



ANNEX

Funding sources, steps taken

1) Private donors

a) Individuals

Definition: donate via events or other fund-raising mechanisms. The best donor pool for covering operating costs if request funds “to be allocated as WFPI thinks best” (as opposed to earmarked for a specific project).

Entails: campaigns targeting physicians within member organizations and elsewhere. Led by Stuart Royal, work with member organizations, WFPI staff.

a) Feasibility:

- Do-able WFPI-side

b) Pitfalls:

- Member organization willingness to participate?
- Visibility of vital importance – member organization circulation of WFPI visibility tools secured?

c) Steps taken:

- To be steered by Stuart Royal MD. Primary target: end of the fiscal year (NB avoid competition with existing calls for funds). SPR booth and lapel pins 2014 (financed by S.Royal). **Need to target year-end 2014 for a major drive?**
- SIDRA, Qatar: funding for meetings with local interest and building up an online library and staff costs, June 2013 – no response, further request for support for SPR web streaming sponsorship, Feb 2013 – response?

- **One personal initiative suggested:**

⇒ Savvas produced a book for kids about to undergo imaging procedures a year or two ago. The Radiological Society of South Africa reimbursed his costs and then paid for printing and distribution of a large quantity. Now being re-ordered, SASPI (South African Ped Imaging Soc) authorized to generate funds by printing and selling the book at a small profit. Prints of the cartoon booklet run out quickly because given to children to take home. Could WFPI can generate money by printing and selling the booklet to practices in the USA and Europe? It works well in doctors’ rooms and can often be used by a pediatric society. Could also go in a congress gift bag. SASPI has sold 2000 additional copies in South Africa and made money for outreach travel.



b) Organizations/societies

Definition: Profession-based societies (ACR/AAP/ARST/RSNA/ESR/others, radiographer societies) contributing to WFPI endeavours either

- ⇒ on the basis of a project tying in with their own goals or
- ⇒ through the creation of piggyback funding through WFPI participation in other organizations' projects (eg ACR/Haiti; UCLA->Mozambique).

Entails: proposals with budgets

a) Feasibility:

- Staff needs help with grant tracking – send alerts to wfpi.office@gmail.com
- Probably quite do-able WFPI-side, a good proportion of the proposal can be put together by staff

b) Pitfalls:

- Budget shortages donor-side (eg ACR International Foundation),
- Needs to be part of concerted efforts to raise WFPI visibility and strengthen ties, eg with RSNA.
- Projects probably need to be underway, initial results secured.

c) Steps taken:

- SPR donated \$US 67k on the strength of a WFPI proposal for a joint SPR-WFPI online video library.
- [ACR travel grants](#): received for US research project in Cape Town, Jan 2014
- Project and operating funding discussed with ACR, no funds forthcoming in the immediate future
- RSNA education grants: identified, applications seem to be due in JANUARY of each year.

Education Grants

Application Deadline: January 10

Education Scholar Grant [Details / Application »](#)

- Provides funding opportunities for individuals with an active interest in radiologic education.
- Up to \$75,000 USD for salary support and/or other project costs for a 1-year grant. In exceptional cases, grants for up to two years will be considered.
- Open to international applicants

RSNA/AUR/APDR/SCARD Radiology Education Research Development Grant [Details / Application »](#)

- Encourages innovation and improvement in health sciences education by providing research opportunities to individuals in pursuit of advancing the science of radiology education.
- Up to \$10,000 USD for a 1-year project.
- Open to international applicants

Research Grants

Application Deadline: January 15

Research Scholar Grant [Details / Application »](#)

- Supports junior faculty members who have completed the conventional resident/fellowship training programs but have not yet been recognized as independent investigators.
- \$75,000 annually for 2 years (\$150,000 total) to be used as salary support.
- Requires a minimum of 40% effort.

Research Resident/Fellow Grant [Details / Application »](#)

- Provides trainees not yet professionally established in the radiologic sciences an opportunity to gain further insight into scientific investigation and to develop competence in research techniques and methods.
- \$30,000 for a 1-year Research Resident project or \$50,000 for a 1-year Research Fellow project, to be used for salary and/or non-personnel research expenses.
- Requires a minimum of 50% effort

Research Seed Grant [Details / Application »](#)

- Enables investigators to gain experience in defining objectives and testing hypotheses in preparation for major grant applications to corporations, foundations and governmental agencies.
- Up to \$40,000 United States Dollars (USD) for a 1-year project to support the preliminary or pilot phase of scientific projects.
- Open to international applicants

- Need to spread the word that we need email notices on grants available via hospital and practitioner networks - forward to wfpi.office@gmail.com

c) Foundations and grants

Definition: Usually cover specific areas of interest, prefer project costs, will cover operational costs if unequivocal link to project work.

Entails: careful matching WFPI project->foundation goals. Will call for donor-formatted proposals with budgets

a) Feasibility:

- Staff needs help with grant tracking – send alerts to wfpi.office@gmail.com
- Probably quite do-able WFPI-side, a good proportion of the proposal can be put together by staff. To note: most big foundations demand classic project tools such as the “logical framework” – need specific skillsets to produce but **already drawn up for TB**, we can manage.
- If smaller foundations, might help if a radiologist from a hospital in the foundation’s state led the application. Can we secure this?

b) Pitfalls:

- **Massive, massive competition.** 1 in every 100 Gates application accepted. Projects must be robust, applications excellent, aims hit the mark re Foundation’s goals
- Can only target USA foundations, given USA incorporation
- **Projects need to be underway, initial results secured.** For some, innovation is a must. Others likely to resist certain forms of assistance, e.g. workshops, formal education/training courses, HR support. All want sustainability – proven impact that lasts over time – and close work with partners on the ground.
- Recognise some admin costs are necessary, but rapidly capped

c) Steps taken:

- Pilot grant applied for & awarded from the SPR’s R&E Foundation, May ‘12 (\$US 50k)
- The South African Medical Research Council (MRC) and the U.S. National Institutes of Health (NIH) HIV-TB funding identified, **deadline missed** (needed to establish a formal partnership with eg Red Cross Hospital, Cape Town, agree on lead investigator and who filled in the application...)
- Largest 20 USA foundations identified
- MSF has given WFPI free log-in to the subscription-based site <http://foundationcenter.org/>, one of the most comprehensive sources of information available on foundations in the USA. Radiology/lower resource-friendly foundations identified – international giving to be verified. Data banks includes:



- Gates: we can apply for TB-associated innovative US, pneumonia, possibly for our online library: <http://www.gatesfoundation.org/How-We-Work/General-Information/Grant-Opportunities/Open-LOI-Global-Health-Grants>. Imaging the World (ITW) and Kim Mulholland (Australian, pneumonia working groups) both nudging WFPI towards pneumonia, ITW already receiving Gates-funding.
- Need to spread the word that we need email notices on grants available via hospital and practitioner networks - forward to wfpi.office@gmail.com

d) Awards

Definition: awarded for contributions to specific areas (teaching, research). [EG: Elizabeth Hurlock Beckman Award](#).

Flow from foundations, institutions, endowment funds, trusts, other.

Entails: careful matching WFPI leaders’ work -> award purposes. Will call for nomination application packages

a) Feasibility:

- Should fall within our remit, given physician profiles

b) Pitfalls:

- Orientated toward individuals, not organizations such as WFPI. Forward donations possible?
- Staff help with applications might be limited, given speciality. Physicians only?

c) Steps taken:

- None to date.
- Need to spread the word that we need email notices on awards distributed via hospital and practitioner networks - forward to wfpi.office@gmail.com.

e) Industry

Definition: probably for equipment, plus user training? To be introduced via outreach, training and patient safety projects.

Entails: networking, then presumably applications and budgets

a) Feasibility:

- Should be do-able, given industry's need for physician support.

b) Pitfalls:

- Will depend on industry's willingness to expand into developing markets
- Staff unlikely to be of much help with applications, too technical. Physicians only...
- Projects need to be underway, initial results secured

c) Steps taken:

- Contacts with Philips (has a project in maternal-child health in Africa. Ines Boechat met its Chief Medical Officer in China in 2012, follow up? Neil Johnson also working on Philips-WFPI contacts – no news);
- Pfizer: \$US5k for film on US research in South Africa, did NOT want to fund the probe.

f) Other corporate sponsorship

Definition: Usually attracted via specific areas of interest matching corporate focus or corporate Social Responsibility programs. Unlikely to cover operating costs.

Entails: networking via individual physician contacts, then presumably applications and budgets

a) Feasibility:

- If we have the network, why not?
- Staff will probably be able to handle a large proportion of applications

b) Pitfalls:

- Projects need to be underway, initial results secured
- We need some notoriety to attract this sort of sponsorship

c) Steps taken:

- None to date.

2) Institutional donors

Definition: Governmental development aid bodies or UN agencies.

Entails: proposals with budgets. Will also include

a) Feasibility:

- Might be quite do-able WFPI-side, a good proportion of the proposal can be put together by staff. Will also call for classic project presentation tools such as the "logical framework"

b) Pitfalls:

- Re government bodies: can only apply to the US government as incorporated in the US
- Budget shortages donor side (UN agencies)
- Must fit into the institution's own narrow mandate – foreign policy, UN goals. Little leeway.

- **Projects need to be underway, initial results secured.** All want (i) evidence of adaptation to setting, (ii) lower resource expertise in steering and roll out, (ii) tight partnerships on the ground and (iii) sustainability, – proven impact that lasts over time.
 - Recognise some admin costs are necessary, but rapidly capped
- c) Steps taken:
- An extensive mapping of institutional donors secured (source: MSF).
 - Some tracking of WHO-supported Stop TB – “Wave” funding rounds, **needs tightening.** We could be eligible
 - WHO: pneumonia vaccines: Tim Cain aware of fund raising issues during discussions with Kim Mulholland
 - **Need to spread the word that we need email notices on institutional donor grants (TB, other) available via hospital and practitioner networks - forward to wfpj.office@gmail.com**
 - Otherwise, no other steps taken to date