; systematically testing the new application and comparing it against an existing website or other tools to see which one reaches more people, 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. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

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

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

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2022–23 Departmental Plan, government-wide priorities are the high-level themes outlining the government’s agenda in the 2021 Speech from the Throne: building a healthier today and tomorrow; growing a more resilient economy; bolder climate action; fighter harder for safer communities; standing up for diversity and inclusion; moving faster on the path to reconciliation and fighting for a secure, just, and equitable world.

horizontal initiative (initiative horizontale)

An initiative in which 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.

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 up to the expected result.

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in the 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 a department and that focus on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

An inventory of a department's programs that describes how resources are organized to carry out the department's core responsibilities and achieve its planned results.

result (résultat)

An external 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 CIHR Strategic Plan 2021–2031, <https://cihr-irsc.gc.ca/e/52331.html>
- ii CIHR Strategic Plan 2021–2031, <https://cihr-irsc.gc.ca/e/52334.html>
- iii CIHR Funding opportunities, <https://cihr-irsc.gc.ca/e/52000.html>
- iv Action Plan: Building a healthier future for First Nations, Inuit, and Métis Peoples, <https://cihr-irsc.gc.ca/e/50372.html>
- v Engagement of People with Lived Experience of Dementia, <https://www.epled.ca/>
- vi CIHR GBA Plus Framework, <https://cihr-irsc.gc.ca/e/50970.html>
- vii How CIHR is supporting the integration of SGBA, <https://cihr-irsc.gc.ca/e/50837.html>
- viii Equity, Diversity and Inclusion (EDI) in Action at CIHR, <https://cihr-irsc.gc.ca/e/52551.html>
- ix CIHR's Gender Equity Framework, <https://cihr-irsc.gc.ca/e/50238.html>
- x Official Languages at CIHR, <https://cihr-irsc.gc.ca/e/47951.html>
- xi Employment Equity Act, <https://laws-lois.justice.gc.ca/eng/acts/E-5.401/index.html>
- xii Canadian Multiculturalism Act, <https://laws-lois.justice.gc.ca/eng/acts/C-18.7/index.html>
- xiii Official Languages Act, <https://laws-lois.justice.gc.ca/eng/acts/O-3.01/index.html>
- xiv Equity, Diversity and Inclusion, https://www.nserc-crsng.gc.ca/NSERC-CRSNG/EDI-EDI/Action-Plan_Plan-dAction_eng.asp
- xv Global Health 3.0: CIHR's Framework for Action on Global Health Research 2021–2026, <https://cihr-irsc.gc.ca/e/52503.html>
- xvi GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xvii GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xviii GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xix 2022–23 Main Estimates, <https://www.canada.ca/en/treasury-board-secretariat/services/planned-government-spending/government-expenditure-plan-main-estimates.html>
- xx Future-Oriented Statement of Operations, <https://cihr-irsc.gc.ca/e/52798.html>
- xxi Canadian Institutes of Health Research Act, <https://laws-lois.justice.gc.ca/eng/acts/C-18.1/FullText.html>
- xxii Raison d'être, mandate and role: who we are and what we do, <https://cihr-irsc.gc.ca/e/52739.html>
- xxiii Minister of Health Mandate Letter, <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-health-mandate-letter>
- xxiv Associate Minister of Health Mandate Letter, <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-mental-health-and-addictions-and-associate-minister-health>
- xxv Operating Context, <https://cihr-irsc.gc.ca/e/52740.html>
- xxvi GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xxvii Supplemental Information Tables, <https://cihr-irsc.gc.ca/e/52744.html>
- xxviii Report on Federal Tax Expenditures, <https://www.canada.ca/en/department-finance/services/publications/federal-tax-expenditures.html>
- xxix Canadian Institutes of Health Research, <http://www.cihr-irsc.gc.ca>