



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada

# Canadian Institutes of Health Research 2024-25 Departmental Results Report

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Minister of Health

Canada 

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# Canadian Institutes of Health Research's 2024-25 Departmental Results Report

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## At a glance

This departmental results report details Canadian Institutes of Health Research's (CIHR) actual accomplishments against the plans, priorities and expected results outlined in its [2024-25 Departmental Plan](#).

- [Raison d'être, mandate, role](#)
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## Key priorities

CIHR identified the following key priorities for the 2024-25 Departmental Plan:

- Create new knowledge and facilitate knowledge mobilization to improve health outcomes for Canadians, more effective health services and products, and a stronger Canadian health care system.
- Strengthen Canada's health research capacity by supporting the current and next generation of health research leaders across all training and career stages, including early career researchers.
- Advance the self-determination of Indigenous (First Nations, Inuit, Métis) Peoples in health research by supporting a strategic health research agenda, initiatives and networks developed by and with Indigenous Peoples.
- Engage in strategic partnerships through bilateral and multilateral collaborations that will build Canada into a world-leading hub for health research and innovation to address pressing health challenges.
- Advance mental health and substance use initiatives with the goal of enhancing both service delivery and health outcomes.

## Highlights for CIHR in 2024-25

- Total actual spending (including internal services): \$1,424,372,235
- Total full-time equivalent staff (including internal services): 562

For complete information on CIHR's total spending and human resources, read the [Spending and human resources section](#) of its full departmental results report.

## Summary of results

The following provides a summary of the results the department achieved in 2024-25 under its main area of activity, called "core responsibility."

Core responsibility: Funding Health Research and Training

Actual spending: \$1,376,649,545

Actual full-time equivalent staff: 298

### High-level summary of the results achieved under Funding Health Research and Training

- Invested in knowledge mobilization initiatives to create new knowledge and integrate evidence into health decision making.
- Continued to strengthen Canada's health research capacity by developing the current and next generation of health research leaders across all stages of training and career development.
- Supported health research initiatives developed by and with Indigenous communities.
- Continued to engage in strategic partnerships through bilateral and multilateral collaborations to tackle urgent health challenges.
- Supported mental health and substance use initiatives to improve service delivery and enhance health outcomes.

For more information on CIHR's [Funding Health Research and Training](#) read the "Results - what we achieved" section of its departmental results report.

## From the Minister

I am pleased to present the 2024-25 Departmental Results Report of the Canadian Institutes of Health Research (CIHR).

Investigator-initiated, curiosity-driven research is the foundation of the health research enterprise and a major driver of health, well-being, and prosperity. As a result of the significant research investments made in Budget 2024, CIHR was able to increase its support of investigator-initiated research through the Project Grant competition from \$325M to \$411M, resulting in 453 funded grants, 98 more than planned. These investments will bring to life the novel ideas and projects of our research community as they work to improve health outcomes for all Canadians and help build Canada into a world-leading hub for science and innovation. These investments also help attract top research talent from around the world, across all research career stages. In addition, CIHR supports priority-driven research to address specific needs, including supporting important research on Indigenous health, youth health, and rare diseases.



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Minister of Health

CIHR remains committed to advancing the self-determination of Indigenous (First Nations, Inuit, Métis) Peoples in health research. This year, CIHR provided over \$37M to support the renewal of the Network Environments for Indigenous Health Research (NEIHR), an initiative that represents the largest investment ever made in Indigenous health research. The NEIHRs bring together researchers, Indigenous leaders, and community members to support community-based health research grounded in Indigenous ways of knowing. Together, they work to address significant health disparities, and train and mentor the next generation of First Nations, Inuit, and Métis health researchers. As a result of this renewed investment, this important initiative is now operating in every region of the country.

Young Canadians face unique challenges and complex mental health issues that require a broad range of supports. In response, CIHR and its partners invested \$59M to support the Integrated Youth Services (IYS) Network of Networks initiative. The IYS is a model of care that is transforming youth mental health and use care across Canada by replacing siloed systems with accessible, “one-stop-shop” hubs. As a result of this investment, this model of care has been spread across Canada, thereby enabling all provinces and territories to coordinate their efforts and share data that will be used to inform policies to improve service across the country.

In Canada, it is estimated that 75% of rare diseases affect children, this translates to over 900,000 children with rare diseases. With more than 7,000 known rare diseases, it is essential to support research in this field. In response, CIHR provided \$20M to create the RareKids-CAN Pediatric Rare Disease Clinical Trials and Treatment Network. This national network is promoting collaboration among researchers, patients, caregivers, health care providers, and policy makers, while supporting national and international clinical trials. Together, they are advancing discoveries and enabling better prevention, diagnosis, and treatments to improve health outcomes for children and adolescents affected by rare diseases.

I encourage you to read the 2024-25 CIHR Departmental Results Report to learn more about the investments that CIHR has made to support the health and well-being of Canadians and people throughout the world.

The Honourable Marjorie Michel, P.C., M.P.  
Minister of Health

## Results - what we achieved

Core responsibility and internal services

- [Core responsibility](#): Funding Health Research and Training
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**Core responsibility:** Funding Health Research and Training

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Description

The Canadian Institutes of Health Research 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.

Quality of life impacts

CIHR's core responsibility contributes to the Health domain of the [Quality of Life Framework](#) through its activities, more specifically to the "[Health-adjusted Life Expectancy](#)" and "[Perceived Mental Health](#)" indicators. It also contributes to the "[Prosperity](#)" domain's "[Investment in In-house Research and Development](#)" and "[Postsecondary Attainment](#)" indicators. And finally, CIHR contributes to the "[Society](#)" domain's "[Shared Values](#)" indicator.

Progress on results

This section details the Agency’s performance against its targets for each departmental result under Core responsibility: Funding Health Research and Training

Table 1: Canada’s health research is internationally competitive

Table 1 shows the target, the date to achieve the target and the actual result for each indicator under the result Canada’s health research is internationally competitive in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Canada's rank among the Organization for Economic Co-operation and Development (OECD) nations on the citation score of related health research publications	Ranking higher than or equal to 17	March 31, 2025	2022-23: 20 2023-24: 17 2024-25: 19
Percentage of funded research involving international collaborations	Greater than or equal to 13.5%	March 31, 2025	2022-23: 14.5% 2023-24: 14.2% 2024-25: 14.7%
Number of research projects funded jointly by CIHR and (an) international partner(s)	Greater than or equal to 151	March 31, 2025	2022-23: 90 2023-24: 67 2024-25: 46 <sup>1</sup>

Table 2: Canada’s health research capacity is strengthened

Table 2 shows the target, the date to achieve the target and actual result for each indicator under the result Canada’s health research capacity is strengthened in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Percentage of newly funded recipients who self-identify as women	Greater than or equal to 33.3%	March 31, 2025	2022-23: 45.2% 2023-24: 50.0% 2024-25: 51.1%
Percentage of newly funded recipients who self-identify as visible minorities <sup>2</sup>	Greater than or equal to 13.5%	March 31, 2025	2022-23: 23.9% 2023-24: 29.9% 2024-25: 28.9%

<sup>1</sup> The decrease in the number of projects funded jointly by CIHR and international partners is likely due to a number of factors, including a reduction in collaborative activities and agreements with an international partner, and possibly due to lingering effects of the pandemic.

<sup>2</sup> CIHR’s current reporting framework follows the standard set by the [Employment Equity Act](#), which uses “visible minority” to refer to groups of people impacted by racism. CIHR acknowledges that “visible minority” is an outdated term and that, per the 2024 [review of the Employment Equity Act framework](#), the use of “racialized groups” or “racialized people” is more appropriate and inclusive language to describe this group.

Percentage of newly funded recipients who self-identify as Indigenous Peoples	Greater than or equal to 1.1%	March 31, 2025	2022-23: 1.3% 2023-24: 1.8% 2024-25: 2.5%
Percentage of newly funded recipients who self-identify as persons with disabilities	Greater than or equal to 1.6%	March 31, 2025	2022-23: 2.9% 2023-24: 6.7% 2024-25: 7.2%
Percentage of research that addresses sex or gender considerations	Greater than or equal to 67%	March 31, 2025	2022-23: 81.2% 2023-24: 84.3% 2024-25: 85.8%
Percentage of total research investments in grants and awards addressing Indigenous health	Greater than or equal to 4.6% of CIHR's total annual Grants and Awards expenditures	March 31, 2025	2022-23: 4.7% 2023-24: 5.2% 2024-25: 4.7% <sup>3</sup>
Percentage of funded research trainees reporting using their research knowledge in their current position	Greater than or equal to 90%	March 31, 2025	2022-23: 94.3% 2023-24: 92.8% 2024-25: 92.8%

Table 3: Canada’s health research is used

Table 3 shows the target, the date to achieve the target and actual result for each indicator under the result Canada’s health research is used in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Partner funding for research projects	Greater than or equal to \$24.7M	March 31, 2025	2022-23: \$24.1M 2023-24: \$24.2M 2024-25: \$27.3M <sup>4</sup>
Percentage of CIHR funded research cited in patents	Greater than or equal to 8%	March 31, 2025	2022-23: 7.3% 2023-24: 7.1% 2024-25: 8.5%
Percentage of grants reporting stakeholder involvement in the research process	Greater than or equal to 84%	March 31, 2025	2022-23: 87.3% 2023-24: 87.9% 2024-25: 87.0%
Percentage of research contributing to improving health for Canadians	Greater than or equal to 39%	March 31, 2025	2022-23: 38.8% 2023-24: 41.6% 2024-25: 45.3%

The [Results section](#) of the Infographic for CIHR on GC Infobase page provides additional information on results and performance related to its program inventory.

<sup>3</sup> The decrease in the percentage of research investments in grants and awards (G&A) addressing Indigenous health in fiscal year 2024-25 is likely due to a number of factors, including a decrease in Indigenous Health Research (IHR) expenditures compared to an increase in CIHR G&A expenditures (fluctuation “in-year IHR-relevant expenditures / CIHR G&A expenditures”).

<sup>4</sup> This total reflects partner investments administered by CIHR only.

Details on results

The following section describes the results for Funding Health Research and Training in 2024-25 compared with the planned results set out in CIHR's departmental plan for the year.

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

Results achieved

- Provided funding to support Canada's ongoing and future responses to pandemics and health emergencies. This included leading a coordinated, multi-government [research response](#) to address the growing zoonotic threat of Avian Influenza A (H5N1), strengthening Canada's preparedness for future pandemic threats through investments in research, training, capacity building, and knowledge mobilization.
- Developed an [Interim Investment Plan](#) for the [Centre for Research on Pandemic Preparedness and Health Emergencies \(CRPPHE\)](#) informed by extensive engagement with federal, provincial, and territorial governments, academia, and non-governmental partners.
- Strengthened Canada's clinical trials ecosystem through the [Clinical Trials Fund](#) by investing in both research and infrastructure. In alignment with the priorities of the [Biomanufacturing and Life Sciences Strategy](#), CIHR funded 14 clinical trial projects which incorporate an array of clinical trial phases, designs, and objectives across a broad range of health research areas.
- Continued to fund research and knowledge mobilization supporting the [Canadian Drugs and Substances Strategy](#) on various substances including cannabis, psilocybin, and polysubstance use. Furthermore, the [Canadian Research Initiative in Substance Matters](#), launched by CIHR's [Institute of Neurosciences, Mental Health and Addiction](#), continued to advance research and knowledge mobilization related to prevention, harm reduction, and treatment services for those impacted by substance use.
- Expanded integrated youth services through an additional investment of \$59M in support of the [Integrated Youth Services Network of Networks \(IYS-Net\)](#) initiative. Building on earlier investments by CIHR and partners, including the [Graham Boeckh Foundation](#), these additional funds will support the provincial, territorial, and Indigenous IYS networks and create a pan-Canadian [IYS data platform](#).
- Maintained its commitment to improving health equity, accelerating discovery and innovation, strengthening research capacity, and mobilizing knowledge through the [HIV/AIDS and Sexually Transmitted and Blood-Borne Infections Research Initiative](#) led by the CIHR [Institute of Infection and Immunity](#).
- Sustained monitoring and oversight of the [Canadian Longitudinal Study on Aging \(CLSA\)](#). Through the Catalyst Grant [funding opportunity](#), CIHR and partners funded 30 research teams to analyze the extensive CLSA data and generate new knowledge across all four pillars, with the goal of finding ways to help Canadians live long and live well.
- Reinvested in the [Canadian Consortium on Neurodegeneration in Aging \(CCNA\) Operations Centre](#) by funding the [CCNA Operations Centre](#) and launching a [funding opportunity](#) for CCNA Research Teams to advance collaborative Canadian research in neurodegenerative diseases.
- Hosted through CIHR's [Institute of Aging](#), the [Dementia Research and Innovation Funders Alliance](#)'s second annual meeting, welcoming over 30 organizations, Indigenous leadership, and people with lived experience. The resulting report, [The Road Ahead for the Alliance](#), includes a focused vision for collaboration, impact, and sustainability.

- Funded eight research grants and a pediatric rare disease clinical trials and treatment network as part of the Government of Canada’s [Investments to Support Access to Drugs for Rare Diseases](#).
- Continued to fund and monitor important initiatives that serve Canadian researchers such as the [Canadian Council on Animal Care](#), that sets national standards to ensure the ethical treatment of animals in Canadian science.
- Maintained an ongoing oversight function of the CIHR-funded Canadian Pediatric Cancer Consortium (ACCESS) and participated in the Consortium’s Annual Meeting in an observer role.
- Continued to fund the [Canadian Research Data Centre Network](#) which offers researchers secure access to an array of social, economic, and health microdata that are collected and administered by Statistics Canada.
- Maintained strategic partnerships through bilateral and multilateral forums as outlined in CIHR’s draft Domestic Engagement Strategy, including biannual Strategic Partnership Table meetings with the [National Alliance of Provincial Health Research Organizations \(NAPHRO\)](#) and the [Health Charities Coalition of Canada](#).
- Collaborated with 29 countries on a [Joint Programming Initiative on Antimicrobial Resistance \(AMR\)](#) to support research in AMR with the goal of achieving long-term reductions in resistance levels and better public health outcomes.
- Launched a [joint funding call](#) with Canada’s Tri-Agency<sup>5</sup> partners and France’s National Research Agency, for proposals on multidisciplinary collaborative research on artificial intelligence, spanning the areas of natural sciences and engineering, social sciences, and health.
- Established international collaboration and participation in the European Framework Programme and Horizon Europe based on CIHR’s International Research Framework. The Agency also established successful collaborations with Japan, Australia, and the United Kingdom.
- Engaged in strategic partnerships under the European Joint Programme for Rare Diseases, the European Partnership on Transforming Health and Care Systems, and the European Partnership on One Health Antimicrobial Resistance.

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

### Results achieved

- Collaborated with Tri-Agency partners to develop and publish a [Tri-Agency Research Training Strategy](#), which set the direction for the delivery of an equitable, inclusive, accessible, and effective suite of scholarships and fellowships. The Agency also supported five training and mentoring platforms through its [second launch of the Health Research Training Platform](#) funding opportunity.
- Continued to administer the Canada Graduate Scholarship program, the Vanier Canada Graduate Scholarships, and the Banting Postdoctoral Fellowships. The value of these scholarships and fellowships was [increased](#), in response to the Budget 2024 commitment to supporting the next generation of researchers.

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<sup>5</sup> Tri-Agency is the umbrella term used to describe the three Canadian Government research funding agencies: the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), and the Social Sciences and Humanities Research Council (SSHRC).

- Completed substantive program design work to streamline its previous array of scholarships and fellowship awards into a [Canada Research Training Awards Suite \(CRTAS\)](#), a new harmonized talent program that will open for applications in summer 2025.
- Awarded [45 doctoral and postdoctoral fellows](#) and funded [12 early career researchers](#) through the ongoing [Health System Impact Program](#). The program is led by the [Institute of Health Services and Policy Research](#) in collaboration with multiple CIHR institutes and initiatives, funding agencies, health system organizations, and universities.
- Enhanced opportunities for early career researchers to be included in the peer review process through ongoing monitoring and refinement of the CIHR Early Career Researcher Awards Review Program and the CIHR [Reviewer in Training Program](#). The Postdoctoral Fellow Review Program provided a similar opportunity for postdoctoral researchers.
- Enhanced patient-oriented research (POR) capacity through [PASSERELLE](#), by supporting fellowships for undergraduate students, graduate students, and postdoctoral fellows; supported leadership and training awardees to embed POR in health systems and advance independent research careers.
- Funded 48 projects across Canada through [planning and dissemination grants](#) focused on developing research agendas and evidence to better reflect the needs of diverse populations in Canada, including those experiencing health inequities, while building POR capacity.
- Advanced Indigenous self-determination in health research by creating the Nunavut SUPPORT Unit to build research capacity, support community-led health initiatives, and strengthen research infrastructure in Canada's territories.
- Continued to support Indigenous communities in leading health research grounded in Indigenous knowledge systems that focus on resilience and wellness through CIHR's [Institute of Indigenous Peoples' Health](#). This included the renewal of the [Network Environments for Indigenous Health Research \(NEIHR\)](#) program for five more years and funding of the [Yukon NEIHR Centre development grant](#), ensuring the program operates in every national region to support the next generation of researchers while championing research focused on equitable outcomes.
- Continued collaboration with Indigenous (First Nations, Inuit, Métis) Peoples and Canada Research Coordinating Committee partners, to implement interdisciplinary research and training models to advance reconciliation with the [Extension of Strengthening Indigenous Research Capacity Strategic Plan to 2026](#). Together, we are identifying and reducing administrative barriers that restrict access to research funding for Indigenous Peoples. The [Indigenous Leadership Circle in Research](#) is guiding the implementation of the strategic directions outlined in the plan.
- Collaborated with a working group on the publication of the [Tri-Agency Policy on Indigenous Citizenship and Membership Affirmation](#), to establish a process focused on the affirmation of Indigenous citizenship or membership that will provide reasonable assurance that opportunities intended for First Nations, Inuit, and Métis applicants are held by them.
- Released the joint Tri-Agency report [What We Heard – Tri-Agency engagement with the research community on modernization of the federal research support system](#) synthesizing input received from the broad research community with a vision to enhance coordination of initiatives among Tri-Agency partners, invest in areas of critical importance to the country, and provide a unified approach to international opportunities for Canadian researchers.

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

#### Results achieved

- Continued to develop a Knowledge Mobilization Framework and Action Plan, along with a proposed approach to update, coordinate, and enhance investments in this area.
- Launched the [Partnering for Impact: Catalyst Grant](#) funding opportunity to support co-prioritized and co-produced research activities between researchers, knowledge users, and knowledge holders.
- Collaborated with the [Strategy for Patient-Oriented Research \(SPOR\)](#) partners across Canada in an inclusive engagement process involving people with lived experience, Indigenous communities, researchers, healthcare providers, and policymakers on future directions for SPOR. The process resulted in a report with recommendations that focused on strengthening POR and promoting health equity by developing research agendas that reflect the needs of diverse communities.
- Supported seven Café Scientifique events to connect the public with health researchers and inform future research.
- Organized a knowledge mobilization event through CRPPHE, that brought together researchers, funders, and stakeholders to share findings and explore how to adapt research efforts to fill critical knowledge gaps in response to rising mpox cases in Africa.
- Continued delivery of CIHR's flagship knowledge brokering program, the [Best Brains Exchange \(BBE\)](#) Program, a key tool in supporting the integration of evidence into policy. This included hosting events with Health Canada on the following topics: team-based primary care, pharmacogenetics, mental health in environmental emergencies; and ultra-processed foods (which led to a joint research [funding opportunity](#) in this area).
- Co-hosted a dialogue series with the Global Commission on Evidence to Address Societal Challenges on strengthening Canadian evidence support systems.
- Collaborated with Tri-Agency partners, to review the [Tri-Agency Open Access Policy on Publications](#). A [report](#) was published summarizing feedback from workshops and expert interviews and a draft policy was developed and circulated for public feedback.
- Continued the implementation of the [Tri-Agency Research Data Management Policy](#) by piloting data management plans in strategic funding opportunities, publishing new guidance for applicants and reviewers, and consulting on readiness for requirements related to data deposit.

#### Key risks

In 2024-25, CIHR continued to manage risks related to fulfilling its mandate. The Corporate Risk Profile 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.

Risk 1 - Corporate Prioritization: there is a risk that CIHR's current corporate prioritization process may not allow for sufficient oversight and controls to ensure new Agency priorities are sufficiently resourced (e.g., infrastructure, staff, funding), and that overall existing priorities are resourced properly.

Risk 2 - CIHR/Institutes' Authorities, Roles, and Responsibilities: there is a risk that the lack of a clear governance framework within CIHR and between CIHR and the Institutes, including the authorities, roles, and responsibilities, may cause an important misalignment in terms of who is accountable for

what, and how decisions are made, leading to potential reputational damage to CIHR as well as inefficient decision making and use of limited resources.

Risk 3 - Tri-Agency Grants Management Solution (TGMS): there is a risk that CIHR may not be able to respond adequately to the expectations of its stakeholder community with regards to a modern, user-friendly, and flexible granting system, predicated on a harmonized granting business process approach. This risk is coupled with the risk that TGMS uptake on the part of the research community may be slow and protracted due to inadequate change management and legacy system transitioning practices. Should these risks materialize, health research stakeholders would significantly lose confidence in CIHR's role as an innovative leader in the health research ecosystem.

Risk 4 - Cybersecurity: there is a risk that CIHR's current Information Management/Information Technology 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 (core and/or critical).

Risk 5 - Research Funding Partnerships: CIHR and partners can have different and sometimes conflicting mandates and accountabilities (i.e., taxpayers, boards, donors), which can create policy and process misalignment and tension within the partnership. A formally documented policy on consulting and collaborating, subject to periodic review and updates, is needed to allow CIHR and partners to work collaboratively and efficiently together. Without this framework there is a risk associated with partnered competitions and initiatives, specifically: 1) the inconsistent interpretation and application of Central Agency policies by CIHR, and 2) conflicting or misaligned policies and/or delivery requirements between CIHR and its partners. This could affect CIHR's reputation and potentially lead to an uneven application of the research funding delivery process.

Resources required to achieve results

Table 4: Snapshot of resources required for Funding Health Research and Training

Table 4 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	\$1,323,421,351	\$1,376,649,545
Full-time equivalents	301	298

The [Finances section](#) of the Infographic for CIHR on GC Infobase and the [People section](#) of the Infographic for CIHR on GC Infobase provide complete financial and human resources information related to its program inventory.

Related government priorities

This section highlights government priorities that are being addressed through this core responsibility.

Gender-based Analysis Plus

CIHR has a [Gender-Based Analysis \(GBA\) Plus Framework](#) to coordinate related work and to operationalize commitments to the Health Portfolio, Women and Gender Equality Canada, and the Tri-Agency Equity, Diversity and Inclusion (EDI) Action Plan.

Through its GBA Plus Framework, CIHR continued to build organizational capacity to sustain the practice of integrating a GBA Plus lens through three streams: CIHR-funded research, CIHR's funding system, and CIHR's workplace. CIHR also published its [Accessibility progress report 2024](#), outlining commitments and actions, and highlighting progress made in priority areas during the second year of implementing of its [Accessibility Plan 2023-2026](#).

More information Gender-based Analysis Plus can be found in the [Supplementary Information Table](#).

United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals  
In 2024-25, CIHR continued to support the achievement of the UN Sustainable Development Goals (SDG) 2030s identified below.

SDG 3 - Ensure healthy lives and promote well-being for all at all ages: CIHR continued to implement its [Framework for Action on Global Health Research](#) by investing in research focused on: non-communicable diseases through the [Global Alliance for Chronic Diseases](#) and the [Healthy Life Trajectories Initiative](#); sex, gender, and health through the [Addressing Neglected Areas of Sexual and Reproductive Health and Rights in Sub-Saharan Africa](#) and [Women RISE](#) initiatives; and health emergencies through the [Global Research Collaboration for Infectious Disease Preparedness](#). CIHR continued the implementation of the [Canadian Longitudinal Study on Aging protocol](#) and launched a [funding opportunity](#) to support research efforts using the CLSA research platform.

SDG 4 - Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all: CIHR published its [Research Excellence Framework](#), which recognizes excellent research as inclusive. CIHR also published [From Intention to Impact: CIHR's Anti-Ableism Action Plan](#), to make CIHR anti-ableist. CIHR with Tri-Agency partners [renewed the Dimensions Program](#) that aims to support an inclusive post-secondary research system and culture. A Tri-Agency [EDI Action Plan](#) and a [Research Training Strategy](#) were also put in place to support diverse students and postdoctoral researchers.

SDG 5 - Achieve gender equality and empower all women and girls: CIHR partnered with Canada's International Development Research Centre and Global Affairs Canada on the seven-year initiative Addressing Neglected Areas of Sexual and Reproductive Health and Rights in Sub-Saharan Africa to promote sexual and reproductive health and rights in Sub-Saharan Africa. In partnership with Women and Gender Equality Canada, CIHR continued to invest in women's health research through the [National Women's Health Research Initiative \(NWHRI\)](#), supporting various research projects aimed at finding evidence-based solutions to improve access and experience of [women and gender diverse people in the health care system](#). In 2024-25, CIHR continued to support the [NWHRI Hubs](#), [Biomedical Discovery Grants](#), and [Innovation Fund Implementation Science and Translational Research Grants](#). These investments targeted underserved populations and catalyzed high-priority areas of women's health research, including pregnancy/perinatal care, HIV, violence against women, cardiovascular health, postmenopausal syndrome, endometriosis, and cancer.

SDG 10 - Reduce inequality within and among countries: With its priority to accelerate the self-determination of First Nations, Inuit, and Métis Peoples, CIHR continued to take actions to build research capacity and remove systemic barriers to research funding. CIHR continued to support the Government of Canada's commitment to invest in targeted scholarships and adopted the [Principles for Global Health Research](#) as a best practice in conducting global health research, encouraging researchers to adopt ethical and equitable approaches.

SDG 11 - Make cities and human settlements inclusive, safe, resilient, and sustainable: The [Healthy Cities Research Initiative](#), co-led by seven CIHR Institutes, was designed to deepen Canada's scientific leadership on healthy cities and improve health in Canada by ensuring urban environments are maximizing health-promoting potential and minimizing related harmful effects. CIHR funded five projects to support [data analysis of existing databases and cohorts](#), advancing healthy cities intervention research and implementation science.

SDG 13 - Take urgent action to combat climate change and its impacts: CIHR funded 42 [Community-Based Research in Climate Change Priority Areas Catalyst Grants](#) in climate justice, food security in northern communities, Lyme disease alternate diagnoses, and health impacts of climate change on older adults. In partnership with the Public Health Agency of Canada, this funding fosters equitable partnerships between communities affected by climate change and researchers, ensuring that local priorities are addressed while advancing health outcomes.

More information on CIHR's contributions to Canada's Federal Implementation Plan on the 2030 Agenda and the Federal Sustainable Development Strategy can be found in CIHR's [Departmental Sustainable Development Strategy](#).

#### Innovation

CIHR conducted a thorough assessment of its cloud infrastructure by implementing performance optimizations, fine-tuning configurations, and enhancing security measures. These efforts led to measurable cost reductions and more responsible and robust cloud usage. CIHR also established an Agency Cloud FinOps governance structure to ensure sustainable and efficient cloud financial management. In addition, CIHR successfully automated ten business workflows within the Agency's HR branch, streamlining operations and enhancing accuracy and efficiency.

#### Program inventory

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

- Investigator-Initiated Research (IIR)
- Training and Career Support (TCS)
- Research in Priority Areas (RPA)

Additional information related to the program inventory for Funding Health Research and Training is available on the [Results page on GC InfoBase](#).

## Internal services

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Description

Internal services refer to the activities and resources that support a department in its work to meet its corporate obligations and deliver its programs. The 10 categories of internal services are:

- Management and Oversight Services
- Communications Services
- Legal Services
- Human Resources Management
- Financial Management
- Information Management
- Information Technology
- Real Property
- Materiel
- Acquisitions

Progress on results

This section presents details on how the department performed to achieve results and meet targets for internal services.

CIHR completed the [evaluation of the Antimicrobial Resistance Research Initiative \(AMRI\)](#). The initiative is strengthening AMR research through national, international, and interdisciplinary collaborations. AMRI-funded research has informed policy and decision making and led to patents and spin-offs. CIHR agrees with the evaluation's recommendations and is using them to collaborate with federal partners on a national One Health research strategy. Additionally, CIHR evaluated the Tri-Agency Banting Postdoctoral Fellowships program, the results and recommendations were agreed to by management and subsequently informed the design, objectives and expected outcomes of the Canadian Research Training Awards Suite (CRTAS), announced in Budget 2024.

Resources required to achieve results

Table 5: Resources required to achieve results for internal services this year

Table 5 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	\$46,139,369	\$47,722,690
Full-time equivalents	288	264

The [Finances section](#) of the Infographic for CIHR on GC Infobase and the [People section](#) of the Infographic for CIHR on GC Infobase provide complete financial and human resources information related to its program inventory.

Contracts awarded to Indigenous businesses

Government of Canada departments are required to award at least 5% of the total value of contracts to Indigenous businesses every year.

Table 6: Total value of contracts awarded to Indigenous businesses<sup>1</sup>

As shown in Table 6, CIHR awarded 4.33% of the total value of all contracts to Indigenous businesses for the fiscal year.

Contracting performance indicators	2024-25 Results
Total value of contracts awarded to Indigenous businesses <sup>2</sup> (A)	\$194,155.45
Total value of contracts awarded to Indigenous and non-Indigenous businesses (B)	\$4,478,533.27
Value of exceptions approved by deputy head (C)	\$0.00
Proportion of contracts awarded to Indigenous businesses $[A / (B-C) \times 100]$	4.33%
<ul style="list-style-type: none"> <li>- <sup>1</sup>“Contract” is a binding agreement for the procurement of a good, service, or construction and does not include real property leases. It includes contract amendments and contracts entered into by means of acquisition cards of more than \$10,000.00.</li> <li>- <sup>2</sup>For the purposes of the minimum 5% target, the data in this table reflects how Indigenous Services Canada (ISC) defines “Indigenous business” as either:               <ul style="list-style-type: none"> <li>o owned and operated by Elders, band and tribal councils</li> <li>o registered in the <a href="#">Indigenous Business Directory</a></li> <li>o registered on a modern treaty beneficiary business list.</li> </ul> </li> </ul>	

In its 2025-26 Departmental Plan, CIHR estimated that it would award 5% of the total value of its contracts to Indigenous businesses by the end of 2024-25.

CIHR narrowly missed the 5% Indigenous procurement target last fiscal year. Two main factors contributed to this gap: deferral or cancellation of several set-aside procurements, and a lack of bids from Indigenous business on certain tenders. In response, a new Indigenous Procurement Strategy has been implemented, applying an “Indigenous-first” lens to all purchases through the annual integrated procurement planning cycle. All procurement officers are trained and guide clients in leveraging the [Procurement Strategy for Indigenous Businesses](#). Further enhancements are underway, including a contracting guide and additional training, a daily-updated dashboard tracks progress, and a database of Indigenous suppliers expanded through participation in reverse trade shows – ensures procurement opportunities remain visible and accessible.

## Spending and human resources

In this section

- [Spending](#)
- [Funding](#)
- [Financial statement highlights](#)
- [Human resources](#)

### Spending

This section presents an overview of the department's actual and planned expenditures from 2022-23 to 2027-28.

### Refocusing Government Spending

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

As part of meeting this commitment, CIHR identified the following spending reductions:

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

During 2024-25, CIHR worked to realize these reductions through the following measures:

- Reductions to its operating budget by scaling back travel in non-core business areas, as well as streamlining its spending on consulting and professional services, with an increased focus on utilizing internal resources.

### Budgetary performance summary

Table 7: Actual three-year spending on core responsibilities and internal services (dollars)

Table 7 shows the money that CIHR spent in each of the past three years on its core responsibility and on internal services.

Core responsibilities and internal services	2024-25 Main Estimates	2024-25 total authorities available for use	Actual spending over three years (authorities used)
Funding Health Research and Training	\$1,323,421,351	\$1,377,684,468	<ul style="list-style-type: none"> <li>• 2022-23: \$1,296,803,889</li> <li>• 2023-24: \$1,301,482,091</li> <li>• 2024-25: \$1,376,649,545</li> </ul>
<b>Subtotal</b>	<b>\$1,323,421,351</b>	<b>\$1,377,684,468</b>	<ul style="list-style-type: none"> <li>• <b>2022-23: \$1,296,803,889</b></li> <li>• <b>2023-24: \$1,301,482,091</b></li> <li>• <b>2024-25: \$1,376,649,545</b></li> </ul>
Internal services	\$46,139,369	\$47,965,834	<ul style="list-style-type: none"> <li>• 2022-23: \$40,108,019</li> <li>• 2023-24: \$46,974,106</li> <li>• 2024-25: \$47,722,690</li> </ul>
<b>Total</b>	<b>\$1,369,560,720</b>	<b>\$1,425,650,302</b>	<ul style="list-style-type: none"> <li>• <b>2022-23: \$1,336,911,908</b></li> <li>• <b>2023-24: \$1,348,456,197</b></li> <li>• <b>2024-25: \$1,424,372,235</b></li> </ul>

Analysis of the past three years of spending

The net increase in spending of \$11.5M between 2022-23 and 2023-24 was mainly due to compensation adjustments resulting from collective agreements and eligible payroll expenditures, as well as new funding for the National Strategy on Drugs for Rare Diseases.

Spending in 2024-25 exceeded 2023-24 by \$75.9M largely due to:

- The receipt of new funding announced in Budget 2024, including increased support to core research grants, support for graduate students and postdoctoral researchers, and endowment to the Gairdner Foundation; and
- 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.

The [Finances section](#) of the Infographic for CIHR on GC Infobase offers more financial information from previous years.

Table 8 Planned three-year spending on core responsibilities and internal services (dollars)

Table 8 shows CIHR’s planned spending for each of the next three years on its core responsibilities and on internal services.

Core responsibilities and internal services	2025-26 planned spending	2026-27 planned spending	2027-28 planned spending
Funding Health Research and Training	\$1,328,792,388	\$1,384,642,816	\$1,427,146,692
<b>Subtotal</b>	<b>\$1,328,792,388</b>	<b>\$1,384,642,816</b>	<b>\$1,427,146,692</b>
Internal services	\$46,186,309	\$45,363,509	\$43,852,047
<b>Total</b>	<b>\$1,374,978,697</b>	<b>\$1,430,006,325</b>	<b>\$1,470,998,739</b>

Analysis of the next three years of spending

The net increase of \$55.0M between 2025-26 and 2026-27 and of \$41.0M between 2026-27 and 2027-28 are largely due to new funding announced in Budget 2024, including increased support to core research grants, support for graduate students and postdoctoral researchers, youth mental health, Canadian genomics strategy, cannabis research, indigenous health research capacity, and the Canada research training award suite. This was offset by a decrease in time-limited funding for targeted research initiatives and the allocation of funding for Tri-Agency programs.

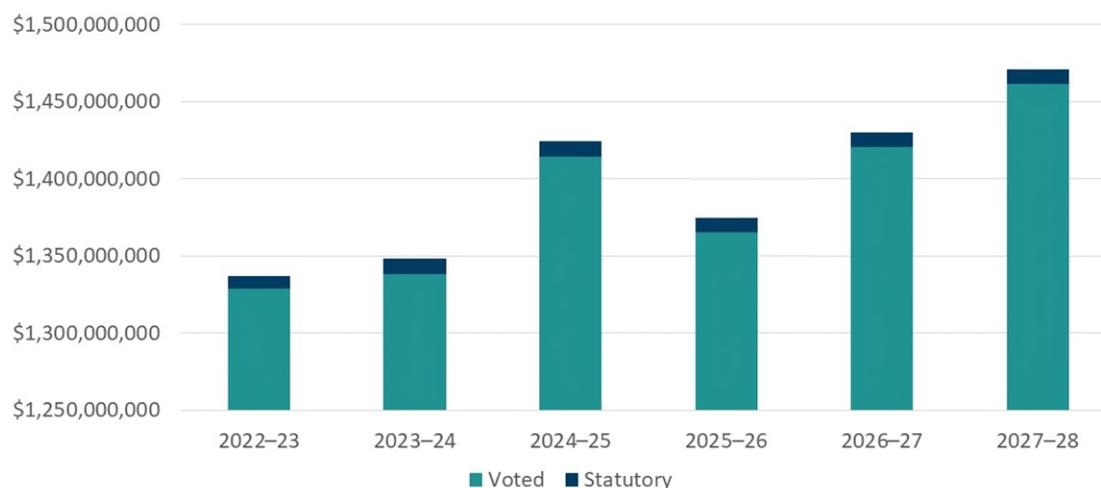
The [Finances section](#) of the Infographic for CIHR on GC Infobase offers more detailed financial information related to future years.

## Funding

This section provides an overview of the department's voted and statutory funding for its core responsibilities and for internal services. Consult the [Government of Canada budgets and expenditures](#) for further information on funding authorities.

Graph 1: Approved funding (statutory and voted) over a six-year period

Graph 1 summarizes the department's approved voted and statutory funding from 2022-23 to 2027-28.



### Text version of graph 1

Graph 1 includes the following information in a bar graph:

Fiscal year	Statutory	Voted	Total
2022-23	\$8,298,214	\$1,328,613,694	\$1,336,911,908
2023-24	\$10,182,784	\$1,338,273,413	\$1,348,456,197
2024-25	\$9,896,030	\$1,414,476,205	\$1,424,372,235
2025-26	\$9,682,685	\$1,365,296,012	\$1,374,978,697
2026-27	\$9,610,369	\$1,420,395,956	\$1,430,006,325
2027-28	\$9,243,452	\$1,461,755,287	\$1,470,998,739

### Analysis of statutory and voted funding over a six-year period

CIHR's spending reached \$1.4B in 2024-25, mainly due to new funding announced in Budget 2024, including increased support to core research grants and support for graduate students and postdoctoral researchers. This new funding will see a net increase to CIHR's budget in future years, apart from planned spending in 2025-26, which is expected to decrease compared to 2024-25, largely due to the re-profiling of the Clinical Trials Fund (Budget 2021). Since its inception in 2000, and while continuing to

deliver an increasing number of funding programs and initiatives, CIHR’s operating budget has remained extremely lean, representing less than 6% of its total budget.

Consult the [Public Accounts of Canada](#) for further information on CIHR’s departmental voted and statutory expenditures.

#### Financial statement highlights

CIHR’s [Financial Statements](#) (Unaudited) for the Year Ended March 31, 2025.

Table 9: Condensed Statement of Operations (unaudited) for the year ended March 31, 2025 (dollars)

Table 9 summarizes the expenses and revenues for 2024-25 which net to the cost of operations before government funding and transfers.

Financial information	2024-25 actual results	2024-25 planned results	Difference (actual results minus planned)
Total expenses	1,428,495,343	1,379,635,793	48,859,550
Total revenues	3,831,691	4,687,974	(856,283)
Net cost of operations before government funding and transfers	1,424,663,652	1,374,947,819	49,715,833

#### Analysis of expenses and revenues for 2024-25

Total expenses increased primarily due to an additional \$49.2M (3.7%) in funding health research and training, largely driven by new investments announced in Budget 2024 (as discussed above). This increase was offset slightly by Internal Services expenses that were 0.6% below planned spending. Revenues were lower than expected due to a reclassification of the refund of prior year expenditures from revenue to expenses. Due to the immateriality of the amount, the change was applied prospectively in CIHR’s 2024-25 financial statements, and planned results in the table above remain unchanged. The resulting decrease was partially offset by donations from external partners, which were slightly higher than expected. The timing and amount of these donations are influenced by various factors, many of which are beyond CIHR’s control.

The 2024-25 planned results information is provided in CIHR’s [Future-Oriented Statement of Operations and Notes 2024-25](#).

Table 10: Condensed Statement of Operations (unaudited) for 2023-24 and 2024-25 (dollars)

Table 10 summarizes actual expenses and revenues and shows the net cost of operations before government funding and transfers.

Financial information	2024-25 actual results	2023-24 actual results	Difference (2024-25 minus 2023-24)
Total expenses	1,428,495,343	1,356,817,909	71,677,434
Total revenues	3,831,691	1,831,659	2,000,032

Financial information	2024-25 actual results	2023-24 actual results	Difference (2024-25 minus 2023-24)
Net cost of operations before government funding and transfers	1,424,663,652	1,354,986,250	69,677,402

Analysis of differences in expenses and revenues between 2023-24 and 2024-25

CIHR's actual expenses consist of transfer payments for grants and awards (93.4%) and operating expenses (6.6%). Revenues are made up of donations from third parties to fund health research.

Total actual revenues fluctuate annually as the components of CIHR revenues are dependent on collaborations with external parties to support health research. Partner donations depend on the timing of receiving the funding and disbursing it to health researchers. CIHR received \$3.7M from external partners and disbursed \$3.8M to health researchers in 2024-25 (\$1.8M was disbursed in the previous fiscal year).

The increase in actual expenses for 2024-25 compared to the previous fiscal year is due mainly to an increase in grants and awards expenses of \$78.4M, which is reflective of increased authorities available as discussed earlier in this report, offset by reduced spending on operating expenses (\$6.7M decrease). The most significant of these reductions include salary (\$3.9M decrease) which is mostly due to significant retroactive payments made in the prior year as well as a decrease in headcount, accommodation (\$1.8M decrease) as a result of significantly decreased office space while CIHR prepares to move to a new building in 2025-26, and Professional and special services (\$1.7M decrease) as a result implementation of the Refocusing Government Spending exercise.

Table 11: Condensed Statement of Financial Position (unaudited) as of March 31, 2025 (dollars)

Table 11 provides a brief snapshot of the amounts the department owes or must spend (liabilities) and its available resources (assets), which helps to indicate its ability to carry out programs and services.

Financial information	Actual fiscal year (2024-25)	Previous fiscal year (2023-24)	Difference (2024-25 minus 2023-24)
Total net liabilities	16,772,158	16,825,858	(53,700)
Total net financial assets	12,080,058	12,132,409	(52,351)
Departmental net debt	4,692,100	4,693,449	(1,349)
Total non-financial assets	3,841,869	2,987,797	854,072
Departmental net financial position	(850,231)	(1,705,652)	855,421

Analysis of agency's liabilities and assets since last fiscal year

CIHR's total net liabilities are made up of accounts payable and accrued liabilities, vacation pay and compensatory leave, deferred revenue as well as accrued employee future benefits. Total liabilities are largely unchanged from the previous year. A \$0.5M increase in accounts payable and accrued liabilities is offset by decreases to accrued vacation pay (\$0.4M decrease) and deferred revenue balances (\$0.1M decrease).

Net financial assets include amounts due from the Consolidated Revenue Fund and accounts receivable and advances. Total financial assets are largely unchanged from the prior year. A \$0.4M increase in Due from the Consolidated Revenue Fund is offset by a \$0.4M decrease in Accounts receivable.

CIHR’s non-financial assets include prepaid expenses and tangible capital assets. The \$0.9M increase is primarily due to additions of tangible capital assets (\$1.5M), offset by typical annual amortization on existing assets (\$0.6M). CIHR is scheduled to move to a new physical location in 2025-26 and a significant portion of the additions relate to preparing the new office space (\$1.3M).

#### Human resources

This section presents an overview of the department’s actual and planned human resources from 2022-23 to 2027-28.

Table 12: Actual human resources for core responsibilities and internal services

Table 12 shows a summary in full-time equivalents of human resources for CIHR’s core responsibility and for its internal services for the previous three fiscal years.

Core responsibilities and internal services	2022-23 actual full-time equivalents	2023-24 actual full-time equivalents	2024-25 actual full-time equivalents
Funding Health Research and Training	314	327	298
<b>Subtotal</b>	<b>314</b>	<b>327</b>	<b>298</b>
Internal services	276	289	264
<b>Total</b>	<b>590</b>	<b>616</b>	<b>562</b>

#### Analysis of human resources for the last three years

The increase from 2022-23 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. The decrease in full-time equivalents from 2023-24 to 2024-25 is due to the sunseting of time-limited initiatives, where the requirement for the respective temporary positions will begin to wind down.

Table 13: Human resources planning summary for core responsibilities and internal services

Table 13 shows the planned full-time equivalents for CIHR’s core responsibility and for its internal services for the next three years. Human resources for the current fiscal year are forecast based on year to date.

Core responsibilities and internal services	2025-26 planned full-time equivalents	2026-27 planned full-time equivalents	2027-28 planned full-time equivalents
Funding Health Research and Training	287	290	284
<b>Subtotal</b>	<b>287</b>	<b>290</b>	<b>284</b>
Internal services	257	256	257

Core responsibilities and internal services	2025-26 planned full-time equivalents	2026-27 planned full-time equivalents	2027-28 planned full-time equivalents
<b>Total</b>	<b>544</b>	<b>546</b>	<b>541</b>

Analysis of human resources for the next three years

Planned full-time equivalents from 2025-26 to 2027-28 are expected to remain relatively stable.

## Supplementary information tables

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

- [Details on transfer payment programs](#)
- [Gender-based Analysis Plus](#)

## Federal tax expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the [Report on Federal Tax Expenditures](#).

This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs as well as evaluations and GBA Plus of tax expenditures.

## Corporate information

Departmental profile

Appropriate minister: The Honourable Marjorie Michel, P.C., M.P., Minister of Health

Institutional head: Dr. Paul Hébert, President

Ministerial portfolio: Health

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

Year of incorporation / commencement: 2000

Departmental contact information

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

## 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, departments or individuals; and payments to Crown corporations.

### **core responsibility** (responsabilité essentielle)

An enduring function or role of a department. The departmental results listed for a core responsibility reflect the outcomes that the department seeks to influence or achieve.

### **Departmental Plan** (plan ministériel)

A report that outlines the anticipated activities and expected performance of an appropriated department over a 3-year period. Departmental Plans are usually tabled in Parliament in spring.

### **departmental priority** (priorité)

A plan, project or activity that a department focuses and reports on during a specific planning period. Priorities represent the most important things to be done or those to be addressed first to help achieve the desired departmental results.

### **departmental result** (résultat ministériel)

A high-level outcome related to the core responsibilities of a department.

### **departmental result indicator** (indicateur de résultat ministériel)

A quantitative or qualitative measure that assesses progress toward a departmental result.

### **departmental results framework** (cadre ministériel des résultats)

A framework that connects the department's core responsibilities to its departmental results and departmental result indicators.

### **Departmental Results Report** (rapport sur les résultats ministériels)

A report outlining a department's accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

### **Full-time equivalent** (équivalent temps plein)

Measures the person years in a departmental budget. An employee's scheduled hours per week divided by the employer's hours for a full-time workweek calculates a full-time equivalent. For example, an employee who works 20 hours in a 40-hour standard workweek represents a 0.5 full-time equivalent.

### **Gender-based Analysis Plus (GBA Plus)** (analyse comparative entre les sexes plus [ACS Plus])

An analytical tool that helps to understand the ways diverse individuals experience policies, programs and other initiatives. Applying GBA Plus to policies, programs and other initiatives helps to identify the

different needs of the people affected, the ways to be more responsive and inclusive, and the methods to anticipate and mitigate potential barriers to accessing or benefitting from the initiative. GBA Plus goes beyond biological (sex) and socio-cultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography (including rurality), language, race, religion, and sexual orientation.

**government priorities** (priorités pangouvernementales)

For the purpose of the 2024-25 Departmental Results Report, government priorities are the high-level themes outlining the government's agenda as announced in the [2021 Speech from the Throne](#).

**horizontal initiative** (initiative horizontale)

A program, project or other initiative where two or more federal departments receive funding to work collaboratively on a shared outcome usually linked to a government priority, and where the ministers involved agree to designate it as horizontal. Specific reporting requirements apply, including that the lead department must report on combined expenditures and results.

**Indigenous business** (entreprise autochtones)

For the purposes of a Departmental Result Report, this includes any entity that meets the Indigenous Services Canada's criteria of being owned and operated by Elders, band and tribal councils, registered in the [Indigenous Business Directory](#) or registered on a modern treaty beneficiary business list.

**nonbudgetary 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 a department did with its resources to achieve its results, how well those results compare to what the department intended to achieve, and how well lessons learned have been identified.

**performance indicator** (indicateur de rendement)

A qualitative or quantitative measure that assesses progress toward a departmental-level or program-level result, or the expected outputs or outcomes of a program, policy or initiative.

**plan** (plan)

The articulation of strategic choices, which provides information on how a department intends to achieve its priorities and associated results. Generally, a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead to the expected result.

**planned spending** (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to the amounts presented in Main Estimates. Departments must determine their planned spending and be able to defend the financial numbers presented in their Departmental Plans and Departmental Results Reports.

**program** (programme)

An Individual, group, or combination of services and activities managed together within a department and focused on a specific set of outputs, outcomes or service levels.

**program inventory** (répertoire des programmes)

A listing that identifies all the department's programs and the resources that contribute to delivering on the department's core responsibilities and achieving its results.

**result** (résultat)

An outcome or output related to the activities of a department, policy, program or initiative.

**statutory expenditures** (dépenses législatives)

Spending approved through legislation passed in Parliament, other than appropriation acts. The legislation sets out the purpose and the terms and conditions of the expenditures.

**target** (cible)

A quantitative or qualitative, measurable goal that a department, program or initiative plans to achieve within a specified time period.

**voted expenditures** (dépenses votées)

Spending approved annually through an appropriation act passed in Parliament. The vote also outlines the conditions that govern the spending.