



# Canadian Institutes of Health Research 2024–25 Departmental Plan

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Minister of Health

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Minister of Mental Health and Addictions and  
Associate Minister of Health

# Canadian Institutes of Health Research 2024–25 Departmental Plan

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

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

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# Canadian Institutes of Health Research's 2024-24 Departmental plan at a glance

A departmental plan describes a department's priorities, plans, and associated costs for the upcoming three fiscal years.

- [Raison d'être, mandate, role](#)
- [Operating context](#)

[\[Read the full departmental plan\]](#)

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## Key priorities

- Improve the delivery of youth mental health and substance use services in communities across Canada by supporting the development and implementation of the [Integrated Youth Services Network of Networks Initiative \(IYS-Net\)](#);
- Strengthen the clinical trials ecosystem by investing in key initiatives aligned with the Government of Canada priorities;
- Support health research initiatives developed by and with Indigenous Peoples; and
- Invest in research and knowledge mobilization initiatives to better prevent, prepare for, and respond to pandemics and other health emergencies.

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. CIHR continues to deliver on its [Strategic Plan 2021–2031: A Vision for a Healthier Future](#), which provides the context to accomplish the Agency's vision to achieve the best health for all, powered by outstanding research. The Strategic Plan is enacted through a series of annual strategic action plans, which outline the activities that will be undertaken to realize the bold vision and strategic direction of CIHR's Governing Council.

Through direct (recipient of CIHR training awards) and indirect (from a researcher's CIHR grant) funding to trainees<sup>1</sup> and early career researchers (ECRs), CIHR investments continue to strengthen Canada's health research capacity by supporting the development of scientific, professional, and organizational leaders within and beyond the health research enterprise.

CIHR remains committed to advancing equity, diversity, and inclusion (EDI) commitments both in terms of improving accessibility within the workplace and addressing ableism in the health research funding

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<sup>1</sup> Trainees include undergraduate, graduate, and doctoral students, as well as postdoctoral fellows who enhance their research skills through actual involvement in research and those who work under the formal supervision of independent researchers.

ecosystem. These measures aim to ensure that CIHR-funded research is relevant, culturally safe, and impactful for the full diversity of people living within Canada.

Together with Indigenous Peoples (First Nations, Inuit and Métis), CIHR and its Canada Research Coordinating Committee partners will implement an interdisciplinary research and research training model that contributes to reconciliation. As demonstrated by [Priority C](#) of the Strategic Plan, CIHR acknowledges the significant and ongoing contributions of Indigenous Peoples to research and continues to support Indigenous communities to lead health research founded in Indigenous ways of knowing focused on resilience and wellness.

The [Centre for Research on Pandemic Preparedness and Health Emergencies \(CRPPHE\)](#) protects the health of all people in Canada by supporting, coordinating, and mobilizing an emergency-ready health research system that contributes to timely, equitable and effective decision making related to pandemics and other health emergencies.

Canada's [Strategy for Patient-Oriented Research \(SPOR\)](#) continues to focus on moving research evidence into practice by transferring what health researchers know into what health care providers do. Through SPOR, CIHR will continue to engage with patients and people with lived and living experience (PWLE), Indigenous community partners, researchers, health care providers, and provincial and territorial policy and decision makers to build capacity for patient engagement and patient oriented research.

The Project Grant program is designed to capture ideas with the greatest potential to advance health-related knowledge, health research, health care, health systems, and/or health outcomes. It supports research projects proposed and conducted by individual researchers or groups of researchers in all areas of health. In 2024–25, CIHR will continue to support health research excellence through investigator-initiated Project Grant investments that help make Canada's health research internationally competitive and internationally recognized.

CIHR, in partnership with the Natural Sciences and Engineering Research Council of Canada (NSERC), and the Social Sciences and Humanities Research Council of Canada (SSHRC), will continue to support trainees and ECRs in all fields thereby enhancing Canada's capacity for health research.

## Refocusing government spending

In Budget 2023, the government committed to reducing spending by \$14.1B over the next five years, starting in 2023–24, and by \$4.1B annually after that.

As part of meeting this commitment, CIHR is planning the following spending reductions (dollars):

- **2024–25:** \$1,440,000
- **2025–26:** \$1,440,000
- **2026–27 and after:** \$1,440,000

CIHR will achieve these reductions by doing the following:

- Reducing spending on internal services (e.g., on corporate activities such as travel and professional services).

## Highlights

A Departmental Results Framework consists of an organization's core responsibilities, the results it plans to achieve, and the performance indicators that measure progress toward these results.

### Core Responsibility: Funding Health Research and Training

#### *Departmental results:*

- Canada's health research is internationally competitive
- Canada's health research capacity is strengthened
- Canada's health research is used

#### *Plans for Funding Health Research and Training*

Planned spending: \$1,323,421,351

Planned human resources: 301

More information on CIHR's Core Responsibility - [Funding Health Research and Training](#) can be found in the full departmental plan.

# Canadian Institutes of Health Research 2024–25 Departmental Plan

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## From the Ministers

We are pleased to present the 2024–25 Departmental Plan of the Canadian Institutes of Health Research (CIHR). The COVID-19 global pandemic brought to the forefront the importance of health research excellence and preparing for health emergencies. Canada’s Centre for Research on Pandemic Preparedness and Health Emergencies (CRPPHE), housed at CIHR, provides Canada with an emergency-ready health research system to respond quickly to emerging health threats. CRPPHE is also supporting ongoing research on Post-COVID Conditions (commonly known as “Long COVID”).



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Minister of Mental  
Health and Addictions  
and Associate  
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All Canadians deserve access to quality mental health and substance use supports and services, when and where they need them. That is why CIHR, Health Canada, and the Public Health Agency of Canada (PHAC) have joined forces to launch the National Standards for Mental Health Services Initiative. In collaboration with the provinces and territories, CIHR is supporting this initiative with health research that will help establish equitable mental health and substance use service standards across the country, aimed at improving both service delivery and health outcomes.

CIHR is further strengthening Canada’s health research ecosystem by supporting a range of initiatives that matter most to Canadians. CIHR is investing in clinical trials, early-career researchers, and trainees, as well as programs supporting equity, diversity, and inclusion (EDI). Building on the initial investments of the Clinical Trials Fund (CTF), the Agency aims to engage in a national dialogue that will lead to a robust, pan-Canadian clinical trials strategy.

CIHR will continue to advance its EDI commitments through its Gender-Based Analysis (GBA) Plus Framework. To address barriers to accessibility and experiences of ableism, as well as race related bias in the health research funding ecosystem, the Agency will complete and launch its accessibility and systemic ableism action plan as well as its anti-racism action plan.

As part of its commitment to reconciliation and improving the health and well-being of Indigenous Peoples, CIHR also supports a wide range of health research projects that are co-developed with Indigenous researchers, partners, and communities. Together, we are working to accelerate the self-determination of Indigenous Peoples in health research to build a healthier future for all First Nations, Inuit, and Métis Peoples.

Health research is most valuable when the scientific evidence it produces is shared with other researchers, health care professionals, and health system decision makers. CIHR plays a leadership role

in mobilizing knowledge so that Canada’s health research is used effectively to improve our health systems. For example, CIHR and its partners are supporting 13 implementation science teams and a knowledge mobilization and impact hub that will address high priority health care challenges in Canada. The research teams will harness digital solutions to improve care in rural and remote regions, implement solutions to improve sexual health services delivered through pharmacies, improve the coordination of care for people with Post-COVID Conditions and chronic pain, support better mental health and substance use services for equity deserving communities, and improve transitions from hospital to home for older adults.

We encourage everyone to read the 2024–25 CIHR Departmental Plan to learn more about the many CIHR-funded research efforts that are helping protect and improve the health of Canadians and people throughout the world.



## Plans to deliver on the core responsibility and internal services

Core responsibility and internal services:

- [Funding Health Research and Training](#)
- [Internal services](#)

Funding Health Research and Training

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#### *Description*

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

#### *Quality of life impacts*

CIHR’s core responsibility contributes to the Health domain of the [Quality of Life Framework](#) for Canada and, more specifically, “[health-adjusted life expectancy](#)” and “[self-rated mental health](#)” through all of the activities mentioned in the core responsibility description.

#### *Results and targets*

The following tables show, for each departmental result related to Funding Health Research and Training, the indicators, the results from the three most recently reported fiscal years, the targets and target dates approved in 2024–25.

Table 1: Indicators, results and targets for departmental result - Canada's health research is internationally competitive.

Indicator	2020–21 result	2021–22 result	2022–23 result	Target	Date to achieve
Canada's rank among the Organization for Economic Co-operation and Development (OECD) nations on the citation score of related health research publications	15	11	20 <sup>2</sup>	Greater than or equal to 17	March 31, 2025
Percentage of funded research involving international collaborations	14%	13.4%	14.5%	Greater than or equal to 13.5%	March 31, 2025
Number of research projects funded jointly by CIHR and (an) international partner(s)	123	117	90 <sup>3</sup>	Greater than or equal to 151	March 31, 2025

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<sup>2</sup> For 2022–23, the methodology was updated because of a change in data source. The ranking was generated from Dimensions (new bibliometric data provider) by taking the geometric mean of the field citation ratio for all publications classified in the Biomedical and Clinical Sciences, Clinical and Health Psychology, and Health Sciences fields of research, published in 2021.

<sup>3</sup> The decrease in the number of projects with international partners is likely due to several factors, including a reduction in collaborative activities due to the pandemic and a decrease in agreements with an international partner, resulting in fewer projects funded jointly by CIHR and (an) international partner(s).

Table 2: Indicators, results and targets for departmental result - Canada's health research capacity is strengthened.

Indicator	2020–21 result	2021–22 result	2022–23 result	Target	Date to achieve
Percentage of newly funded recipients who self-identify as women	47.3%	48.9%	45.2%	Greater than or equal to 33.3%	March 31, 2025
Percentage of newly funded recipients who self-identify as visible minorities	23.6%	26.4%	23.9%	Greater than or equal to 13.5%	March 31, 2025
Percentage of newly funded recipients who self-identify as Indigenous Peoples	2.6%	2.3%	1.3%	Greater than or equal to 1.1%	March 31, 2025
Percentage of newly funded recipients who self-identify as persons with disabilities	3.0%	3.6%	2.9%	Greater than or equal to 1.6%	March 31, 2025
Percentage of research that addresses sex or gender considerations	72%	78.2%	81.2%	Greater than or equal to 67%	March 31, 2025
Percentage of total research investments in grants and awards addressing Indigenous health	4.1%	4.8%	4.7% <sup>4</sup>	Greater than or equal to 4.6% of CIHR's total annual Grants and Awards expenditures	March 31, 2025
Percentage of funded research trainees reporting using their research knowledge in their current position	N/A <sup>5</sup>	94%	94.3%	Greater than or equal to 90%	March 31, 2025

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

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

Table 3: Indicators, results and targets for departmental result - Canada's health research is used.

Indicator	2020–21 result	2021–22 result	2022–23 result	Target	Date to achieve
Partner funding for research projects	\$29.2M	\$26.8M	\$24.1M <sup>6</sup>	Greater than or equal to \$24.7M	March 31, 2025
Percentage of CIHR funded research cited in patents	15%	14.5%	7.3% <sup>7</sup>	Greater than or equal to 8%	March 31, 2025
Percentage of grants reporting stakeholder involvement in the research process	81.6%	86.9%	87.3%	Greater than or equal to 84%	March 31, 2025
Percentage of research contributing to improving health for Canadians	35%	40.2%	38.8% <sup>8</sup>	Greater than or equal to 39%	March 31, 2025

The financial, human resources and performance information for CIHR's program inventory is available on [GC InfoBase](#).

<sup>6</sup> The decrease in funding from partners is due to the decrease in collaborative activities and donations following the COVID-19 pandemic.

<sup>7</sup> The data source for 2022–23 was changed from Web of Science to Dimensions. As a result, the methodology and target were adjusted.

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

### *Plans to achieve results*

In support of its core responsibility to fund health research and training, CIHR delivers activities through three main Programs: Investigator-Initiated Research (IIR), Training and Career Support (TCS), and Research in Priority Areas (RPA). Exemplars of activities that CIHR is planning to undertake for each departmental result in 2024–25 are presented below.

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

CIHR's support for health research excellence through IIR and RPA investments continues to help make Canada's health research internationally competitive and globally recognized.

Internationally, CIHR is at the forefront in its efforts to engage people with lived experience (PWLE) in research, program advisory and oversight committees and research peer review panels, which is known to improve the relevance of health research and patient outcomes. In 2024–25, CIHR and its Institutes will implement a coordinated organizational approach to patient-oriented research and advance the engagement of PWLE to drive key organizational priorities of research and organizational excellence.

CIHR's priority to enhance national and international collaboration will continue to be supported by the Domestic Engagement Strategy; the Agency-wide Partnership Framework which supports the Strategic Plan; and the International Action Plan which help increase coherence across bilateral relations and research on international priorities in pandemic preparedness, gender equity, research security, and global health research.

CIHR, through CRPPHE, will continue to support and invest in research to prepare for and respond to pandemics and health emergencies by:

- funding and providing support to [Long COVID Web](#) to address the long-term health challenges of the COVID-19 pandemic;
- investing in research excellence in applied public health through the [Canada Research Chairs Program](#), in partnership with PHAC;
- investing in research aimed at addressing health system challenges to strengthen the ability of the health system to prepare and respond to future emergencies;
- leading the coordination of national partners in health research to collectively determine what is needed for Canada to have an emergency-ready health research ecosystem and assess what is required to reach that goal; and
- contributing to Canada's current pandemic readiness by supporting major investments in research platforms, networks, and cohorts.

The CRPPHE will also complete a health research ecosystem analysis to inform strategic priorities and plans for supporting an emergency-ready research system in Canada. This analysis will include the development of an inventory of research infrastructure that was launched, leveraged, or reprofiled to respond to COVID-19, as well as an environmental scan of reviews and lessons learned from Canada's key jurisdictions research responses to the pandemic. The [CRPPHE Steering Committee](#) will provide guidance for this work and plays a key role in identifying and coordinating priorities, investments, and knowledge mobilization across member organizations.

CIHR will continue to engage with teams supported through the three [Clinical Trials Fund \(CTF\)](#) funding streams: a Pan-Canadian Clinical Trials Consortium; Clinical Trials Training Platforms; and Clinical Trials Projects. These engagements aim to advance the Canadian clinical trials ecosystem through a better understanding of the impacts of the [Biomanufacturing and Life Sciences Strategy \(BLSS\)](#) investments. In 2024–25, CIHR prioritizes supporting the implementation and advancement of high impact policy initiatives that support the inclusion of all Canadians in clinical research and foster meaningful patient engagement in the development of clinical trials.

The CIHR [HIV/AIDS and Sexually Transmitted and Blood-Borne Infections \(STBBI\) Research Initiative](#) will continue to lead the Government of Canada's research response to HIV/AIDS and STBBI. This involves a commitment of \$25M to support a unified, nationally coordinated, interdisciplinary clinical trials research network for addressing STBBI, including but not limited to HIV/AIDS, hepatitis B and C, chlamydia, gonorrhea, syphilis, and human papilloma virus. The research initiative also has committed \$22.5M to support Community-Based Research (CBR) teams, enhancing their capacity for research and knowledge mobilization activities. This investment aims to contribute to improved health outcomes for populations disproportionately affected by STBBI in Canada.

As part of the [National Standards for Mental Health Services Initiative](#), CIHR will continue to support the development and implementation of the Integrated Youth Services Network of Networks Initiative (IYS-Net) through a multi-phased approach designed to facilitate the development of, and linkages between, all provincial, territorial, and Indigenous IYS networks. This approach will help create a pan-Canadian network of IYS learning health system networks (a 'Network of Networks') enabling evidence-informed decision making that integrates research into practice and policy relevant to youth mental health and substance use health. CIHR will build upon the work started in the preliminary phase and expand this pan-Canadian 'Network of Networks' to up to 14 IYS Networks.

In support of the Canadian Drugs and Substances Strategy, CIHR's [Canadian Research Initiative in Substance Misuse \(CRISM\)](#), will continue to lead work to advance research and knowledge mobilization related to prevention, harm reduction, and treatment services regarding substance use, including:

- the evaluation of safer supply pilot projects and their community-level impacts;
- the evaluation of [British Columbia's exemption](#) from the [Controlled Drugs and Substances Act](#) per subsection 56(1) to allow for personal possession of small amounts of illegal drugs;
- research that will generate baseline estimates for substance use research; and
- the implementation of an Indigenous-led platform to expand the reach and impact of Indigenous engagement.

In 2024–25, CIHR will fund Phase III of the [Canadian Consortium on Neurodegeneration in Aging \(CCNA\)](#), the national research hub for research involving neurodegenerative diseases that affect cognition in aging, including Alzheimer's disease. Research within the CCNA is structured around three main research themes: primary prevention, secondary prevention/treatment, and quality of life. Numerous inter-institutional and multidisciplinary collaborative research teams from across Canada will undertake this research.

Over the next year and onwards, CIHR will also continue to focus on the [Dementia Research and Innovation Funders Alliance](#). Launched in November 2023 by the Institute of Aging and its partners, the Alliance brings together key stakeholders and partners involved in the brain health and dementia research funding ecosystem in Canada. The Alliance promotes a unified voice among dementia research funders to align their dementia research investment strategy across the country.

CIHR will continue to monitor the implementation of the [Canadian Pediatric Cancer Consortium](#). The outcomes of the Consortium's work will help support better outcomes and a better quality of life by strengthening research, health supports, and clinical expertise in pediatric cancers through the creation of a national network of clinicians, researchers, community of practice caregivers, patients and their families.

As part of the [National Strategy for Drugs for Rare Diseases](#), CIHR received \$28M for research funding over 5 years starting in 2023–24 to advance research in rare diseases. In 2024–25, CIHR will initiate funding for three investment opportunities aiming to: improve the diagnostic odyssey for rare disease patients; standardize administrative data and monitoring across healthcare facilities; and enhance Canada's capacity to conduct gene therapy clinical trials. Further, CIHR will monitor the implementation of a national rare disease clinical trials and treatment network through reporting and oversight.

CIHR also supports other government priorities, including women's health, genomics, official languages, the modernization of the federal research funding system, research security, collaboration with partners in provinces and territories, engaging with international partners, and promoting evidence-informed decision making.

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

In 2024–25, CIHR will continue to strengthen Canada's health research capacity through a range of [award programs and other health research training initiatives](#). Additionally, CIHR will retain its role as the lead Agency in overseeing the management of the Vanier Banting Secretariat. This entails not only delivering programs but also overseeing governance related to program design, funding, and policy decisions.

Through the SPOR National Training Entity, Passerelle, the Patient-Oriented Research (POR) community has benefited from centralized resources, training, and career development guidance. In 2024–25, SPOR will continue to support ECRs in POR and their transition into faculty positions. SPOR will also support training in POR for non-governmental organizations to ensure POR [guiding principles](#) are implemented in organizations' mandates and policies. SPOR's investment in capacity development will explore ways to support underrepresented health researchers to advance CIHR's action plan on EDI in the research funding system.

The Tri-Agency partners will carry on delivering the Black Scholars initiative through established scholarships and fellowships programs. In relation to peer review, CIHR remains focused on ensuring ECRs are increasingly included in the process through ongoing monitoring and refinement of the ECR Awards Review Program and the [CIHR Reviewer in Training \(RiT\) Program](#). These programs offer ECRs a learning opportunity to gain a better understanding of the elements of high-quality reviews and the peer review process. The Postdoctoral Fellow (PDF) Review Program will continue to provide a similar

opportunity for postdoctoral researchers. Additionally, CIHR will join select partner-led competitions to support training and capacity building in the dementia space.

In 2024–25, CIHR will deliver a range of strategic funding opportunities led by CIHR Institutes and/or as part of initiatives in line with key government priority areas. For example, the Agency will fund the first cohort of trainees through its Strategic Master's Award, to help develop research skills and assist in training highly qualified personnel by supporting students who demonstrate potential in undergraduate and early graduate studies in priority research areas.

CIHR will also support the development of interdisciplinary, inter-jurisdictional, and intersectoral research training platforms through the second launch of the [Health Research Training Platform](#) funding opportunity. This funding aims to provide trainees and ECRs foundational skills and knowledge required for a wide range of careers within and outside of academia. These integrated research training and mentoring platforms are focused on building capacity in established or emerging research areas. These platforms are expected to provide training and mentoring opportunities that go above and beyond standard research training programs trainees typically experience.

Another important program that supports students is the Canada Graduate Scholarship (CGS) program. The program is administered by the Tri-Agencies and aims to promote continued excellence in Canadian research by rewarding and retaining high-caliber master's and doctoral students at Canadian institutions. By providing fellows with a high-quality research training experience, the CGS program strives to foster impacts within and beyond the research community.

CIHR will continue to deliver the [Health System Impact Program](#) and provide some of the brightest minds with the opportunity to work directly within Canadian health systems and related organizations. Once again in 2024–25, CIHR will include streams for doctoral students and postdoctoral researchers, as well as for early career embedded researchers.

CIHR has a longstanding commitment to Indigenous health research through its Institute of Indigenous Peoples' Health and the CIHR Action Plan: Building a Healthier Future for First Nations, Inuit, and Métis Peoples. The Agency remains committed to supporting Indigenous communities to lead health research founded in Indigenous ways of knowing focused on resilience and wellness. In its commitment to fostering the next generations of researchers, the [Network Environments for Indigenous Health Research \(NEIHR\)](#) program will continue to contribute to the Indigenous health research ecosystem, aligning with the objectives outlined in the Strategic Plan.

CIHR continues to work with its Tri-Agency partners to identify and reduce administrative barriers that restrict access to research funding for Indigenous Peoples, and in support of the Indigenous Health Research ecosystem with the [Extension of Strengthening Indigenous Research Capacity Strategic Plan to 2026](#). The [Indigenous Leadership Circle in Research](#) guides the implementation of the strategic directions outlined in this plan.

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

CIHR's mandate includes supporting not only the creation of new knowledge but also its mobilization into improved health for Canadians, more effective health services and products, and a strengthened



Canadian health care system. In line with CIHR's mandate, the Strategic Plan includes a commitment in [Priority E](#) to better integrate evidence into health decisions by advancing the science and practice of knowledge mobilization.

CIHR has developed a new Knowledge Mobilization Framework and Action Plan, informed by extensive engagements with diverse stakeholders. In 2024–25, CIHR will announce the Framework and begin implementing early activities of the Action Plan. The activities will focus on the four streams of the Framework: building knowledge mobilization capacity and culture; addressing structural and systemic barriers to knowledge mobilization; funding and advancing the practice and science of knowledge mobilization; and advancing CIHR's internal knowledge mobilization measurement, monitoring and evaluation. CIHR will also modernize and rebrand its flagship knowledge brokering program, [Best Brains Exchange \(BBE\) program](#) while taking steps to enhance its open science policies. In relation to funding knowledge mobilization, the Agency will continue to fund a range of strategic initiatives and funding opportunities focused on furthering both the practice and science of knowledge mobilization.

In 2024–25, CIHR will begin to fund implementation science projects focusing on the evaluation of dementia programs, services & models of care, and a Knowledge Mobilization Hub for brain health and cognitive impairment research in Canada. CIHR will also initiate knowledge mobilization activities, including planned reporting for grants funded in 2023–24. Through a targeted Budget 2022 investment, this work will allow CIHR to ramp up efforts to learn more about dementia and brain health; improve treatment and outcomes for persons living with dementia; and evaluate and address mental health consequences for caregivers as well as different models of care.

SPOR will advance Indigenous self-determination in health and research in accordance with the [Truth and Reconciliation Commission's \(TRC\) Calls to Action](#) and the [United Nations Declaration of the Rights of Indigenous Peoples \(UNDRIP\)](#). SPOR will also continue to invest in Indigenous communities' abilities to advance their rights; and to undertake POR topics relevant to them by expanding its current funding in Canada's territories. A new SPOR [SUPPORT Unit](#) which provides specialized services for People and Patient-Oriented Research and Trials in Nunavut will be funded along with existing ones in Yukon and Northwest Territories (Hotì ts'eeda) to support POR capacity building and to accelerate First Nations, Inuit and Métis Peoples self-determination in health research.

In addition, CIHR will continue its collaboration with Tri-Agency partners to implement the Tri-Agency Research Data Management Policy and consult on updates to the Tri-Agency Open Access Policy.

#### *Key risks*

CIHR continues to manage risks relating to fulfilling its mandate. Over the last two years, the Agency has taken valuable and meaningful steps to manage its risks by developing a new corporate risk profile (CRP). The CRP addresses CIHR's fundamental corporate risks in relation to the Agency's strategic objectives and key responsibilities. It also establishes viable risk mitigation strategies in line with CIHR's strategic vision and current organizational realities.

For 2024–25 CIHR's CRP identifies five corporate risks:

**Risk 1 - Corporate Prioritization:** Expectations of CIHR's role in the health research ecosystem have expanded in recent years which has created increased motivation for the Agency to take on new priority initiatives. There is a risk that CIHR's current corporate prioritization process may cause it to establish new priorities with limited resources thus expending available resources beyond sustainable levels.

**Risk 2 - CIHR/Institutes' Authorities, Roles and Responsibilities:** The interrelationship between CIHR and the 13 Institutes has evolved over the years and the role of Scientific Directors vis-à-vis CIHR is not clearly defined. There is a risk that the lack of a clear governance framework between CIHR and the Institutes may allow certain management decisions that operate outside the strict confines of Government of Canada policy framework.

**Risk 3 - Tri-Agency Grants Management Solution (TGMS):** There is a high level of expectation within the research community to support the TGMS and yet there is no consistent source of financial resources to support CIHR's contributions. There is a risk that CIHR's current issues in sustaining the ongoing support for the TGMS initiative could lead to reduced level of confidence in CIHR to fulfill its commitments to the project.

**Risk 4 - Cybersecurity:** There is a risk that CIHR's current IM/IT infrastructure (e.g., systems, software) and support framework (e.g., strategies, policies, procedures, expertise) may allow for significant cybersecurity incidents affecting confidentiality, integrity, and availability of services.

**Risk 5 - Research Funding Integrity:** There is a risk related to partnered competitions and initiatives with regards to misaligned policies and/or competition delivery requirements between CIHR and its partners. This may impact CIHR's overall reputation and financial management autonomy as well as the integrity of the research funding delivery process.

A detailed monitoring and reporting process has been developed to support risk owners, risk champions and risk collaborators to monitor and regulate response strategies and mitigation efforts, under the control and oversight of CIHR's Chief Risk Officer.

### *Snapshot of planned resources in 2024–25*

- Planned spending: \$1,323,421,351
- Planned full-time resources: 301

Gender-based analysis plus

In 2024–25, CIHR will continue advancing its [Accessibility Plan 2023–2026](#) goals and measure its progress. In response to the Clerk’s [Call to Action on Anti-Racism, Equity, and Inclusion](#), and in alignment with its Strategic Plan commitments, CIHR will publish [accessibility and systemic ableism](#) and [anti-racism](#) action plans aimed at reducing barriers in the health research funding system. CIHR has a [Gender-Based Analysis \(GBA\) Plus Framework](#) that seeks to build GBA Plus capacity and sustain the practice of using a GBA Plus lens through three streams:

**GBA Plus in CIHR-Funded Research:** [CIHR’s Sex and Gender-Based Analysis \(SGBA\) in Research Action Plan](#) aims to ensure that sex and gender are integrated into all CIHR-funded research. In addition, CIHR is increasingly integrating requirements in funding opportunities to ensure that EDI and Indigenous Rights considerations are meaningfully considered in research proposals, including in research team environments and processes. These measures endeavour to ensure that CIHR-funded research is relevant, culturally safe, and impactful for the full diversity of people living within Canada. In 2024–25, CIHR will continue to support this work by developing new and enhanced resources for applicants to support integration of EDI considerations into all stages of the research process.

**GBA Plus in CIHR’s Funding System:** CIHR’s [Equity Strategy](#) aims to ensure equitable access to funding for all eligible individuals. In 2024–25, CIHR will continue to monitor equity and diversity of applicants and recipients of CIHR funding, as well as members of peer review committees, using data collected through the expanded Tri-Agency Self-Identification Questionnaire. This data will be used to identify barriers and exclusions in CIHR’s funding system and develop appropriate strategies to address them. CIHR will also produce new and enhanced online training resources for peer reviewers to help mitigate bias in the peer review process.

**GBA Plus in CIHR’s Workplace:** This stream aims to ensure that CIHR conducts its business in an equitable manner. In 2024–25, CIHR will continue work on the development of an EDI Strategy and Action Plan for the workplace. CIHR will aim to improve EDI in its workforce by evaluating the insights and recommendations from an Employment Systems Review by looking at new data sets and by engaging in consultations with partners. Furthermore, as part of its commitment to improving data sets, CIHR plans to launch a self-identification campaign. This campaign aims to encourage employees to voluntarily self-identify, enabling CIHR to gather more accurate and comprehensive data to inform its EDI initiatives and programs more effectively.

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

In 2024–25, CIHR will continue to support the achievement of the following UN Sustainable Development Goals (SDG) 2030s.

**SDG 3: Ensure healthy lives and promote well-being for all at all ages:** CIHR will continue to support initiatives focused on healthy well-being for all across all ages through the Institute of Human Development, Child and Youth Health and the Institute of Aging, and through the continued implementation of its [Framework for Action on Global Health Research](#). In collaboration with domestic and international organizations to improve health in developing countries, CIHR continues to advocate for international research collaboration and equity-oriented research in three areas of focus: non-communicable diseases (NCDs); sex, gender and health; and health emergencies. In 2024–25, CIHR will continue to contribute to international bodies like the [Global Alliance for Chronic Diseases](#), and the [Global Research Collaboration for Infectious Disease Preparedness](#). CIHR will also continue to invest in the [Healthy Life Trajectories Initiative \(HeLTI\)](#).

**SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all:** CIHR will continue to implement its Strategic Plan 2021–2031 commitments to EDI, which include an emphasis on inclusive research excellence, advancing health equity, and strengthening and diversifying Canada's health research capacity. Within CIHR's definition and framework of research excellence, EDI is held as a core component of excellent research. In collaboration with the other federal research granting agencies, CIHR will advance this goal through the ongoing implementation of the [Tri-Agency EDI Action Plan \(2018–2025\)](#) and the development of a Tri-Agency Training Strategy that upholds the principles of EDI. In alignment with these commitments, CIHR will continue to deliver the Black Scholars initiative, through established scholarship and fellowship programs. CIHR will also develop action plans that include a focus on capacity bridging to address racial and ableist bias in the research funding ecosystem.

**SDG 5: Achieve gender equality and empower all women and girls:** CIHR will continue to develop innovative approaches to address gender inequality within the research landscape, through initiatives such as equalization for female nominated principal investigators in its Project Grant Program. Taking an intersectional approach, CIHR will also continue to implement proactive measures to ensure that the research it funds is relevant and impactful for women, girls and gender-diverse individuals, and will continue to invest in gender-focused research initiatives such as the [National Women's Health Research Initiative](#) focusing on transformative interventions.

**SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all:** CIHR continues to support the development of scientific, professional, and organizational leaders within and beyond the health research enterprise by staying abreast of training best practices and innovations, and integrating these into initiatives, programs, policies, and other activities. As a contributor to BLSS, CIHR is investing in the training of highly qualified personnel and clinical trials projects to support the development of new drugs and treatments.

**SDG 10: Reduce inequality within and among countries:** CIHR is supporting the Government of Canada's goal to invest in targeted scholarships. In 2024–25, CIHR will continue its work to integrate, across the Canadian global health research ecosystem, the use of principles (known collectively as 'Principles for Global Health Research') that are designed to support researchers in Canada to embrace ethical and equitable approaches to global health research into action. Through the Agency's priority to Accelerate the Self-Determination of Indigenous Peoples in Health Research as established in the

Strategic Plan, actions are taken to build capacity for research and reduce inequality by removing systemic barriers to accessing research funding.

**SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable:** In 2024–25, CIHR will continue to invest in initiatives such as the [Healthy Cities Research Initiative \(HCRI\)](#) under the leadership of the Institute for Population and Public Health. HCRI is designed to deepen Canada’s scientific leadership in planning, designing and building healthy cities. Governments and communities can harness this potential by promoting physical activities, healthy eating, social connectivity, economic opportunity, and injury prevention as well as access to health services, clean air, nutritious food, and green space. HCRI has the overarching goal of improving health in Canada by ensuring urban environments are maximizing their health-promoting potential and minimizing their harms.

**SDG 12: Ensure sustainable consumption and production patterns:** CIHR will continue to incorporate specific environmental sustainability clauses in its calls for tenders, with a particular emphasis on product life cycle assessment and disposal within internal processes. These departmental actions contribute to ensuring sustainable consumption and production patterns by promoting public procurement practices that are sustainable, in accordance with national policies and priorities thus improving Canada's waste diversion targets.

**SDG 13: Take urgent action to combat climate change and its impacts:** CIHR will continue to implement targeted investments in health and climate change with a strong focus on addressing health inequities under the leadership of the Institute of Indigenous Peoples' Health. The outcomes of these investments will contribute to new knowledge, tools, and resources to collectively mitigate 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.

#### *Program inventory*

Funding Health Research and Training is supported by the following programs in the program inventory:

- Investigator-Initiated Research
- Training and Career Support
- Research in Priority Areas

Supporting information on planned expenditures, human resources, and results related to CIHR’s program inventory is available on [GC InfoBase](#).

#### *Summary of changes to reporting framework since last year*

CIHR has not made any changes to its reporting framework.

## Internal services

### In this section

- [Description](#)
- [Plans to achieve results](#)
- [Snapshot of planned resources in 2024-25](#)
- [Related government priorities](#)

#### *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; and
- acquisition management services.

#### *Plans to achieve results*

CIHR continues to deliver on its Strategic Plan. Priority Steering Committees 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. The Strategic Plan is enacted through a series of annual strategic action plans, which outline the activities that will be undertaken to realize the ambitious vision and strategic direction of CIHR's Governing Council. The Year 4 Action Plan, to be published in the spring of 2024, will include a report on progress and achievements to date.

As part of CIHR's Strategic Plan commitment to foster excellence in the management and operations of the Agency, planning and prioritization processes will continue to be strengthened through its integrated planning process. This process supports the appropriate alignment of available resources to priorities to deliver desired results, considering reporting information and risk management practices.

In 2024–25, CIHR will finalize the evaluations of the STBBI, and the Banting Postdoctoral Fellowships Program. In addition, the Agency will implement evaluations of CTF, CRPPHE and an assessment of COVID-19 Research Investments. CIHR will also support the completion of the evaluations of the New Frontiers in Research Fund and the College and Community Innovation (CCI) Program.

CIHR will continue its implementation of workflow automation across the Agency using the Joget DX software to increase efficiency, improve accuracy, reduce processing times, and provide advanced data, monitoring and reporting. The software permits agile product development, ensuring the processes that are developed meet the business requirements from the outset, and can be easily modified when required. In addition, the Agency will commence the next phase of its Cloud Strategy through cloud optimization and the implementation of Financial Operations (FinOps) practices, adding transparency and aiding in cost control through monitoring, analysis and cost optimization, resource efficiency, performance optimization, scalability, continuous improvement and enhanced security and compliance.

#### *Snapshot of planned resources in 2024–25*

- Planned spending: \$46,139,369
- Planned full-time resources: 288

#### ***Related government priorities***

Planning for contracts awarded to Indigenous businesses

The Government of Canada is committed to reconciliation with Indigenous Peoples and to improving socio-economic outcomes by increasing opportunities for First Nations, Inuit, and Métis businesses through the federal procurement process.

Under the [Directive on the Management of Procurement](#), which came into effect on May 13, 2021, departments must ensure that a minimum of 5% of the total value of the contracts they award are held by Indigenous businesses.

CIHR must complete and submit procurement plans, through templates provided by Indigenous Services Canada, for the following:

- Planned procurement leases in the Nunavut Settlement Area; and
- Annual Indigenous Procurement Plans

CIHR does not have any procurement leases in the Nunavut Settlement Area, nor does it anticipate having any, given its mandate. The following outlines CIHR's plans for 2024–25 regarding other measures undertaken internal to the organization and in support of mandatory procedures:

#### **Action Plan**

1. Continue to attend Indigenous reverse trade shows organized by Public Services and Procurement Canada to meet the Indigenous community.
2. Maintain a bank of names of Indigenous companies to be able to invite them to various calls for tender.
3. Provide procurement information and awareness sessions for internal customers, carried out by the procurement department.
4. Ensure that Indigenous businesses are included by default in procurement processes.
5. Submit reports to CIHR management demonstrating the percentage of Indigenous contracts that have been awarded.
6. Prepare tools to capture all requests made to Indigenous businesses, even if they have not submitted bids or been declared winners of a process.

7. Continuously monitor the Agency’s progress throughout the fiscal year, leading to the evaluation of the achievements against its targets.

**Challenges in achieving the minimum target of 5%, and mitigation strategies:** As a small Agency with a narrow mandate, CIHR has a limited number of contracts. Most contracts by the nature of its services offered are specialized service contracts. Indigenous businesses that are in the right field or have the capability to fulfill similar contracts may be limited in relation to CIHR’s needs, which often require very specific expertise.

During the 2023–24 period, efforts were made by CIHR to secure the services of Knowledge Keepers and Elders, recognizing their immense importance to the Agency. Despite the Agency’s contacts with various entities, it was difficult to meet this requirement as businesses invited to bid were not responsive. Moving forward, CIHR’s efforts will continue as it strives to address this important aspect.

Table 4: Planning for the award of contracts to Indigenous businesses

5% reporting field	2022-23 actual result	2023-24 forecasted result	2024-25 planned result
Total percentage of contracts with Indigenous businesses	N/A	5%	5%



## Planned spending and human resources

This section provides an overview of CIHR’s planned spending and human resources for the next three fiscal years and compares planned spending for 2024–25 with actual spending from previous years.

### In this section

- [Spending](#)
- [Funding](#)
- [Future-oriented condensed statement of operations](#)
- [Human resources](#)

### Spending

Table 5: Actual spending for the core responsibility and internal services (dollars)

The following table shows information on spending for CIHR’s core responsibility and for its internal services for the previous three fiscal years. Amounts for the current fiscal year are forecasted based on spending to date.

Core responsibility and internal services	2021–22 actual expenditures	2022–23 actual expenditures	2023–24 forecast spending
Funding health research and training	1,348,771,749	1,296,803,889	1,301,048,200
<b>Subtotal</b>	<b>1,348,771,749</b>	<b>1,296,803,889</b>	<b>1,301,048,200</b>
Internal services	35,527,516	40,108,019	46,364,483
<b>Total</b>	<b>1,384,299,265</b>	<b>1,336,911,908</b>	<b>1,347,412,683</b>

The net decrease of \$47.4M between 2021–22 and 2022–23 was mainly due to time-limited funding received to support COVID-19 research, ending in 2021–22, and the sunsetting of a number of Tri-Agency programs. This was largely offset by new funding received in 2022–23 for specific targeted research initiatives, including the Clinical Trials Fund (Budget 2021), Pediatric Cancer Research (Budget 2022), and responding to mpox (monkeypox) outbreaks in Canada.

Forecast spending in 2023–24 is expected to exceed actual 2022–23 spending by \$10.5M mainly due to the allocation of funding for Tri-Agency programs (in collaboration with its Tri-Agency partners). Funding for these programs impacts 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.

*Budgetary planning summary for the core responsibility and internal services (dollars)*

Table 6: Budgetary planning summary for the core responsibility and internal services (dollars)

The following table shows information on spending for CIHR’s core responsibility and for its internal services for the upcoming three fiscal years.

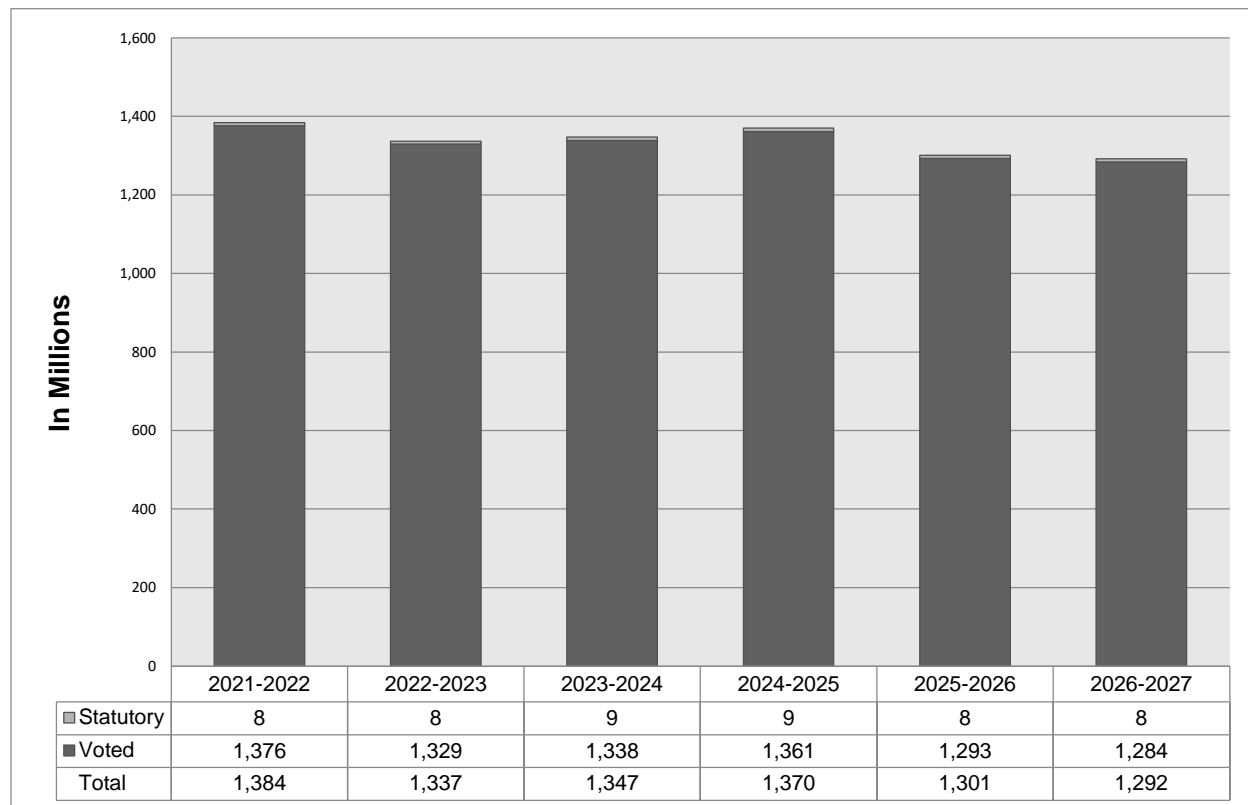
<b>Core responsibility and internal services</b>	<b>2024–25 budgetary spending (as indicated in Main Estimates)</b>	<b>2024–25 planned spending</b>	<b>2025–26 planned spending</b>	<b>2026–27 planned spending</b>
Funding Health Research and Training	1,323,421,351	1,323,421,351	1,257,530,096	1,249,047,685
<b>Subtotal</b>	<b>1,323,421,351</b>	<b>1,323,421,351</b>	<b>1,257,530,096</b>	<b>1,249,047,685</b>
Internal services	46,139,369	46,139,369	44,025,584	43,386,600
<b>Total</b>	<b>1,369,560,720</b>	<b>1,369,560,720</b>	<b>1,301,555,680</b>	<b>1,292,434,285</b>

The net decrease of \$68.0M between 2024–25 and 2025–26 is largely due to the re-profiling of the Clinical Trials Fund.

## Funding

Figure 1: Departmental spending 2021–22 to 2026–27

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



Note: Figures may not reconcile due to rounding.

CIHR's spending reached almost \$1.4B in 2021–22, mainly due to time-limited funding received to support COVID-19 research. Planned spending in 2023–24 and 2024–25, as compared to CIHR's actual expenditures in 2022–23, is expected to remain relatively stable. The decreases in 2025–26 and 2026–27 are largely attributable to the re-profiling of the Clinical Trials Fund (Budget 2021).

There is a net variance of \$22.1M between 2023–24 and 2024–25, mainly due to the following increases, for a total of \$47.0M:

- \$21.2M due to the re-profiling of the Clinical Trials Fund;
- \$11.2M for the 2022 Canada First Research Excellence Fund competition;
- \$9.9M for building a World-Class Health Data System for Canadians;
- \$2.5M due to the distribution of the Canada Graduate Scholarships; and
- \$2.2M for Dementia and Brain Health in Aging (Budget 2022).

This increase has been offset mostly by the following decreases, for a total of \$23.1M:

- \$14.6M due to the sunsetting of Pediatric Cancer (Budget 2021);
- \$4.0M for Coronavirus Variants Rapid Response Network (CoVaRR-Net);
- \$2.4M to Prevent Overdose Deaths; and
- \$2.1M for eliminating Cervical Cancer in Canada (sunsetting).

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.

*Estimates by vote*

Information on CIHR's organizational appropriations is available in the [2024–25 Main Estimates](#).

## Future-oriented condensed statement of operations

The future-oriented condensed statement of operations provides an overview of CIHR's operations for 2023–24 to 2024–25.

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](#).

Table 7: Future-oriented condensed statement of operations for the year ending March 31, 2025 (dollars)

Financial information	2023–24 forecast results	2024–25 planned results	Difference (2024–25 planned results minus 2023–24 forecast results)
Total expenses	1,359,113,870	1,379,635,793	20,521,923
Total revenues	2,588,004	4,687,974	2,099,970
Net cost of operations before government funding and transfers	1,356,525,866	1,374,947,819	18,421,953

Total expenses include grant and award payments for health research training of approximately \$1,259.9M in 2023–24 and \$1,286.0M in 2024–25, an increase of approximately 2.1% year-over-year. The remaining amount of \$99.2M in 2023–24 and \$93.7M in 2024–25 relate 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 grant and award payments. Revenues are expected to increase in 2024–25 because of an anticipated increase in external partner funds for health research and training.

## Human resources

### *Actual human resources summary for core responsibility and internal services*

Table 8: Actual human resources summary for core responsibility and internal services

The following table shows information on human resources, in full-time equivalents (FTEs), for CIHR's core responsibility and for its internal services for the previous three fiscal years. Human resources for the current fiscal year are forecasted based on year to date.

<b>Core responsibility and internal services</b>	<b>2021–22 actual full-time equivalents</b>	<b>2022–23 actual full-time equivalents</b>	<b>2023–24 forecast full-time equivalents</b>
Funding Health Research and Training	282	314	330
<b>Subtotal</b>	<b>282</b>	<b>314</b>	<b>330</b>
Internal services	256	276	288
<b>Total</b>	<b>538</b>	<b>590</b>	<b>618</b>

The increase from 2021–22 to 2023–24 results from the extension of temporary positions created to address immediate operational requirements and support initiatives announced in Budget 2021 and Budget 2022.

Table 9: Human resources planning summary for core responsibility and internal services

The following table shows information on human resources, in full-time equivalents (FTEs), for CIHR’s core responsibility and for its internal services planned for 2024–25 and future years.

<b>Core responsibility and internal services</b>	<b>2024–25 planned full-time equivalents</b>	<b>2025–26 planned full-time equivalents</b>	<b>2026–27 planned full-time equivalents</b>
Funding Health Research and Training	301	278	275
<b>Subtotal</b>	<b>301</b>	<b>278</b>	<b>275</b>
Internal services	288	269	265
<b>Total</b>	<b>589</b>	<b>547</b>	<b>540</b>

The decrease in full-time equivalents from 2024–25 through 2026–27 is the result of the sunsetting of time-limited initiatives, where the requirement for the respective temporary positions will begin to wind-down.

## Corporate information

### Organizational profile

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

Institutional head: Catherine MacLeod, Acting President

Ministerial portfolio: Health

Enabling instrument: *Canadian Institutes of Health Research Act* (S.C. 2000, c. 6)

Year of incorporation / commencement: 2000

### Organizational contact information

#### Mailing address

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Website: [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)



## Supplementary information tables

The following supplementary information tables are available on CIHR's website:

- [Details on transfer payment programs](#)
- [Gender-based analysis plus](#)

Information on CIHR's departmental sustainable development strategy can be found on [CIHR's website](#).

## Federal tax expenditures

CIHR'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](#). 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.

## 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.

### **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. GBA Plus is a process for understanding who is impacted by the issue or opportunity being addressed by the initiative; identifying how the initiative could be tailored to meet diverse needs of the people most impacted; and anticipating and mitigating any barriers to accessing or benefitting from the initiative. GBA Plus is an intersectional analysis that goes beyond biological (sex) and socio-cultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography, language, race, religion, and sexual orientation.

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

For the purpose of the 2024–25 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.

**Indigenous business**

As defined on the [Indigenous Services Canada website](#) in accordance with the Government of Canada’s commitment that a mandatory minimum target of 5% of the total value of contracts is awarded to Indigenous businesses annually.

**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.