



Canadian Institutes of Health Research

2018–19

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 2018–19 Departmental Results Report of the Canadian Institutes of Health Research (CIHR).

This past year was a period of renewal for Canada's health research funding agency. We welcomed a new President, Dr. Michael Strong, announced the appointment of new Scientific Directors and Governing Council members (as well as the first-ever independent Chair), and took important steps toward strengthening the governance structure at CIHR, in an effort to ensure that the agency is guided by the best practices of corporate governance. With the arrival of its new President and new leadership, CIHR also began to lay the groundwork for the development of its new strategic plan, which will establish health research priorities that will guide the agency over the next five years.



The promotion and integration of equity, diversity, and inclusion (EDI) policies was a major theme for CIHR last year. Among CIHR's many accomplishments in this area was the agency's collaboration with its Tri-Agency partners – the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC), under the leadership of the Canada Research Coordinating Committee (CRCC) – on the development of policies to embed sex and gender-based analysis (SGBA) into its program design and delivery. CIHR also developed an SGBA in Research Action Plan that includes promotional activities and learning modules designed to raise awareness of SGBA within the research community and enhance the community's capacity to apply SGBA in research.

CIHR continued to engage with First Nations, Inuit, and Métis Peoples to strengthen Indigenous health research in Canada. Through innovative research programs based on scientific excellence and traditional Indigenous Ways of Knowing, CIHR supported community-based, participatory research that respected Indigenous communities' right to self-determination. Ultimately, my hope is that these collaborative efforts will help to reduce the inequities in health outcomes that are experienced by Indigenous communities.

Over the past year, CIHR also continued to support research to strengthen our health care system and improve our health. From cancer, to heart disease, to dementia, CIHR supported a broad range of research projects aimed at developing treatments, cures, and preventive measures for the many health conditions that affect Canadians. As well, through the Strategy for Patient-Oriented Research (SPOR), Canada is emerging as a world leader in engaging patients, their caregivers, and families as partners in the research process, while ensuring that studies are focused on patient-identified priorities. For example, the Saskatchewan SUPPORT Unit provided funding and support for a project called Sâkipakâwin – Assessing the Support Needs for Saskatchewan Indigenous Cancer Patients and their Families. This multi-method study will contribute to tangible impacts on patient outcomes by engaging Indigenous patients and communities directly with stakeholders and health researchers.

Investing in innovative health research ultimately leads to a more effective health care system, improved health and quality of life, and enhanced economic prosperity. I invite you to read this report to learn more about how CIHR's investments in health research are creating a brighter future for all Canadians.

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

Minister of Health

Results at a glance

The Canadian Institutes of Health Research (CIHR) invests in health research and training, to support the creation of new knowledge and its translation into improved health for Canadians. In 2018–19, CIHR’s total actual spending was \$1,151.0M and its total actual workforce (full-time equivalents) was 461.

A number of leadership changes occurred at CIHR in 2018–19, including the appointment of a [new President](#)ⁱ and the renewal of CIHR’s [Governing Council](#).ⁱⁱ Given these changes, CIHR deferred the release of its next strategic plan to allow sufficient time to finalize, in consultation with stakeholders and Canadians, the priorities for its vision that will guide CIHR and its [13 Institutes](#)ⁱⁱⁱ to deliver on their mandate.

Over the past year, CIHR continued to make progress on its [Action Plan: Building a healthier future for First Nations, Inuit, and Métis peoples](#).^{iv} In 2018–19, CIHR increased its support for [Indigenous Health Research \(IHR\)](#)^v with dedicated opportunities, such as the [Network Environments for Indigenous Health Research Initiative \(NEIHR\)](#)^{vi} and [Indigenous Healthy Life Trajectories Initiative \(I-HeLTI\)](#).^{vii} CIHR also continues to enrich its [trilateral collaboration](#)^{viii} with Australia and New Zealand to develop an international [mentorship model to support Indigenous health research](#)^{ix} capacity building, with the first mentorship event expected in 2019–20.

In 2018–19, CIHR continued to support Government of Canada priorities, including cannabis legalization and regulation, as well as responding to Canada’s opioid crisis. Through its [Integrated Cannabis Research Strategy](#),^x CIHR supported cannabis health research aimed at building the evidence base on both the benefits and harms of cannabis use, and ensuring that this evidence is provided to health care providers, policy makers, and other knowledge users. CIHR also invested in research on opioid dependency and overdose prevention through the [Canadian Research Initiative in Substance Misuse \(CRISM\)](#),^{xi} as part of the [Federal Action on Opioids](#)^{xii} initiative and the [Canadian Drugs and Substances Strategy \(CDSS\)](#).^{xiii}

In 2018–19, CIHR^{xiv} worked with the [Natural Sciences and Engineering Research Council of Canada \(NSERC\)](#)^{xv} and the [Social Sciences and Humanities Research Council of Canada \(SSHRC\)](#)^{xvi} to develop [Equity, diversity and inclusion \(EDI\)](#)^{xvii} and Early Career Researcher (ECR)¹ Action Plans. Informed by the national consultation led by the [Canada Research Coordinating Committee \(CRCC\)](#),^{xviii} these plans are designed to ensure fair access to research support and equitable participation in the funding system, as well as to provide measures to harmonize relevant data collection across the three agencies.

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.

¹ CIHR previously used the term Early Career Investigators (ECI). The three federal research granting agencies have adopted Early Career Researchers (ECR). For consistency, ECR will be used in this document.

Results: what we achieved

Core Responsibility

Funding health research and training

Description

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

Results

In support of its Core Responsibility to fund health research and training, CIHR supported more than 13,000 researchers, including over 1,990 direct trainees, and provided funding to support over 7,700 new and ongoing projects in 2018–19. 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. In 2018–19, approximately 3,540 peer reviewers provided their time, without remuneration, to review more than 14,600 submitted applications.

CIHR's Core Responsibility delivers its activities through three Programs:

- The Investigator-Initiated Research Program² provides funding for discovery-oriented, investigator-led research (i.e., projects identified by health researchers across the country). In 2018–19, CIHR funded over 3,900 new and ongoing grants in areas identified by health researchers, for a total investment of \$737.2M, which includes its main open funding programs, the Foundation Grant and the Project Grant programs, for a total of \$583.0M.
- The Training and Career Support Program invests in the next generation of researchers to build and maintain Canada's health research capacity to respond to new or existing challenges. In 2018–19, this Program directly supported over 1,500 new and ongoing training and salary awards for a total investment of \$56.6M.
- Through the Research in Priority Areas Program, CIHR promotes and builds upon Canada's firm foundation of research excellence by engaging the research community and encouraging interdisciplinary, integrative health research to address gaps or emerging health priorities. In 2018–19, this Program provided a total of \$294.0M to support over 2,100 new and ongoing grants and awards targeted at accelerating and mobilizing Canada's health research community.

² 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.

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

CIHR continued to support its goal that Canada’s health research is internationally competitive and internationally recognized, by supporting Canada’s most accomplished and innovative researchers and projects through the Foundation Grant and Project Grant programs.

Following four completed Foundation Grant competitions, CIHR conducted [a critical analysis of the program’s performance](#).^{xxix} The analysis revealed four main areas of concern: gender, age, institution size, and pillar of research that could not be sufficiently addressed through refinements to the program design. Based on this evidence, CIHR announced that the [2018–19 Foundation Grant competition](#)^{xx} would be the final competition for this program (while previously-awarded grants will continue, no new competitions will be launched moving forward).

In addition, CIHR delivered two Project Grant competitions. The [spring competition](#)^{xxi} resulted in 369 research grants approved for full funding (82 were awarded to ECRs), with an additional 39 applicants receiving a one-year bridge grant, for a total investment of approximately \$277.0M. For the [fall 2018 competition](#),^{xxii} 371 were approved for full funding (82 were awarded to ECRs) and 18 received a one-year bridge grant for a total investment of approximately \$275.0M. An additional 14 priority announcement bridge grants were funded for a total amount of \$1.4M.

Collaborations between Canadian and international researchers demonstrate the strength of Canada’s researchers and research institutions. CIHR seeks to lead, stimulate and facilitate effective Canadian and international health research collaborations that benefit Canadians and the global community.

In support of this result, CIHR reemphasized its commitment to research collaboration with the [European Union](#)^{xxiii} through the [Canadian-European Union flagship](#)^{xxiv} initiative on human data storage for personalized medicine. By supporting six Canada-EU research teams focused on identifying ways to improve and standardize how human health data is stored, curated, and shared, CIHR’s contributions are benefiting scientific communities worldwide.

In 2018–19, CIHR continued to support Canadian investigators in international research endeavours through the [global health research initiatives](#).^{xxv} This included an investment in the [Innovating for Maternal and Child Health in Africa \(IMCHA\)](#),^{xxvi} a joint international collaboration with the [International Development Research Centre \(IDRC\)](#)^{xxvii} and Global Affairs Canada (GAC). In addition, CIHR, in collaboration with IDRC and SSHRC, responded quickly to the 2018 [Ebola outbreak](#)^{xxviii} in the Democratic Republic of the Congo by supporting vital research aimed at improving pandemic response capacity. CIHR and its partners invested a total of \$1.5M to fund four research teams to promote culturally appropriate, community specific, sustainable, and evidence-based practices to prevent or mitigate the impact of future Ebola threats in the region.

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

In 2018–19, CIHR undertook the following actions to maintain and strengthen Canada’s health research capacity through investments in the next generation of researchers and leaders. CIHR supported over 1,990 direct trainees at all levels – masters, doctoral, and postdoctoral – and in all health disciplines, through CIHR’s [Health Research Training Award Programs](#).^{xxix}

CIHR also expanded its activities to advance the national research agenda to improve and promote the health of First Nations, Inuit, and Métis peoples in Canada. In support of CIHR’s Action Plan: Building a healthier future for First Nations, Inuit, and Métis peoples, CIHR launched multiple initiatives to improve the health of Indigenous peoples. In spring 2018, the [NEIHR program](#)^{xxx} supported 24 Development grants for a total of \$1.8M to support the establishment of a national network of centres focused on capacity development, research, and knowledge translation. In addition, in an effort to strengthen the capacity of Canada’s IHR community and improve the health of Indigenous peoples, the I-HeLTI program brought together 11 Indigenous organizations by supporting 11 one-year development grants for a total of \$1.7M to explore opportunities to create and implement an Indigenous-driven I-HeLTI intervention cohort study.

The [Pathways to Health Equity for Aboriginal Peoples Initiative \(Pathways\)](#)^{xxxi} continues to develop knowledge on the implementation of population health interventions with equitable reach, access, and sustainability. In 2018–19, Pathways funded two implementation research teams for a total of \$3.0M over six years.

To further increase EDI and help drive deeper cultural change within the research ecosystem, CIHR worked with SSHRC and NSERC to address systemic barriers faced by underrepresented groups, including (but not limited to) women, Indigenous peoples, persons with disabilities, members of visible minority/racialized groups, and members of the LGBTQ2 communities. Actions included:

- [Redesigning the Canada Graduate Scholarship – Doctoral \(CGS D\) Program](#)^{xxxii} following a GBA+ analysis that identified certain policies that may have introduced barriers for underrepresented groups (specifically, women and Indigenous people) to access the program.
- Deciding to sunset the Foundation Grant program following observed disparities across various demographics, including sex, age, and institution size of applicants.

Departmental Result 3: Canada’s health research is used

When health research knowledge is used, it ultimately leads to positive health outcomes for Canadians. In 2018–19, CIHR continued to invest in targeted research and knowledge translation activities related to Government priorities to connect research results with decision-making and policy setting.

CIHR's [Best Brains Exchanges \(BBEs\)](#)^{xxxiii} are a unique forum for interaction, exchange and mutual learning. In 2018–19, CIHR delivered 12 BBEs, in collaboration with 30 federal and provincial partners, each responding to a health system challenge identified by the partner(s) and aligned with a ministerial priority (e.g., mental health, prescription drugs, digital health and cannabis).

CIHR, in partnership with [Health Canada \(HC\)](#),^{xxxiv} [Public Health Agency of Canada \(PHAC\)](#),^{xxxv} Public Safety, and Statistics Canada, convened a cannabis measures consensus workshop, bringing together researchers and experts in the field with the intent to identify and define key measures for cannabis-related research and surveillance. CIHR and its partners – the [Mental Health Commission of Canada \(MHCC\)](#)^{xxxvi} and the [Canadian Centre on Substance Use and Addiction \(CCSA\)](#)^{xxxvii} – also funded 26 catalyst grants in cannabis research for a total contribution of \$3.1M.

CIHR worked in partnership with PHAC to support research to help protect Canadians from the health consequences of climate change. CIHR invested a total of \$4.0M over four years to create a [Pan-Canadian Research Network on Lyme Disease](#)^{xxxviii} (which included researchers, clinicians and patients) that will establish two patient cohorts and a biobank in 2019–20. In addition, five research projects were funded to address [Food Security and Climate Change in the Canadian North](#),^{xxxix} by incorporating Indigenous knowledge and land-based experience regarding traditional food sources.

CIHR collaborated with PHAC and other federal partners to develop the [Five-Year Action Plan on Sexually Transmitted and Blood-Borne Infections \(STBBI\)](#),^{xl} which will accelerate efforts to prevent, diagnose, and treat STBBI, as well as address barriers to care in Canada. CIHR also continued its support for the [HIV/AIDS Research Initiative](#) and expanded its support to STBBIs through an investment of \$22.9M over five years in the national [Clinical Trials Network in HIV/AIDS \(CTN\)](#)^{xli}. It also invested \$20.0M over five years to support six teams located across the country to develop effective biomedical prevention strategies for HIV and to support research to develop a cure for HIV.

As part of the [Antimicrobial Resistance Pan-Canadian Action Plan](#)^{xlii} and [Antimicrobial Resistance \(AMR\)](#)^{xliii} initiatives, CIHR invested a total of \$2.0M in three Point of Care Diagnostics in Human Health – Phase 2 grants. These grants will assist in moving projects through the innovation pipeline, thereby facilitating their uptake to commercialization, direct application, and/or equitable implementation in a health care setting. This was in addition to CIHR's ongoing leadership in the [Joint Programming Initiative on Antimicrobial Resistance Virtual Research Institute \(JPIAMR-VRI\)](#)^{xliv} in AMR, which connects research performing organizations across sectorial and geographic boundaries in a larger global network.

CIHR continued its investments, a total of \$59.6M in 2018–19, in Canada's [Strategy for Patient-Oriented Research \(SPOR\)](#).^{xlv} SPOR is a national coalition of federal, provincial, and territorial (F/P/T) partners dedicated to the integration of research into patient care. In addition, the SPOR Canadian Data Platform was launched to address barriers and inefficiencies in accessing or using

multi-jurisdictional/national data for patient-oriented research. This represents a CIHR investment of \$39.0M over seven years, matched by \$42.4M by the provinces and territories, the [Canadian Institute for Health Information \(CIHI\)](#),^{xlvi} [Statistics Canada](#),^{xlvii} and [International Business Machines \(IBM\)](#).^{xlviii} CIHR also engaged with P/T partners in the development of the [SPOR SUPPORT Unit](#)^{xlix} Phase 2 concept. Feedback received informed the draft concept and funding schema that was shared with P/T partners in spring 2019.

Results achieved

Departmental results	Performance indicators	Target	Date to achieve target	2018–19 Actual results	2017–18 Actual results	2016–17 Actual results
Canada's health research is internationally competitive	Canada's rank among G7 nations in share of health research publications	2 nd in the G7	March 31 2019	2 nd	2 nd	2 nd
	% of research involving international collaborations	Greater than or equal to 11%	March 31 2019	12%	12%	11%
	Citation score of health research publications compared to the world average	Greater than or equal to 1.5	March 31 2019	1.53	1.53	1.53
Canada's health research capacity is strengthened	\$ co-invested by partners in health research	Greater than or equal to \$0.80	March 31 2019	\$0.84	\$0.84	\$0.79
	% of research that addresses sex or gender considerations	Greater than or equal to 56%	March 31 2019	62%	57%	50%
	% of research investments addressing Indigenous health	Greater than or equal to 4.6% of CIHR's annual base budget	March 31 2019	3.1%	3.0%	2.4%
	% of the next generation of researchers that go on to work in a research position	Greater than or equal to 87%	March 31 2019	92%	69%	86%
Canada's health research is used	% of federal health documents informed by research	Greater than or equal to 20%	March 31 2019	23%	25%	21%
	% of research that informs patents	Greater than or equal to 9%	March 31 2019	13%	14%	9%
	% of health research publications accessible to Canadians	Greater than or equal to 70%	March 31 2019	65%	67%	66%
	% of research contributing to improving health for Canadians	Greater than or equal to 39%	March 31 2019	37%	37%	39%

Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	2018–19 Difference (Actual spending minus Planned spending)
1,072,042,234	1,072,042,234	1,127,209,944	1,117,593,924	45,551,690

Human resources (full-time equivalents)

2018–19 Planned full-time equivalents	2018–19 Actual full-time equivalents	2018–19 Difference (Actual full-time equivalents minus Planned full-time equivalents)
235	229	(6)

Financial, human resources, and performance information for the Canadian Institutes of Health Research's Program Inventory is available in the [GC InfoBase](#).¹

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 – Communications Services – Financial Management Services – Human Resources Management Services – Information Management Services – Information Technology Services – Legal Services – Materiel Management Services – Management and Oversight Services – Real Property Management Services.

Results

In 2018–19, CIHR completed the following evaluations: the [Review of the Institute of Health Services and Policy Research \(IHSPR\)](#),^{li} the [Review of the Institute of Gender and Health \(IGH\)](#),^{lii} the [Review of the Institute of Genetics \(IG\)](#),^{liii} and the [Review of the Institute of Infection and Immunity \(III\)](#).^{liiv} The evaluations were conducted by CIHR's Evaluation Unit and overseen by panels of experts in the Institutes' mandate areas. Completed as part of the rolling review of CIHR Institutes, the evaluations provided CIHR's Executive Management Committee, as CIHR's Performance Measurement and Evaluation Committee, and Governing Council with an assessment of each Institute's ongoing relevance and performance to inform planning and decision making and meet requirements under the Policy on Results and the *CIHR Act*.

CIHR engaged [Innovative Solutions Canada](#)^{lv} to explore the potential use of artificial intelligence (AI)³ in its financial oversight activities, in an effort to better detect anomalies within the financial context of the organization. The project identified numerous data quality issues to be addressed before deploying such a technological solution. Despite this, the outcomes of this experiment produced a body of knowledge that CIHR will be able to leverage as it innovates and modernizes its legacy financial systems.

CIHR's Human Resources developed a three-year operational plan (2019–2022) that included the development of a new Mental Health strategy, which has been launched in 2019–20.

³ Originally, CIHR was involved as part of the Public Services and Procurement Canada's Build in Canada Innovation program (BCIP), which was consolidated within Innovative Solutions Canada during the period of the pilot project.

Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	2018–19 Difference (Actual spending minus Planned spending)
30,391,028	30,391,028	31,752,256	33,333,203	2,942,175

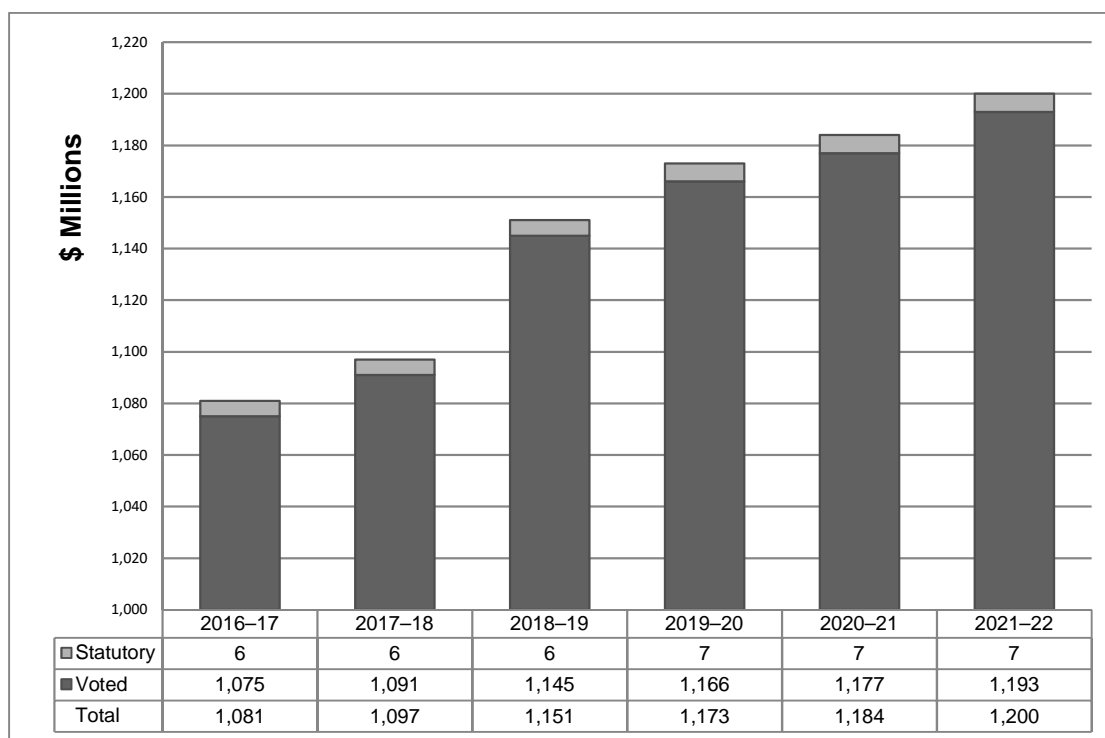
Human resources (full-time equivalents)

2018–19 Planned full-time equivalents	2018–19 Actual full-time equivalents	2018–19 Difference (Actual full-time equivalents minus Planned full-time equivalents)
242	232	(10)

Analysis of trends in spending and human resources

Actual expenditures

Departmental spending trend graph



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

Core Responsibility and Internal Services	2018–19 Main Estimates	2018–19 Planned spending	2019–20 Planned spending	2020–21 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	2017–18 Actual spending (authorities used)	2016–17 Actual spending (authorities used)
Funding Health Research and Training	1,072,042,234	1,072,042,234	1,138,655,058	1,149,805,324	1,127,209,943	1,117,593,924	1,068,516,854	1,049,492,127
Subtotal	1,072,042,234	1,072,042,234	1,138,655,058	1,149,805,324	1,127,209,943	1,117,593,924	1,068,516,854	1,049,492,127
Internal Services	30,391,028	30,391,028	33,908,815	33,789,505	31,752,256	33,333,203	28,644,331	31,838,217
Total	1,102,433,262	1,102,433,262	1,172,563,873	1,183,594,829	1,158,962,199	1,150,927,127	1,097,161,185	1,081,330,344

CIHR's 2018–19 actual spending of \$1,150.9M, exceeded its planned spending of \$1,102.4M by \$48.5M due to an increase in available authorities of \$56.5M offset by \$8.0M of funding lapsed in the year. The increase to available authorities is as a result of:

- Budget 2018 allocated \$54.2M of new funding to CIHR to enhance support for health research and for Gairdner Foundation activities (\$43.9M), additional funding for the Canada Research Chairs program (\$7.3M), as well as for research into post-traumatic stress injuries in public safety personnel (\$3.0M).
- CIHR collaborates with other federal departments and agencies and, as a result, funding may be transferred to/from CIHR to address a common theme or research priority. Net transfers to CIHR were \$0.5M in 2018–19.
- Funding was provided to support \$1.5M of expected economic increases for its employees.
- A budget carry forward from 2017–18 of \$0.3M.

Funds lapsed as a result of the following underspending:

- In the Canada 150 Research Chairs of \$3.5M due to the cancellation of one chair.
- In the Canada Research Chairs program of \$3.2M as the amount of funding invested by CIHR in this program is dependent on the number of health-related applications for the program received in a given year.
- In various other programs of \$0.4M.
- In the operating budget of \$0.9M.

Actual human resources

Human resources summary for Core Responsibility and Internal Services
(full-time equivalents)

Core Responsibility and Internal Services	2016–17 Actual full-time equivalents	2017–18 Actual full-time equivalents	2018–19 Planned full-time equivalents	2018–19 Actual full-time equivalents	2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents
Funding health research and training	239	255	235	229	236	235
Subtotal	239	255	235	229	236	235
Internal Services	201	205	242	232	242	234
Total	440	460	477	461	478	469

In 2018–19, CIHR started creating new positions to deliver on new funding to enhance support for health research and for research into post-traumatic stress injuries in public safety personnel announced in Budget 2018. Notwithstanding, some of these positions will be created in future fiscal years. Also, CIHR's vacancy rate was higher than anticipated, noticeably in internal services and subject matter expertise such as information technology.

Expenditures by vote

For information on the Canadian Institutes of Health Research's organizational voted and statutory expenditures, consult the [Public Accounts of Canada 2018–2019](#).^{lvi}

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 the [GC InfoBase](#).^{lvii}

Financial statements and financial statements highlights

Financial statements

The Canadian Institutes of Health Research's financial statements (unaudited) for the year ended March 31, 2019, are available on the [departmental website](#).^{lviii}

Financial statements highlights

Condensed Statement of Operations (unaudited) for the year ended March 31, 2019
(dollars)

Financial information	2018–19 Planned results	2018–19 Actual results	2017–18 Actual results	Difference (2018–19 Actual results minus 2018–19 Planned results)	Difference (2018–19 Actual results minus 2017–18 Actual results)
Total expenses	1,109,297,008	1,159,398,245	1,107,346,227	50,101,237	52,052,018
Total revenues	5,647,641	4,237,977	7,822,461	(1,409,664)	(3,584,484)
Net cost of operations before government funding and transfers	1,103,649,367	1,155,160,268	1,099,523,766	51,510,901	55,636,502

CIHR's expenses consist of transfer payments for grants and awards (93.9%) and operating expenses (6.1%). Revenues are made up of donations from third parties for health research and refunds of previous years' grants and awards.

CIHR's actual total expenses were approximately \$50.1M higher than planned, due primarily to investment resulting from Budget 2018. Refer to the Budgetary performance summary for further details.

Total revenues fluctuate annually as both components are entirely dependent on the actions of external parties. Partner donations depend on the timing of receiving funding and disbursing it to health researchers. CIHR received less funding from external partners in 2018–19 and therefore only \$1.0M was disbursed compared to \$3.4M in the prior year. Refund of prior years' grants and awards is due to grant recipients' underspending the full value of the funding received in prior years. The underspending is generated by the value of the grant being based on estimates provided by the researchers. In 2018–19, there were \$3.2M of these refunds, a slight decrease from the \$4.4M refunded in the previous year. The refund is primarily due to end dates of grants (at which time the refund is calculated based on actual expenditures) and the collection of previous year's unspent balances, which fluctuates from year to year.

CIHR's higher than planned total expenses of \$50.1M in 2018–19 and lower than planned total revenues of approximately \$1.4M resulted in the net cost of operations before government funding and transfers being approximately \$51.5M higher than planned for the fiscal year.

Condensed Statement of Financial Position (unaudited) as of March 31, 2019
(dollars)

Financial Information	2018–19	2017–18	Difference (2018–19 minus 2017–18)
Total net liabilities	13,434,388	14,281,463	(847,075)
Total net financial assets	11,477,437	12,091,966	(614,529)
Departmental net debt	1,956,951	2,189,497	(232,546)
Total non-financial assets	7,490,449	7,608,086	(117,637)
Departmental net financial position	5,533,498	5,418,589	114,909

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 decrease in net liabilities of \$0.8M is primarily due to a large grants payable of \$1.9 million in the previous year's ending balance for external parties that was not present at the current year-end. This decrease was offset by increases in accrued salaries and wages and vacation and compensatory pay liabilities (\$0.7M and \$0.4M respectively).

Net financial assets include amounts due from the Consolidated Revenue Fund and accounts receivable and advances. The \$0.6M decrease of net financial assets in 2018–19 is the result of a decrease in due from the Consolidated Revenue Fund of \$1.2M, offset by a \$0.6M increase to accounts receivable (\$0.5M for external parties and \$0.1M for other government departments and agencies).

CIHR's non-financial assets include prepaid expenses and tangible capital assets. The \$0.1M decrease in non-financial assets is primarily due to a \$0.2M decrease in prepaid expenses due to the timing of purchases. This decrease is offset by a small \$0.1M increase in net tangible capital assets as a result of the capitalization of various internally developed software.

Supplementary information

Corporate 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*^{lix} (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](#).^{lx}

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

Operating context and key risks

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

Reporting Framework

The Canadian Institutes of Health Research Departmental Results Framework and Program Inventory of record for 2018–19 are shown below.

Graphical presentation of Departmental Results Framework and Program Inventory

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 health research publications accessible to Canadians	
		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 the Canadian Institutes of Health Research's Program Inventory is available in the [GC InfoBase](#).^{lxiii}

Supplementary information tables

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

- ▶ 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](#).^{lxv} 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 three-year period. Departmental Plans are tabled in Parliament each spring.

Departmental Result (résultat ministériel)

A Departmental Result represents the change or changes that the department seeks to influence. A Departmental Result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

Departmental Result Indicator (indicateur de résultat ministériel)

A factor or variable that provides a valid and reliable means to measure or describe progress on a Departmental Result.

Departmental Results Framework (cadre ministériel des résultats)

Consists of the department's Core Responsibilities, Departmental Results and Departmental Result Indicators.

Departmental Results Report (rapport sur les résultats ministériels)

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

experimentation (expérimentation)

Activities that seek to explore, test and compare the effects and impacts of policies, interventions and approaches, to inform evidence-based decision-making, by learning what works and what does not.

full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

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

An analytical process used to help identify the potential impacts of policies, Programs and services on diverse groups of women, men and gender differences. We all have multiple identity factors that intersect to make us who we are; GBA+ considers many other identity factors, such as race, ethnicity, religion, age, and mental or physical disability.

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2018–19 Departmental Results Report, those high-level themes outlining the government’s agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada’s Strength; and Security and Opportunity.

horizontal initiative (initiative horizontale)

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

non-budgetary expenditures (dépenses non budgétaires)

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

performance (rendement)

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

performance indicator (indicateur de rendement)

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

performance reporting (production de rapports sur le rendement)

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

plan (plan)

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

planned spending (dépenses prévues)

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

priority (priorité)

A plan or project that an organization 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 Strategic Outcome(s) or Departmental Results.

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.

result (résultat)

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

statutory expenditures (dépenses législatives)

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

Strategic Outcome (résultat stratégique)

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

target (cible)

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

voted expenditures (dépenses votées)

Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

Endnotes

- i President's office, www.cihr-irsc.gc.ca/e/10308.html
- ii Governing Council – Members, www.cihr-irsc.gc.ca/e/6953.html
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- iv Action Plan: Building a healthier future for First Nations, Inuit, and Métis peoples, www.cihr-irsc.gc.ca/e/50372.html
- v Indigenous health research at CIHR, www.cihr-irsc.gc.ca/e/50339.html
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- vii Indigenous Healthy Life Trajectories Initiative (I-HeLTI), www.cihr-irsc.gc.ca/e/50635.html
- viii International collaboration to improve the health and wellness of Indigenous peoples through research, www.cihr-irsc.gc.ca/e/50911.html
- ix CIHR Institute of Indigenous Peoples' Health, www.cihr-irsc.gc.ca/e/49453.html
- x Integrated Cannabis Research Strategy, www.cihr-irsc.gc.ca/e/50932.html
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- xii Federal Action on Opioids, www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/federal-actions.html
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- xxi Project Grant: Spring 2018 results, www.cihr-irsc.gc.ca/e/51081.html
- xxii Project Grant: Fall 2018 results, www.cihr-irsc.gc.ca/e/51312.html
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- xxvi Innovating for Maternal and Child Health in Africa, www.idrc.ca/en/initiative/innovating-maternal-and-child-health-africa
- xxvii International Development Research Centre (IDRC), www.idrc.ca/en
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