



Canadian Institutes
of Health Research Instituts de recherche
en santé du Canada

Canadian Institutes of Health Research

2014–15

Report on Plans and Priorities

RONA AMBROSE
MINISTER OF HEALTH

Canada

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened health care system for Canadians. Composed of 13 Institutes, CIHR provides leadership and support to thousands of health researchers and trainees across Canada.

Canadian Institutes of Health Research

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2014–15 ESTIMATES

PART III – Departmental Expenditure Plans: Reports on Plans and Priorities

Purpose

Reports on Plans and Priorities (RPP) are individual expenditure plans for each department and agency. These reports provide increased levels of detail over a three-year period on an organization's main priorities by strategic outcome, program and planned/expected results, including links to related resource requirements presented in the Main Estimates. In conjunction with the Main Estimates, Reports on Plans and Priorities serve to inform members of Parliament on planned expenditures of departments and agencies, and support Parliament's consideration of supply bills. The RPPs are typically tabled soon after the Main Estimates by the President of the Treasury Board.

Estimates Documents

The Estimates are comprised of three parts:

Part I – Government Expenditure Plan – provides an overview of the Government's requirements and changes in estimated expenditures from previous fiscal years.

Part II – Main Estimates – supports the appropriation acts with detailed information on the estimated spending and authorities being sought by each federal organization requesting appropriations.

In accordance with Standing Orders of the House of Commons, Parts I and II must be tabled on or before March 1.

Part III – Departmental Expenditure Plans – consists of two components:

- Report on Plans and Priorities (RPP)
- Departmental Performance Report (DPR)

DPRs are individual department and agency accounts of results achieved against planned performance expectations as set out in respective RPPs.

The DPRs for the most recently completed fiscal year are tabled in the fall by the President of the Treasury Board.

Supplementary Estimates support Appropriation Acts presented later in the fiscal year. Supplementary Estimates present information on spending requirements that were either not sufficiently developed in time for inclusion in the Main Estimates or have subsequently been refined to account for developments in particular programs and services. Supplementary Estimates also provide information on changes to expenditure forecasts of major statutory items as well as on such items as: transfers of funds between votes; debt deletion; loan guarantees; and new or increased grants.

For more information on the Estimates, please consult the [Treasury Board Secretariat website](#).¹

Links to the Estimates

As shown above, RPPs make up part of the Part III of the Estimates documents. Whereas Part II emphasizes the financial aspect of the Estimates, Part III focuses on financial and non-financial performance information, both from a planning and priorities standpoint (RPP), and an achievements and results perspective (DPR).

The Management Resources and Results Structure (MRRS) establishes a structure for display of financial information in the Estimates and reporting to Parliament via RPPs and DPRs. When displaying planned spending, RPPs rely on the Estimates as a basic source of financial information.

Main Estimates expenditure figures are based on the Annual Reference Level Update, which is prepared in the fall. In comparison, planned spending found in RPPs includes the Estimates as well as any other amounts that have been approved through a Treasury Board submission up to February 1st (See Definitions section). This readjusting of the financial figures allows for a more up-to-date portrait of planned spending by program.

Changes to the presentation of the Report on Plans and Priorities

Several changes have been made to the presentation of the RPP partially to respond to a number of requests – from the House of Commons Standing Committees on Public

Accounts (PAC - [Report 15](#)²), in 2010; and on Government and Operations Estimates (OGGO - [Report 7](#)³), in 2012 – to provide more detailed financial and non-financial performance information about programs within RPPs and DPRs, thus improving the ease of their study to support appropriations approval.

- In Section II, financial, human resources and performance information is now presented at the program and sub-program levels for more granularity.
- The report's general format and terminology have been reviewed for clarity and consistency purposes.
- Other efforts aimed at making the report more intuitive and focused on Estimates information were made to strengthen alignment with the Main Estimates.

How to read this document

RPPs are divided into four sections:

Section I: Organizational Expenditure Overview

This Organizational Expenditure Overview allows the reader to get a general glance at the organization. It provides a description of the organization's purpose, as well as basic financial and human resources information. This section opens with the new Organizational Profile, which displays general information about the department, including the names of the minister and the deputy head, the ministerial portfolio, the year the department was established, and the main legislative authorities. This subsection is followed by a new subsection entitled Organizational Context, which includes the Raison d'être, the Responsibilities, the Strategic Outcomes and Program Alignment Architecture, the Organizational Priorities and the Risk Analysis. This section ends with the Planned Expenditures, the Alignment to Government of Canada Outcomes, the Estimates by Votes and the Contribution to the Federal Sustainable Development Strategy. It should be noted that this section does not display any non-financial performance information related to programs (please see Section II).

Section II: Analysis of Programs by Strategic Outcome

This section provides detailed financial and non-financial performance information for strategic outcomes, programs and sub-programs. This section allows the reader to learn more about programs by reading their respective description and narrative entitled "Planning Highlights." This narrative speaks to key services or initiatives which support

the plans and priorities presented in Section I; it also describes how performance information supports the department's strategic outcome or parent program.

Section III: Supplementary Information

This section provides supporting information related to departmental plans and priorities. In this section, the reader will find future-oriented statement of operations and a link to supplementary information tables regarding transfer payments, as well as information related to the greening government operations, internal audits and evaluations, horizontal initiatives, user fees, major crown and transformational projects, and up-front multi-year funding, where applicable to individual organizations. The reader will also find a link to the *Tax Expenditures and Evaluations Report*, produced annually by the Minister of Finance, which provides estimates and projections of the revenue impacts of federal tax measures designed to support the economic and social priorities of the Government of Canada.

Section IV: Organizational Contact Information

In this last section, the reader will have access to organizational contact information.

Definitions

Appropriation

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

Budgetary Vs. Non-budgetary Expenditures

Budgetary expenditures – operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to crown corporations.

Non-budgetary expenditures – net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

Expected Result

An outcome that a program is designed to achieve.

Full-Time Equivalent (FTE)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. FTEs 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.

Government of Canada Outcomes

A set of high-level objectives defined for the government as a whole.

Management Resources and Results Structure (MRRS)

A common approach and structure to the collection, management and reporting of financial and non-financial performance information.

An MRRS provides detailed information on all departmental programs (e.g.: program costs, program expected results and their associated targets, how they align to the government's priorities and intended outcomes, etc.) and establishes the same structure for both internal decision making and external accountability.

Planned Spending

For the purpose of the RPP, planned spending refers to those amounts for which a Treasury Board (TB) submission approval has been received by no later than February 1, 2014. This cut-off date differs from the Main Estimates process. Therefore, planned spending may include amounts incremental to planned expenditure levels presented in the 2014–15 Main Estimates.

Program

A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results, and that are treated as a budgetary unit.

Program Alignment Architecture

A structured inventory of a department's programs, where programs are arranged in a hierarchical manner to depict the logical relationship between each program and the Strategic Outcome(s) to which they contribute.

Spending Areas

Government of Canada categories of expenditures. There are [four spending areas](#)⁴ (social affairs, economic affairs, international affairs and government affairs) each comprised of three to five Government of Canada outcomes.

Strategic Outcome

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

Sunset Program

A time-limited program that does not have on-going funding or policy authority. When the program is set to expire, a decision must be made as to whether to continue the program. (In the case of a renewal, the decision specifies the scope, funding level and duration).

Whole-of-Government Framework

A map of the financial and non-financial contributions of federal organizations receiving appropriations that aligns their programs to a set of high level outcome areas defined for the government as a whole.

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Minister's Message

I am pleased to present the Canadian Institutes of Health Research (CIHR) 2014–15 Report on Plans and Priorities.

CIHR released its five-year strategic plan, *Health Research Roadmap*, in 2009. Since that time, CIHR has made tremendous progress towards meeting the objectives set out in *Roadmap*. Throughout the upcoming year, CIHR will be building on those achievements in order to maintain continued progress towards ensuring that Canada remains a world leader for health research knowledge.



CIHR has been working hard to streamline and strengthen the way it awards research grants. During the past fiscal year, CIHR launched the first stage of its reforms to the open grant program. The eligibility criteria for the new Foundation Scheme, which is designed to provide long-term support to health researchers with demonstrated track records of success, were announced in August 2013. CIHR will continue to roll out the reforms to its open grant program and peer review process over the next several years. These reforms are designed to ensure the long-term sustainability of a robust health research environment in Canada. Support for investigator-initiated research is critical to ensuring a solid base of knowledge from which innovative new products and services can be built.

CIHR has also continued to move forward with efforts to support strategic research. As an example, it made great advances with the Strategy for Patient-Oriented Research (SPOR), a coalition of federal, provincial and territorial partners, all dedicated to the integration of research into care. This year saw the launch of the first SPOR Support for People and Patient-Oriented Research and Trials (SUPPORT) unit, in Alberta, and a call for expressions of interest for the first SPOR network, Transformational Research in Adolescent Mental Health. In 2014–15, CIHR will continue to build partnerships with knowledge users and decision makers to help improve patient outcomes through more personalized, preventive and precise health care.

As CIHR builds its new strategic plan, it will be mindful of global trends in health care and health research. CIHR will work to identify areas of health research where we can capitalize on Canada's strengths and facilitate health care innovation.

Through its excellent work, CIHR will continue to support research that addresses the health research questions and challenges most important to Canadians.

The Honourable Rona Ambrose, P.C., M.P.
Minister of Health

Section I: Organizational Expenditure Overview

Organizational Profile

Minister: Rona Ambrose

Deputy Head: Dr. Alain Beaudet

Ministerial portfolio: Health

Year established: 2000

Main legislative authorities: Canadian Institutes of Health Research Act ([S.C. 2000, c. 6](#))⁵

Organizational Context

Raison d'être

[CIHR](#) is the Government of Canada's health research funding agency. It was created with a mandate "to excel, according to internationally accepted standards of scientific excellence, in 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."

Responsibilities

CIHR was designed to respond to the evolving needs for health research and seeks to transform health research in Canada by:

- funding both investigator-initiated research and research on targeted priority areas;
- building research capacity in underdeveloped areas and training the next generation of health researchers; and
- focusing on knowledge translation that facilitates the application of the results of research and their transformation into new policies, practices, procedures, products and services.

CIHR integrates research through a unique interdisciplinary structure made up of [13 "virtual" institutes](#). These institutes are not "bricks and mortar" buildings but communities of experts in specific areas. Collectively, the institutes support a broad spectrum of research: biomedical; clinical; health systems and services; and the social, cultural and environmental factors that affect the health of populations. Institutes form national research networks linking researchers, funders and knowledge users across Canada to work on priority areas.

CIHR reports through the [Minister of Health](#) and plays a key role in the Health Portfolio. As Canada's health research funding agency, CIHR makes an essential contribution to the Minister of Health's overall responsibilities by funding the research and knowledge translation needed to inform the evolution of Canadian health policy and regulation; and, by taking an advisory role on research and innovation issues. This is achieved through an extensive and growing set of linkages with Health Canada and the Public Health

CIHR Institutes: 2014–15

Scientific Directors:

Aboriginal Peoples' Health: [Dr. Malcolm King](#)

Aging: [Dr. Yves Joanette](#)

Cancer Research: [Dr. Stephen Robbins](#)

Circulatory and Respiratory Health:
[Dr. Jean L. Rouleau](#)

Gender and Health: [Dr. Joy Johnson](#)

Genetics: [Dr. Paul Lasko](#)

Health Services and Policy Research:
[Dr. Robyn Tamblyn](#)

Human Development, Child and Youth Health:
[Dr. Shoo K. Lee](#)

Infection and Immunity: [Dr. Marc Ouellette](#)

Musculoskeletal Health and Arthritis:
[Dr. Hani El-Gabalawy](#)

Neurosciences, Mental Health and Addiction:
[Dr. Anthony Phillips](#)

Nutrition, Metabolism and Diabetes:
[Dr. Philip M. Sherman](#)

Population and Public Health:
[Dr. Nancy Edwards](#)

Agency of Canada, providing decision makers with access to high-quality and timely health research.

CIHR works closely with the [Natural Sciences and Engineering Research Council](#) (NSERC) and the [Social Sciences and Humanities Research Council](#) (SSHRC), the two granting councils of the Industry portfolio, to share information and coordinate efforts, harmonize practices, avoid duplication and foster multidisciplinary research. The three organizations (referred to as “Tri-Agency”) provide a channel for the implementation of common policies, practices and approaches, whenever possible.

CIHR’s Governing Council (GC) sets the strategic direction of the agency and is responsible for evaluating its performance. Leadership on research, knowledge translation and funding for research is provided by the Science Council (SC), while leadership on corporate policy and management is provided by the Executive Management Committee (EMC).

Strategic Outcome and Program Alignment Architecture

In October 2013, the President of the Treasury Board approved a new Program Alignment Architecture (PAA) for CIHR that takes effect April 1, 2014. The PAA consists of one Strategic Outcome and three Programs that support the Strategic Outcome. This new PAA structure is more in line with CIHR’s programs, the ongoing work of the reforms and the new strategic priorities, thus ensuring that it remains a complete and accurate inventory of CIHR programs. The crosswalk provides a detailed explanation of the changes between 2013–14 and 2014–15.

2013–14 and 2014–15 PAA crosswalk

Strategic Outcome

CIHR’s Strategic Outcome has been reworded to directly align with its mandate and vision, which are long-term, enduring benefits to the lives of Canadians and the health care system, and are linked to Government of Canada priorities and intended results. The Strategic Outcome "A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research" has been changed to "Canada is a world leader in the creation, dissemination and application of health research knowledge."

Streamlining of the structure

The structure of the PAA has been completely revolutionized to ensure that programs and sub-programs are clear and allow for proper alignment and reporting; it thereby reduces the amount of overlap between different levels of the PAA that was present

previously. It also tells a more concise and clear performance story and reduces the repetition of performance data and expected outcomes that were present in the previous Performance Measurement Framework.

In 2014–15, CIHR will renew its five-year strategic plan, which is aligned to this new PAA structure.

Refinement of the program level

CIHR's programs have been refined to clearly align to CIHR's mandate by using the program funding mechanisms of investigator-initiated and priority-driven programs to resolve confusion and overlap that existed previously.

PAA Crosswalk Integration of 2013–14 Programs into 2014–15 Programs:

2014–15 Program	2013–14 Program*
1.1: Investigator-Initiated Health Research	1.1: Health Knowledge
	1.2: Health Researchers
1.2: Priority-Driven Health Research	1.3: Health Research Commercialization
	1.4: Health and Health Services Advances

* The majority of programs from 2013–14 align to the new program structure as outlined, however some overlap and program splitting was present.

Refinement of the Sub-Programs

To simplify reporting, each program consists of two new Sub-Programs; the Investigator-Initiated Health Research Program consists of the Operating Support Sub-program and the Training and Career Support Sub-Program. The Priority-Driven Health Research Program consists of the Institute-Driven Initiatives Sub-Program and the Horizontal Health Research Initiatives Sub-Program.

The performance information presented in Section II is organized according to this PAA structure as shown below:

- 1 **Strategic Outcome:** Canada is a world leader in the creation, dissemination and application of health research knowledge
 - 1.1 **Program:** Investigator-Initiated Health Research
 - 1.1.1 **Sub-Program:** Operating Support
 - 1.1.2 **Sub-Program:** Training and Career Support
 - 1.2 **Program:** Priority-Driven Health Research
 - 1.2.1 **Sub-Program:** Institute-Driven Initiatives
 - 1.2.2 **Sub-Program:** Horizontal Health Research Initiatives

Internal Services

Organizational Priorities

Priority #1	Type	Program
Investigator-Initiated Health Research	New	1.1: Investigator-Initiated Health Research
Description		
<p>Why is this a priority</p> <p>There are two fundamental reasons that Investigator-Initiated Health Research is a priority. Firstly, it is critical to ensure the funding of a broad base of research given that it is impossible to predict or anticipate the next health threat or from which research areas the next treatment advances will emerge. Secondly, most critical discoveries are known to derive from broad-based basic research.</p> <p>Plans for meeting the priority</p> <ul style="list-style-type: none"> In 2014–15, CIHR will continue the implementation of the reforms of its Open Suite of Programs, as described in the December 2012 document, Designing for the Future: The New Open Suite of Programs and Peer Review Process. Work will continue on establishing and populating a College of Reviewers to ensure the necessary reviewer expertise across the full breadth of CIHR's mandate. Additional program delivery pilots will be undertaken in 2014–15 to test and refine key design elements of the new peer review process. The results and analyses of these pilots will be shared with the research community and other funding agencies to contribute to the body of scholarly research on peer review as part of a broader research plan. In 2014–15, the Operating Support sub-program will continue to fund the best ideas, in areas chosen by the health researcher, through new and ongoing multi-year grants. Highly qualified researchers and trainees at all stages of their careers (master's, doctorate, postdoctorate or post-health degree/diploma professional) will continue to be funded through the Training and Career Support sub-program. 		

Priority # 2	Type	Program
Priority-Driven Health Research	Previously Committed To	1.2 Priority-Driven Health Research
Description		
<p>Why is this a priority</p> <p>Through priority-driven health research, CIHR supports targeted research to address challenges facing Canadians and the health care system. These areas of research are identified through consultations and in collaboration with key stakeholders, including international and national health experts and partners.</p> <p>Plans for meeting the priority</p> <ul style="list-style-type: none"> CIHR's Signature Initiatives will continue to strive for greater impact through funding opportunities, grants and awards in priority-driven areas. As announced in Budget 2013, CIHR will proceed with the implementation of the core elements of the Strategy for Patient-Oriented Research, including the launch of the SPOR Networks, Support for People and Patient-Oriented Research and Trials (SUPPORT) Units and the Canadian Clinical Trials Coordinating Centre (CCTCC). In 2014–15, CIHR will develop a partner engagement strategy. 		

Priority #3	Type	Program
Organizational Excellence	Previously Committed To	1.3 Internal Services
Description		
<p>Why is this a priority</p> <p>CIHR is committed to demonstrating its accountability and to providing the very best services to its clients and stakeholders. CIHR strives continually to strengthen its operations and programming while fostering a dedicated, well-informed workforce.</p> <p>Plans for meeting the priority</p> <ul style="list-style-type: none"> • CIHR will continue to implement the Government of Canada’s Blueprint 2020 initiative. • CIHR will continue to improve performance measurement, reporting and evaluation practices by implementing a new integrated strategy for performance management. This new integrated strategy creates linkages between each program and the achievement of transformative health outcomes. • In 2014–15, CIHR will implement a new multi-year investment planning process which supports sound financial and risk management practices. 		

Risk Analysis

From its inception, CIHR has looked to establish effective partnerships with researchers, other federal departments and agencies, other national governments, non-government organizations, not-for-profit organizations and the private sector to identify and address the health needs of Canadians and invest in health research innovation. Through collaboration with its network of partners, CIHR is able to ensure the better mobilization, translation and diffusion of newly discovered knowledge and research resulting from both the academic and private sectors. As a result, CIHR is making a difference in the lives of Canadians.

In the [2013 Speech from the Throne](#), the Government of Canada committed to releasing an updated Science, Technology and Innovation Strategy and the continued support of science and innovation. This is an opportunity for CIHR to further support health research innovation. CIHR intends to increase private sector investment in health research in Canada not only to support the training of skilled researchers but also to connect new discoveries and innovations to business and thus bring these innovations to market.

CIHR is continually looking for innovative ways to strategically invest in priority research areas. Through partnerships with key stakeholders, CIHR has been able to leverage funding to increase its investment impact in health research over the past three years.

CIHR continues to adapt to its ever-changing environment in an effort to ensure that the health research it funds contributes to the health and well-being of Canadians. Given this new context, CIHR is currently developing a refresh of its five-year strategic plan and will seek to increase the number of partners at all levels in priority research areas and to continue to leverage funds to ensure CIHR is able to deliver on its key commitments.

As part of the renewal of its strategic plan, CIHR developed an integrated performance management system that will inform decision making at CIHR and allow for improved reporting both internally and externally. As part of this process, CIHR has also proactively reviewed its Corporate Risk Profile, and identified, assessed and mitigated any new corporate risks under the terms of the approved Corporate Risk Management Framework.

Due to the time needed to develop CIHR's strategic plan, the Corporate Risk Management Framework for 2014–15 was delayed. Risks have been identified and a draft Corporate Risk Profile (CRP) is currently being developed. The CRP will be finalized before April 1, 2014. In 2014–15 CIHR has identified 9 risks, of which 3 are

considered high risk, requiring mitigation and monitoring. These 3 risks are outlined below; mitigation strategies will be included in the CRP when it is finalized.

Key Risks

Risk – Alignment & Priority Setting	Risk Response Strategy	Link to Program Alignment Architecture
There is a risk that CIHR will lack the funds needed to support the ever-changing environment that currently exists in health research and that CIHR's current budget allocation will negatively impact our ability to strategically invest in priority health areas.	CIHR has formed a Working Group to review and recommend strategies to ensure that CIHR continues to maintain its mandate of scientific excellence.	1.2 Priority-Driven Health Research
Risk – Implementation of the Reforms	Risk Response Strategy	Link to Program Alignment Architecture
There is a risk that CIHR will be unable to successfully implement the new internal processes, policies and structures in the timeframe required to support the reforms, and there is further risk that the implementation of the technical system will not be in place in the timeframe required to fully deliver on the benefits of the reforms.	CIHR has created a centralized Project Management Office comprising resources from both the program and the IM/IT branches. This centralization, coupled with strong governance and change management practices, will provide guidance and structure to the implementation of the reforms.	1.1 Investigator-Initiated Health Research and 1.3 Internal Services
Risk – Human Resources	Risk Response Strategy	Link to Program Alignment Architecture
There is a risk that CIHR will not have the right skill set to deliver on CIHR's key priorities in the ever-changing health research environment, coupled with the impact the reforms will have on CIHR's current skill set.	CIHR is developing an HR strategy that will address its current staffing policies and processes in order to be more strategic in its hiring and placement of staff within key positions.	1.1 Investigator-Initiated Health Research, 1.2 Priority-Driven Health Research and 1.3 Internal Services

Planned Expenditures

Budgetary Financial Resources (Planned Spending – dollars)

2014–15 Main Estimates	2014–15 Planned Spending *	2015–16 Planned Spending	2016–17 Planned Spending
\$984,951,962	\$988,670,351	\$982,851,667	\$979,251,479

* Planned spending in 2014–15 differs from the amounts presented in the Main Estimates due to the forecasted 2013–14 operating budget carry-forward and the forecasted eligible pay list expenditures reimbursements.

Human Resources (Full-time equivalents – FTEs)

2014–15	2015–16	2016–17
406	406	406

Budgetary Planning Summary for Strategic Outcome and Programs (dollars)

Strategic Outcomes, Programs and Internal Services	2011–12 Expenditures	2012–13 Expenditures	2013–14 Forecast Spending	2014–15 Main Estimates	2014–15 Planned Spending *	2015–16 Planned Spending	2016–17 Planned Spending
Strategic Outcome 1: Canada is a world leader in the creation, dissemination and application of health research knowledge							
Investigator-Initiated Health Research	\$731,928,141	\$ 718,241,256	\$716,172,254	\$729,381,763	\$731,743,352	\$733,341,493	\$741,788,138
Priority-Driven Health Research	\$273,787,884	\$275,634,722	\$279,892,976	\$252,550,887	\$253,695,089	\$246,526,291	\$234,468,488
Strategic Outcome 1 Total	\$1,005,761,025	\$993,875,978	\$996,065,230	\$981,932,650	\$985,438,441	\$979,867,784	\$976,256,626
Internal Services Subtotal	\$3,375,367	\$3,176,764	\$2,989,788	\$3,019,312	\$3,231,910	\$2,983,883	\$2,994,853
Total	\$1,009,091,392	\$997,052,742	\$999,055,018	\$984,951,962	\$988,670,351	\$982,851,667	\$979,251,479

* Planned spending in 2014–15 differs from the amounts presented in the Main Estimates due to the forecasted 2013–14 operating budget carry-forward and the forecasted eligible pay list expenditures reimbursements.

CIHR's planned spending totals \$999.1 million in 2013–14, \$988.7 million in 2014–15, and \$979.3 million by 2016–17.

In the absence of new funding, CIHR's base budget is anticipated to remain consistent. Therefore, the variance in CIHR's planned spending over the future fiscal years is anticipated to be only temporary.

CIHR collaborates with the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC) in a series of Tri-Agency programs. Funding allocated to each of the three granting agencies for these programs can vary between competitions depending on the recipients' alignment with the research mandate and priorities of the respective agencies. Accordingly, funding is only confirmed and included in planned spending once the results of each competition are available. As competition results are approved in the upcoming fiscal years, it is anticipated that CIHR's planned spending will increase to reflect the funding allocated to CIHR.

CIHR also collaborates with other federal departments which, through partnership activities, transfer funding to CIHR for specific programs and initiatives that address a common theme or research priority. As partnership activities are confirmed, it is anticipated that CIHR's planned spending will increase.

Alignment to Government of Canada Outcomes

2014–15 Planned Spending by [Whole-of-Government -Framework Spending Area](#) ⁶(dollars)

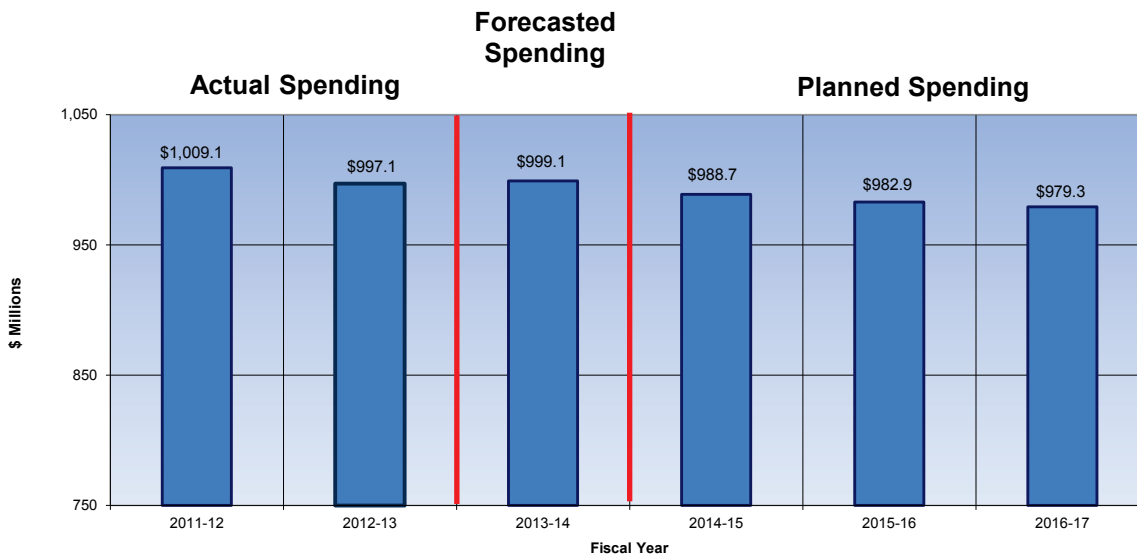
Strategic Outcome	Program	Spending Area	Government of Canada Outcome	2014–15 Planned Spending
1 Canada is a world leader in the creation, dissemination and application of health research knowledge	1.1 Investigator-Initiated Health Research	Social Affairs	Healthy Canadians	\$731,743,352
	1.2 Priority-Driven Health Research	Social Affairs	Healthy Canadians	\$253,695,089

Total Planned Spending by Spending Area (dollars)

Spending Area	Total Planned Spending
Economic Affairs	\$0
Social Affairs	\$985,438,441
International Affairs	\$0
Government Affairs	\$0

Departmental Spending Trend

Departmental Spending Trend Graph



CIHR's actual spending reached \$1,009.1 million in 2011–12; it is currently anticipated to be \$979.3 million in 2016–17.

In each of the Federal Budgets 2012 and 2013, CIHR was allocated a permanent \$15 million base budget increase in support of the Strategy for Patient-Oriented Research (SPOR), for a cumulative increase of \$30 million starting in 2013–14. While the implementation of Budget 2012 resulted in CIHR's overall spending remaining unchanged, it also resulted in CIHR implementing administrative efficiencies to ensure its ability to continue to deliver on its mandate of funding scientific excellence in health research.

The variance in actual spending between 2011–12 and 2012–13 is mostly due to the completion, in 2011–12, of temporary funding to expand the Canada Graduate Scholarships program (announced in Federal Budget 2009) as well as for the Isotope Supply Initiative.

While the spending for 2012–13 and 2013–14 is consistent, the variance of \$10.4 million from 2013–14 to 2014–15 is mostly attributable to the funding allocated to CIHR for the Tri-Agency Centres of Excellence for Commercialization and Research (CECR)

program. In 2013-14, CIHR was allocated a total of \$12.1 million for the fourth and fifth competitions. Planned spending for 2014-15 only includes temporary funding of \$1.9 million received for the fifth competition, therefore creating a variance of \$10.2 million. It is anticipated that additional funding will be allocated to CIHR as a result of the upcoming CECR competition.

As noted previously, funding received from other federal departments for partnership activities impact CIHR's planned spending. To this end, the variance of \$5.8 million from 2014–15 to 2015–16 is primarily due to \$4.1 million received from other departments for partnership activities ending in 2014–15. Planned spending is anticipated to increase as funding stemming from new and/or renewed partnerships is finalized.

The variance of \$3.6 million from 2015–16 to 2016–17 is mostly related to the CECR program for which \$2.8 million from a previous competition was re-profiled to 2015–16.

As noted above, the variance in CIHR's planned spending between 2013–14 and 2016–17 is expected to be temporary. It is anticipated that funding will be allocated to CIHR for Tri-Agency programs once the results of future competitions are available, and that new and/or renewal of existing partnership activities will materialize, therefore increasing CIHR's planned spending.

Estimates by Vote

For information on the Canadian Institutes of Health Research organizational appropriations, please see the [2014–15 Main Estimates publication](#).⁷

Contribution to the Federal Sustainable Development Strategy

CIHR is considered a small department and is not subject to the Federal Sustainable Development Strategy (FSDS). However, CIHR is subject to the Policy on Green Procurement, and this information is reflected in the Supplementary Information Tables contained in Section III of this report.

CIHR also ensures that its decision-making process includes a consideration of the FSDS goals and targets through the strategic environmental assessment (SEA). An SEA for policy, plan or program proposals includes an analysis of the impacts of the proposal on the environment, including on the FSDS goals and targets. The results of SEAs are made public when an initiative is announced or approved, demonstrating that environmental factors were integrated into the decision-making process.

Section II: Analysis of Programs by Strategic Outcome

Strategic Outcome: Canada is a world leader in the creation, dissemination and application of health research knowledge

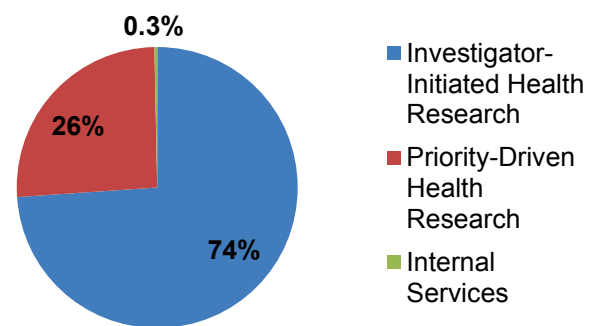
CIHR is the Government of Canada's health research investment agency. CIHR supports thousands of health researchers in order to improve the Canadian health care system and the health of Canadians. Investments in health research lead to the creation of health knowledge which can result in the development of new and better ways to prevent, diagnose and treat disease; ensure that Canada has top-quality health researchers who can conduct innovative and responsive health research; provide funding to commercialize new health research discoveries; and advance the introduction of effective health policies, practices, procedures, products or services.

In 2014–15, CIHR will publish a refreshed five-year Strategic Plan that will build on the work initiated five years ago as part of the 2009–14 Strategic Plan, will strike a balance between completing the transformation envisioned and initiating new priorities, and will be aligned to the Program Alignment Architecture.

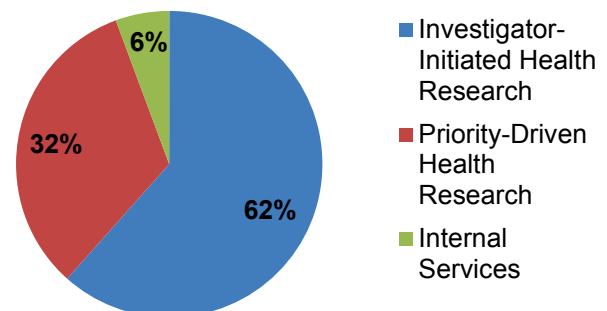
Specifically, CIHR supports research through the following programs:

- Investigator-Initiated Health Research
- Priority-Driven Health Research, and
- Internal Services.

Distribution of 2014–15 Planned Spending by Program



Distribution of 2014–15 Planned FTEs by Program



Program 1.1: *Investigator-Initiated Health Research*

Description:

To develop and support a well-trained base of world-class health researchers and trainees conducting research across all aspects of health, including biomedical research, clinical research, research respecting health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health, and other research as required. The goal of this program is to advance health knowledge and to apply this knowledge in order to improve health systems and/or health outcomes. Grants and awards are disbursed to fund research or to provide career or training support. The specific area of research is identified by the researcher.

Budgetary Financial Resources (dollars)

2014–15 Main Estimates	2014–15 Planned Spending	2015–16 Planned Spending	2016–17 Planned Spending
\$729,381,763	\$731,743,352	\$733,341,493	\$741,788,138

Human Resources (FTEs)

2014–15	2015–16	2016–17
251	253	254

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canada has an internationally competitive health research community	Canada's health research specialization index ranking versus international levels (G7 nations)	3 rd among G7	March 31, 2015
CIHR-funded research has improved the health of Canadians	Percent of CIHR grants reporting contribution to improved health for Canadians	30%	March 31, 2015
Canadian health researchers advance health research knowledge	Canada's ranking among G7 in health research publications per million dollars of gross domestic expenditure on research and development (GERD)	2 nd among G7	March 31, 2015

Planning Highlights

In 2014–15, CIHR will launch the first pilot of the Foundation Scheme as part of [the reforms of the Open Suite of Programs](#). The objective of the Foundation Scheme is to contribute to a sustained foundation of new and established health research leaders by providing long-term support for the pursuit of innovative and high-impact research programs. The Foundation Scheme will be delivered in parallel with a “transitional” Open Operating Grant Program, as well as other ongoing open grant programs on their regular timelines.

In total, CIHR will fund approximately 1725 new grants and awards in 2014–15 through the Investigator-Initiated Health Research Program.

Sub-Program 1.1.1: *Operating Support*

Description:

Provides grant funding to researchers to conduct research in any area related to health aimed at the discovery and application of knowledge. Investigators identify and propose the nature and scope of the research and compete for support by demonstrating the potential impact the research will have with respect to improving health systems and/or health outcomes. Funding is mainly disbursed through the Open Operating Grant Program and can be used to cover the cost of the research project, consultation fees and fees paid to research participants, for instance. Other transfer payment programs disbursing funding include College and Community Innovation, and Research Chairs for Colleges.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2015–16 Planned Spending	2016–17 Planned Spending
\$552,687,138	\$560,002,581	\$568,429,606

Human Resources (FTEs)

2014–15	2015–16	2016–17
220	221	223

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
CIHR funded health research advances health research knowledge	Percent of CIHR operating support grants reporting creation of new health knowledge	90%	March 31, 2015
CIHR funded health research results in knowledge translation	Percent of CIHR operating support grants reporting translation of knowledge	60%	March 31, 2015
CIHR-funded health research findings contribute to health care system improvements	Percent of CIHR operating support grants reporting contributions to strengthening the Canadian health care system	25%	March 31, 2015

Planning Highlights

In 2014–15, through the Open Operating Grant Program (OOGP) competition, CIHR will fund at least 800 new multi-year grants for the best research ideas. As part of the phasing-in of the new Open Suite of Programs, CIHR will launch a live pilot of the first Foundation Scheme in 2014–15.

Other smaller, ongoing open grant programs with a knowledge translation or commercialization focus will continue to be offered on a regular cycle in 2014–15 to ensure adequate support and continuity for the research community during the open programs transition. Importantly, several of these programs will be used to pilot aspects of the new peer review process. In 2014–15, approximately 60 new knowledge translation grants and approximately 35 new commercialization grants are expected to be approved.

CIHR will continue to participate in the delivery of grants relevant to CIHR's mandate that are awarded through the expanded Tri-Agency College and Community Innovation Program. CIHR will also continue its partnership with the Natural Sciences and Engineering Research Council in delivering the Collaborative Health Research Projects (CHRP) Program that bridges the health and natural sciences/engineering interface.

Sub-Program 1.1.2: *Training and Career Support*

Description:

Provides award funding to promising researchers and trainees to support training (master's, PhD, postdoctoral fellow) or career advancement (chairs, salary awards) in order to continue to build and maintain Canada's health research capacity across all aspects of health research. Funds are disbursed through the following transfer payment programs: the Fredrick Banting and Charles Best Canada Graduate Scholarships; the Vanier Canada Graduate Scholarships; the Banting Postdoctoral Fellowships; the Canada Research Chairs and the Canada Excellence Research Chairs, and can be used to cover such expenses as research equipment, materials and research supplies or travel to scientific meetings.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2015–16 Planned Spending	2016–17 Planned Spending
\$179,056,214	\$173,338,912	\$173,358,532

Human Resources (FTEs)

2014–15	2015–16	2016–17
31	31	31

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Investing in health researchers builds Canada's health research capacity	Canada's ranking among G7 nations for health researchers per thousand workforce	3 rd among G7	March 31, 2015
Health researchers receive training and career support through CIHR funding	Total number of researchers supported through salary and training awards by CIHR	2,100 researchers supported through new and ongoing awards	March 31, 2015

Planning Highlights

CIHR offers Training Support and Salary Support Programs. Training support provides support and special recognition to master's, doctorate, postdoctorate or post-health

professional degree students who are training in health research areas in Canada or abroad, mostly through Tri-Agency programs as described below. Approximately 170 new CIHR fellowships and 10 doctoral foreign study awards will be funded in 2014–15.

Salary support provides support to help new health researchers develop their careers and devote more time to initiating and conducting health research. There is intense competition globally for talent, and CIHR's programs are designed to attract and keep the brightest minds in Canada throughout their research careers. Approximately 40 new awards will be funded in 2014–15.

Canada is building world-class research capacity by recruiting top-tier talent through a suite of programs that provide support to highly qualified research personnel at all stages of their careers. As part of the Tri-Agency programs, CIHR will fund approximately 530 new Canada Graduate Scholarships at the master's and doctoral levels, 55 new Vanier CGS, and 25 new postdoctoral fellowships in 2014–15.

Building on the successful Tri-Agency harmonization of the master's award program, CIHR will continue collaborating with NSERC and SSHRC to design a harmonized doctoral award program which will facilitate the application process for students as well as create administrative efficiencies for the three granting agencies.

In total, approximately 830 new trainees will be funded through the Training and Career Support Sub-Program in 2014–15.

Program 1.2: *Priority-Driven Health Research*

Description:

CIHR provides funding to researchers for emergent and targeted research that responds to the changing health needs and priorities of Canadians across all aspects of health, including biomedical research, clinical research, research respecting health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health, and other research as required. The goal of this program is to advance health knowledge and its application, in specific areas of research identified by CIHR in consultation with other government departments, partners and stakeholders, in order to improve health systems and/or improve health outcomes in these priority areas. Grants are disbursed to fund research or to provide career or training support.

Budgetary Financial Resources (dollars)

2014–15 Main Estimates	2014–15 Planned Spending	2015–16 Planned Spending	2016–17 Planned Spending
\$252,550,887	\$253,695,089	\$246,526,291	\$234,468,488

Human Resources (FTEs)

2014–15	2015–16	2016–17
132	131	130

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
CIHR-funded research contributes to a stronger health care system	Percent of CIHR grants reporting contributions to strengthening the Canadian health care system	Baseline Year	March 31, 2015
CIHR-funded research advances knowledge in emergent and specific health priorities	Percent of priority-driven grants reporting creation of new health knowledge	Baseline Year	March 31, 2015
CIHR-funded research in emergent and specific health priorities results in knowledge translation	Percent of priority-driven grants reporting knowledge translation	Baseline Year	March 31, 2015

Planning Highlights

In 2014–15, CIHR and partners will initiate funding for the first two SPOR networks, focused on Adolescent and Youth Mental Health and on Primary and Integrated Health Care Innovations. Through research, implementation and transformative intervention approaches, these networks will catalyze transformative and measurable improvements in health, health care and the efficiency and effectiveness of service delivery.

CIHR and its provincial partners will also continue the rollout and implementation of SUPPORT units across the country. This shared investment in patient-oriented research will provide the necessary and often highly specialized expertise through multidisciplinary centres, which include methodologists and other experts who are essential to the patient-oriented research enterprise.

Furthermore, CIHR will establish the Canadian Clinical Trials Coordinating Centre (CCTCC), in partnership with Canada's Research-Based Pharmaceutical Companies (Rx&D), the Health Charities Coalition of Canada (HCCC) and the Association of Canadian Academic Healthcare Organizations (ACAHO).

In addition to the key activities and investments undertaken through SPOR, CIHR will also undertake the following activities in other Signature Initiatives:

- As part of the International Collaborative Research Strategy on Alzheimer's Disease, CIHR will provide funding in 2014–15 to the Canadian Consortium on Neurodegeneration in Aging (CCNA). The CCNA will bring together the best of Canadian research in the field of neurodegenerative diseases affecting cognition, to work on bold, innovative and transformative research that will ultimately impact the quality of life and the quality of services for those having to live with the effects of neurodegenerative diseases.
- In 2014–15, CIHR will also implement the major components of the Pathways to Health Equity for Aboriginal Peoples signature initiative, including the Partners for Engagement and Knowledge Exchange and the Implementation Research Teams.

Finally, as part of its Horizontal Health Research Initiatives, CIHR will develop a new strategic plan in 2014–15 for the HIV/AIDS Research Initiative; launch and fund new research programs, with a particular focus on effective interventions for the prevention and management of HIV; and implement a partnership with the Bill & Melinda Gates Foundation focused on new investments in HIV vaccine research.

Further commitments regarding CIHR's Institute-Driven Initiatives and Horizontal Health Research Initiatives can be found in the following sections.

Sub-Program 1.2.1: *Institute-Driven Initiatives*

Description:

Provides targeted grant and award funding to mobilize researchers, health practitioners and decision makers to work together to address priority health challenges. These priority areas are identified by CIHR in consultation with partners and stakeholders. Researchers compete for funding by demonstrating the potential impact the research will have with respect to addressing priority areas. Funds may be used to cover such expenses as stipends and salaries. Funds are disbursed through the institute support grant transfer payment program.

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2015–16 Planned Spending	2016–17 Planned Spending
\$187,697,630	\$181,220,518	\$173,288,605

Human Resources (FTEs)

2014–15	2015–16	2016–17
111	110	109

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Partners invest in institute-driven research	Ratio of leveraged funds for institute-driven initiatives	\$1 : \$0.30	March 31, 2015
Stakeholders collaborate on institute-driven research	Percent of institute-driven grants reporting stakeholder involvement in the research process	Baseline Year	March 31, 2015

Planning Highlights

In 2014–15, CIHR will engage in key national and international strategic partnerships and consortia in order to advance shared priorities and tackle complex, pressing health and health research challenges, both domestically and around the world. Key examples for 2014–15 include:

- Additional SPOR networks will continue to be developed.
- CIHR will engage in and continue to support important strategic partnerships with the European Commission and its member states through Joint Programming Initiatives (JPI) and European Research Area Networks. These include existing

and future membership in the Joint Programme – Neurodegenerative Disease Research, JPI More Years, Better Lives, and JPI A Healthy Diet for a Healthy Life.

- Through CIHR, Canada will assume a strong leadership role in the Joint Programming Initiative on Antimicrobial Resistance that will tackle the pressing challenge of antibiotic resistant infections with the aim of providing long-term solutions to reduce the rate of these types of infections.
- CIHR will continue to work with international consortia to tackle complex global health challenges through the Global Alliance on Chronic Disease (GACD) and the Global Health Research Initiative (GHRI). Working in partnership through the GACD, CIHR will implement an initiative to address the prevention and treatment of type 2 diabetes in low- and middle-income countries, as well as in indigenous populations in Canada and Australia.
- As part of Canada’s chairmanship of the Arctic Council, CIHR and PHAC will collaborate with Arctic Council member states in the development and implementation of an initiative on circumpolar wellness, resilience and suicide prevention.

Sub-Program 1.2.2: *Horizontal Health Research Initiatives*

Description:

Provides targeted funding for the advancement and application of health research knowledge to address priority health challenges identified by CIHR in collaboration with other federal departments and agencies, other national governments and non-governmental or private sector organizations. Funds may be used to cover research project expenditures as well as salaries or consultation fees. Targeted health challenges currently include: HIV/AIDS Initiative; National Anti-Drug Strategy (NADS); Drug Safety and Effectiveness Network (DSEN); and Networks of Centres of Excellence (which includes the NCE program, Business-led NCEs and Centres of Excellence for Commercialization and Research).

Budgetary Financial Resources (dollars)

2014–15 Planned Spending	2015–16 Planned Spending	2016–17 Planned Spending
\$65,997,459	\$65,305,773	\$61,179,883

Human Resources (FTEs)

2014–15	2015–16	2016–17
21	22	22

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Government and external stakeholders invest in horizontal health research initiatives	Ratio of leveraged funds for horizontal health research initiatives	\$1 : \$1	March 31, 2015
Horizontal initiative research results in knowledge translation	Percent of horizontal initiative grants reporting translation of knowledge	Baseline Year	March 31, 2015
CIHR-funded research findings contribute to more effective health services and products	Percent of CIHR grants reporting contributions to more effective health services and products	30%	March 31, 2015

Planning Highlights

As part of the Horizontal Health Research Initiatives Sub-Program, CIHR will continue to provide funding and partner with key stakeholders to address horizontal health issues. Through DSEN, CIHR will continue to refine procedures to increase the evidence on drug safety and effectiveness available to regulators, policy makers, health care providers and patients, and to increase capacity within Canada to undertake high-quality post-market research in this area.

Through the Networks of Centres of Excellence (NCE) Program, delivered collaboratively by the Tri-Agency through the NCE Secretariat, CIHR will continue to support the partnering of centres of research excellence with industry capacity and resources, and with strategic investment to turn Canadian research and entrepreneurial talent into economic and social benefits for Canada.

Finally, in 2014–15, CIHR, under the auspices of NADS, will fund the development of a research network for the study and implementation of substance misuse interventions.

Program 1.3: *Internal Services*

Description:

Internal Services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; Acquisition Services; and Other Administrative Services. Internal Services include only those activities and resources that apply across an organization and not those provided specifically to a program.

Budgetary Financial Resources (dollars)

2014–15 Main Estimates	2014–15 Planned Spending	2015–16 Planned Spending	2016–17 Planned Spending
\$3,019,312	\$3,231,910	\$2,983,883	\$2,994,853

Human Resources (FTEs)

2014–15	2015–16	2016–17
23	22	22

Planning Highlights

CIHR is committed to organizational excellence by seeking to continually improve reporting, financial management and risk management practices. In 2014–15 CIHR will publish a refreshed five-year strategic plan which will build on the work initiated five years ago as part of the 2009–14 Strategic Plan, and will strike a balance between completing the transformation envisioned in *Roadmap* and aligning to the future. As part of the new strategic plan, CIHR will implement a new Performance Measurement regime which aligns performance measures, expected outcomes and targets across all levels of the organization, thus improving the reporting of CIHR achievements and their impact on the health care system and the health of Canadians. CIHR will also implement a new multi-year investment planning process which supports sound financial and risk management practices.

As part of broad government commitments, CIHR will implement the following in 2014–15:

- an electronic record and document management system;
- the Government of Canada Email Management Initiative; and
- first steps of an enterprise architecture program.

Section III: Supplementary Information

Future-Oriented Statement of Operations

The future-oriented condensed statement of operations presented in this subsection is intended to serve as a general overview of the Canadian Institutes of Health Research's operations. The forecasted financial information on expenses and revenues are prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the future-oriented statement of operations is prepared on an accrual accounting basis and the forecast and planned spending amounts presented in other sections of this report are prepared on an expenditure basis, amounts differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net costs of operations to the requested authorities, can be found on [CIHR's website](#)⁸.

Future-Oriented Condensed Statement of Operations For the Year Ended March 31 (dollars)

Financial information	Estimated Results 2013–14	Planned Results 2014–15	Change
Total expenses	\$ 1,008,473,019	\$ 999,367,010	\$ (9,106,009)
Total revenues	\$ 7,000,000	\$ 9,700,000	\$ 2,700,000
Net cost of operations	\$ 1,001,473,019	\$ 989,667,010	\$ (11,806,009)

The variance of \$9.1 million in total expenses from 2013-14 to 2014-15 is anticipated to be temporary as funding is anticipated through Tri-Agency programs and partnership activities. Total revenues are expected to increase by approximately \$2.7 million in 2014–15 as additional funds received from partnering organizations are disbursed to successful researchers following the announcement of competition results. Accordingly, net cost of operations is expected to decrease by approximately \$11.8 million in 2014–15.

List of Supplementary Information Tables

The supplementary information tables listed in the *2014–15 Report on Plans and Priorities* can be found on the [Canadian Institutes of Health Research's website](#)⁹.

- Details on Transfer Payment Programs;
- Disclosure of TPPs under \$5 million;
- Greening Government Operations;
- Upcoming Internal Audits and Evaluations over the next three fiscal years.

Tax Expenditures and Evaluations

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 publishes cost estimates and projections for these measures annually in the [Tax Expenditures and Evaluations](#)¹⁰ publication. The tax measures presented in the Tax Expenditures and Evaluations publication are the sole responsibility of the Minister of Finance.

Section IV: Organizational Contact Information

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Endnotes

¹ Treasury Board Secretariat website, <http://www.tbs-sct.gc.ca/ems-sgd/esp-pbc/esp-pbc-eng.asp>

² Selected Departmental Performance Reports for 2008–09 – Department of Industry, Department of Transport. Report of the Standing Committee on Public Accounts, September 2010, <http://www.parl.gc.ca/HousePublications/Publication.aspx?Mode=1&Parl=40&Ses=3&Language=E&DocId=4653561&File=0>

³ Strengthening Parliamentary Scrutiny of Estimates and Supply, Report of the Standing Committee on Government and Operations Estimates, June 2012, <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5690996&Language=E&Mode=1&Parl=41&Ses=1>

⁴ Four spending areas, <http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx>

⁵ Canadian Institutes of Health Research Act, <http://laws-lois.justice.gc.ca/eng/acts/C-18.1/FullText.html>

⁶ Whole-of-Government-Framework Spending Area, <http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx>

⁷ 2014–15 Main Estimates, <http://www.tbs-sct.gc.ca/ems-sgd/esp-pbc/esp-pbc-eng.asp>

⁸ Future-Oriented Statement of Operations CIHR's Website, <http://www.cihr-irsc.gc.ca/e/47829.html>

⁹ List of Supplementary Information Tables, <http://www.cihr-irsc.gc.ca/e/47941.html>

¹⁰ Government of Canada Tax Expenditures, <http://www.fin.gc.ca/purl/taxexp-eng.asp>