



Canadian Institutes of Health Research

2019–20

Departmental Results Report

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

Canadian Institutes of Health Research (CIHR)

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

Canadian Institutes of Health Research

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Minister's message

I am pleased to present the 2019–20 Departmental Results Report of the Canadian Institutes of Health Research (CIHR).

The COVID-19 pandemic has created an unprecedented challenge for health systems throughout the world. At the same time, it has also demonstrated the capacity of the global community to work collaboratively in response to this public health crisis. Here in Canada, CIHR has been fundamental to our international and domestic efforts to coordinate and support the research required to bring new evidence to help manage our health care systems, develop new treatments to care for people with COVID-19, and ultimately find a vaccine.



In February 2020, CIHR mobilized quickly to support a COVID-19 Rapid Research Response funding opportunity that supported 100 research projects on medical countermeasures (including antivirals), vaccine development, support for clinical trials, as well as social and policy countermeasures. I would like to extend my gratitude to Canada's health research community for mobilizing so quickly in response to the pandemic, as we continue to develop and implement measures to rapidly detect, manage, and reduce the transmission of COVID-19. I would also like to thank the many partners who contributed to these efforts, including our Tri-Agency partners—the Natural Sciences and Engineering Research Council, the Social Sciences and Humanities Research Council—the Canada Research Coordinating Committee (CRCC), the Canada Foundation for Innovation, the International Development Research Centre, and Genome Canada. Responding to this pandemic has required a whole-of-Canada approach, and our research institutions have been leading the way under very difficult circumstances.

In 2019–2020, CIHR also conducted broad, national consultations on the priorities that will shape its new Strategic Plan. While the pandemic has delayed the launch of the plan, CIHR continues to develop and refine its contents, based on feedback received from the research community, stakeholders from all sectors, and the Canadian public. The new Strategic Plan, which will be launched in fiscal year 2020–21, will help to guide CIHR's research investments over the next decade and further position CIHR as a global leader in health research.

In collaboration with its Tri-Agency partners, CIHR also reaffirmed its commitment to achieving a more equitable, diverse, and inclusive Canadian research enterprise. In particular, the agencies committed to supporting equitable access to funding opportunities for all researchers and trainees; promoting the integration of equity, diversity, and inclusion-related considerations in research design and practices; increasing equitable and inclusive participation in the research system; and collecting the data and conducting the analyses needed to include equity, diversity, and inclusion considerations in decision-making.

Working in collaboration with the CRCC and other partners, CIHR also took steps to strengthen Indigenous research and training in Canada. Through these efforts, Indigenous peoples will set

their own research priorities, guide how research is conducted and how data is used, and have equitable access to research and training opportunities. These steps are part of the Government of Canada’s ongoing commitment to respond to the Truth and Reconciliation Commission of Canada’s call to establish a new relationship with First Nations, Inuit and Métis Peoples – one that creates a more equal society, which acknowledges the value of traditional knowledge systems, and is based on mutual respect.

I invite you to read this 2019–20 Departmental Results Report to learn more about how CIHR’s investments are strengthening our health systems and improving health for Canadians and people throughout the world.

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

Minister of Health

Results at a glance and operating context

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. In 2019–20, CIHR’s total actual spending was \$1,202,050,854 and its actual workforce (full-time equivalents) was 492.

As Canada’s health research agency, CIHR achieved the following key results and activities in 2019–20:

- CIHR mobilized quickly to launch a rapid research response to the 2019 novel coronavirus (COVID-19) pandemic. It connected policy makers with research knowledge and supported Canada’s research community in the global fight against COVID-19. In collaboration with its partner and stakeholder communities, CIHR awarded [100 grants](#)ⁱ to accelerate the development, testing, and implementation of measures to deal with the COVID-19 outbreak. In partnership with the [Public Health Agency of Canada \(PHAC\)](#),ⁱⁱ CIHR also [launched](#)ⁱⁱⁱ a directed grant to the [Canadian Immunization Research Network \(CIRN\)’s Serious Outcomes Surveillance Network](#)^{iv} to gather data related to COVID-19 symptoms, possible treatments and risk factors, and to inform Canada’s public health response to COVID-19.
- CIHR worked with its [Governing Council members](#),^v [Scientific Directors](#),^{vi} Institutes, partners, the research community and other stakeholders to conduct the most comprehensive engagement process in the history of the organization to inform the development a new Strategic Plan. Over the course of the year, CIHR established an [online engagement portal](#),^{vii} conducted a national public survey, hosted multiple roundtable consultations with key partners, engaged several Indigenous communities, convened [stakeholder workshops](#)^{viii} and hosted a [National Health Research Summit](#).^{ix} Through these engagement activities, CIHR made significant progress in determining the future priorities that will inform the Strategic Plan, which is expected to be launched in 2020–21.
- CIHR continued to support commitments set out in the [mandate letters](#)^x of the Minister of Health including those in the areas of [cannabis](#),^{xi} [substance use](#),^{xii} [vaping](#),^{xiii} pediatric cancer and sex-and-gender-based analyses (SGBA). CIHR also worked with the [Canada Research Coordinating Committee \(CRCC\)](#)^{xiv} and its Tri-Agency partners to increase harmonization and coordination in policies and programs in such areas as equity, diversity and inclusion (EDI), early career researcher (ECR) support, and Indigenous research.

For more information on the Canadian Institutes of Health Research’s plans, priorities and results achieved, see the “Results: what we achieved” section of this report.

Results: what we achieved

Core responsibility

Funding health research and training

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.

Results

In support of its Core Responsibility to fund health research and training, CIHR invests in investigator-initiated research and priority-driven research, supports the development of research and other professional skills across career stages, and focuses on knowledge translation that facilitates the application of the results of research and their transformation into new policies, practices, procedures, products, and services. A robust peer review system supports the selection of the most innovative and cutting-edge applications for research and/or knowledge translation, while upholding the principles of fairness, transparency, and excellence.

CIHR's Core Responsibility delivers its activities through three Programs: investigator-initiated research, training and career support, and research in priority areas. Investigator-initiated research¹ is discovery-oriented and designed to support researchers at any career stage in conducting health-related research and knowledge translation projects of their choice. Training and career support invests in the next generation of researchers to build and maintain Canada's health research capacity to respond to new or existing challenges. Finally, research in priority areas engages the research community in specific areas to address gaps or emerging health priorities both nationally and internationally.

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

In 2019–20, CIHR continued to adapt to the changing research ecosystem and provided support to Canadian health researchers through various mechanisms.

CIHR was an integral part of the Canadian response to the COVID-19 pandemic. It collaborated with domestic and international partners including the [World Health Organization \(WHO\)](#)^{xv} and the [Global Research Collaboration for Infectious Disease Preparedness \(Glo-PID-R\)](#)^{xvi} to

¹ The Investigator-Initiated Research Program includes Project Grants, Foundation Grants, Canada Research Chairs, Canada Excellence Research Chairs, Canada First Research Excellence Fund, and Canada 150 Research Chairs.

determine how Canadian researchers could contribute to global research efforts, which resulted in the launch of a [rapid research response](#).ⁱ To foster global collaboration and open science, CIHR also signed the [Wellcome Trust’s Joint statement](#)^{xvii} on sharing research data and findings relevant to the COVID-19.

In alignment with Canada’s funding partners and to continue to improve its research assessment practices, CIHR, along with its Tri-Agency partners, [Genome Canada](#)^{xviii} and the [Canada Foundation for Innovation \(CFI\)](#),^{xix} signed the [San Francisco Declaration on Research Assessment \(DORA\)](#),^{xx} a global initiative to support the development and promotion of best practices in the assessment of scholarly research.

To facilitate effective Canadian and international health research collaborations, CIHR supported a number of international partnerships, including its renewed commitment to the [Human Frontier Science Program \(HFSP\)](#),^{xxi} its continued support of the [Healthy Life Trajectories Initiative \(HeLTI\)](#),^{xxii} its membership within the [Joint Programming Initiative on Antimicrobial Resistance \(JPIAMR\)](#),^{xxiii} and its long-standing collaboration with the [European Commission](#).^{xxiv}

CIHR delivered two Project Grant competitions and one Foundation Grant competition. The [spring competition](#)^{xxv} resulted in 382 research grants being approved for full funding (85 were awarded to ECRs and 14 were awarded for Indigenous health research projects), with an additional 21 applicants each receiving a one year bridge grant. The [fall competition](#)^{xxvi} resulted in 385 research grants being approved for full funding (84 were awarded to ECRs and 16 were awarded for Indigenous health research projects), with an additional four applicants each receiving a one year bridge grant. Additionally, CIHR delivered its last Foundation Grant competition,² which resulted in the approval of 28 research grants.

In 2019–20, CIHR also advanced a number of cyclical reviews of CIHR institutes, including the Institute of Aging; the Institute of Human Development, Child and Youth Health; and the Institute of Circulatory and Respiratory Health. CIHR also advanced evaluations for the following programs and initiatives: Operating Support; the [Collaborative Health Research Projects \(CHIRP\)](#)^{xxvii} Program; and the [Dementia Research Strategy](#).^{xxviii} The evidence gained from these evaluations will help CIHR to inform the design and delivery of future funding opportunities to support the achievement of its departmental results.

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

In 2019–20, CIHR took a number of actions to maintain and strengthen Canada’s health research capacity, including in the areas of training and career support; equity, diversity and inclusion; and Indigenous health research. Many of these included working with the Tri-Agencies to increase harmonization and coordination of policies and programs as mandated by the CRCC.

CIHR continued to work alongside its Tri-Agency partners to identify the best methods to deliver training support. This included adopting a common Tri-Agency definition for an early career researcher and supporting the CRCC’s [ECR plan](#)^{xxix} to help early career researchers succeed in

² In 2018–19, CIHR announced the decision to sunset the Foundation Grant Program following a [critical analysis of the program’s performance](#).

the research enterprise. CIHR and its Tri-Agency partners also [launched](#)^{xxx} a national [Healthy Cities Research Training Platform \(HC RTP\)](#)^{xxxii} to develop an interdisciplinary, cross-sectoral training initiative that will generate cutting-edge knowledge and build capacity for implementation science and solutions-based research.

In addition, CIHR advanced a Training and Career Support evaluation, the results of which will inform the future directions of [CIHR’s Strategic Action Plan on Training](#).^{xxxiii} CIHR also led the evaluation of the [Vanier Canada Graduate Scholarship \(Vanier CGS\)](#)^{xxxiii} program, in collaboration with the [Natural Sciences and Engineering Research Council \(NSERC\)](#)^{xxxiv} and the [Social Sciences and Humanities Research Council \(SSHRC\)](#).^{xxxv} The evaluation assesses the needs addressed by the program, the effectiveness of program design in supporting outcomes, and the achievement of expected results during the period from 2013–14 to 2017–18. Additionally, CIHR also supported [additional Canada Graduate Scholarships](#)^{xxxvi} and [extended paid parental leave](#)^{xxxvii} through investments from Budget 2019.

GBA+: Program Highlights for 2019-20

In 2019–20, 49 graduate students or postdoctoral fellows received extended paid parental leave.

CIHR’s [Institute of Gender and Health \(IGH\)](#) delivered in-person training on assessing the integration of Sex and Gender-Based Analysis (SGBA) within research proposals to selected peer review panels based on analysis of SGBA content provided by peer reviewers.

In 2019–20, CIHR, in collaboration with other federal granting agencies, continued to [support a diverse and inclusive research community](#)^{xxxviii} through a number of programmatic initiatives. This includes the jointly launched [Dimensions: Equity, Diversity and Inclusion Canada](#)^{xxxix} charter and pilot program that aims to foster transformational change within the research community at Canadian post-secondary institutions by identifying and eliminating obstacles and inequities for underrepresented or disadvantaged groups. CIHR and its Tri-Agency partners also jointly launched [EDI Institutional Capacity Building Grants](#)^{xl} and released a [Tri-Agency statement on EDI](#),^{xli} committing to facilitate an inclusive culture that is important for research excellence and rigour in the health research ecosystem.

Through the CRCC, CIHR and its Tri-Agency partners published [Setting new directions to support Indigenous research and training in Canada 2019-2022](#).^{xliii} This strategic plan was shaped by First Nations, Inuit and Métis voices and will guide the building of new models for supporting Indigenous research and research training. CIHR continued to support Indigenous health research through the [Network Environments for Indigenous Health Research \(NEIHR\) Program](#),^{xliiii} a national network of nine centres focused on capacity development, research and knowledge translation driven by, and grounded in, Indigenous communities in Canada. The NEIHR Program represents the largest single investment in Indigenous health research by the Government of Canada. In addition, guided by the [National Inuit Strategy on Research](#),^{xliv} CIHR and [Inuit Tapiriit Kanatami](#)^{xlv} are working together to strengthen research capacity through an [Inuit Research Network Development Grant](#),^{xlvi} and hosted a roundtable on research to support tuberculosis elimination across Inuit Nunangat.

Departmental Result 3: Canada’s health research is used

To help ensure that this funded health research improves the health of Canadians and strengthens the Canadian health care system, CIHR continued to support knowledge translation activities and targeted research initiatives related to Government of Canada commitments, as outlined in the mandate letter of the Minister of Health.

CIHR’s [Best Brain Exchanges \(BBEs\)](#)^{xlvii} brought together senior policy decision-makers and research and implementation experts to discuss high-priority health topics of shared interest. In collaborations with 23 federal and provincial partners, CIHR delivered 11 BBEs on various health system challenges (e.g., vaping, sexually transmitted blood borne infection testing, etc.), while celebrating its 100th BBE milestone.

To foster meaningful engagement of patients as active collaborators in research, CIHR released the [Ethics Guidance for Developing Partnerships with Patients and Researchers](#).^{xlviii} The Guidance document is an educational resource focused on how to maintain trust in research partnerships across the research lifecycle and providing guidance on how patient partners can play a role in the translation and exchange of research knowledge.

CIHR continued to support cannabis research through its [Integrated Cannabis Research Strategy](#).^{xlix} CIHR and a number of partners³ collaborated to support [cannabis research](#)^{xi} that will generate new evidence on the potential harms and therapeutic uses of cannabis and evaluate the effectiveness of government cannabis priorities.

In 2019–20, CIHR also funded new research to address Canada’s opioid crisis through the [Canadian Drugs and Substances Strategy \(CDSS\)](#).¹ Specifically, the [Evaluation of Interventions to Address the Opioid Crisis competition](#)^{xii} supported 15 research teams that are evaluating promising health interventions and practices that have been implemented at all levels of government to address the opioid crisis.

Additionally, CIHR and its partners announced a [funding opportunity](#)^{xiii} to support research to address urgent knowledge gaps related to the health effects of vaping in youth and adults.

As part of the [Action Plan on Post-Traumatic Stress Injuries \(PTSI\)](#),^{li} CIHR in collaboration with the [Canadian Institute for Public Safety Research and Treatment \(CIPSRT\)](#)^{lii} established the National Research Consortium, which focuses on research on post-traumatic stress injuries among public safety personnel. This work is the result of a partnership between CIHR and [Public Safety Canada](#)^{liiii} and includes [research grants focusing on PTSD in public safety personnel](#).^{liv}

CIHR supported the [renewal](#)^{lv} of the [CIHR Canadian HIV Trials Network \(CTN\)](#),^{lvi} which has been supporting a thriving community of researchers, people living with HIV and their caregivers, health advocates, and pharmaceutical and biotechnology companies to generate knowledge about prevention, treatment, management, and a cure for HIV/AIDS and other

³ Canadian Centre on Substance Use and Addiction, the Mental Health Commission of Canada, the Arthritis Society, the MS Society of Canada, and the Canadian Cancer Society

sexually transmitted and blood-borne infections (STBBI). Moreover, CIHR supported [additional investments](#)^{lvii} in STBBI research to support six teams in the area of biomedical and clinical HIV/AIDS research and three centres focused on HIV/AIDS, hepatitis C and other STBBI population health and health services research.

CIHR collaborated with Health Canada on the [Horizontal Evaluation](#)^{lviii} of the [Drug Safety and Effectiveness Network \(DSEN\)](#),^{lix} which seeks to increase, through research, the evidence on drug safety and effectiveness available to regulators, policy-makers, health care providers and patients. This evaluation examined the use, relevance, and timeliness of DSEN research during the period of April 2014 to March 2019.

CIHR continued to support Canada's Strategy for Patient-Oriented Research (SPOR). This includes supporting the [SPOR Evidence Alliance](#),^{lx} which helps connect policy decision-makers and health providers to researchers who may be able to address their priorities and needs in knowledge synthesis, guideline development, and knowledge translation. Additionally, CIHR supported [SPOR's Canadian Data Platform](#)^{lxi} and its [Data Access Support Hub \(DASH\)](#).^{lxii} This seven-year initiative is a single portal through which researchers will be able to access a multitude of administrative, clinical, and social data from various sources from across the country.

Gender-based analysis plus

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

- **GBA+ in CIHR-Funded Research:** Ensure that GBA+ is taken into account in research design, methods, analysis and interpretation and/or dissemination of findings. [CIHR's Sex and Gender-based Analysis \(SGBA\) in Research Action Plan](#)^{lxiv} aims to systematically integrate sex, gender, and other identity considerations into CIHR-funded research to ensure that CIHR-funded health research is relevant and impactful for Canada's diverse population.
- **GBA+ in CIHR's Funding System:** Ensure equitable access to CIHR funding for all eligible individuals. [CIHR's Equity Strategy](#)^{lxv} sets a vision for creating an equitable funding system by: a) identifying and eliminating systematic biases against any individual or groups that would hinder access to CIHR funding, and b) influencing the larger health research enterprise to adopt practices that are more equitable. CIHR has also developed Action Plans to address systemic barriers experienced by certain groups including a [Gender Equity Framework](#),^{lxvi} [Official Languages and Minority Communities Action Plan](#),^{lxvii} and [Action Plan: Building a healthier future for First Nations, Inuit and Métis Peoples](#).^{lxviii}
- **GBA+ in CIHR's Workplace:** Ensure that CIHR conducts its business in an equitable manner. This stream is operationalized through federal legislation (such as the Employment Equity Act, the Canadian Multiculturalism Act, and the Official Languages Act) and policies (such as the Employment Equity policy, Duty to Accommodate policy,

and Harassment in the Workplace policy). In 2018, CIHR implemented mandatory GBA+ training for all employees and members of Governing Council and in 2019, implemented mandatory Indigenous training for CIHR staff.

CIHR monitors implementation of GBA+ in each of the three streams as follows:

- Tracking integration of sex and gender in all research proposals;
- In May 2018, CIHR launched a [Tri-Agency Self-identification Questionnaire](#),^{lxxix} for applicants to all funding competitions to monitor differential impacts of funding programs on underrepresented and disadvantaged groups in science, including women, Indigenous peoples, persons with disabilities and members of visible minorities. An overview of [self-identification data for the 2018 and 2019 Spring and Fall Project Grant competitions](#)^{lxxx} is available on CIHR's EDI web page. While current data is limited and does not allow for analysis of trends over time, CIHR is committed to continuing to collect data and working with the community to find solutions to measure and address identified inequities. In addition, CIHR's Evaluation Unit is integrating similar EDI data into program evaluation to monitor differential impacts of funding programs on the four designated employment equity groups: women, Aboriginal peoples, persons with disabilities and members of visible minorities.
- Tracking GBA+ training completed by 90% of employees and all Governing Council members.

These findings are used to identify gaps in the application of GBA+ and inequities in access to funding, and to develop evidence-based solutions to improve GBA+ in CIHR-funded research, CIHR's funding system and CIHR's workplace.

One of the five priorities of the CRCC is [strengthening equity, diversity and inclusion \(EDI\) in research](#).^{lxxxi} As such, a harmonized approach to EDI across granting agencies (CIHR, NSERC, SSHRC and CFI) is being undertaken, including a [statement on EDI](#)^{lxxxii} and an [EDI Action Plan](#).^{lxxxiii} Initiatives in the EDI Action Plan are at various stages of implementation, some of which are described in the [first annual report to the CRCC](#)^{lxxxiv} and on the [CIHR EDI in Action webpage](#).^{lxxxv}

Experimentation

CIHR continued to work with NSERC and SSHRC on the [Tri-Agency Grants Management Solution \(TGMS\)](#)^{lxxxvi} initiative to harmonize and modernize grants management to better support applicants, administrators and reviewers across the entire grants management lifecycle. To help identify areas for improvement TGMS delivered [journey-mapping workshops](#)^{lxxxvii} to a targeted group of internal and external users who shared and documented their experiences with current systems.

Results achieved

Departmental results	Performance indicators	Target	Date to achieve target	2017–18 Actual results	2018–19 Actual results	2019–20 Actual results
Canada's health research is internationally competitive	Canada's rank among G7 nations in share of health research publications	2nd in the G7	March 31, 2020	2nd	2nd	2nd
	% of research involving international collaborations	Greater than or equal to 11%	March 31, 2020	12%	12%	16%
	Citation score of health research publications compared to the world average	Greater than or equal to 1.5	March 31, 2020	1.53	1.53	1.56
Canada's health research capacity is strengthened	\$ co-invested by partners in health research	Greater than or equal to \$0.80	March 31, 2020	\$0.84	\$0.84	\$0.89
	% of research that addresses sex or gender considerations	Greater than or equal to 56%	March 31, 2020	57%	62%	67%
	% of research investments addressing Indigenous health	Greater than or equal to 4.6% of CIHR's annual base budget	March 31, 2020	3.0%	3.1%	4.0%
	% of the next generation of researchers that go on to work in a research position	Greater than or equal to 87%	March 31, 2020	69%	92%	97%
Canada's health research is used.	% of federal health documents informed by research	Greater than or equal to 20%	March 31, 2020	25%	23%	28%
	% of research that informs patents	Greater than or equal to 9%	March 31, 2020	14%	13%	13%
	% of research contributing to improving health for Canadians	Greater than or equal to 39%	March 31, 2020	37%	37%	38%

Budgetary financial resources (dollars)

2019–20 Main Estimates	2019–20 Planned spending	2019–20 Total authorities available for use	2019–20 Actual spending (authorities used)	2019–20 Difference (Actual spending minus Planned spending)
1,138,655,058	1,138,655,058	1,170,643,824	1,168,529,359	29,874,301

Human resources (full-time equivalents)

2019–20 Planned full-time equivalents	2019–20 Actual full-time equivalents	2019–20 Difference (Actual full-time equivalents minus Planned full-time equivalents)
236	252	16

Financial, human resources and performance information for the Canadian Institutes of Health Research's Program Inventory is available in [GC InfoBase](#).^{lxxviii}

Internal Services

Description

Internal Services are those groups of related activities and resources that the federal government considers to be services in support of programs and/or required to meet corporate obligations of an organization. Internal Services refers to the activities and resources of the 10 distinct service categories that support Program delivery in the organization, regardless of the Internal Services delivery model in a department. The 10 service categories are:

- ▶ Acquisition Management Services
- ▶ Communication Services
- ▶ Financial Management Services
- ▶ Human Resources Management Services
- ▶ Information Management Services
- ▶ Information Technology Services
- ▶ Legal Services
- ▶ Material Management Services
- ▶ Management and Oversight Services
- ▶ Real Property Management Services

Results

CIHR implemented several changes to strengthen its corporate and governance activities, including the [appointment of its first independent Chairperson of CIHR’s Governing Council](#).^{lxxxix} CIHR also conducted several governance related assessments, including an [Internal Audit of Corporate Governance](#),^{lxxx} which prompted the launch of a Governance Renewal Initiative to strengthen and renew its organizational governance. In addition, CIHR conducted its most comprehensive engagement process in the history of the organization to inform the development a new Strategic Plan, as outlined in the Results at a glance and operating context section. Furthermore, CIHR initiated the development of operational and financial planning and reporting processes to support the delivery of its new Strategic Plan.

CIHR’s Mental Health Strategy continued to focus on reducing stigma, educating managers and employees to care for themselves and support each other, and implementing the [National Standard on Psychological Health & Safety in the Workplace](#).^{lxxxix} CIHR made training available for employees and supervisors through the [Mental Health Commission of Canada](#),^{lxxxii} including the [Working Mind](#)^{lxxxiii} training and [Mental Health First Aid](#)^{lxxxiv} program. A particular focus was on highlighting the psychosocial factors of the National Standard by coordinating information sessions with themes of growth, development and balance. CIHR also promoted the [LifeSpeak](#)^{lxxxv} series and webcasts, along with the [Employee Assistance Program](#),^{lxxxvi} which had very strong uptake from staff.

CIHR was part of a pilot program launched by the [Office of the Commissioner of Official Languages](#)^{lxxxvii} to complete the [Official Languages Maturity Model](#),^{lxxxviii} the results of which will inform the Official Languages Action Plan currently in development. Furthermore, in support of linguistic duality in the workplace, CIHR launched an internal second language-training program in September 2019 in support of achieving and maintaining bilingual proficiency within CIHR.

CIHR also launched the development of a Human Resources Data Strategy and adopted the [International Organization for Standardization \(ISO\) 30414 standard on human capital](#)^{lxxxix} in preparation for the development of dashboards to support the business intelligence function.

CIHR's Compensation team cleared 100% of Phoenix-related backlogged issues with pay files over the course of the year, and maintained an excellent service standard in response to any issues arising.

Budgetary financial resources (dollars)

2019–20 Main Estimates	2019–20 Planned spending	2019–20 Total authorities available for use	2019–20 Actual spending (authorities used)	2019–20 Difference (Actual spending minus Planned spending)
33,908,815	33,908,815	35,006,328	33,521,495	(387,320)

Human resources (full-time equivalents)

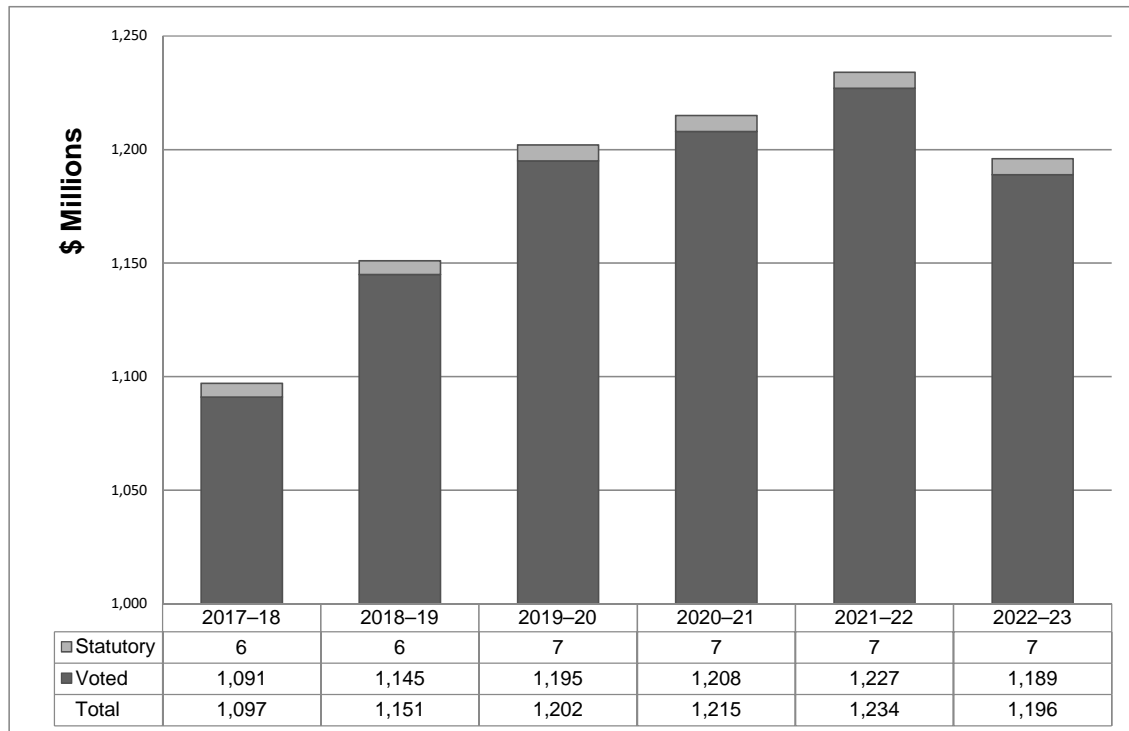
2019–20 Planned full-time equivalents	2019–20 Actual full-time equivalents	2019–20 Difference (Actual full-time equivalents minus Planned full-time equivalents)
242	240	(2)

Analysis of trends in spending and human resources

Actual expenditures

Departmental spending trend graph

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



Budgetary performance summary for Core Responsibilities and Internal Services (dollars)

Core responsibilities and Internal Services	2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending	2019–20 Total authorities available for use	2019–20 Actual spending (authorities used)	2018–19 Actual spending (authorities used)	2017–18 Actual spending (authorities used)
Funding Health Research and Training	1,138,655,058	1,138,655,058	1,183,861,746	1,201,853,838	1,170,643,824	1,168,529,359	1,117,593,924	1,068,516,854
Subtotal	1,138,655,058	1,138,655,058	1,183,861,746	1,201,853,838	1,170,643,824	1,168,529,359	1,117,593,924	1,068,516,854
Internal Services	33,908,815	33,908,815	30,996,904	31,704,184	35,006,328	33,521,495	33,333,203	28,644,331
Total	1,172,563,873	1,172,563,873	1,214,858,650	1,233,558,022	1,205,650,152	1,202,050,854	1,150,927,127	1,097,161,185

CIHR's 2019-20 actual spending of \$1,202.1M exceeded its planned spending of \$1,172.6M by \$29.5M largely as a result of:

- The redistribution of the Canada Research Chairs funding across the Tri-Agencies partners in order to align with the research landscape, resulting in an increase of \$12.4M for CIHR;
- Budget 2019 allocated \$6M to support the Canada Graduate Scholarship Master's and Doctoral program as well as the Paid Parental Leave coverage;
- Funding resulting from the third competition of the Canada Excellence Research Chairs Program, representing \$3.8M in 2019–20 and \$30M over eight fiscal years;
- Reprofiling of \$3M from 2018–19 to 2019–20 for the Canada Research Chairs program announced as part of Budget 2018 in order to maximize the number of additional chairs to be awarded;
- CIHR receiving \$2.0M for research related to cervical cancer in Canada; and
- CIHR collaborates with other federal departments and agencies and, as a result, funding is transferred to/from CIHR to address a common theme or research priority. Net transfers from CIHR were \$0.5M (decrease) in 2019–20.

Funds lapsed of \$3.6M is a result of the following underspending in:

- the Canada 150 Research Chairs of \$1.0M due to the cancellation of one chair in the most recent competition;
- In the Canada Excellence Research Chairs Program of \$1.0M due to the funding of two chairs instead of the originally anticipated three chairs in the most recent competition;
- In various other programs of \$0.3M; and
- In the operating budget of \$1.4M available for use in 2020–21.

Actual human resources

Human resources summary for core responsibilities and Internal Services

Core responsibilities and Internal Services	2017–18 Actual full-time equivalents	2018–19 Actual full-time equivalents	2019–20 Planned full-time equivalents	2019–20 Actual full-time equivalents	2020–21 Planned full-time equivalents	2021–22 Planned full-time equivalents
Funding Health Research and Training	255	229	236	252	257	254
Subtotal	255	229	236	252	257	254
Internal Services	205	232	242	240	237	230
Total	460	461	478	492	494	484

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

In 2019–20, CIHR created positions to lead some key priorities such as the development of its Strategic Plan and related processes for its implementation. The increase is offset by term positions ending in 2021–22.

Expenditures by vote

For information on the Canadian Institutes of Health Research’s organizational voted and statutory expenditures, consult the [Public Accounts of Canada 2019–2020](#).^{xc}

Government of Canada spending and activities

Information on the alignment of the Canadian Institutes of Health Research’s spending with the Government of Canada’s spending and activities is available in [GC InfoBase](#).^{xcii}

Financial statements and financial statements highlights

Financial statements

The Canadian Institutes of Health Research’s financial statements (unaudited) for the year ended March 31, 2020, are available on the [departmental website](#).^{xcii}

Financial statement highlights

Condensed Statement of Operations (unaudited) for the year ended March 31, 2020 (dollars)

Financial information	2019–20 Planned results*	2019–20 Actual results	2018–19 Actual results	Difference (2019–20 Actual results minus 2019–20 Planned results)	Difference (2019–20 Actual results minus 2018–19 Actual results)
Total expenses	1,177,223,795	1,214,779,379	1,159,398,245	37,555,584	55,381,134
Total revenues	1,237,989	6,541,528	4,237,977	5,303,539	2,303,551
Net cost of operations before government funding and transfers	1,175,985,806	1,208,237,851	1,155,160,268	32,252,045	53,077,583

* Refer to CIHR's [2019–20 Future-Oriented Statement of Operations](#)^{xviii} for additional information on planned results.

CIHR's expenses consist of transfer payments for grants and awards (93.6%) and operating expenses (6.4%). Revenues consist of donations from third parties for health research and refunds of previous years' grants and awards.

CIHR's actual total expenses were approximately \$37.6M higher than planned due primarily to additional investment stemming from Budget 2019 and other funding announcements, as well as the redistribution of the Canada Research Chairs funding across the Tri-Agencies partners in order to align with the research landscape. Refer to the Budgetary performance summary for further details.

CIHR's actual revenues were approximately \$5.3M higher than planned due to revenues resulting from collaborations with external partners, and refund from recipients for unspent funding for grants and awards ending in a prior year.

CIHR received slightly less funding from external partners in 2019–20, but was able to increase usage of prior year donations towards CIHR's contributions to health research, disbursing \$1.7M compared to \$1.0M in the prior year.

In 2019-20, there were refunds totaling \$4.9M, an increase from the \$3.2M refunded in the previous year. Refund of prior years' grants and awards is due to recipients' underspending the funding received, and is based on the unspent balance of the grant and awards at its end date.

CIHR's higher than planned total expenses of \$37.6M and higher than planned total revenues by \$5.3M in 2019–20 resulted in the net cost of operations before government funding and transfers being approximately \$32.3M higher than planned for the fiscal year.

Condensed Statement of Financial Position (unaudited) as of March 31, 2020 (dollars)

Financial information	2019–20	2018–19	Difference (2019–20 minus 2018–19)
Total net liabilities	13,882,967	13,434,388	448,579
Total net financial assets	12,711,874	11,477,437	1,234,437
Departmental net debt	1,171,093	1,956,951	(785,858)
Total non-financial assets	5,635,591	7,490,449	(1,854,858)
Departmental net financial position	4,464,498	5,533,498	(1,069,000)

CIHR's net liabilities are made up of accounts payables and accrued liabilities, vacation pay and compensatory leave, deferred revenue as well as employee future benefits. The slight increase in total net liabilities of \$0.5M is primarily due to an increase in the employee vacation accrual (\$1.0M) as a result of increased salary rates and additional days leave granted in compensation for the Phoenix pay system, as well as small increases in accounts payable and accrued liabilities (\$0.5M) which mainly relates to payables due to other government departments. These increases were offset by a decrease in deferred revenue (\$1.0M) caused by both fewer donations received in the year and an increased use of prior year donations towards CIHR's contributions to health research.

Net financial assets include amounts due from the Consolidated Revenue Fund and accounts receivable and advances. The \$1.2M increase of net financial assets in 2019–20 is the result of a decrease in due from the Consolidated Revenue Fund of \$0.6M, offset by a \$1.8M increase to accounts receivable (decrease of \$0.4M for external parties and increase of \$2.2M for other government departments and agencies).

CIHR's non-financial assets include prepaid expenses and tangible capital assets. The \$1.9M decrease in non-financial assets is primarily due the decrease in net book value of tangible capital assets as a result of increased amortization and fewer acquisitions than in previous years. Prepaid expenses remained consistent year over year.

Additional information

Organizational profile

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

Institutional head: Dr. Michael J. Strong, President

Ministerial portfolio: Health

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

Year of incorporation / commencement: 2000

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

“Raison d’être, mandate and role: who we are and what we do” is available on the [Canadian Institutes of Health Research’s website](#).^{xcv}

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

Reporting framework

The Canadian Institutes of Health Research’s Departmental Results Framework and Program Inventory of record for 2019–20 are shown below.

Departmental Results Framework	Core Responsibility: Funding health research and training		Internal Services	
	Departmental Result: Canada’s health research is internationally competitive	Indicator: Canada’s rank among G7 nations in share of health research publications		
		Indicator: % of research involving international collaborations		
		Indicator: Citation score of health research publications compared to the world average		
	Departmental Result: Canada’s health research capacity is strengthened	Indicator: \$ co-invested by partners in health research		
		Indicator: % of research that addresses sex or gender considerations		
		Indicator: % of research investments addressing Indigenous health		
		Indicator: % of the next generation of researchers that go on to work in a research position		
	Departmental Result: Canada’s health research is used	Indicator: % of federal health documents informed by research		
		Indicator: % of research that informs patents		
		Indicator: % of research contributing to improving health for Canadians		
	Program Inventory	Program: Investigator-Initiated Research		
		Program: Training and Career Support		
Program: Research in Priority Areas				

Supporting information on the program inventory

Financial, human resources and performance information for Canadian Institutes of Health Research's Program Inventory is available in [GC InfoBase](#).^{xcvii}

Supplementary information tables

The following supplementary information tables are available on [Canadian Institutes of Health Research's website](#):^{xcviii}

- ▶ Departmental Sustainable Development Strategy
- ▶ Details on transfer payment programs of \$5 million or more
- ▶ 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](#).^{xcix} This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs. The tax measures presented in this report are the responsibility of the Minister of Finance.

Organizational contact information

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Appendix: definitions

appropriation (crédit)

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)

Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

core responsibility (responsabilité essentielle)

An enduring function or role performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

Departmental Plan (plan ministériel)

A report on the plans and expected performance of an appropriated department over a 3-year period. Departmental Plans are usually tabled in Parliament each spring.

departmental priority (priorité ministérielle)

A plan or project that a department has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired departmental results.

departmental result (résultat ministériel)

A consequence or outcome that a department seeks to achieve. A departmental result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

departmental result indicator (indicateur de résultat ministériel)

A quantitative measure of progress on a departmental result.

departmental results framework (cadre ministériel des résultats)

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

Departmental Results Report (rapport sur les résultats ministériels)

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

experimentation (expérimentation)

The conducting of activities that seek to first explore, then test and compare the effects and impacts of policies and interventions in order to inform evidence-based decision-making, and improve outcomes for Canadians, by learning what works, for whom and in what circumstances.

Experimentation is related to, but distinct from innovation (the trying of new things), because it involves a rigorous comparison of results. For example, using a new website to communicate with Canadians can be an innovation; systematically testing the new website against existing outreach tools or an old website to see which one leads to more engagement, is experimentation.

full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. For a particular position, the full-time equivalent figure is the ratio of number of hours the person actually works divided by the standard number of hours set out in the person's collective agreement.

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

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

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2019–20 Departmental Results Report, those high-level themes outlining the government's agenda in the 2019 Speech from the Throne, namely: Fighting climate change; Strengthening the Middle Class; Walking the road of reconciliation; Keeping Canadians safe and healthy; and Positioning Canada for success in an uncertain world.

horizontal initiative (initiative horizontale)

An initiative where two or more federal organizations are given funding to pursue a shared outcome, often linked to a government priority.

non-budgetary expenditures (dépenses non budgétaires)

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance (rendement)

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

performance indicator (indicateur de rendement)

A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

performance reporting (production de rapports sur le rendement)

The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

plan (plan)

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

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

program (programme)

Individual or groups of services, activities or combinations thereof that are managed together within the department and focus on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

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

result (résultat)

A consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

statutory expenditures (dépenses législatives)

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

target (cible)

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures (dépenses votées)

Expenditures that Parliament approves annually through an appropriation act. The vote wording becomes the governing conditions under which these expenditures may be made.

Endnotes

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