



THE COLLABORATIVE HEALTH RESEARCH PROJECTS PROGRAM EVALUATION SUMMARY



About the Collaborative Health Research Projects (CHRP) Program

The [Natural Sciences and Engineering Research Council \(NSERC\)](#) launched the Collaborative Health Research Projects (CHRP) program in 1999. The CHRP program supports interdisciplinary collaborative research, involving any field of the natural sciences or engineering, and any field of the health sciences, to facilitate the transfer and translation of knowledge; generate health and economic benefits for Canadians; create more effective health services and products; and/or strengthen the health care system.

- NSERC administered the program until 2012, the [Canadian Institutes of Health Research \(CIHR\)](#) joined the program in 2004 and has administered it since 2012, while the [Social Sciences and Humanities Research Council \(SSHRC\)](#) joined with a special call in 2018.
- From 2009-10 until 2017-18, NSERC and CIHR invested \$78.5M and \$82.2M in the CHRP program, respectively. During this period, the program awarded 309 grants.
- The application process requires at least two Principal Applicants, one from the natural sciences or engineering community and one from the health sciences community.

CHRP program website: <https://cihr-irsc.gc.ca/e/50912.html>

Results: What We Found

- Based on a review of Government of Canada policies and priorities as well as feedback from the research community, there is an ongoing need to fund interdisciplinary research (IDR) involving natural sciences and engineering and health sciences.
- The CHRP program is aligned with the mandates of the Tri-agencies and complements other federal funding programs.
- The CHRP program continues to facilitate collaborations, both new and existing, between CIHR and NSERC researchers. The program has also provided training opportunities for highly qualified personnel (research staff, students), and has enabled students to develop the skills and knowledge required to find employment.
- There is some evidence that CHRP-supported research has resulted in innovations, efficiencies, technologies, and/or improved health systems and services. The majority of grants either developed or improved a product/service or process/treatment, or contributed to policies, guidelines, or regulations. Some grants have resulted in patents, but there is limited evidence that CHRP-funded research has resulted in economic and health benefits for Canadians.
- The involvement of knowledge/technology users (organizations that could benefit from the research results) in CHRP-funded projects varied. It was found that these users facilitated the translation, application and/or commercialization of scalable new technology to a moderate extent.
- The majority of research projects funded by the CHRP program are not technology ready. Using the technology readiness level (TRL) scale, 69% of projects started at the lower end, and 64% of projects reported an increase in technology readiness, with an average increase of two levels.
- The findings suggest that some design and delivery elements of the program may be limiting the achievement of expected results; in particular, those related to the knowledge/technology user requirement, three-year funding period, and expected translation and commercialization of research results.
- There is a need for the Tri-agencies to improve the availability and consistency of data collection and management, and to ensure effective ongoing performance measurement.

*Planning, Evaluation and Results Branch, Canadian Institutes of Health Research (CIHR)
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Recommendations and Management Response

- 1 CIHR and NSERC should review the CHRP program objectives and identify the best ways to achieve these objectives, either through redesign of the program or delivery via other funding opportunities.

Response: Management agrees and CIHR will lead, in collaboration with NSERC, the identification of existing and emerging programs across the Tri-agencies that support interdisciplinary research and integrate learnings from the evaluation into funding programs that support interdisciplinary research.

- 2 Performance measurement and data availability related to the CHRP program should be strengthened.
- CIHR needs to improve the performance measurement of the CHRP program and enhance the way that data is collected related to collaborations and partnerships as well as longer term outcomes (i.e., innovations and health care efficiencies) to better monitor the impact of CHRP program funding.
 - NSERC and CIHR need to establish a means by which to improve the consistency of data collection, data management and data sharing processes related to the CHRP program.

Response: Management agrees and CIHR will lead, in collaboration with NSERC, exploring options for enhancing the agencies' ability to collect, manage and share data on interdisciplinary research.

About the Evaluation

CIHR's Evaluation Unit conducted the evaluation in 2019, in collaboration with the NSERC-SSHRC Evaluation Division, to meet requirements of the [Policy on Results](#) and provide Tri-agency senior management with valid, insightful and actionable findings regarding:

- Needs addressed by the program; and
- Achievement of expected results

Scope



Covered the period from 2009-10 to 2017-18



Second evaluation since the program's inception in 1999; recent grants awarded by SSHRC (2018) were out of scope

Methodology



Analyses of documents, end of award reports and other administrative data



Surveys of award recipients and applicants, co-applicants, application partners, and trainees



Key informant interviews

Full Evaluation Report: <https://cihr-irsc.gc.ca/e/52852.html>
Management Action Plan (MAP): <https://cihr-irsc.gc.ca/e/52853.html>

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