



Canadian Institutes of Health Research

2021–22

Departmental Plan

The Honourable Patty Hajdu, P.C., M.P.
Minister of Health

Canadian Institutes of Health Research (CIHR)

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

Canadian Institutes of Health Research

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From the Minister

I am pleased to present the 2021–22 Departmental Plan of the Canadian Institutes of Health Research (CIHR).

The COVID-19 pandemic will continue to be a focal point for CIHR and the entire Health Portfolio this year, as we maintain our whole-of-government approach to preventing the spread of the virus and protecting Canadians.

CIHR has made significant investments in COVID-19 research that have allowed Canada to emerge as a leader in the global effort to fight the pandemic, support those who are most affected, and safeguard our research communities. CIHR's proven ability to deliver rapid research funding and virtual peer review have been critical factors in our whole-of-government approach, and the agency stands ready to provide similar assistance as the situation on the ground continues to evolve. CIHR will continue to mobilize the Canadian research community and collaborate with the Health Portfolio to respond effectively to the crisis over the coming months.

Given this new reality and the importance of protecting Canadians against future pandemics, CIHR will also lead the creation of the Government of Canada's new Centre for Pandemic Preparedness and Health Emergencies Research. It is expected that the Centre will enable Canada to produce a more coordinated research agenda; contribute to ongoing communication on the role of science in addressing health emergencies; engage First Nations, Inuit and Métis communities, international partners, and non-government organizations; and support performance measurement, reporting, and risk management in the context of business continuity planning.

2021 will be a landmark year for CIHR with the launch of the new *CIHR Strategic Plan 2021–2031: A Vision for a Healthier Future*, which will guide the agency's research investments over the coming decade. The plan sets out a bold vision for improving the health of Canadians, with a particular emphasis on strengthening equity, diversity, and inclusion across the health research ecosystem. This strategic plan was the result of the most comprehensive consultation process in CIHR's 20-year history, involving input from key stakeholders from all levels of government, the research community (both domestic and international), academia, First Nations, Inuit and Métis organizations and communities, the health care and charitable sectors, and the Canadian public. I look forward to following the progress that CIHR will make over the coming years in implementing this bold plan.

I encourage Canadians to read this 2021–22 Departmental Plan to learn more about how CIHR-funded research will help to improve our health, strengthen our health care system, and protect us from future infectious disease outbreaks.



The Honourable Patty Hajdu, P.C., M.P.
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.

Following an unprecedented global pandemic year with COVID-19, CIHR will publish and implement its new Strategic Plan, which incorporates the current context and which will guide the agency's activities from 2021 to 2031. The plan sets a generational vision for better health outcomes for all Canadians powered by outstanding research. This Strategic Plan was developed in consultation with key stakeholders from all levels of government, the research community (both domestic and international), academia, First Nations, Inuit and Métis organizations and communities, the health care and charitable sectors, and the Canadian public. The breadth of these stakeholder consultations will support better alignment between the health research ecosystem and CIHR's mandate to improve the health of Canadians through health research, including knowledge creation, knowledge translation, and research capacity building.

In 2021–22, CIHR will align its organizational capacity to implement the vision, priorities, and strategies identified in the Strategic Plan. This will include championing a more inclusive concept of research excellence, enhancing CIHR's rapid response capacity, advancing the health and well-being of Canada's First Nations, Inuit and Métis Peoples, driving the progress on global health research and strengthening Canada's health systems through innovation.

The agency will also continue to support research about the biomedical, clinical and public health measures to inform key federal priorities related to the COVID-19 pandemic by continuing to engage the Canadian research community in understanding the fundamental mechanisms by which the SARS-CoV-2 virus induces a broad range of societal, health and health systems impacts. We will continue to integrate our activities to ensure that Canada's whole-of-government response to the pandemic continues to be informed by scientific excellence. CIHR will also collaborate with its federal partners to address other government priorities such as addressing Canada's opioids crisis. Furthermore, CIHR will support the commitments set out in the Minister of Health's mandate letter, including measures to ensure that equity, diversity and inclusion factors are taken into account in research in order to improve health outcomes for underrepresented and disadvantaged groups.

CIHR will continue 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 equity, diversity, and inclusion (EDI), early career researchers (ECR), and Indigenous research. The agency will also continue 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, which helps to improve the health of Canadians and the health care system.

All of this will be done while continuing to strive to deliver the core mandate of CIHR of creating new knowledge and translating 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 planned results, see the “Core responsibilities: planned results and resources, and key risks” section of this report.

Core responsibilities: planned results and resources, and key risks

This section contains detailed information on CIHR’s planned results and resources for its core responsibility. 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.

In 2021–22, CIHR’s focus will be on the launch and implementation of its Strategic Plan. This bold plan has been developed with a focus on clearly defined, aspirational outcomes that are generational in their impact, while also being reflective of current realities related to the COVID-19 pandemic. CIHR’s new Strategic Plan will communicate its priorities, and how these will guide the organization in fulfilling its mandate to improve the health of Canadians through knowledge creation, knowledge translation, and capacity development. It will be accompanied by an annual action plan that will ensure a measured, transparent movement forward in support of not only CIHR’s core mandate, but in achieving the following three 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 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 will deliver several [funding opportunities](#)ⁱ that support collaboration to prevent, detect, and mitigate the impacts of COVID-19. CIHR will also fully resume the strategic funding opportunities that were temporarily paused in spring 2020 to deliver a rapid research response to COVID-19 and the Project Grant competition, while continuing to support and drive progress in national and international health research.

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.

In 2021–22, CIHR will continue to support the federal government COVID-19 priorities, including clinical trials and the engagement of CIHR research networks to ensure that policy and practice decisions that impact Canadians are informed by the best available research evidence and through a pipeline of highly qualified personnel. For instance, the [Health Research Training Platform](#)ⁱⁱ is a pilot that will provide support to develop the research leaders of tomorrow. CIHR will also continue to work with other members of the Health Portfolio and the research community to identify remaining gaps and to advance Canada’s rapid response capacity, such as the virtual peer review process adaptation in 2020 in response to constraints imposed by the COVID-19 pandemic.

In 2021–22, CIHR will also continue to work with CRCC, NSERC and SSHRC on the implementation of the early career researcher (ECR) Action Plan, while monitoring and considering the impacts caused by the COVID-19 pandemic. For instance, CIHR is working towards enhanced reporting standards to accurately measure the success of ECRs and trainees in academia. In addition to providing access to equitable funding and research training opportunities designed to support academic and non-academic research careers and skills development, the Tri-Agency partners have implemented [immediate flexibilities](#)ⁱⁱⁱ to address issues related to ECRs. CIHR is committed to monitoring its key actions to support ECRs in its funding system and will re-evaluate these activities as we move forward. In the short term, as part of these flexibilities, ECRs can continue to benefit from programs and policies such as the [Observer Program](#)^{iv} and the [equalization process](#)^v in the Project Grant competition.

CIHR is committed to funding science of the highest standards, which includes the systematic integration of sex, gender, and other diversity factors into research designs, methods, analyses, and interpretation, when appropriate. During 2021–22, CIHR will work in collaboration with other federal agencies and departments to implement Government of Canada priorities related to the [EDI Action Plan](#),^{vi} including commitments set forth in ministerial mandate letters, and continuing the implementation of CRCC action plans.

In 2021–22, CIHR will continue to advance the inclusion of EDI considerations into the design of all research. In keeping with the priorities of the new Strategic Plan, CIHR will work with its health research partners to clearly articulate a more comprehensive understanding of research excellence across the research ecosystem. Continued implementation of the [Tri-Agency Dimensions pilot program](#)^{vii} will help facilitate a transformational change within the research community at Canadian post-secondary institutions to increase EDI and help drive deeper cultural change within the research ecosystem. Furthermore, CIHR will implement policies and other measures to expand both application eligibility and the eligibility to administer CIHR

research funds in order to address current administrative barriers for First Nations, Inuit and Métis Peoples, at both the individual and community level.

CIHR has a longstanding commitment to Indigenous health research through its Institute of Indigenous Peoples' Health (IIPH). In 2021–22, CIHR will advance the health and well-being of First Nations, Inuit and Métis Peoples by developing a Performance Measurement and Evaluation Framework in collaboration with CIHR's Network Environments for Indigenous Health Research (NEIHR) Centres. In addition, the agency will continue to support the implementation of the [2019–2024 IIPH Strategic Plan](#)^{viii} and [Action Plan: Building a Healthier Future for First Nations, Inuit, and Métis Peoples](#).^{ix} CIHR will also continue to work with its Tri-Agency partners to identify and reduce administrative barriers that are restricting access to research funding for First Nations, Inuit and Métis Peoples.

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.

CIHR will continue to work with Government of Canada partners and to invest in targeted research and knowledge translation activities related to government priorities to connect research results with decision-making in a policy setting. In 2021–22, CIHR will continue to mobilize researchers to address societal challenges, such as the long-term impacts of COVID-19. CIHR will also continue to work with federal and provincial/territorial partners to deliver its [Best Brains Exchanges Program](#),^x which provides senior policy makers with high-quality, timely and accessible research evidence and advice from leading researchers and implementation experts. Further, CIHR will continue to support government priorities by providing research evidence through its partnerships and major initiatives, such as the [Strategy for Patient-Oriented Research](#),^{xi} [Antimicrobial Resistance Initiatives](#)^{xii} and the [Canadian Drugs Substances Strategy](#).^{xiii}

Recognizing the impact of the pandemic on mental health, CIHR will continue to support the expert advisory panel on mental health needs and services, and will lead the [COVID-19 and Mental Health Initiative](#)^{xiv} to support policy and practice decision-making.

Gender-based analysis plus

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

- **GBA+ in CIHR-Funded Research:** This stream will help ensure that GBA+ is taken into account in research design, methods, analysis and interpretation and/or dissemination of

findings. [CIHR’s Sex and Gender-based Analysis \(SGBA\) in Research Action Plan](#)^{xvi} aims to systematically integrate sex, gender, and other identity considerations into CIHR-funded research to ensure that it is relevant to and impactful for Canada’s diverse population.

- **GBA+ in CIHR’s Funding System:** CIHR’s [Equity Strategy](#)^{xvii} 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](#),^{xviii} [Official Languages and Minority Communities Action Plan](#),^{xix} and Action Plan: Building a healthier future for First Nations, Inuit and Métis Peoples. In addition, CIHR will be hosting [engagement activities](#)^{xx} to develop, implement and monitor an action plan to address systemic racism in its funding system.
- **GBA+ 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](#),^{xxi} the [Canadian Multiculturalism Act](#),^{xxii} the [Official Languages Act](#))^{xxiii} 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+, EDI and First Nations, Inuit and Métis Peoples for all employees and [members of Governing Council](#).^{xxiv} In addition, CIHR will monitor the responses to new questions in the Public Service Employee Survey focusing on racism and accommodations related to disabilities. As a federal agency, CIHR will also complete a gap analysis on accessibility and implement actions that align with the [Accessible Canada Act](#).^{xxv}

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

- Considering the integration of sex and gender in all research proposals and Treasury Board submissions;
- Monitoring equity in all of its funding programs through the revised Tri-Agency Self-identification Questionnaire, which collects information on applicant age and gender, as well as whether the individual identifies as Indigenous, a visible minority, or a person with a disability, with additional questions to include disaggregated data on population groups. CIHR will also be launching this self-identification questionnaire for peer reviewers and its governance members;
- 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 mandatory training related to GBA+, EDI and First Nations, Inuit and Métis Peoples completed by all employees and members of Governing Council, and participating in Health Portfolio-wide surveys to assess staff knowledge and application of GBA+.

These findings will be used to identify gaps in the application of GBA+ and any inequities in funding access, and to develop evidence-based solutions to improve GBA+ 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](#),^{xxvi} which includes activities that cut across the three streams of CIHR’s GBA+ Framework.

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

In 2021–22, CIHR will continue to support the achievement of the following UN SDGs.

- *SDG 3: Ensure healthy lives and promote well-being for all at all ages* by funding excellent research on priority issues that affect Canadians throughout their lifecycle. CIHR will continue to collaborate with domestic and international organizations to improve health in developing countries through activities such as ongoing leadership roles in entities like the Global Alliance for Chronic Diseases (GACD) and the Global research Collaboration for Infectious Disease Preparedness (GloPID-R), and through close collaboration with the International Development Research Centre (IDRC). Through ongoing linkages such as these, CIHR will continue 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.
- *SDG 5: Achieve gender equality and empower all women and girls* by implementing existing measures like the Gender Equity Framework and developing 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, and other intersecting identity groups, including investing in specific research initiatives focused on gender-transformative interventions. CIHR will continue to actively participate in the Innovating for Maternal and Child Health in Africa (IMCHA) initiative as it reimagines its mandate in 2021–22.
- *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). As urban environments have the potential to become engines of good health and health equity, governments and communities can harness this potential 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. The HCRI will help stakeholders understand which solutions will work best to achieve these outcomes – as well as how cities can put these solutions into action – in ways that will be impactful, sustainable and equitable.

Experimentation

CIHR is committed to improving how it delivers services and generates impact from its investments to strengthen Canada’s health systems. In the past year, CIHR worked rapidly to mobilize its research community to help respond to the COVID-19 pandemic. It will build on

these program innovations, notably the introduction of virtual peer review, to accelerate the delivery of its funding opportunities in 2021–22.

The Tri-Agency Partners' existing grants management systems operate on dated technology and are limited in their ability to adapt to the changing needs of both the research community and the agencies themselves. As such, the agency will continue to work with its Tri-Agency Partners to develop the Tri-Agency Grants Management Solution (TGMS), which was previously known as Gateway. By taking a user-centric approach, there is an opportunity to modernize grants management and meet the standards of excellence that the Canadian research community and Tri-Agency employees expect in terms of efficiency, interoperability, accessibility, and usability. In 2020–21, the TGMS unit held workshops with both internal and external stakeholders to better understand their needs, culminating in leveraging Shared Services Canada's Cloud Brokering Service to conduct a proof of concept exercise. In 2021–22, consultations with stakeholders will continue as the initiative advances towards the selection of an industry partner, and the necessary Treasury Board approvals to proceed to its implementation.

Key risk(s)

In response to Treasury Board guidance as a result of the COVID-19 pandemic, CIHR's President invoked the Business Continuity Plan (BCP) in March 2020. Under the BCP, CIHR concentrated its efforts on the launch of a rapid research response to COVID-19 and the maintenance of the agency's core business. This resulted in the de-prioritization of non-core activities and the deferral of the agency's annual Corporate Risk Profile. In the absence of a Corporate Risk Profile for 2020–21, the previously established risks have been adapted and brought forward as they continue to be relevant.

Risk 1 – Implementing the New Strategic Plan - There is a risk that the implementation of CIHR's Strategic Plan (to achieve its objectives as defined by the CIHR Act) may be hindered by inadequate resources in governance, operational planning, change management and/or time.

CIHR has developed a new Strategic Plan for the agency, to be launched in early 2021. Due to the pandemic, the original launch date of June 2020 was delayed. This provided an opportunity to revise the plan's priorities based on new issues the pandemic brought to light. An action plan for year 1 has been developed and will be released alongside the Strategic Plan. Monitoring of action plan activities will provide a solid baseline to measure implementation of the operational plan to determine how the priorities are progressing. This will be a key focus for the agency as it exits the BCP and resumes regular business operations.

Risk 2 - Effective Digital and Security Solutions - Failure to deliver and support effective digital and security solutions may result in the inability for the organization to deliver on the objectives as defined by the *CIHR Act*.

As seen from the COVID-19 pandemic, CIHR has been able to continue to deliver its core business by leveraging its existing IT infrastructure. CIHR continues to explore technological innovations to ensure business continuity and uninterrupted service delivery.

Risk 3 - Human Resources Capacity - There is a risk that, without proactive strategies and a cohesive organizational design to attract and retain key talent, CIHR will not have the human resource capacity required to deliver on its current programs and services and to respond to future priorities.

The Human Resources Branch (HRB) has addressed critical and emerging staffing needs to ensure the continued effective and efficient delivery of programs and services throughout the pandemic. The HRB is currently reviewing internal processes and policies to maintain competitiveness within the labour market, support inclusion, and attract diverse talent. Longer term, as the organization resumes regular business operations, the HRB will reinitiate work on a Human Resources planning framework that will support senior management in identifying current and future human resource needs to achieve its objectives, particularly those related to the new Strategic Plan.

Planned results for Funding health research and training

Departmental results	Performance indicators	Target	Date to achieve target	2017–18 Actual results	2018–19 Actual results	2019–20 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	18	17	17 ²
	% of funded research involving international collaborations ³	Greater than or equal to 13.5%	March 31, 2022	Not available*	13.0%	14.1%
	Number of research projects funded jointly by CIHR and (an) international partner(s) ⁴	Greater than or equal to 151	March 31, 2022	151	151	151
Canada's health research	Percentage of newly funded recipients who	Greater than or equal to 33.3%	March 31, 2022	Not available*	Not available*	33.3%

capacity is strengthened	self-identify as women ⁵					
	Percentage of newly funded recipients who self-identify as visible minorities ⁵	Greater than or equal to 13.5%	March 31, 2022	Not available*	Not available*	13.5%
	Percentage of newly funded recipients who self-identify as Indigenous peoples ⁵	Greater than or equal to 1.1%	March 31, 2022	Not available*	Not available*	1.1%
	Percentage of newly funded recipients who self-identify as persons with disabilities ⁵	Greater than or equal to 1.6%	March 31, 2022	Not available*	Not available*	1.6%
	% of research that addresses sex or gender considerations	Greater than or equal to 67%	March 31, 2022	57%	62%	67%
	% of research investments addressing Indigenous health	Greater than or equal to 4.6% of CIHR's annual grants and awards budget	March 31, 2022	3.0%	3.1%	4.0%
	Percentage of funded research trainees reporting using their research knowledge in their current position ⁶	Greater than or equal to 90%	March 31, 2022	69%	92%	97%
Canada's health research is used	Partner funding for research projects ⁷	Greater than or equal to \$24.7M	March 31, 2022	Not available*	\$23.8M	\$24.7M
	Percentage of federal health documents citing CIHR funded ⁸ research	Greater than or equal to 28%	March 31, 2022	25%	23%	28%

	Percentage of CIHR funded research cited in patents ⁹	Greater than or equal to 13%	March 31, 2022	14%	13%	13%
	Percentage of grants reporting stakeholder involvement in the research process ¹⁰	Greater than or equal to 84%	March 31, 2022	Not available*	84.0%	84.5%
	% of research contributing to improving health for Canadians	Greater than or equal to 39%	March 31, 2022	37%	37%	38%

Note:

1. We removed the indicator “Canada’s rank among G7 nations in share of health research publications.” This new indicator speaks to the indirect impacts of the funding agency’s activities in contributing to a strong research ecosystem in Canada, as well as the ultimate outcome that we are seeking to achieve: Canada’s research is internationally competitive.
2. The results represent the last available data year, which is 2018.
3. The calculation method for this indicator is changing for 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. However, this count was not representative of the full scope of the international collaboration and contribution. As a result, we have expanded the definition of international collaboration since a formal bilateral or multilateral collaboration could also be an agreement between academic institutions; or an agreement between one or more academic institutions and one or more non-academic partner organizations.
4. The citation score for this indicator was removed because it was only measuring research that acknowledged CIHR as the funding source in the publication, rather than Canada’s overall ranking. For CIHR, and the other Tri-Agencies, the focus is primarily on the establishment of official partnerships to foster international linkages in the research. The revised indicator now measures international collaborations at the funding agency level instead of collaborations at the researcher level.
5. Like its Tri-Agency partners (SSHRC and NSERC), since 2019–20 CIHR has been collecting information on the four federally recognized Employment Equity groups through a new harmonized self-identification questionnaire. CIHR added four new DRIs to report on the underrepresented groups, as part of its ongoing commitment to strengthen equity and diversity in research.
6. Originally this indicator read “% of the next generation of researchers that go on to work in a research position”. It has been updated to “Percentage of funded research trainees reporting using their research knowledge in their current position” to clarify the indicator and the results on which CIHR is reporting. This wording amendment does not change the calculation or data being reported.
7. Originally this indicator was under Departmental Result #2 but has now been moved to Departmental Result #3 and slightly modified because partner funding is being used to demonstrate partner investments in the research. Having partners further involved in the research facilitates the two-way sharing of knowledge and the uptake of research findings in other sectors. CIHR currently only has the ability to report on competition and applicant partners which are administrated directly by the agency.
8. In order to clarify the indicator and the results on which CIHR is reporting, the wording of this indicator has been updated from “Percentage of federal health documents informed by research” to “Percentage of federal health documents citing CIHR funded research”. This amendment does not change the calculation or data being reported.
9. In order to clarify the indicator and the results on which CIHR is reporting, the wording of this indicator has been updated from “Percentage of CIHR funded research that informs patents” to “Percentage of CIHR funded research cited in patents”. This amendment does not change the calculation or data being reported.
10. This new indicator measures progress in integrating stakeholders into research design phases. This addition is expected to create research that is more responsive to stakeholders needs, and will help researchers to communicate findings to stakeholders more easily. Through increased involvement of stakeholders, CIHR-funded research is expected to contribute to improved health and health system for Canadians.

* This new 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.

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

Planned budgetary financial resources for Funding health research and training

2021–22 budgetary spending (as indicated in Main Estimates)	2021–22 planned spending	2022–23 planned spending	2023–24 planned spending
1,220,744,865	1,220,744,865	1,166,131,747	1,124,535,586

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

Planned human resources for Funding health research and training

2021–22 planned full-time equivalents	2022–23 planned full-time equivalents	2023–24 planned full-time equivalents
281	250	255

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

Internal Services: planned results

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. These services are:

- ▶ 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 order to support the operationalization of the Strategic Plan, in 2021–22, CIHR will implement its annual action plan to continue laying the foundation for implementing a new approach to planning and priority-setting. The interim 2021–22 operational planning process will be the first component of a multi-phased integrated approach to establishing CIHR's priorities and allocating its resources.

While the Government of Canada and CIHR have made critical investments in 2020 that accelerated the availability of high-quality and real-time research evidence to support the national response to the global pandemic, there is a need to further augment the internal systems and practices to rapidly respond to future events.

Within IIR, the Evaluation Unit will support the Tri-Agency evaluation of the Canada Research Chairs (CRC) Program Evaluation, which 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, to reinforce academic research and training excellence in Canadian post-secondary institutions.

The Evaluation Unit will undertake two evaluations within the TCS Program: the Evaluation of the Banting Postdoctoral Fellowships Program (led by CIHR); and, the Evaluation of the Canada Graduate Scholarships Program (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 doctoral and postdoctoral trainees.

For initiatives within the RPA Program, the Evaluation Unit will continue the evaluations of the Antimicrobial Resistance Initiative as well as of the Strategy for Patient-Oriented Research. In addition, evaluations for the following initiatives are planned to begin: the Environments and Health; the Canadian Epigenetics, Environment and Health Research Consortium; and, the Personalized Health, Personalized Medicine and e-Health. 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 financial resources for Internal Services

2021–22 budgetary spending (as indicated in Main Estimates)	2021–22 planned spending	2022–23 planned spending	2023–24 planned spending
33,161,665	33,161,665	33,413,920	33,375,038

Planned human resources for Internal Services

2021–22 planned full-time equivalents	2022–23 planned full-time equivalents	2023–24 planned full-time equivalents
230	210	212

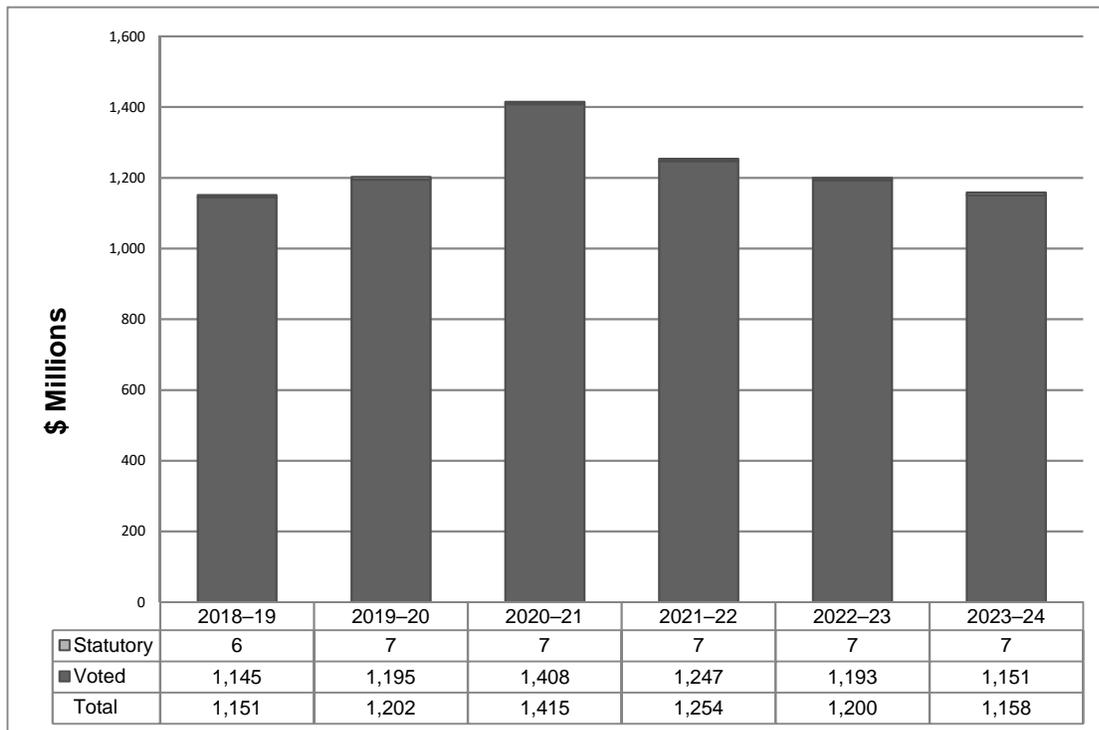
Spending and human resources

This section provides an overview of CIHR’s planned spending and human resources for the next three consecutive fiscal years and compares planned spending for the upcoming year with the current and previous years’ actual spending.

Planned spending

Departmental spending 2018–19 to 2023–24

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



Budgetary planning summary for core responsibilities and Internal Services (dollars)

The following table shows actual, forecast and planned spending for CIHR's core responsibility and to Internal Services for the years relevant to the current planning year.

Core responsibility and Internal Services	2018–19 expenditures	2019–20 expenditures	2020–21 forecast spending	2021–22 budgetary spending (as indicated in Main Estimates)	2021–22 planned spending	2022–23 planned spending	2023–24 planned spending
Funding Health Research and Training	1,117,593,924	1,168,529,359	1,381,697,439	1,220,744,865	1,220,744,865	1,166,131,747	1,124,535,586
Subtotal	1,117,593,924	1,168,529,359	1,381,697,439	1,220,744,865	1,220,744,865	1,166,131,747	1,124,535,586
Internal Services	33,333,203	33,521,495	33,780,480	33,161,665	33,161,665	33,413,920	33,375,038
Total	1,150,927,127	1,202,050,854	1,415,477,919	1,253,906,530	1,253,906,530	1,199,545,667	1,157,910,624

CIHR's planned spending has increased to \$1.4 billion in 2020–21 and is expected to stabilize at approximately \$1.2 billion starting in 2021–22, a spending level similar to actual expenditures in the previous years.

The net variance between 2019–20 and 2020–21 of \$213M is mainly due to the allocation of targeted funding in 2020–21. CIHR received approximately \$197M funding from Parliament and from other federal government departments and agencies as part of the Government of Canada's rapid response to address the health challenges of the COVID-19 pandemic. With this investment, CIHR funded meritorious research grants in areas including social, policy, and medical countermeasures to support Canadian scientists to understand the disease, its spread, and how to mitigate its impact.

The net variance between 2020–21 and 2021–22 of \$161M is mainly due to:

- Decreasing investment of \$181M as a result of the majority of additional funding for COVID-19 research being time-limited in 2020–21 (CIHR also received \$15M from Parliament for medical countermeasures and \$1.5M from the Public Health Agency of Canada in 2021–22);
- Increasing investment of \$19.2M to enhance support for health research announced in Budget 2018;
- Increasing investment of \$2.7M to support the Canada Graduate Scholarship Master's and Doctoral program as well as the Paid Parental Leave coverage announced in Budget 2019.

CIHR's variance in planned spending is also 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.

As noted in Budget 2018, some of the Tri-Agency programs (Business-Led Networks of Centres of Excellence, Centres of Excellence for Commercialization and Research, and Networks of Centres of Excellence) are winding down or consolidated with the associated funding transferred to other federal government departments, which is partly the source of the variance in future years.

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 actual, forecast and planned full-time equivalents (FTEs) for CIHR's core responsibility in its departmental results framework and to Internal Services for the years relevant to the current planning year.

Human resources planning summary for core responsibilities and Internal Services

Core responsibility and Internal Services	2018–19 actual full-time equivalents	2019–20 actual full-time equivalents	2020–21 forecast full-time equivalents	2021–22 planned full-time equivalents	2022–23 planned full-time equivalents	2023–24 planned full-time equivalents
Funding Health Research and Training	229	252	271	281	250	255
Subtotal	229	252	271	281	250	255
Internal Services	232	240	231	230	210	212
Total	461	492	502	511	460	467

The net increase from 2018–19 and 2019–20 is largely attributable to the creation and staffing of new positions to deliver and support programs to enhance health research previously announced in Budget 2018.

In 2019–20, CIHR created temporary positions to lead some key priorities such as the development of its Strategic Plan and related processes for its implementation.

In 2020–21, CIHR created temporary positions ending in 2021–22 to address both the resulting impact of CIHR's role in supporting COVID-19 research and to address immediate operational requirements. These term positions explain the variance between 2021–22 and 2022–23. As CIHR anticipates a lower vacancy rate in future years, planned positions will increase starting in 2023–24.

Estimates by vote

Information on CIHR’s organizational appropriations is available in the [2021–22 Main Estimates](#).^{xxx}

Future-oriented Condensed statement of operations

The future-oriented condensed statement of operations provides an overview of Canadian Institutes of Health Research’s operations for 2020–21 to 2021–22.

The amounts for forecast and planned results in this statement of operations were prepared on an accrual basis. The amounts for forecast and planned spending 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 to the requested authorities, are available on [CIHR’s website](#).^{xxxi}

Future-oriented Condensed statement of operations for the year ending March 31, 2022 (dollars)

Financial information	2020–21 forecast results	2021–22 planned results	Difference (2021–22 planned results minus 2020–21 forecast results)
Total expenses	1,427,346	1,263,655	(163,691)
Total revenues	2,372	4,259	1,887
Net cost of operations before government funding and transfers	1,424,974	1,259,396	(165,578)

Total expenses include grants and awards payments for health research and training of approximately \$1,349.0M in 2020–21 and \$1,184.2M in 2021–22. The remaining amount of \$78.3M in 2020–21 and \$79.5M 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.

2020–21’s forecast expenses include increased authorities for grants as part of the government’s COVID-19 response. As much of this funding is for fiscal year 2020–21 only, total expenses are currently anticipated to decrease to more typical levels in 2021–22.

Revenues are expected to increase in 2021–22 as a result of forecasted refunds of prior year grants and awards payments. As a result of the extensions of reporting timeframes resulting from COVID-19, delays are expected in refunds of prior year grants from 2020–21 into 2021–22.

Corporate information

Organizational profile

Appropriate minister(s): The Honourable Patty Hajdu, P.C., M.P.

Institutional head: Dr. Michael J. Strong, President

Ministerial portfolio: Health

Enabling instrument(s): *Canadian Institutes of Health Research Act*^{xxxii} (S.C. 2000, c. 6)

Year of incorporation / commencement: 2000

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

“Raison d’être, mandate and role: who we are and what we do” is available on [CIHR’s website](#).^{xxxiii}

For more information on the department’s organizational mandate letter commitments, see the “[Minister’s mandate letter](#)”.^{xxxiv}

Operating context

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

Reporting framework

CIHR’s approved departmental results framework and program inventory for 2021–22 are as follows.

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: % 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: % of research that addresses sex or gender considerations	
		Indicator: % of research investments 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: % 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 2020–21*

Structure	2020–21	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 2020–21 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 CIHR's program inventory is available in the [GC InfoBase](#).^{xxxvi}

Supplementary information tables

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

- ▶ Departmental Sustainable Development Strategy
- ▶ Details on transfer payment programs
- ▶ Gender-based analysis plus

Federal tax expenditures

CIHR's Departmental Plan does not include information on tax expenditures that relate to its planned results for 2021–22.

Tax expenditures are the responsibility of the Minister of Finance, and the Department of Finance Canada publishes cost estimates and projections for government-wide tax expenditures each year in the [Report on Federal Tax Expenditures](#).^{xxxviii} 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. The tax measures presented in this report are solely the responsibility of the Minister of Finance.

Organizational contact information

Mailing address

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Fax: 613-954-1800

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

Website(s): www.cihr-irsc.gc.ca

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 a department over a 3-year period. Departmental Plans are tabled in Parliament each spring.

departmental priority (priorité ministérielle)

A plan or project that a department has chosen to focus and report on during the planning period. Departmental 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 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 accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

experimentation (expérimentation)

The conducting of activities that seek to first explore, then test and compare, the effects and impacts of policies and interventions in order to inform evidence-based decision-making, and improve outcomes for Canadians, by learning what works and what doesn't. 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. 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+) (analyse comparative entre les sexes plus [ACS+])

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

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2021–22 Departmental Plan, 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 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.

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 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 the department and focus on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

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

strategic outcome (résultat stratégique)

A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

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 Funding opportunities, <https://cihr-irsc.gc.ca/e/52000.html>
- ii Upcoming funding opportunity: Health Research Training Platform Pilot, <https://cihr-irsc.gc.ca/e/51797.html>
- iii Supporting early career researchers affected by COVID-19: Temporarily “pausing the clock” for ECRs, <https://cihr-irsc.gc.ca/e/52132.html>
- iv Opportunity for Early Career Researchers: Call for expressions of interest to the Fall 2020 Observer program, <https://cihr-irsc.gc.ca/e/52119.html>
- v Equalization process, <https://www.researchnet-recherchenet.ca/rnr16/viewOpportunityDetails.do?progCd=11077&language=E&org=CIHR#description1>
- vi Equity, Diversity and Inclusion (EDI) in Action at CIHR, <https://cihr-irsc.gc.ca/e/51693.html>
- vii Equity, Diversity and Inclusion, https://www.nserc-crsng.gc.ca/NSERC-CRSNG/EDI-EDI/Dimensions-Program_Programme-Dimensions_eng.asp
- viii IIPH Strategic Plan 2019-2024, <https://cihr-irsc.gc.ca/e/51559.html>
- ix Action Plan: Building a healthier future for First Nations, Inuit, and Métis peoples, <https://cihr-irsc.gc.ca/e/50372.html>
- x Best Brains Exchanges, <https://cihr-irsc.gc.ca/e/43978.html>
- xi Strategy for Patient-Oriented Research, <https://cihr-irsc.gc.ca/e/41204.html>
- xii Antimicrobial Resistance, <https://cihr-irsc.gc.ca/e/40484.html>
- xiii Research in Substance Use: Components, <https://cihr-irsc.gc.ca/e/50928.html>
- xiv COVID-19 and Mental Health (CMH) Initiative, <https://cihr-irsc.gc.ca/e/52001.html>
- xv CIHR GBA+ Framework, <https://cihr-irsc.gc.ca/e/50970.html>
- xvi How CIHR is supporting the integration of SGBA, <https://cihr-irsc.gc.ca/e/50837.html>
- xvii Equity, Diversity and Inclusion (EDI) in Action at CIHR, <https://cihr-irsc.gc.ca/e/51693.html>
- xviii CIHR’s Gender Equity Framework, <https://cihr-irsc.gc.ca/e/50238.html>
- xix Official Languages at CIHR, <https://cihr-irsc.gc.ca/e/47951.html>
- xx CIHR’s commitment to enhancing equity, diversity, and inclusion in the research funding system, <https://cihr-irsc.gc.ca/e/52174.html>
- xxi *Employment Equity Act*, <https://laws-lois.justice.gc.ca/eng/acts/E-5.401/>
- xxii *Canadian Multiculturalism Act*, <https://laws-lois.justice.gc.ca/eng/acts/C-18.7/index.html>
- xxiii *Official Languages Act*, <https://laws-lois.justice.gc.ca/eng/acts/O-3.01/index.html>
- xxiv Governing Council – Members, <https://cihr-irsc.gc.ca/e/6953.html>
- xxv *Accessible Canada Act*, <https://laws-lois.justice.gc.ca/eng/acts/A-0.6/>
- xxvi Equity, Diversity and Inclusion, https://www.nserc-crsng.gc.ca/NSERC-CRSNG/EDI-EDI/Action-Plan_Plan-dAction_eng.asp
- xxvii GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xxviii GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xxix GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xxx 2019–20 Main Estimates, <https://www.canada.ca/en/treasury-board-secretariat/services/planned-government-spending/government-expenditure-plan-main-estimates.html>
- xxxi Future-oriented Condensed statement of operations, <https://cihr-irsc.gc.ca/e/52294.html>
- xxxii *Canadian Institutes of Health Research Act*, <https://laws-lois.justice.gc.ca/eng/acts/C-18.1/FullText.html>
- xxxiii Raison d’être, mandate and role: who we are and what we do, <https://cihr-irsc.gc.ca/e/52273.html>
- xxxiv Minister of Health Mandate Letter, <https://pm.gc.ca/en/mandate-letters/2019/12/13/minister-health-mandate-letter>
- xxxv Operating context, <https://cihr-irsc.gc.ca/e/52286.html>
- xxxvi GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xxxvii Supplementary information tables, <https://cihr-irsc.gc.ca/e/52271.html>
- xxxviii Report on Federal Tax Expenditures, <https://www.canada.ca/en/department-finance/services/publications/federal-tax-expenditures.html>