CIHR Strategic Initiatives
From local to global opportunities

Nancy Edwards, RN, PhD, FCAHS
Scientific Director
CIHR-Institute of Population and Public Health
University of Ottawa, January, 2015
Key Messages

• Strategic (priority-driven) initiatives are comprised of Institute, Signature and other Major Initiatives. All target CIHR Roadmap priorities.

• Proposals submitted for strategic initiatives must be relevant to competition. They will be assessed for relevance.

• CIHR is making substantial partnered investments through global health initiatives
CIHR’s research themes

CIHR’s funds a broad spectrum of health research:

1. Biomedical Research
2. Clinical Research
3. Health Services Research
4. Social, cultural, environmental and population health
**CIHR Roadmap Priorities**

- It strikes a balance between **completing** the transformation we set to achieve in *Roadmap* (2009), and **aligning** to the future.

**Completing Roadmap**

A number of current *Roadmap* initiatives and activities will **continue** to be an important part of *Roadmap II*.

**Aligning to the Future**

There will also be **new** initiatives and activities that CIHR must embrace to stay relevant and aligned to the future.
CIHR is committed to supporting investigator-initiated research.

**Strategic Direction #1**

**Promoting excellence, creativity and breadth in health research and knowledge translation**

- Supporting **investigator-initiated** ideas and research, from discovery to application.

- Decreasing researcher burden with the implementation of the Foundation and Project Open funding schemes.

- Improving the effectiveness, consistency, reliability, fairness and sustainability of peer review decisions through changes to **peer review processes**.

- Ensuring the sustainability of the health research enterprise through the development of a national vision to position **trainees** for success in both academic and non-academic careers.
CIHR Priority-Driven Research

Mobilizing health research for transformation and impact

- Maximizing the health, social and economic **impact** of research through targeted and partnered investments.

- **Enabling multidisciplinary** research to address complex research questions.

- **Focusing** critical health issues championed by Canadians.

- **Forging** strategic alliances with new health and non-health **partners**.
CIHR Roadmap II
Refreshed priorities for Priority-Driven Research

Discussions with researchers, partners and other stakeholders have informed a refreshed set of priorities.

**Enhanced patient experiences and outcomes through health innovation**

- Accelerating the discovery, development, evaluation and integration of health innovations into practice so that patients can receive the right treatments at the right time.

**Health and wellness for Aboriginal peoples**

- Supporting the health and wellness goals of Aboriginal peoples through shared research leadership and the establishment of culturally-sensitive policies and interventions.

**A healthier future through preventive action**

- A proactive approach to understanding and addressing the causes of ill health, and supporting physical and mental wellness at the individual, population and system levels.

**Improved quality of life for persons living with chronic conditions**

- Understanding multiple, co-existing chronic conditions and supporting integrated solutions that enable Canadians to continue to participate actively in society.
CIHR Approach – 13 Virtual Institutes

- Drug Safety & Effectiveness Network (DSEN)
- Strategy for Patient-Oriented Research (SPOR)
- Personalized Medicine Signature Initiatives
- Environments & Health
- Evidence-Informed Healthcare Renewal (EIHR)
- eHealth
- Work & Health
- Nutrition, Metabolism and Diabetes
- Population and Public Health
- Gender and Health
- Cancer Research
- Genetics
- Neurosciences, Mental Health and Addiction
- Aging
- Aboriginal Peoples’ Health
- Health Services and Policy Research
- Infection and Immunity
- Circulatory and Respiratory Health
- Human Development, Child and Youth Health
- Musculoskeletal Health and Arthritis
CIHR’s Signature Initiatives

• Large-scale initiatives, designed to be transformative and have measurable impact in the near-term

• Require multidisciplinary approaches and active participation of partners across multiple sectors

• CIHR plays a leadership role within international consortia, developing a shared vision and aligning our investments with those of international stakeholders.

• Focus on implementation of results to deliver on one of CIHR’s strategic research priorities
Institute of Population and Public Health
HEALTH EQUITY MATTERS
Strategic Priorities
IPPH Strategic Priorities

2009-2014 Priorities

- Pathways to health equity
- Population health interventions (PHIs)
- Implementation systems for PHIs
- Methodological & theoretical innovations

2015-2018 Priorities

- More equitable population health impacts
- Scalable population health solutions
- Coherent intersectoral action
Improving population health and health equity: Applied Public Health Chairs

14 Chairs

$12.9M

2014-2019
# Applied Public Health Chairs

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Website</th>
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<tr>
<td>Guy Faulkner</td>
<td>Evaluation of Active Canada 20/20</td>
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<td>Yan Kestens</td>
<td>Urban Interventions and Public Health</td>
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<td>Lindsay McLaren</td>
<td>Oral Health and policy</td>
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<td>Valéry Ridde</td>
<td>Global health and community health interventions</td>
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<td>David Buckeridge</td>
<td>E-Health and Public Health Interventions</td>
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<td>James Ford</td>
<td>Health Adaptation and Climate Change</td>
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<td>Scott Leatherdale</td>
<td>Chronic Disease Prevention and Youth</td>
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<td>Wendy V. Norman</td>
<td>Sexual and reproductive Health</td>
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<td>Janet Smylie</td>
<td>Indigenous Health and Wellness</td>
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<td>Damien Contandriopoulos</td>
<td>Canada’s health care system and public health interventions</td>
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<td>David Hammond</td>
<td>Evaluating smoking and healthy weight policies</td>
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<td>Jonathan McGavock</td>
<td>Aboriginal Health Equity and Obesity</td>
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<tr>
<td>Candace Nykiforuk</td>
<td>Public Policy and Community Environments</td>
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Key Concepts in Implementation Science

- Implementation feasibility
- Intervention coverage (reach and equity)
- Sustainability
- Intervention and scale-up costs
- Intervention acceptability and appropriateness

Impl’n Processes and Outcomes

Needs of Knowledge Users

to context, across contexts, and for contextual influences

Adoption and Adaptation

Contexts

historical, temporal, social, political, economic, geographic and regulatory
IPPH Community Support (ICS) Program

Travel Awards
IPPH will provide travel awards for trainees, researchers (independent), and knowledge users to present their own research at meetings, conferences etc.

Funds available
• Up to $1,500 for domestic travel
• Up to $2,500 for international travel

Timelines
• To be confirmed

How to apply
• Apply online through https://www.researchnet-recherchenet.ca

Professional Development Awards
1. Mentorship Opportunities (up to $2,500)
   - facilitate the development of nascent relationships for peer learning and mentorship.
2. Visiting Scholar (up to $2,500)
   - established researchers and knowledge users to travel to a host university, have a demonstrable output.
3. Lectureships (up to $2,500)
   - established researchers and knowledge users to present at meetings, conferences etc.
4. Skills Update (up to $5,000)
   - fellows, researchers and knowledge users to visit research centres to acquire specialized skills or research/knowledge translation experience

Timelines
• October 15, 2015 to November 15, 2015
• February 15, 2016 to March 15, 2016.

How to apply
• Paper-based application http://www.cihr-irsc.gc.ca/e/36067.html
Pathways to Health Equity for Aboriginal Peoples

• Supporting Aboriginal communities in moving beyond health equity to wellness

• Using an implementation science approach and embedding Indigenous Ways of Knowing

• Engaging and leveraging partnerships across sectors

• Aboriginal communities are at the centre of Pathways
Pathways to Health Equity for Aboriginal Peoples

- Doing things differently
  - Supporting Aboriginal communities in moving beyond health equity to wellness;
  - Using an implementation science approach and embedding Indigenous Ways of Knowing;
  - CIHR investment of $25M over 10-years;
  - Engaging and leveraging partnerships across sectors.
Pathways’ Exemplars

- For oral health, suicide prevention, obesity/diabetes, and tuberculosis there are key opportunities for:
  - Impact
  - Alignment
  - Prevention focus
  - Advancing science
  - Sex and gender considerations
Pathways Funding Opportunities

- Pathways Implementation Research Teams (IRT)
- Pathways Global
- Applied Public Health Chairs
- Aboriginal communities

**Pathways Implementation Research Teams (IRT):**
- C1 funded
- C2 LOI funded
- Partnership opportunities!

**Applied Public Health Chairs:**
- 2 funded

**Pathways Global:**
- Arctic Council funded

**Aboriginal communities:**

**Population Health Intervention Research grants (PHIR):**
- 5 PHIR grants funded
- PHIR re-launch Summer 2015

**Pathways - Partners for Engagement and Knowledge Exchange (PEKE):**
- 3 PEKEs funded
Living Longer, Living Better

Canadian Institutes of Health Research
Institute of Aging
2013–18 Strategic Plan
FIRST STRATEGIC DIRECTION
Optimizing population health and wellness over the trajectory of aging

PRIORITY 1:
The Life Course Trajectory as a Determinant of Active, and Satisfying Aging

PRIORITY 2:
Adding Life to the Late Years

PRIORITY 5:
Ensuring the Conditions for a Positive Impact on Older People’s Health and Wellness

PRIORITY 3:
Interventions Appropriate to the Complexity of Older People’s State of Health

PRIORITY 4:
Health Care and Services That Combine and Integrate Continuity, Innovation and Efficiency

SECOND STRATEGIC DIRECTION
Addressing the complex health challenges of older adults
Capacity Building
Summer Program in Aging

• Flagship program of the Institute of Aging - Advanced skills for academic success
• Yearly Topic hosted across Canada
  • 2012 - Technology in Aging (SFU)
  • 2013 - Big Science in Research on Aging (Baycrest, Toronto)
  • 2015 - Work & Health (Institute of Work and Health, Toronto)
• Approx 40 Canadian + 5 International trainees/year across all disciplines + High level Mentorship
• Since 2006, more than 350 participants - alumni
Healthy and Productive Work

Launched August 14, 2015
Application Deadline: November 30, 2015
NOD: April 1, 2016
Funding Start Date: April 1, 2016
Healthy and Productive Work reflects the interplay between health and social sciences in responding to the growing interest in maintaining a healthy, productive and inclusive Canadian workforce.
To ensure health and wellness of older workers

To ensure appropriate conditions for older and younger adults having to face caregiving responsibilities
The CLSA Vision

A research platform – infrastructure to enable state-of-the-art, interdisciplinary population-based research and evidenced-based decision-making that will lead to better health and quality of life for Canadians as they age.
CLSA Principal Investigators

- Parminder Raina, McMaster University
- Susan Kirkland, Dalhousie University
- Christina Wolfson, McGill University
Statistics Canada
Health Canada
PHAC
Veterans Affairs

Provincial Agencies

CLSA
160 Investigators
200 Collaborators

10 Provinces

University of Victoria
British Columbia Canada

McGill

McMaster University

University of Ottawa

UBC

Université de Montréal

McGill University

Memorial University of Newfoundland

Dalhousie University

University Health Network

CIHR IRSC

Health Charities
Private Sector
Design Overview

50,000 women and men aged 45 - 85 at baseline

Tracking (20,000)
Randomly selected
10 provinces

Comprehensive (30,000)
Randomly selected
25-50 km of 11 sites in 7 provinces

Questionnaire
• By telephone (CATI)

Questionnaire
• In person, in home (CAPI)

Physical Assessments
Blood, Urine
• At Data Collection Site

20 year study: Full follow up every 3 years, maintaining contact in between

Data Linkage
DataPreview Portal
https://datapreview.clsa-elcv.ca/

Welcome to the DataPreview Portal for the Canadian Longitudinal Study on Aging (CLSA)! The CLSA data and biological samples are available to approved Canadian and international public sector researchers, with no preferential or exclusive access for any individual. As you navigate the site you will find information about the application process and requirements for data and sample access. If you are new to using the portal we recommend you begin by reading the Frequently Asked Questions.
Researchers: Data Access

Cognition data are now included in the baseline data from 21,241 participants who completed 60-minute telephone interviews. These data are now available for viewing through the DataPreview Portal.

Visit DataPreview

Our Mission
Transforming everyday life into extraordinary ideas

The Canadian Longitudinal Study on Aging (CLSA) is a large, national, long-term study that will follow approximately 50,000 men and women between the ages of 45 and 85 for at least 20 years. The study will collect information on the changing biological, medical, psychological, social, lifestyle and economic aspects of people's lives. These factors will be studied in order to understand how, individually and in combination, they have an impact in both maintaining health and in the development of disease and disability as people age. The CLSA will be one of the most comprehensive studies of its kind undertaken to date, not only in Canada but around the world.

News

CLSA webinar series will resume Sept. 23

Webinars covering a broad range of topics related to the study of aging have been scheduled for this fall, with the first one on Sept. 23 providing an update to
Canadian Longitudinal Study on Aging (CLSA)

- Trainees and post-docs have a no charge access to the CLSA data
- A number of students have applied and received data (see for this info our annual report)
- No formal programs for trainees - interested trainees should connect with one of the CLSA investigators across Canada.
- CLSA leaders are training a new generation of trainees and involving junior faculty in the operations and grant applications and research related to the CLSA to create a pool of researchers and future leaders in the CLSA
What is the CRDCN?

• The CRDCN is the network that links the 27 Research Data Centres across Canada to:
  – Improve data access for researchers
  – Develop research and statistical capacity
  – Improve communication between researchers and knowledge users
Research Data Centres (RDC)

- RDCs are secured facilities housing Statistics Canada microdata for research purposes:
  - Longitudinal and cross-sectional survey data
  - Administrative data
  - Census and National Household Survey data
- Fully-equipped workstations, statistical software and technical support
- Provides a mechanism for university, government and other approved researchers to analyze a vast array of social, economic and health data
Health Data is a Major Focus

• Approximately 50% of all projects in the RDCs are health-related
  – Canadian Community Health Survey
  – National Population Health Survey
  – Mental Health Survey
  – Nutrition Survey
  – Healthy Aging Survey
  – Canadian Cancer Registry
  – Vital Statistics
  – Residential Care Facilities
  – Experiences with Primary Health Care Survey
  – Canada’s Alcohol and Drug Survey
  – Canadian Survey on Disability
  – Survey on Living with Chronic Disease in Canada
  – Survey on Living with Neurological Disease in Canada
IHDCYH Strategic research priorities 2013-17

• Contribute to improvements in critical reproductive, child and youth health outcomes, leading to better life trajectories.

• **Research investment themes:**
  
  • Healthy Developmental Trajectories
  
  • Developmental Origins of Health and Disease through the Lifespan
  
  • Preterm Birth
  
  • Healthy Reproduction, Pregnancy, Childhood and Youth
  
  • Environmental Health
  
  • Healthy Pregnancy
  
  • Healthy Public Policy and Systems Integration
  
  • Integrated Child and Youth Research and Health Services
• Today, many DOHaD researchers believe that this paradigm should be used in public health policy and clinical practice aimed at improving maternal and family health.

• Netherlands – clinical trial of nutrition program on pregnant population to influence long term outcomes
Healthy Life Trajectories Initiative (HeLTI)

**Primary Goal:** To ensure the best outcomes for children, youth and families by increasing our understanding of how biological, social and environmental factors impact health.

**Secondary goal:** To position Canada as a global leader in the DOHaD field.

**DOHaD Teams:**
- Implications for Men, Women, Boys & Girls

Launched: Jan 2015

- Mexican Cohort
- China
- India
- South Africa

**Canadian WHO DOHaD Coordinating Center**

**WHO 4-Country Cohort**

**Aboriginal Cohort**

**Enabling Platforms and Associated Initiatives**

- Pilot of the Canadian Cohort Registry
- Pathways to Health Equity for Aboriginal Peoples
- CEEHRC *
Supporting implementation science, and the use of research to:

- address critical knowledge gaps in research, policy and practice around delivering primary health care
- generate tangible solutions that can be effectively scaled-up to achieve better health outcomes and improved health equity
- strengthen the uptake of MNCH results into policy and practice
Research that can make a difference

**Goal:** To improve maternal, newborn and child health outcomes by strengthening health systems

**Budget:** $36M investment by partners over 7 years

**Implementation Science Focus:** What works, for whom, under what contextual circumstances and is it scalable in equitable ways?
20 Implementation Research Teams (IRTs)

**West Africa**
- 2 Mali + Burkina Faso*
- 3 Nigeria
- 1 Senegal
- 1 Senegal + Benin*

**East Africa**
- 2 Ethiopia
- 2 Malawi
- 1 Mozambique
- 6 Tanzania
- 1 South Sudan + Uganda*
- 1 South Sudan + Sierra Leone + Liberia + Uganda*

*Multi-country studies
<table>
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<tr>
<th>Project</th>
<th>Nominated Co-Pls</th>
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<tr>
<td>Building an Enhanced Cadre of Community Health Workers to Improve Maternal and Newborn Health in Rural Tanzania</td>
<td>Co-Pl’s: Bwire Chirangi, Shirati (Africa), Gail Webber, (Canada)</td>
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<td>An <strong>Implementation Study of Interventions to Promote Safe Motherhood</strong> in Jimma Zone, Ethiopia</td>
<td>Co-Pl’s: Lakew Abebe, (Africa) Ron Labonte, (Canada)</td>
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<td>Réduire la mortalité maternelle et néonatale, à l'échelle d'une région, par une approche intègre de la prise en charge de la grossesse et de l'accouchement en Senegal et Benin</td>
<td>Co-Pl’s: Jean-Charles Moreau, (Africa) Marie-Hélène Chomienne (Canada)</td>
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<tr>
<td>Increasing Women's Access to Skilled Pregnancy Care to Reduce Maternal and Perinatal Mortality in Nigeria</td>
<td>Co-Pl’s: Friday Okonofua, (Africa) Sanni Yaya, (Canada)</td>
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Two Health Policy and Research Organizations

- West African Health Organization
- Consortium: African Population and Health Research Center; East, Central and Southern Africa Health Community; Partners in Population and Development

- Functions
  - Enable national level ownership of the research from the Teams
  - Build coherence and facilitate mutual learning across the Innovating for Maternal and Child Health in Africa program
  - Strengthen individual and institutional capacities in implementation research and research use (e.g. gender & equity analyses; knowledge exchange with decision-makers; social, cultural and economic analyses of context)
Global Alliance for Chronic Diseases
GACD MISSION

- Facilitate joint research on non-communicable diseases in low and middle-income countries and vulnerable communities in high income countries
- Enable research findings to serve as the evidence base for policymakers
- Focus on innovative collaborations among un-usual suspects
**Goal**: address the burden of chronic non-communicable diseases through coordinated health research efforts in LMICs:

- **Hypertension prevention and control** (15 projects funded)
- **Diabetes Type 2** (More than **US$32 million** of funding across all GACD members)
- **Chronic Lung Diseases (2016)** (Applications due in February)

**Member countries:**
- Argentina
- Australia
- Canada
- China
- European Union
- India
- Mexico
- South Africa
- Thailand (TBC)
- United Kingdom
- United States
IMPLEMENTATION SCIENCE FOCUS

• What works, for whom and under what contextual circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable

• Engaged decision makers and policy makers
Research Network

- Funded researchers form part of the Joint Technical Steering Committee (JTSC), along with representatives from the funding agencies and the Secretariat.
- The JTSC meets annually to discuss research, work on joint projects and share information.
- Joint projects includes developing approaches to standardise data collection, publications.

GACD Researchers at the Joint Technical Steering Committee Meeting in Cape Town
“We will meet in the developing world a level of will, skill, and constancy that may put ours to shame. We may find ourselves not the teachers we thought we were, but students of those who work under circumstances that would have stopped us long ago.”

Tessa Richards, James Tumwine
Support for People and Patient-Oriented Research and Trials (SUPPORT) Units

SPOR Networks

Training and capacity development

Improving the clinical trials environment

Patient engagement
CBPHC Signature Initiative: Integrating Knowledge on Innovative Models

- CBPHC Salary Awards
- CBPHC Innovation Teams
- SPOR Network in Primary and Integrated Health Care Innovations

Investment: > $95M over 10 years

Chronic Disease Prevention and Management in CBPHC

Access to Appropriate CBPHC for Vulnerable Populations
CBPHC Innovation Teams

LEGEND
- Audas
- Grunfeld
- Harris
- Kaczorowski
- Katz
- Haggerty
- Liddy
- Ploeg
- Stewart
- Wodchis
- Wong
- Young

Team descriptions: [http://www.cihr-rsc.gc.ca/e/45817.html](http://www.cihr-rsc.gc.ca/e/45817.html)

- **Performance measurement & reporting**
- **Community-based cancer care along the continuum**
- **Community-based approaches for older adults and their caregivers**
- **Patient-centred innovations for persons with multimorbidity**
- **Transforming PHC in the remote North**
- **Transforming PHC in First Nations & rural/remote communities**
- **PHC for persons living with HIV/AIDS**
- **Organisational innovations to improve access to PHC for vulnerable groups**
- **Improving PHC for older adults with complex care needs**
- **Accessing child/youth mental health services**
- **Chronic disease awareness & management**
A Paradigm Shift is Underway…

Health Research is Evolving

Success in health research requires trainees to be increasingly interdisciplinary to address complex health issues, technological advances, and globalization.

Career Paths are Changing

Most trainees do not stay in academia, and employers report PhDs are simultaneously over- and under-qualified.

Expertise in Critical Areas is Lacking

Research capacity is required in priority areas in health and health systems research to position Canada to compete globally.
The Big Picture
CIHR’s Commitments to Training

• CIHR is very active in the training of health researchers
• Since 2000, CIHR has more than doubled its support for health research trainees
• CIHR Institutes have been at the forefront of training innovation within their communities

• CIHR invests ≈ $65M/year through direct awards to trainees in diverse health research areas in Canada and abroad
• CIHR invests ≈ $135M/year to indirectly support trainees through stipends paid off of operating grants and strategic training programs

• Canada Graduate Scholarships (CGS) for Masters and Doctoral students (including the Vanier-CGS)
• Fellowship programs for postdoctoral fellows (including Banting)
• Awards in targeted areas (e.g., Fellowship in Epigenetics, Fellowships within the Clinical Trials Networks in the U.S., etc.)
Tri-Agency and CIHR Funding Opportunities for Trainees
Training Awards

- Canada Graduate Scholarships – Master’s Program
- Doctoral awards
  - Vanier Canada Graduate Scholarships
  - Banting and Best Canada Graduate Scholarships
  - CIHR Doctoral Foreign Study Award
- Postdoctoral fellowships awards
- New Investigator salary awards
This database:

- provides a complete listing of current and archived opportunities
- is searchable
- can be viewed by Institute, program type, or target applicant

http://www.cihr-irsc.gc.ca/e/35273.html
Conclusions

- Many priority-driven funding opportunities (local to global)
- Determine relevance of your research to funding opportunity available
- Consider opportunities provided through projects already funded and new funding opportunities
Canada Graduate Scholarships – Master’s Program

- **This program funds...** high caliber scholars who are engaged in eligible Masters or, in some cases, doctoral programs in Canada.

- Candidates must have completed, as of December 31st of the year of application, between 0 and 12 months of full-time studies.

- **Annual Stipend:** $17,500

- **Term:** up to 12-month

- **Application Deadline:** December 1st, 2015

- **Number of Awards Available:** 400
Doctoral Awards

- Funding is available for... Doctoral students in Canada and abroad.

- Three envelopes of funding:
  - Vanier Canada Graduate Scholarships (VCGS)
  - Frederick Banting and Charles Best Canada Graduate Scholarships – Doctoral Awards (CGS-D)
  - CIHR Doctoral Foreign Study Award (CIHR DFSA)
Vanier Canada Graduate Scholarships Program
www.vanier.gc.ca

Deadline (university nominations): November 5, 2015
Value: $50,000 per annum
Duration: Three years

Open to Canadian citizens, permanent residents of Canada, and international students and offered by CIHR, NSERC and SSHRC

Aims to attract and retain world-class doctoral students by supporting students who demonstrate both leadership skills and a high standard of scholarly achievement in graduate studies

Applicants must be nominated by a Canadian university with a Vanier allocation and awards can only be held at the nominating university
This program funds Canadian students and permanent residents who are pursuing a PhD degree in a health-related field in Canada or abroad.

Canada Graduate Scholarships Doctoral Award (CGS-D):
- for the top-ranked applicants pursuing doctoral research training at a Canadian institution

Doctoral Foreign Study Award (DFSA):
- for those applying to pursue doctoral research training abroad

Stipend per annum: up to $30,000
Research Allowance per annum: up to $5,000
Term: Up to three years
Application Deadline: October 1, 2015
This program funds existing Canadian Vanier and Canada Graduate Scholarship (CGS) Master’s or Doctoral Award recipients interested in building global linkages and international networks through the pursuit of exceptional short-term research experiences at research institutions outside of Canada.

**Supplement:** up to $6,000

**Term:** three to six months

**Application Deadlines:** June 10th and October 10th
Postdoctoral Fellowship Awards

• **Funding is available for**... student at the post-PhD and post-health professionals degree level.

• Two envelopes of funding:
  
  • Banting Postdoctoral Fellowships Program
  • CIHR Fellowships
• **Banting Postdoctoral Fellowships**

• Program Objectives:
  - Attract and retain top-tier postdoctoral talent nationally and internationally;
  - Develop their leadership potential; and
  - Position them for success as research leaders of tomorrow, positively contributing to Canada's economic, social and research-based growth through a research-intensive career.

• **Deadline**: September 24, 2015

• **Annual Value**: $70,000

• **Duration**: Two years

http://banting.fellowships-bourses.gc.ca/apply-demande/task-tache-eng.html#att_syn
CIHR Fellowship

This program funds... trainees with PhD and/or health professional degree(s) that are proposing research training in Canada or abroad.

**Annual Stipend**: $21,000 to $55,000
- Depending on the background of the awardee and where the award is held

**Annual Research Allowance**: $5,000

**Term**: 3 years for post-PhD and 5 years for post-health professional degree holders.

**Application Deadline**: November 1, 2015
CIHR New Investigator Salary Award

This program funds... outstanding new investigators with the opportunity to develop and demonstrate their independence in initiating and conducting health research through provision of a contribution to their salary.

**Annual Stipend**: $60,000 (including fringe benefits)

**Term**: up to five years

**Application Deadline**: December 1st, 2015.

- **Funds Available**: The total amount available is $12,000,000 enough to fund approximately 40 awards.