



V2: WFPI Funding, phase II

December 2012, revised May 2014

Cost definitions

Project costs:

Incurred directly in projects or in tight association with them, e.g. tele-reading platform, volunteer management, training, travel for training, equipment, etc. Easier to fund, but need to be incurred as part of a viable project with clear objectives, measurable deliverables and underpinned by wider strategic considerations (adapted to beneficiaries, sustainable, quality assurances, partnerships on the ground, etc.).

Operating costs:

Incurred in keeping the organization running and productive, e.g. office staff, website updates and maintenance, etc.

Where WFPI costs lie, funding possibilities

Based on the 8 working avenues set out in the WFPI's strategic framework.

Avenue 1: Communication and collaboration between pediatric imaging practitioners, via their organizations

Costs:

- Visibility - website, newsletters: staff time, occasional external support
- Governance, institutional smooth-running, reporting: staff time
- Physician time is given voluntarily, costs avoided: how do we quantify this?

Funding:

All costs are "operating"

Preferred funding targets

⇒ Individual donations needed

Recommendations

- Keep Treasury reserves to cover [at least one year? 31.2k] of staff costs
- Have a fund raising drive in place for year-end 2014. Work to begin on this in Sept 2014
- Take up personal initiatives with proceeds offered to WFPI – Savvas' book for kids – see Annex.
- Encourage other such initiatives – royalty revenues an interesting avenue to explore?

Avenue 2. Advocating for appropriate practices and resource allocation for children

Costs:

- Participation in forums and meetings if no funding from elsewhere/stand-ins available
- Physician time is given voluntarily, costs avoided: how do we quantify this?

Funding:

Could amount to “project costs” – will depend on inclusion in projects with tight structure and measurable deliverables

Preferred funding target:

- ⇒ External societies, e.g. radiology, radiographer or nursing societies, that have a vested interest in the outcome,
- ⇒ Global organizations/institutions

Recommendations

- Face to face meetings can be important/critical for future partnerships and project success.

Avenue 3. Education

To note: overlap with outreach training modules (including for radiographers and non-radiologists).

Costs:

- Website training and education modules: online module development/software/work tools costs – staff time, occasional external assistance,
- Streaming/webinar access to meetings/courses/training
- Physician time is given voluntarily, costs avoided: how do we quantify this?

Funding:

“Project costs”. Donor requests presented as educational projects or part of outreach.

Preferred funding targets:

- ⇒ External societies and member organizations, particularly radiologist or radiographer societies, that have a vested interest in the outcome [to note: SPR just given \$67k for an online library],
- ⇒ Foundations,
- ⇒ Industry,
- ⇒ Institutional donors, especially if there is a hook into outreach-training-education in lower resource settings and/or areas where little pediatric radiology is practiced.

Recommendations:

Inject momentum into the online video library ASAP. This could entail:

- Setting up the sub-committee on technical issues
- Allocating some funds to Savvas for further video snippets made at low cost with MSF in South Africa – eg on innovative US
- Encouraging the issue of George Taylor videos, Sanjay Prabhu (webmaster) works with him
- Identifying a couple more video sources, fund if necessary

THE AIM: have a respectable collection of successful videos online when applying to donors – demonstrate output.

Avenue 4. Patient safety, in particular radiation safety and protection

Costs:

- Website: online module development/software/work tools costs – staff time, occasional external assistance,
- Participation in global forums to input the WFPI patient safety group’s work,
- Staff time on project support,
- Physician time is given voluntarily, costs avoided: how do we quantify this?

Funding:

“Project costs”. Donor requests could be based on pure patient safety projects or as part of education and/or outreach efforts. A public health angle would significantly expand funding options¹.

Preferred funding targets:

- ⇒ Industry,
- ⇒ Foundations (particularly those focusing on public health),
- ⇒ Institutional donors, especially if there is a hook into outreach-training-education in lower resource settings and/or areas where little pediatric radiology is practiced,
- ⇒ External societies, eg radiologist, radiographer societies, that have a vested interest in the outcome.

Recommendations:

- Incurring WFPI costs here may not be priority, given IG? Seize all opportunities to bolt on to IG, avoid duplication of expenses?

Avenue 5: Outreach and training in lower resource settings**Costs:**

- Tele-reading: platform – cost per opinion (tie-in with mobile phone applications to be explored for the future),
- Volunteer data-base management: staff time,
- Onsite training, both local (eg South Africa, possibly India) and cross-border (eg Central Europe, Sub-Saharan Africa): trainers’ travel and accommodation costs,
- Equipment for sites supported by WFPI tele-reading: probes, conversion of existing equipment (eg to CR), addition of digitizing mechanisms for tele-reading, user-training,
- Staff time on project support,
- Physician time is given voluntarily, costs avoided: how do we quantify this?

Funding:

“Project costs”.

Preferred funding targets:

- ⇒ Foundations. A TB project (eg) might justify an attempt at Gates/other major grants?
- ⇒ Institutional donors,
- ⇒ Industry,
- ⇒ Individual donors.

Recommendations

- VITAL: pursue a bolt-on approach, working with partner organizations with established funding
- VITAL: ensure project development aligns with the criteria for funding success: clear objectives, measurable deliverables, experienced lower resource steering and management, underpinned by wider strategic considerations - sustainability, technical limits, quality assurances, etc.,
- VITAL: resist taking on financial commitments that cannot then be funded by a 3rd party – i.e. projects that stumble on sustainability grounds, may not be adapted to user needs, etc.
- Start considering simplified ultrasound work for funding applications as of now: discuss with Savvas
- Start preparing TB projects – POC diagnostic tests, videos/training work - for funding applications as of now: discuss with Savvas
- Continue discussions with Kim Mulholland (Australia, radiology working groups) re pneumonia, Gates funding etc.

Avenue 6: Research

¹“The interconnectedness between radiology and public health is an important but rarely investigated relationship with the potential to increase the health care impact of developing world radiology while elevating its importance in the eyes of local and national governments, which have a vested interest in the success of public health programs (and whose support is often a prerequisite to financial and regulatory sustainability). A search of the current literature revealed many core overlapping concepts between both radiology and public health, including but not limited to informatics, disease surveillance and screening, and radiation safety”. RAD AID, 2012 White Paper <http://www.ncbi.nlm.nih.gov/pubmed/20630383>]

Costs:

- Equipment (eg probe, US in Cape Town), researcher travel costs, researcher time?
- Physician time is given voluntarily, costs avoided: how do we quantify this?

Funding:

“Project costs”.

Preferred funding targets:

- ⇒ External societies eg RSNA, other
- ⇒ Foundations,
- ⇒ Industry

Recommendations

- Pool ideas
 - ⇒ Savvas has a large list
 - ⇒ Suggestion: if viable, explore research in Nigeria: (i) Dr. Atalabi’s leadership role on RSNA’s African committee, (ii) stated goal of SPIN, the Nigerian Pediatric Imaging Society set up last year (iii) Africa’s biggest country (demographic, economic) – a lot of media interest right now
 - ⇒ Innovative research in the USA and Europe (Washington DC, UCLA, Graz?)
- Prioritise, with the funding needs in mind,
- Discuss
 - ⇒ Who could be Lead investigator. Status? Institution, individual, under WFPI’s name?
 - ⇒ Resources needed to fill in the applications

Avenue 7: Information

This avenue is arguably defunct. Some information provided via the different sections of the website – partners, outreach, education. Otherwise, illusory to think we can collect quality/consistent info/data on all pediatric radiology endeavours the world over?

Avenue 8: Institutional high performance**Costs:**

- Insurance for SPR board re hosting WFPI,
- Investment in fund raising events & tools, including grant application writing,
- Staff time on Council support,
- Physician time is given voluntarily, costs avoided: how do we quantify this?

Funding:

All costs are “operating”

Preferred funding targets

- ⇒ Individual donations needed,

Recommendations

- Keep Treasury reserves to cover [at least one year? 31.2k] of staff costs
- Have a fund raising drive in place for year-end 2014? Work to begin on this in Sept 2014