



EVALUATION
& ANALYSIS
BRANCH

Canadian Institutes of Health Research

CIHR 5-Year Evaluation Plan

2008/09 – 2012/13

EVALUATION UNIT

Evaluation and Analysis Branch
Knowledge Translation Portfolio

2008

EVALUATION

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1. Introduction

The Canadian Institutes of Health Research (CIHR) is in its eighth year of operation. Maturing, but still relatively young, the Agency manages high-profile health research funding programs and initiatives that are crucial to the well-being of Canadians. With expenditures of over \$974M in 2007-2008 and approximately 360 employees, CIHR continues to evolve its corporate functions and services. In such a dynamic environment, the need for and the role of a strong, viable evaluation function, which can effectively assess programs' relevance, performance and contribution against CIHR's objectives and mandate,¹ is increasingly important.

This document presents CIHR's first 5-year Evaluation Plan (the Plan) that has been prepared to ensure that a comprehensive, strategically-focused evaluation agenda that covers 100% of CIHR's program spending over the next five years is in place².

The Plan was developed by the Evaluation Unit within the Evaluation and Analysis Branch between November 2007 and June 2008 and was subsequently approved by the Agency's governing bodies. It is now being implemented by the Evaluation Unit starting from the year 2008/09. The primary audiences for the Plan are CIHR senior and program management, CIHR Evaluation and Analysis Branch staff and the Treasury Board Secretariat of Canada. The Plan was developed based on previous evaluation plans, a document review, extensive consultations with management across CIHR and consideration of legislative and policy requirements for evaluation by Canada's Federal Government and Central Agencies. It covers all CIHR grant programs by proposing a strategic approach of program clusters. A risk-based prioritization strategy was used to assist in defining evaluation priorities and rationalizing the 5-year schedule. The Evaluation Unit will conduct an annual re-profiling of the 5-year evaluation schedule in order to ensure responsiveness and relevance of the 5-Year Evaluation Plan to CIHR's strategic needs, as well as to take into account the Plan's implementation feasibility. An updated evaluation schedule will be posted on CIHR's website in the first quarter of each fiscal year.

2. Planning Context

The Evaluation Plan has been developed taking into account the broader environment within which CIHR operates. As a federal organization, CIHR is subject to central requirements common to all federal institutions, in addition to its own statutory regulations.

2.1. CIHR, Government and Central Agency Priorities

2.1.1. CIHR Priorities

The CIHR Act (2000) documents the Agency's commitment to ensure transparency and accountability for the investments made in health research (s.4,*l*). It requires the CIHR Governing Council to monitor, analyze and evaluate issues pertaining to health and health research (s.5,*d*) and the overall performance

¹ The mandate of CIHR is 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 (Bill C-13, 2000).

² The 5-Year Evaluation Plan covers program evaluations only. Other evaluative activities, such as research impact assessments, have been excluded from this planning document (for more detail, please refer to Section 2.3).

of CIHR with respect to the achievement of its objectives (s.14,*b*). The CIHR Act also calls for a quinquennial review of the mandate and performance of every Health Research Institute (s.21).

The CIHR Policy on Evaluation and Performance Measurement, released in 2002, builds on and refers to the CIHR Act. The policy aims to promote results-based management throughout the organization and requires that each Institute, program and initiative be evaluated within five years of initiation.

CIHR's Strategic Plan, *Blueprint* (2004), further commits to evaluating performance and demonstrating value for money invested in health research at two different, yet complementary levels: the value of individual programs within CIHR's suite of programs and the overall return on investment to Canadians.

2.1.2. Government Priorities

In 2006, Canada's Federal Government released 'Advantage Canada: Building a Strong Economy for Canadians', a strategic, long-term economic plan designed to improve the country's economic prosperity. The document introduced five Canadian "competitive economic advantages":

- *Tax Advantage* - reducing taxes for Canadians and establishing the lowest tax rate on new business investment in the G7.
- *Fiscal Advantage* - eliminating Canada's total government net debt in less than a generation.
- *Entrepreneurial Advantage* - reducing unnecessary regulation and red tape and increasing competition in the Canadian marketplace.
- *Knowledge Advantage* - creating the best-educated, most-skilled and flexible workforce in the world.
- *Infrastructure Advantage* - building the modern infrastructure Canada needs.

Among these there were initiatives aimed to ensure that existing government programs and spending were effective. 'Advantage Canada' thus introduced a new expenditure management system to be developed by the President of the Treasury Board to focus on value for money and good management.

In December 2006, specific measures to help increase transparency and strengthen accountability in government operations were brought forward by the Federal Accountability Act, which included amendments to key legislative documents such as the Financial Administration Act. Of significance, the amended Financial Administration Act (FAA) requires all grant and contribution programs be *reviewed every five years* for relevance and effectiveness (s.42.1)³.

The 2007 Government of Canada's Science and Technology Strategy has also set important directions for CIHR. The strategy puts further emphasis on enhancing accountability and calls for improving our ability to measure and report on the impacts of science and technology investments.

2.1.3. Central Agency Priorities

The Treasury Board Secretariat Policy on Evaluation, released in 2001, governs the role and operation of the evaluation function across federal departments. In response to the Government of Canada's increasing emphasis on transparency and accountability in recent years, TBS has initiated a renewal of its Evaluation and other policies.

³ CIHR is a Departmental Corporation listed in Schedule II of the Financial Administration Act. Furthermore, CIHR's program spending is almost exclusively grants and awards.

Expected to come into effect in 2008/2009, the new Evaluation Policy, Standards and Directive will broaden the scope and reshape the structure of evaluative activities in the government. The new policy suite will require CIHR to plan for 100% evaluation coverage of direct program spending over a five-year period, most of which is already covered by the FAA. With the requirement for additional evaluation coverage, the policy expands its definition of evaluation instruments and approaches in an effort to ensure the quality, neutrality and timeliness of evaluations.

Effective as of October 2008, the revised Treasury Board Policy on Transfer Payments further reinforces the requirement of the FAA that grants, contributions and other transfer payments be reviewed or evaluated every 5 years. In addition, the policy emphasizes that a performance measurement strategy is established and maintained throughout a transfer payment program's lifecycle and further clarifies that recipients of grants may be required to report on results achieved.

2.2. Risk Assessment

CIHR works in an environment of ever-evolving economic, technological, social and political conditions. In order to advance its mandate and deliver on commitments, CIHR considers various risk factors that have direct or secondary impact on its performance at the strategic, program and administrative levels.

A series of agency-specific risks, pertinent to its evaluation function, were defined in the integrated results-based management and accountability framework (RMAF) and risk-based audit framework (RBAF) for CIHR's research projects and personnel support grant program, submitted to TBS in 2006⁴:

- **Risk of not achieving the planned outcomes** – CIHR commits to a broad set of expected results, including producing high quality research (knowledge), building health researcher capacity, contributing to the development of a robust health sector and to the health of Canadians.
- **Peer-review failure** - the dramatic expansion of new initiatives, new panels and new funding streams at CIHR puts a considerable pressure on the peer review system.
- **Misuse of funds** - CIHR manages a total budget of over \$850M/year. Over 90% of this budget is for grants and awards that are paid to second parties – universities and researchers – to conduct research.
- **Getting the balance right between strategic (investments in high priority areas) and open (researcher-initiated studies in any area of health research) programs**, and between disciplines.
- **Knowledge translation into results for Canadians** – 2005 evaluations of CIHR Institutes pointed to weaknesses in the area of knowledge translation.
- **Inability to adequately measure and report on the results of research** - while grants are awarded based on track records of researchers and the soundness of research proposal, there is no guarantee that research will indeed be of high quality or that results will be produced at the end of the grant period.

⁴ The methodology used for the risk assessment included a review of risk areas identified in the internal audit plans and 2005 international review of CIHR; followed by an analysis of the risk level and identification of areas of concern and impact related to the risk areas. Subsequently there was an analysis of existing mitigation strategies. Management representatives from CIHR actively collaborated in the development of the RMAF/RBAF and the risk assessment.

- **Canada may lose health research talent** as CIHR is not able to fund all the excellent applications that are received on an annual basis.

In addition to the above-mentioned risks, future evaluative studies and plans will also be informed by the Agency's corporate risk profile (under development). This project is led by the office of the CIHR Chief Financial Officer (Resource, Planning and Management Portfolio). To date, a complete list of corporate risks affecting CIHR has been identified and assessed on impact and vulnerability scales.

Over and above refining risk management practices at the departmental level, CIHR is also engaged in a Health Portfolio project that has developed an integrated risk management (IRM) framework for grants and contributions across the Government of Canada's Health Portfolio. The project involves CIHR, Public Health Agency of Canada and Health Canada. The IRM framework will be a step forward towards promoting holistic and systematic management of risks and ensuring greater alignment with government risk frameworks and initiatives, thus enabling strategic decision-making and results.

2.3. Evaluation and Related Functions at CIHR

CIHR has been building internal capacity for evaluation, performance measurement and analysis since 2001, largely focusing on fulfilling the mandatory requirements of the CIHR Act. In 2005 - 2007, significant investments were made in the Evaluation and Analysis Branch establishing three distinct units: Evaluation, Data and Analysis, and Impact Assessment⁵. The Branch was also moved to the Knowledge Translation Portfolio. The current structure of the Branch was put into place to support evidence-based decision making and strategic planning at CIHR and to satisfy the requirements of the Financial Administration Act and TBS Policies.

Presently, the Branch structure comprises of highly qualified personnel, including data specialists, evaluators and analysts of health research. It should be noted that the new Branch has yet to be fully staffed due primarily to challenges recruiting and retaining specialized staff. As well, since development of the Branch took place between 2005 - 2007 a large proportion of Branch staff are new to CIHR. Current staff are now engaged in a range of evaluative and analysis activities, such as program evaluation, research evaluation (or impact assessment) and data analyses, which all support the organization's senior management in decision-making and in meeting accountability and reporting requirements.

2.3.1. Program Evaluation and the Evaluation Unit

In the government of Canada, *program evaluation* is "the systematic collection and analysis of evidence on the outcomes of programs to make judgments about their relevance, performance and alternative ways to deliver them or to achieve the same results" (draft TBS Evaluation Policy, 2008). The goal of program evaluation is to inform decisions with respect to the implementation and effectiveness of a specific program or suite of programs. These evaluations can be formative or summative or have components of both. At CIHR, the program evaluation function is performed by the Evaluation Unit.

⁵ The mandate of the Evaluation and Analysis Branch is to support CIHR leadership and management in implementing sound performance measurement, evaluation and analysis practices to help achieve CIHR's mandate, strategic objectives and to meet the organization's legislative requirements.

The major responsibilities of the Evaluation Unit include the following:

- Develop annual and multi-year evaluation plans; conduct program evaluation studies in accordance with established plans and TBS requirements;
- Lead and/or participate in inter-departmental evaluations;
- Support program management in assessing the design, delivery and effectiveness of policies, programs and initiatives (e.g., provide advice on results-based management and accountability frameworks, the conduct of program-level evaluative studies, performance measurement activities and data analyses);
- Engage in framework and methodology development for program-level evaluation research;
- Support efforts to build evaluation capacity, infrastructure and culture at CIHR.

There are about 150 different funding programs at CIHR⁶ that are categorized in 22 program activities under three strategic outcomes: Advances in Health Knowledge, People and Research Capacity, and Knowledge Translation and Commercialization.

Apart from interest in evaluating outcomes of these programs, CIHR senior management and other stakeholders have highlighted the importance of measuring the impacts of scientific research supported by the Agency. The Impact Assessment Unit within the Evaluation and Analysis Branch is tasked with the research evaluation function.

2.3.2. Research Evaluation and the Impact Assessment Unit

Research evaluation, or impact evaluation, at CIHR aims to capture and describe the longer-term outcomes and impacts of CIHR funded health research and is not focused on a specific program. It is intended to provide information relevant for strategic planning and policy purposes, as well as to help demonstrate progress on the organization's mandate and strategic outcomes.

In 2005, CIHR recognized the need to have a framework to consider the impacts of health research. In 2007, the Impact Assessment Unit was formed and began work to finalize and implement the impact assessment framework developed in 2005. Currently, the Impact Assessment Unit is in the process of implementing this framework through several projects, including theme-based framework implementation (e.g., impacts of obesity research, impacts of cardiovascular and cerebrovascular research) and category-based framework implementation (e.g., commercialization). After this first year implementing the CIHR health research impact framework, the framework and implementation methods will be reviewed and refined as necessary.

The Impact Assessment Unit is also engaged in a number of international collaborations.

⁶ As classified by the CIHR financial codes for Fiscal Year 2007/08.

2.3.3. Data Analysis and the Data and Analysis Unit

Since the inception of the Data and Analysis Unit, the Agency's analytical capacity has been substantially strengthened. The Unit's two teams – Data Production and Analysis– are engaged in producing and validating CIHR statistics, responding to data requests⁷, preparing analyses for internal and external clients, contributing to CIHR documents/reports and providing other analytical services.

The Unit is working on the development of a new research classification system that will enable CIHR to accurately report on its investments and outputs by area of research, a research reporting system (RRS) to capture the outputs and outcomes of health research investments, and a data quality assurance framework to ensure that CIHR data are reliable and valid.

2.4. Challenges Facing Program Evaluation at CIHR

The current CIHR 5-year Evaluation Plan primarily covers program evaluations and will be implemented by the Evaluation Unit with collaboration and support from the Data and Analysis Unit as well as the Impact Assessment Unit.

In implementing CIHR's first 5-year Evaluation Plan, the Evaluation Unit may be facing a number of challenges related to financial, operational, technical and cultural factors in the organization, including:

- a) budgetary and human resources constraints;
- b) complexity of the structure of the organization, including multiple program responsibility centres and their geographical dispersion;
- c) organizational culture that has not been fully transformed to support results orientation;
- d) effective and sustainable engagement of program management in consultation and evaluative processes;
- e) lack of performance information and a data infrastructure within CIHR to support measurement and evaluation activities;
- f) in addition, there are also a number of challenges inherent to measuring program outcomes, including incrementality and attribution.

In response to some of the afore-mentioned challenges, the Evaluation and Analysis Branch has been heavily involved in a number of projects that aim to develop consistent and common performance indicators as well as related measurement capacity at CIHR, as well as initiatives that aim to enhance the overall evaluation capacity of the organization. These include:

- Development of the Agency's Management, Resources and Results Structure (MRRS) that defines strategic outcomes, related program activities, resource requirement, along with expected results and performance indicators.

⁷ To submit a data request, please complete the Online Data Request Form at <http://devtrack/tmtrack/tmtrack.dll?AnonymousSubmitPage&projectid=13>

- Ongoing development of results-based management and accountability frameworks (RMAFs) for CIHR's funding programs.
- Implementation of the CIHR Common Framework, or common performance indicators to be collected across all 13 CIHR Institutes;
- Development of the Research Reporting System, i.e., a centralized electronic end-of-grant data repository aimed to support capture and analysis of research outputs and impacts from researchers in a more rigorously structured and systematic manner;
- Finalization and implementation of the CIHR Impact Assessment Framework - a framework that provides direction and guidance with respect to evaluating short and longer-term impacts of health research.
- Design and implementation of the CIHR Evaluation Network, which is a CIHR-wide website and working group dedicated to sharing information on evaluation and performance measurement across the organization, supported by monthly face-to-face meetings.

The next section presents quality assurance practices used by the Evaluation Unit.

2.5. Quality Assurance Practices

The Evaluation Unit conducts its work in a thorough, objective, consultative manner, using a mixture of in-house and contractual resources. The following professional standards, defined by the Canadian Evaluation Society, guide CIHR's evaluation products and services: utility, feasibility, propriety and accuracy⁸.

Quality control of evaluation products and services in the Evaluation Unit is exercised through a number of practices, including:

- oversight of high-profile evaluation studies by project steering committees/working groups that involve key program stakeholders and Evaluation and Analysis staff;
- integration of multiple lines of evidence in every evaluation as a standard of good practice;
- internal peer and management reviews;
- existence of an FTE (Evaluation and Quality Control Officer) dedicated to quality assurance;
- review of contractor proposals for their methodological rigor and quality assurance practices.

The governance of evaluation at CIHR is supported by several governance and strategic management committees and subcommittees, which include experts in evaluation and performance measurement. These advisory bodies enhance the quality assurance system of the program evaluation function through a collegial and consultative approach to decision-making and approval. Feedback from CIHR's committees and senior management confirms that the Unit is delivering increasingly comprehensive, credible results and services.

⁸ Description of Program Evaluation Standards is available at <http://www.evaluationcanada.ca/site.cgi?en:6:10>.

3. Approach to Developing the Evaluation Plan

3.1. Guiding Principles

A number of guiding principles, informed by the TBS evaluation standards and guidelines, were taken into consideration while developing the Plan:

- Using the planning process as an opportunity to communicate the role and importance of evaluation and engage CIHR management in evaluation prioritization and use;
- Adopting a risk-based approach to identify evaluation needs and focus earlier on important priorities and high-risk projects;
- Utilizing a consistent, balanced and transparent process to determine evaluation commitments;
- Aligning scheduled evaluations with the CIHR Management, Resource and Results Structure;
- Building in sufficient flexibility to assure that the Agency and the Evaluation Unit are able to respond to emerging, high-priority evaluation needs;
- Aligning the Plan with the planning of the International Review of CIHR as an opportunity to continue to strengthen the role of evaluation as an effective and essential management function⁹;
- Incorporating CIHR's commitment to meet the requirements of the Financial Administration Act and the revised TBS Evaluation Policy and Policy on Transfer Payments.

These principles reflect the importance for CIHR to ensure that evaluation efforts balance accountability with program improvement and learning.

3.2. Planning Process and Important Considerations

The planning process included the following major steps: establishment of the 5-Year Evaluation Planning Working Group; review of CIHR and government-wide priorities; consultations with CIHR management at the corporate and programmatic levels; refinement of the evaluation universe by Program Activity Architecture categories; development of the risk-based prioritization methodology and prioritization/ranking of program evaluations (for description of all steps, please see Section 3.3 and Appendix C).

Additionally, the Evaluation Unit continues to monitor factors that may reshape CIHR's suite of programs and budgetary allocations and thus impact program evaluation priorities and/or foci of evaluative studies proposed in this Plan. These factors include:

- ✓ the results of TBS Strategic Review of CIHR (conducted in spring/summer 2008),
- ✓ the development of the new CIHR Strategic Plan (Blueprint II),
- ✓ the completion of the Agency's corporate risk profile,
- ✓ the change in leadership in fiscal year 2008/09, and
- ✓ influences due to shifts in government priorities or the health needs of Canadians.

⁹ The previous review of CIHR, conducted in 2005/06, was a large-scale international review led by Evaluation and Analysis to assess the progress of the Agency as a whole since its inception. The second review is planned for 2010/11.

3.3. Evaluation Planning Steps

Step 1: Review of Priorities

A review was carried out by the Evaluation Unit to link prospective evaluation activities to department- and government-wide objectives and priorities. Major sources of information on departmental goals and risks were the Agency's strategic directions and priorities documents (Section 2.1). Also, in January 2008, members of the Subcommittee on Performance Measurement (SPM) were proactively approached to identify CIHR priorities and inform of forthcoming expenditure decisions that would need to be informed by evaluation. Government-wide priorities and objectives were confirmed through a review of relevant legislative documents and guidelines.

Step 2: Refinement of Evaluation Universe

Considerately attention was devoted to refining and operationalizing the evaluation universe to ensure it reflects CIHR programs well and provides full evaluation coverage of program spending. The Program Activity Architecture (PAA) was, therefore, used as a useful starting point for defining program evaluation universe. The use of the PAA structure would also enable the Evaluation Unit to study and conclude on the effectiveness of entire program areas using an optimized number of studies focused on a single broader issue.

Step 3: Selection of Risk and Priority Criteria

Given the number of evaluations required, the prioritization method and especially the selection of informative and valid risk-based criteria were important. An initial identification of priority criteria was guided by CIHR's 2005/06 evaluation planning, albeit a few modifications were introduced. As a result, one level of criteria was established: materiality, program lifecycle, accountability history, strategic/corporate priorities, and visibility (for definitions, please refer to Appendix C). The criteria selected were informed by the review of priorities and consequently validated by the 5-Year Evaluation Plan Working Group and the following committees: SPM, Research and Knowledge Translation Committee (RKTC), and the Standing Committee on Performance Measurement, Evaluation and Audit (SCPMEA).

Step 4: Prioritization of Evaluation Universe

Well-defined PAA evaluation activities were prioritized according to the established criteria. The rating scale for each criterion was based on a review of similar rating scales across federal departments and finalized in consultation with the Working Group. Based on the overall score, a prioritized list of program evaluation projects was established where the highest scoring PAA category slated for an evaluation earlier in the 5-year cycle and the lowest, later (with an exception of TB requirements & shared programs). Horizontal issues were not prioritized, but rather identified as preliminary foci for prioritized evaluations. The final product was the proposed 5-year schedule of program evaluations (Table 1).

Step 5: Validation of Prioritized Evaluation Activities

In order to strengthen the validity of the prioritization process, interviews with senior management and selected departmental directors were conducted and a qualitative analysis of their responses was performed. The analysis of interview data revealed a consensus regarding major evaluation-related priorities across CIHR, thus supporting the results of the risk-based prioritization exercise.

Step 6: Approval Processes and Dissemination

Once the finalized 5-year schedule of evaluative activities had been accepted by CIHR's decision-making bodies (SPM, RKTC, and SCPMEA), a draft 5-Year Evaluation Plan was prepared and then approved by the Agency Head of Evaluation. Upon acceptance by TBS, the Plan will be widely distributed across CIHR.

Step 7: Implementation and Monitoring

The Evaluation Unit continues to define the Plan's implementation strategy. As outlined in Section 3.2, a number of factors may impact program evaluation priorities and/or foci of evaluative studies proposed in this Plan. In response, the Evaluation Unit commits to conducting an annual re-profiling of the 5-year evaluation schedule, based on a similar type of methodology, to ensure its ongoing relevance and accuracy. The updated schedule will be widely distributed across CIHR and posted on its website.

Table 1. CIHR 5-Year Evaluation Schedule (2008/09 – 2012/13).

The following schedule outlines the timing of program evaluations at CIHR for Fiscal Year 2008/09 through to 2012/13. The proposed evaluations generally require six months for planning (light green) and one full year for the conduct of the study (dark green), at the end of which an evaluation report is expected (presented as X). These are estimates based on the current resources available to the Evaluation Unit and the governance structures in place at CIHR. Finally, highlighted in grey are the evaluation commitments carried over from Year 2007/08, as they relate to the PAA classification.

Program Category	2008/2009				2009/2010				2010/2011				2011/2012				2012/2013			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1.1.1 Open Operating Grant Program																				
1.1.2 Randomized Controlled Trials Program																				
1.1.3 Team Grant Program																				
2.1.3 Canada Research Chairs Grant Program																				
1.2.4 Pandemic Preparedness Research Initiative																				
1.2.2 Large Strategic Initiatives Program																				
External Review of CIHR																				
2.1.1 Salary Support Programs																				
2.2.1 Research Resources and Collaboration																				
1.2.1 Strategic Priority Operating Grant Programs																				
1.2.5 Expensive Drugs for Rare Diseases Research Initiative																				
2.1.5 Strategic Salary Support Programs																				
2.3.2 Partnership Programs																				
3.1.1 Knowledge Translation Program																				
3.2.1 Commercialization Funding Programs																				
1.2.3 HIV/AIDS Research Initiative																				
1.2.6 National Anti-Drug Strategy Treatment Research Initiative																				
2.1.2 Training Support Programs																				
2.1.6 Strategic Training Support Programs																				
3.1.2 Networks of Centers of Excellence Program																				
2.3.1 Institute Support Grants																				
2.4 Ethical, Legal, Social Issues																				
2.1.4 Canada Graduate Scholarships Program																				

4. Evaluation Unit Activities

4.1. Evaluation Activities for 2008/09 – 2012/13

Fiscal Year 2007/08 has been the first year for the Evaluation Unit operating at almost full staffing capacity. In that year, a number of small and large-scale evaluation projects have been undertaken.

The current year, 2008/09, is devoted to beginning the process of fulfilling the CIHR 5-Year Evaluation Plan requirements. The evaluation commitments for 2008/2009 reflect high priority program evaluations, previously identified by CIHR management, such as the Open Operating Grants program (OGP) evaluation, evaluation of CIHR team-type programs, Randomized Control Trials, as well as TBS requirements (Pandemic Preparedness Research Initiative) and Tri-agency evaluations (Indirect Costs, Canada Research Chairs program). Finally, several evaluation studies were carried over from 2007/08 to be completed this fiscal year, such as the evaluation of the Strategic Training Initiative in Health Research (STIHR), Canada Graduate Scholarships Program (CGS), Doctoral Research Awards (DRA) and the evaluation of the Interagency Advisory Panel and Secretariat on Research Ethics (PRE/SRE).

Table 2 below documents the Agency's planned program evaluations for the upcoming 5 years (2008/09 – 2012/13). It builds and expands upon the results of the prioritization exercise. Where appropriate, each commitment has been operationally defined in terms of specific projects, approaches and resource needs.

In some instances, the evaluation information needs of managers have necessitated the re-clustering of programs within and between PAA categories. For example, the Team Grant Program PAA category has been expanded to include all 10 CIHR team-type programs, historical and existing, to ensure that management will get sufficient evidence as to the value-added of the 'team approach' to funding and conducting research. In order to evaluate the OGP, largest CIHR program, it is broken down into multiple evaluative studies, spread across several years, thereby making the evaluation more manageable and focused.

Other adjustments have included the merging of pairs of PAA categories into single evaluative studies (e.g., Training Programs and Strategic Training Programs; Salary Programs and Strategic Salary Programs), which will enable an analysis of, for example, the effectiveness of a strategic versus an open approach to funding, among others.

All evaluations included in the 5-year schedule will address value for money by covering core issues proposed by the TBS Directive on the Evaluation Function. The actual scope of projects for years 2009/10 to 2012/13 will be further defined by resources available, the status of previous evaluation projects and information needs of CIHR management following an annual re-profiling of the Plan by the Evaluation Unit.

Table 2. Proposed Evaluation Projects for 2008/09 – 2012/13.

[Please note that more precise information is known for projects slated for an evaluation in the current year than future years. Evaluations not led by the CIHR’s Evaluation Unit are highlighted in grey].

#	PAA Sub-Activity Category	Basic stats 2007/08	MRRS Outcomes and Expected Results (CIHR MRRS, 2007)	Proposed Evaluation(s) (if known)	Preliminary Evaluation Foci	Start Year	Rationale / Resources / Comments
1	1.1.1. Open Operating Grant Program	3898 grants funded \$383M \$98.3K/ per grant	Expected Results: <ul style="list-style-type: none"> Health research advances knowledge and leads to broader impacts such as informing decisions, impacts on health and the economy Appropriate resources available that enable world class, investigator formulated research across all areas of health research Output: Research grants	1. Peer review evaluation	Peer Review	2008/09	Given its magnitude, size and dated evaluative information available to date, this program requires comprehensive assessment that will be conducted over several years to capture evaluation issues best. Several evaluative studies are being proposed and various issues of interest will be explored (e.g., assessing the peer review process especially in the context capturing research excellence; the program’s scale and scope; international competitiveness and other issues). The evaluations are to be conducted internally with some tasks contracted out. The following budgetary allocations have been proposed: \$25,000 for 2008/09; \$40,000 for 2009/10 and \$35,000 for 2010/11.
				2. Historical outcomes and impacts assessment	Health research impacts	2008/09	
				3. Program’s meta-evaluation	Overall effectiveness and relevance	2010/11	
2	1.1.2. Randomized Control Trials Program	74 grants funded \$32.3M \$436.7K/ per grant	Expected Results: <ul style="list-style-type: none"> Better health research, research training and mentoring through funding of excellent teams Appropriate resources available that enable team grants to enhance research and training Output: Research grants	Program’s effectiveness (analysis of the final reports data)	Health research impacts	2008/09	The RCT evaluation was identified as a high priority as a result of multiple factors: the program’s high profile on the international arena, large per grant spending ratio, the decision to merge RCT into OGP, and the immediate availability of data collected through final reports (Consolidated Standards of Reporting Trials-CONSORT). This evaluation is to be conducted internally. The framework is now being developed in order to ensure that information needs of senior management are adequately met and sufficient evidence about the program’s outcomes and effectiveness is generated.

#	PAA Sub-Activity Category	Basic stats 2007/08	MRRS Outcomes and Expected Results (CIHR MRRS, 2007)	Proposed Evaluation(s) (if known)	Preliminary Evaluation Foci	Start Year	Rationale / Resources / Comments
3	1.1.3. Team Grant Program	109 grants funded \$26.7M \$244.7K/grant	<p>Expected Results:</p> <ul style="list-style-type: none"> Better health research, research training and mentoring through funding of excellent teams Appropriate resources available that enable team grants to enhance research and training <p>Output: Research grants</p>	<p>Evaluation of all team-type programs at CIHR:</p> <ul style="list-style-type: none"> - CAHR - CGSP - Groups - Teams - ET - ICE - IHRT - NET - PHSI - RRG <p>(For Acronyms, refer to Appendix A)</p>	<p>Team Research Productivity</p> <p>Capacity development</p> <p>Knowledge translation</p>	2008/09	<p>The evaluation strategy was developed by the Evaluation Unit in the Spring of 2008. The proposed evaluation will include 10 team-type programs (ongoing and historical) that are spread out across different PAA categories. Such an approach will enable evaluators to provide solid evidence on the value-added of the team approach to funding research and, potentially, enrich the theory on team performance and productivity. Special attention will be devoted to developing evaluative tools for such horizontal issues as capacity development and knowledge translation.</p> <p>The project's budget includes \$25,000 in 2008/09.</p>
4	2.1.3. Canada Research Chairs Program	693 grants funded \$86.4M	<p>Expected Result:</p> <ul style="list-style-type: none"> World-class research capacity is enhanced in Canadian universities, research institutes and hospitals through the attraction and retention of excellent researchers <p>Output: Research chairholder is established</p>	TBD externally	Capacity Development	2008/09	<p>External evaluation (Tri-Agency) <u>Lead:</u> CRC Secretariat (SSHRC)</p> <p>The evaluation is a requirement for the 2009/10 year. The planning will start in November 2008. The CRC program is intended to attract and retain some of the world's most accomplished and promising researchers; therefore, it will be of interest to CIHR to consider CRC outcomes in the context of other capacity development programs.</p>
5	1.2.4. Pandemic Preparedness Research Initiative	40 grants funded \$2.8M \$70.5K/grant	<p>Expected Results:</p> <ul style="list-style-type: none"> Health research advances knowledge and responds to objectives of Pandemic Preparedness Strategic Research Initiative Appropriate resources available that enable world-class research related to Pandemic Preparedness <p>Output: Research grants</p>	TBD externally	National Health Priorities	2008/09	<p>External evaluation <u>Lead:</u> Institute of Infection and Immunity</p> <p>A formative evaluation will be carried out in 2008/09. The proposed evaluation will look at the relevance and effectiveness of the Initiative's task group, researcher and stakeholder perceptions on initiative design and implementation, and success of activities aimed at fostering linkages and exchanges.</p>

#	PAA Sub-Activity Category	Basic stats 2007/08	MRRS Outcomes and Expected Results (CIHR MRRS, 2007)	Proposed Evaluation(s) (if known)	Preliminary Evaluation Foci	Start Year	Rationale / Resources / Comments
6	n/a Indirect Costs Program		n/a	n/a	TBD Externally	2008/09	<p>External evaluation <u>Lead:</u> CRC Secretariat (SSHRC)</p> <p>A comprehensive evaluation of the program to be carried out during its sixth year of operation is a TB requirement. The primary focus of the evaluation is the continued relevance of the program and its cost-effectiveness as well as its results, expected outcomes and impacts. The project is currently scheduled to start in September 2008. CIHR will be participating in a working group.</p>
7	1.2.2. Large Strategic Initiatives Programs	<p>172 grants funded</p> <p>\$20.8M</p> <p>\$121.2K/ grant</p>	<p>Expected Results:</p> <ul style="list-style-type: none"> Health research advances knowledge and leads to broader impacts such as informing decisions, impacts on health and the economy and responds to objectives of large, cross-cutting strategic initiatives Appropriate resources available that enable world-class research responding to cross-cutting strategic health priorities <p>Output: Research grants</p>	Cluster evaluation of large strategic initiatives	<p>Health Research Priorities</p> <p>Health Research Impacts</p>	2009/10	Evaluating large, cross-cutting strategic initiatives is important from the decision-making perspective. The proposed evaluation will look at the model of funding strategic initiatives holistically (rather than success of each individual initiative) and will build upon the previous Obesity Initiative evaluation framework and impact assessment study, as well as others. It will be conducted internally by the Evaluation Unit.
8	2.2.1. Research Resources and Collaborations	<p>420 grants funded</p> <p>\$49.4M</p>	<p>Expected Results:</p> <ul style="list-style-type: none"> High quality research resources are available for excellent health research as a result of effective funding programs Appropriate resources available that enable adequate research resources for health research <p>Output: Research grants</p>	TBD	<p>Partnerships</p> <p>Citizen engagement</p>	2009/10	<p>The proposed timing for this evaluation may need to be re-examined on the materiality and overall scores, given that the team-type programs that constitutes 2/3 of the budget for this category are evaluated with the Team Grant PAA.</p> <p>The scope of the evaluation will be determined through future consultations.</p>

#	PAA Sub-Activity Category	Basic stats 2007/08	MRRS Outcomes and Expected Results (CIHR MRRS, 2007)	Proposed Evaluation(s) (if known)	Preliminary Evaluation Foci	Start Year	Rationale / Resources / Comments
9	2.1.1. Salary Support Programs	416 awards funded \$21.1M \$50.8K/award	<p>Expected Results:</p> <ul style="list-style-type: none"> Medical/Health, University and Research Institution staff have dedicated time for health research Appropriate resources available that enable world-class health researchers across all areas of health research to devote more time to health research responding to research opportunities <p>Output: Salary Awards and research allowances</p>	Programs' relevance and effectiveness	Capacity Development	2009/10	In 2004/05, the Task Force on Career Support examined CIHR's suite of programs offering salary awards to health researchers and made a series of recommendations. It is expected that a more comprehensive evaluation of salary programs and their role in enabling robust research environment will be performed in 2009/10 by the Evaluation Unit.
	2.1.5. Strategic Salary Support Programs	50 awards funded \$2.7M \$54.8K/award	<p>Expected Results:</p> <ul style="list-style-type: none"> Medical/Health, University and Research Institution staff have dedicated time for health research on strategic initiatives Appropriate resources available that enable world-class health researchers to devote more time to health research in strategic areas of health research <p>Output: Salary Awards and research allowances</p>				
10	n/a External Review of CIHR		n/a	n/a	TBD	2010/11	As required by the CIHR Act (2000), the Agency should conduct a quinquennial review of CIHR's Research Institutes. The Evaluation and Analysis Branch will take the lead for this high profile project which will include a review of the slate of Institutes.
11	1.2.1. Strategic Priority Operating Grant Program	430 grants funded \$38.2M	<p>Expected Results:</p> <ul style="list-style-type: none"> Health research advances knowledge and leads to broader impacts such as informing decisions, impacts on health and the economy and responds to objectives of strategic initiatives 	TBD	Health Research Priorities	2010/11	The scope and methodology for evaluating the strategic priority operating grant program will be developed in conjunction with the evaluation of the large strategic initiatives and the open operating grants program.

#	PAA Sub-Activity Category	Basic stats 2007/08	MRRS Outcomes and Expected Results (CIHR MRRS, 2007)	Proposed Evaluation(s) (if known)	Preliminary Evaluation Foci	Start Year	Rationale / Resources / Comments
		\$88.9K/ grant	<ul style="list-style-type: none"> Appropriate resources available that enable world-class Institute-framed research responding to strategic health priorities <p>Output: Research grants</p>				
12	1.2.5. Expensive Drugs for Rare Diseases Initiative	1 grant funded \$11.6M \$11,600 K/ grant	<p>Expected Results:</p> <ul style="list-style-type: none"> Additional information available regarding the use of enzyme replacement therapies to treat patients suffering from Fabry Disease <p>Output: Research grant</p>	TBD externally	National Health Priorities	2010/11	<p>External evaluation <u>Lead:</u> Scientific Oversight Committee</p> <p>This initiative is a joint investment by the Government of Canada, participating provinces and the private sector, with the objective of gathering therapeutic effectiveness information on the rare genetic Fabry Disease. The Independent Scientific Oversight Committee is responsible for monitoring, evaluating and communicating publicly the results of the initiative's research.</p>
13	2.3.2. Partnership Programs	263 grants funded \$9.1M \$34.7K/ grant	<p>Expected Results:</p> <ul style="list-style-type: none"> Relevance and quantity of health research increased through innovative national and international alliances Appropriate resources available that enable partnered health research <p>Outputs: Research grant; Training Awards; Salary Awards</p>	Cluster evaluation of partnership programs	Partnerships Knowledge Translation	2010/11	The Partnership program provides grants to enable national/international programs to coordinate health research activities with stakeholders. Given similar goals/scope of the program with the KT program, the feasibility of a joint evaluation will be further examined.
14	3.1.1. Knowledge Translation Funding Program	192 grants funded \$9.5M \$49.5K/ grant	<p>Expected Results:</p> <ul style="list-style-type: none"> Health research is translated more effectively as result of funding programs Appropriate resources available that enable world-class knowledge translation of health research <p>Output: Research grants</p>	Knowledge Translation Study	Knowledge Translation Partnerships	2010/11	Evaluation of two types of KT (end-of-grant and integrated KT) will be at the core of the proposed evaluative study. CIHR Knowledge Exchange and Synthesis Directorate will be involved.
15	3.2.1.	490	Expected Results:	Outcomes and	Knowledge	2010/11	An initial evaluability assessment is to be

#	PAA Sub-Activity Category	Basic stats 2007/08	MRRS Outcomes and Expected Results (CIHR MRRS, 2007)	Proposed Evaluation(s) (if known)	Preliminary Evaluation Foci	Start Year	Rationale / Resources / Comments
	Commercialization Funding Programs	grants funded \$98.9M \$201.9K/grant	<ul style="list-style-type: none"> Health research is commercialized more effectively as a result of funding programs Appropriate resources available that enable commercialization of health research Output: Research grants	impacts of commercialization of health research	Translation Partnerships Health Priorities		carried out, followed by development of the performance measurement and evaluation framework (\$35,000 budget for 2009/10). Future evaluative activities are contingent upon the framework.
16	1.2.3. HIV/AIDS Research Initiative	199 grants funded \$17.3M \$87.1K/grant	Expected Results: <ul style="list-style-type: none"> Health research advances knowledge and responds to objectives of HIV/AIDS Research Initiative Appropriate resources available that enable world-class research related to HIV/AIDS Output: Research grants	TBD externally	National Health Priorities	2010/11	External evaluation <u>Lead:</u> PHAC 4 federal departments are responsible for delivering this Federal Initiative, launched in 2004/05 (renewal in 2010). The Public Health Agency of Canada will lead the evaluation.
17	2.1.2. Training Support Program	796 awards funded \$24.2M \$30.5K/award	Expected Results: <ul style="list-style-type: none"> Highly trained individuals available for health research Appropriate resources available that enable superior health research trainees in all areas of health research to be qualified to pursue careers in health research Output: Training Awards and research allowances	Cluster evaluation of all training programs	Capacity Development	2011/12	Training programs have been well evaluated in 2006-2008 as individual programs. Building upon this work, an over-arching evaluation that looks at the effectiveness of all training programs (incl. capturing excellence) is proposed.
	2.1.6. Strategic Training Support Program	299 awards funded 36.3M \$121.6K/award	Expected Results: <ul style="list-style-type: none"> Highly trained individuals available for health research in strategic priority areas of health research Appropriate resources available that enable superior health research trainees to pursue careers in strategic areas of health research Output: Training Awards and research allowances				
18	1.2.6. National	0 grants	Expected Results:	TBD	National Health	2011/12	External evaluation

#	PAA Sub-Activity Category	Basic stats 2007/08	MRRS Outcomes and Expected Results (CIHR MRRS, 2007)	Proposed Evaluation(s) (if known)	Preliminary Evaluation Foci	Start Year	Rationale / Resources / Comments
	Anti-Drug Strategy Treatment	funded	<ul style="list-style-type: none"> Appropriate resources available that enable world-class research related to improving the effectiveness and informing policy and program development of and for addiction treatments (for youth, First Nations and Inuit peoples) <p>Output: Research grants</p>	externally	Priorities		<p><u>Lead:</u> Health Canada</p> <p>This is a new initiative with first grant programs launched in early 2008. Part of Government's National Anti-Drug Strategy, the evaluation will be led by Health Canada.</p>
19	2.1.4. Canada Graduate Scholarship Programs	747 awards funded \$13.9M \$18.6K/award	<p>Expected Results:</p> <ul style="list-style-type: none"> Increased capacity to meet demand for highly qualified personnel in the academic, public and private sectors Appropriate resources available that enable superior health research trainees in all areas of health research to be qualified to pursue careers in health research <p>Outputs: Training Awards</p>	TBD	Capacity Development	2011/12	<p>Tri-Agency <u>Lead:</u> CIHR</p> <p>This Tri-Agency evaluation will be led by CIHR and its Evaluation Unit. It will build upon the 2007/08 study in conjunction with the evaluation of CIHR's training programs.</p>
20	3.1.2. Networks of Centres of Excellence Grants	11 grants funded \$27.5M	<p>Expected Results:</p> <ul style="list-style-type: none"> Strong linkages and partnerships created between university, government and industry, and other users (NGOs), resulting in the transfer of knowledge and exploitation of leading-edge research results with economic or societal benefits to Canada <p>Output: Networks supported</p>	TBD externally	Capacity Development Partnerships	2011/12	<p>External evaluation (Tri-Agency) <u>Lead:</u> NSERC</p> <p>The evaluation will build upon the 2006 study. It will be led by the Natural Sciences and Engineering Research Council of Canada.</p>
22	2.3.1. Institute Support Grant	14 grants	<p>Expected Results:</p> <ul style="list-style-type: none"> Effective domestic and international 	TBD	TBD	2012/13	Institute support grants are being redesigned following extensive

#	PAA Sub-Activity Category	Basic stats 2007/08	MRRS Outcomes and Expected Results (CIHR MRRS, 2007)	Proposed Evaluation(s) (if known)	Preliminary Evaluation Foci	Start Year	Rationale / Resources / Comments
		funded \$13M	health research agendas as well as alliances and partnerships in areas related to the mandate of each Institute Outputs: <ul style="list-style-type: none"> ▪ Discussion documents and other publications ▪ Communications regarding funding opportunities and funding results ▪ Relationships and networks ▪ Established Strategic Priorities 				consultations to address TB concerns. The timing of this evaluation would allow to prepare for renewal of the terms and conditions of this grant in 2013/14.
23	2.4. Ethical, Legal, Social Issues	50 grants funded \$1.5M \$30.8K/grant	Expected Results: <ul style="list-style-type: none"> ▪ Health research conducted more ethically as a result of effective funding programs Output: Research grants	TBD	Ethics	2012/13	This evaluation is to be carried out internally, building upon the 2008/09 PRE/SRE study.

4.2. Performance Indicators

As part of the evolving performance measurement system at CIHR, the Evaluation Unit will report on its performance using a small set of key performance indicators:

- Percentage of annual work plan and 5-Year Evaluation Plan accomplished. This could be a measure of the Unit's ability to adhere to project schedules and to efficiently manage the evaluation process.
- Quality and usefulness of products and services, as assessed by clients. This could be accomplished via a combination of post-evaluation project client surveys, together with an annual survey of all senior managers and key stakeholders.

4.3. Resource Requirements

The Evaluation Unit has a resource base of 8 FTEs. The Unit's staff consists of the following personnel: one manager, one evaluation and quality control officer, 4 evaluators¹⁰ and 2 junior evaluators. One additional evaluator position is being proposed for the coming fiscal year.

It is expected that much of the evaluation work will be conducted using in-house resources.

In addition to undertaking program evaluation projects as defined in previous and current evaluation plans, the Evaluation Unit dedicates considerable amount of time to providing support and advice to other organizational functions. Approximately 20 to 30% of evaluators' time is devoted to client support. The Unit supports program management in assessing the design, delivery and effectiveness of policies, programs and initiatives (e.g., advice on results-based management and accountability frameworks, conduct of program-level evaluative studies, performance measurement activities and data analyses).

If you require more information about client support and for contact information, please refer to the next section.

¹⁰ One evaluator is currently on maternity leave. She will return to her duties in March 2009.

4.4. Evaluation and Analysis Contacts

Anyone requiring the assistance of the Evaluation and Analysis Branch or needing more information should contact:

Peggy Borbey, Director
Evaluation and Analysis Branch
Knowledge Translation Portfolio
Telephone: 613-941-4350
E-mail: peggy.borbey@cihr-irsc.gc.ca

For more information about this Evaluation Plan, program evaluation projects or client support, contact:

Laura McAuley, Manager
Evaluation Unit / Impact Assessment Unit
Evaluation and Analysis Branch
Knowledge Translation Portfolio
Telephone: 613-948-2283
E-mail: laura.mcauley@cihr-irsc.gc.ca

We will be pleased to offer our support and provide you with the information you need.

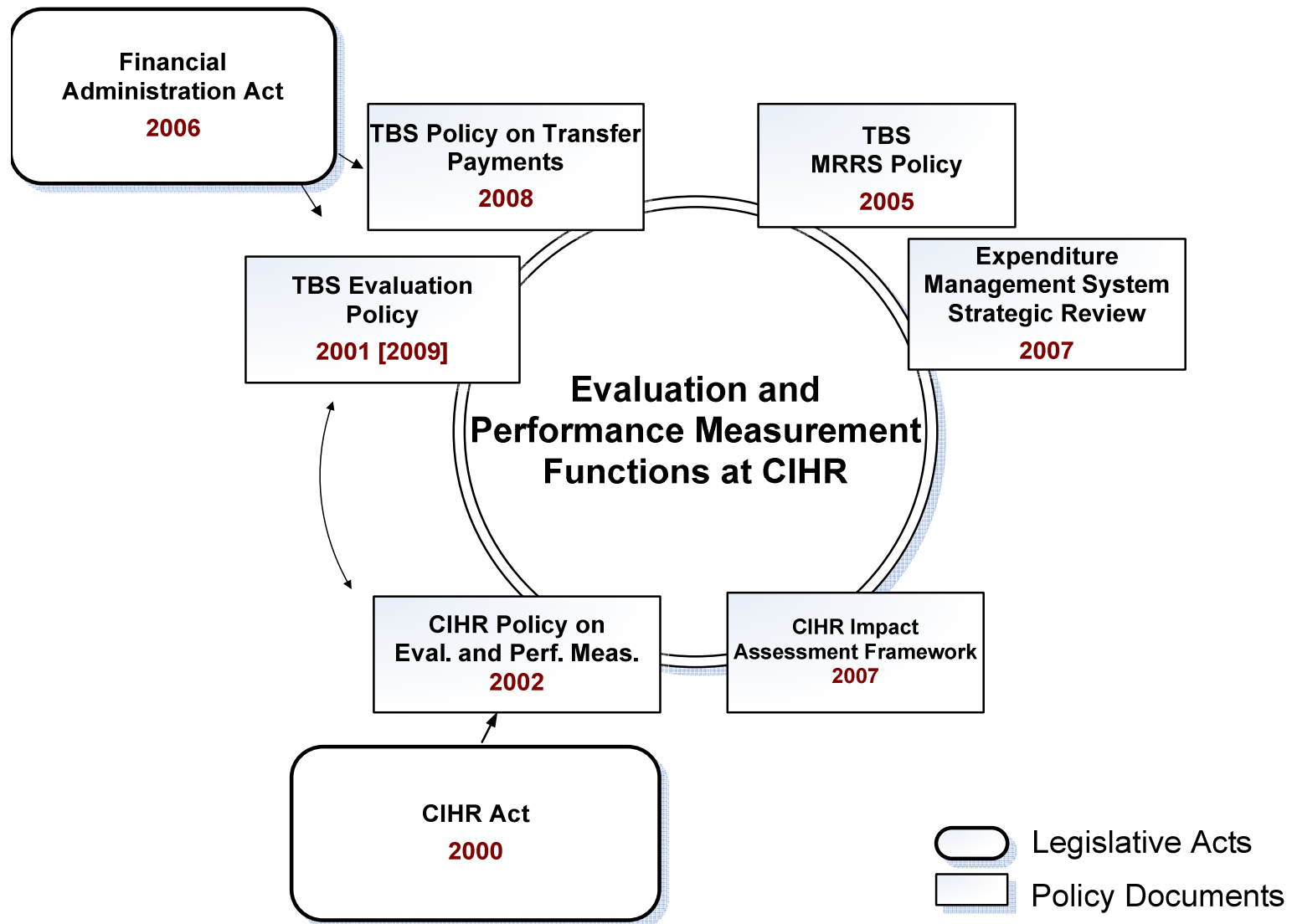
Your feedback and comments are welcome.

Appendices

Appendix A. List of Acronyms and Abbreviations

CAHR	Community Alliances in Health Research
CGSP	Collaborative Genomics Special Project
CIHR	Canadian Institutes of Health Research
CONSORT	Consolidated Standards of Reporting Trials
CRC	Canada Research Chairs
ET	Emerging Teams
FAA	Financial Administration Act
FTE	Full-time Equivalent
ICE	Interdisciplinary Capacity Enhancement
IESC	Inter-agency Evaluation Steering Committee
IHRT	Interdisciplinary Health Research Team
IRM	Integrated Risk Management
KT	Knowledge Translation
NET	New Emerging Team
NSERC	Natural Sciences and Engineering Research Council
OGP	Operating Grants Program
PAA	Program Activity Architecture
PHAC	Public Health Agency Canada
PHSI	Partnerships for Health System Improvement
PRE/SRE	Interagency Advisory Panel on Research Ethics/Secretariat on Research Ethics
RBAF	Risk-Based Audit Framework
RCT	Randomized Control Trials
RKTC	Research and Knowledge Translation Committee
RMAF	Results-based Management and Accountability Framework
RRG	Research Resource Grant
SCPMEA	Standing Committee on Performance Measurement, Evaluation and Audit
SPM	Sub-committee on Performance Measurement and Evaluation
SSHRC	Social Sciences and Humanities Research Council
TBS	Treasury Board Secretariat

Appendix B. Legislation and policies as they relate to CIHR's evaluation and performance measurement functions



Appendix C. Risk Criteria and Risk-Based Rating System

The following definitions have been adopted for the purpose of this 5-year rolling Evaluation Plan.

Risk – the possibility of a situation that will endanger CIHR, a CIHR Unit, a program or a specific project (in other words, risks are everything that gets in the way of the sustainable achievement of CIHR objectives and mandate).

CIHR has identified 5 criteria for priority ranking that constitute significant risk factors in the context of managing transfer payments programs:

Materiality – defined as the size of program/resource expenditures, or *budget*. Programs involving large amounts of public funds are considered to have a higher priority than smaller programs (4 points for very high materiality – over \$50M, 3 points for high materiality – between \$20-50M, 2 points for medium materiality - \$9-20M and 1 point for low materiality – under \$9M).

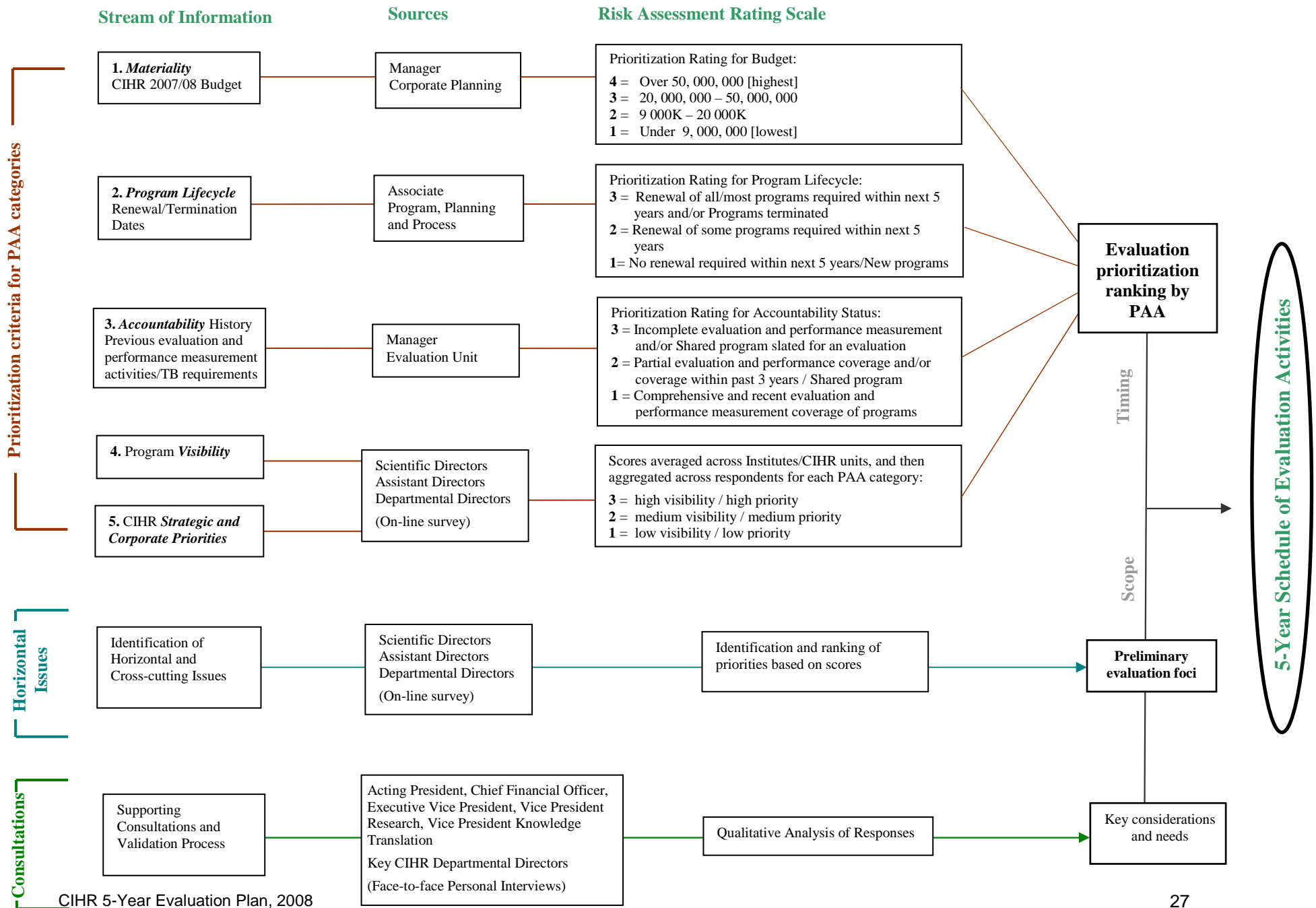
Program Life-Cycle – defined as a stage of a program’s development. Programs slated for a renewal within the next 5 years and/or programs that terminate at that period and/or have a TBS requirement for evaluation are automatically given the highest score (3 points). When, within a PAA category, some programs require renewals, but no other requirements for evaluation exist, a medium ranking (2 points) was assigned. For programs with no renewals or TBS requirements the lowest score (1 point) was given.

Accountability History, or previous and upcoming evaluation-related activities, e.g., evaluations, performance measurement, audit, other activities. Programs that have comprehensive and recent evaluative coverage therefore receive low scores (1 point). Programs that have partial evaluative coverage within the past three years and/or also a shared program (e.g., Tri-Agency programs) receive medium scores (2 points), signalling that these programs might come up on the evaluation agenda soon. Programs that have incomplete evaluative coverage and/or coverage beyond 3 years, as well as the programs that are already slated for an evaluation in the coming few years are given the highest score (3 points).

Visibility. CIHR has a variety of stakeholders and clients with diverse information needs and interests (news media, citizen groups, general public, members of the health research community, other government agency, others). The visibility/profile/reputational risk is associated with the general interest of clients/ stakeholders in the program(s) and their results (e.g., maintaining or losing credibility, confidence of Canadians). Low visibility programs are given 1 point, medium visibility – 2 points, high visibility – 3 points.

Corporate and Strategic Priorities. CIHR commits to a broad set of expected results that are documented in its strategic directions and priorities documents. It is important for the Agency that programs most closely aligned with its strategic and corporate priorities receive adequate evaluation coverage to generate sufficient evidence to enable decision making at all levels. Thus, programs that are closely aligned with CIHR’s priorities receive maximum score (3 points), moderately aligned -2 points and 1 point if not closely aligned.

Figure 1. Evaluation Planning Methodology and Risk-based Rating System





Evaluation and Analysis Branch
Knowledge Translation Portfolio
Canadian Institutes of Health Research (CIHR)

160 Elgin Street, 9th Floor
Address Locator 4809A
Ottawa, Ontario
Canada K1A 0W9

Phone: 1-613-941-2672
Toll Free: 1-888-603-4178
Fax: 1-613-954-1800
Web: www.cihr-irsc.gc.ca
