

## FAQs – arising from the 15 November webinar

### Questions relating to application guidance

Please note that if you need to refer to more detailed applicant guidance., e.g. eligibility, costing, than is included in the opportunity text, [MRC Guidance for applicants](#) applies as MRC is administering the opportunity on behalf of the seven Research Councils (AHRC, BBSRC, EPSRC, ESRC, NERC, MRC and STFC) that have co-developed this opportunity.

All seven Councils have been involved in the opportunity development and will be involved in assessment of applications.

**Q: Are non-UK organisations eligible to receive funding in the same conditions as UK organisations providing the condition to provide expertise or access to facilities or resources not available in the UK is met? / When involving international partners is there resource available to them through this call and/or the phase 2 call?**

A: You can also request costs for work to be undertaken at international organisations by international co-leads. We will fund 100% of the full economic cost (FEC). The total of such costs requested for international applicants from developed countries (those not on the OECD DAC List of ODA Recipients), India and China must not exceed 30% of the total resources requested. There is no cap on costs requested for international applicants from DAC list countries. For more information on international costs and what we will and will not fund see [costs we fund overseas](#).

Alternatively, international collaborators can be project partners. Project partners are expected to provide contributions to the delivery of the project, either in cash or in kind, and should not therefore be seeking to claim funds from UKRI.

**Q: What is the eligibility of applicants from Research Council Units and Institutes?**

A: Institutes (including partner institutes) and Units may apply (as both project lead or co-lead); this includes Institutes/Units (including overseas Units) funded by all Research Councils due to a reciprocal arrangement between Councils. Funding is available to support research that is clearly additional to existing 'core' support and will be awarded following usual FEC rules (for this opportunity this means 80% FEC for Units/Institutes; exception is MRC Institutes – Harwell, LIMS, LMB – are funded at 100% direct costs only). Units apply as a department of the University.

**Q: Can project leads be from SMEs?**

A: No, this call is for applicants who can normally apply to Research Councils rather than Innovate UK. SMEs can be project partners. Project partners are expected to provide contributions to the delivery of the project, either in cash or in kind, and should not therefore be seeking to claim funds from UKRI.

**Q: Is this funding stream specifically focused at UK epidemic preparedness or a more global approach? / Can research be undertaken in a setting other than the UK?**

A: Work undertaken overseas is allowed as we recognise both that emerging infectious diseases with epidemic potential are likely to do so outside the UK and that local context is likely to be an important component of your developing research proposal in this instance.

In practical terms, proposals must have a UK-based project lead – at least for administrative purposes. There are limits to funds that can be awarded overseas – see earlier question.

**Q: Is ODA relevant research in scope?**

A: Research in or about Low and Middle Income Countries is in scope, providing it meets the remit of the call. See also previous question on whether the research can be focussed on a setting other than the UK.

**Q: What is the expected submission pathway? Will the Funding Service expect separate proposals from each eligible Research Organisation for their staff time alone or one PI submission?**

A: The submission will be a single application from the project lead on behalf of the whole team regardless of whether team members are at the same or different eligible research organisations. For administrative purposes we must have a project lead who will act as our main contact, but the intellectual leadership of the project can be shared.

**Q: Please could you advise when funding decisions will be made so that we can propose a realistic start date, and so costings, for an application.**

You are not required to complete a start date. Projects will all start within 1 mo of award, which is expected to be in around early summer 2024 for a fixed term of 9 mo. Note that applications should be based on current costings. For salaries, if the proposal is to be submitted before the RO has agreed details of any pending pay revisions, the research councils expect that the proposal will be costed on the basis of the organisation's present pay structure. Salary increments over the period of the project should be taken into account but future pay awards should not be anticipated.

**Q: How formed does the team need to be given some of the award is about expanding the team?**

A: We would expect the team to be well-formed and cover the required disciplines to fulfil the scope of the call. However, we recognise teams may evolve over the duration of the seed funding in response to new thinking, towards a final team that will seek phase two (or other) funding for delivery of research.

**Q: Can funding be used for research activities or is the point for phase one expanding and developing the team.**

A: Phase one is focussed on activity that builds the team and research questions (such as planning workshops, building strategies, small short-term feasibility studies). It should help to develop interdisciplinary research teams and research questions that will bring new perspectives and approaches to research that will improve understanding, prediction and prevention of (re-)emergence of infectious animal, human and plant diseases of epidemic potential, drawing on a range of disciplines from across the remits of the research councils. We anticipate teams will subsequently seek phase two funding (or other funding opportunities). There is an expanded list on phase 1 activities here under what we are looking for <https://www.ukri.org/opportunity/epidemic-preparedness/>

## Questions relating to the opportunity remit

### **Q: Is my project within remit of the opportunity?**

A: This opportunity is to facilitate the development of interdisciplinary teams and research questions that span the remit of at least 3 research councils within the context of this opportunity to develop research ideas to better understand, predict and prevent (re)emergence of infectious animal, human, and plant diseases of epidemic potential. We suggest that you also review Council websites to understand the different remits. For specific queries you may provide a half-page summary of the project to [TacklingEpidemics@ukri.org](mailto:TacklingEpidemics@ukri.org) which includes explanation of how it fits the opportunity. Please allow time for a response as we will consult across Councils to ensure that it meets the requirements of this cross-Council opportunity.

### **Q: What do you mean by interdisciplinary research?**

A: We are aligned to the REF definition of interdisciplinary research requiring 'significant interaction between two or more disciplines (in our case, the interdisciplinarity needs to be broad enough to be relevant to minimum of three Councils' remits) and should move beyond established disciplinary foundations in applying or integrating research approaches from other disciplines' with 'interdisciplinary research achieving outcomes (including new approaches) that could not be achieved within the framework of a single discipline.' In brief, in distinguishing interdisciplinary research from multidisciplinary research in which multiple disciplines are each applied separately to address a question, interdisciplinary research requires integration of disciplines. An interdisciplinary approach is the minimum requirement for this opportunity; beyond this, transdisciplinary research transgresses boundaries of disciplinary knowledge and strives for co-creation and integration of knowledge between academic disciplines and non-academic stakeholders to address societal challenges (which would include the involvement of policy makers in government and the 3rd sector). Transdisciplinary research is also allowed but not required.

### **Q: Is this funding stream specifically focused at UK epidemic preparedness or a more global approach? / Can research be undertaken in a setting other than the UK?**

A: Work undertaken overseas is allowed as we recognise both that emerging infectious diseases with epidemic potential are likely to do so outside the UK and that local context is likely to be an important component of your developing research proposal in this instance.

In practical terms, proposals must have a UK-based project lead – at least for administrative purposes. There are limits to funds that can be awarded overseas – see earlier question.

### **Q: What do you mean by 'epidemic potential'?**

A: We define epidemic potential to mean pathogens that are highly transmissible and capable of rapid uncontrolled spread within a community, population or region (or actively spreading to multiple regions for a pandemic) and highly virulent, making them likely to cause significant morbidity and/or mortality. It is up to applicants to justify the epidemic potential of the pathogen(s)/pathogen type they propose to develop their research question around.

**Q: Are plant pests (insects) in-scope? Insect pest outbreaks have a major impact on plant health.**

A: Insects/invertebrates are out of scope – unless the proposal focus is on the pathogen(s) for which the insect may be a vector.

**Q: Are other ‘epidemics’, for example, drug misuse, obesity, in-scope?**

A: The opportunity focus is on interdisciplinary ideas ‘to better understand, predict and prevent (re-)emergence of infectious human, animal, and plant diseases of epidemic potential’, therefore anything other is out of remit as there is no infectious disease component.

**Q: Is antimicrobial resistance (AMR) in-scope?**

A: No, projects related to AMR resistance (the emergence and spread of the resistance itself) are not in-scope. Note that there is a parallel 2-stage opportunity under the Tackling Infections theme to support [transdisciplinary networks to tackle AMR](#).

**Q: Is ‘dealing with an epidemic’ (as opposed to preventing an epidemic) in scope?**

A: Responding to an epidemic is not in scope for the call as this call is about preparedness. However, some elements of preparedness might be about being ready with the best responses should an epidemic outbreak occur. So some analysis of responses could be appropriate, where carefully justified in terms of the remit of the call. We advise you to contact [TacklingEpidemics@ukri.org](mailto:TacklingEpidemics@ukri.org) for specific queries. You may provide a half-page summary of the project which includes an explanation of how it fits the opportunity.

**Q: To better prepare for future epidemics, we need to ensure health systems are prepared to ensure continued ‘business-as-usual’ healthcare provision. Is this in-scope?**

A: No. The opportunity focus is on interdisciplinary ideas ‘to better understand, predict and prevent (re-)emergence of infectious human, animal, and plant diseases of epidemic potential’, therefore your proposal is out of remit as there is no infectious disease component.

**Q: We propose to focus our application on local capacity building. Is this in scope?**

A: While strengthened interdisciplinary research capacity is an intended outcome of this initiative, it is through developing an interdisciplinary research team that will develop and, ultimately through phase 2, carry out research to address question(s) ‘better understand, predict and prevent (re)emergence of infectious animal, human, and plant diseases of epidemic potential’, i.e. capacity building alone is not the purpose of the initiative.

**Q: Are existing epidemic diseases (e.g. [of] plants) in scope that are not adequately controlled?**

A: The opportunity focus is on interdisciplinary ideas ‘to better understand, predict and prevent (re-)emergence of infectious human, animal, and plant diseases of epidemic potential’. As this seeks to explore (re-)emergence the proposal would potentially be in scope – the epidemic potential of the pathogen must be justified; if control measures are

available, this would include articulating why these are not sufficient in the setting you are interested in.

**Q: The opportunity information says that surveillance will not be funded, except as a component of a wider holistic programme - please could you give a little more detail about the types of activities that would be appropriate here?**

A: Any proposal that might be focused on monitoring, surveying, or diagnostics to explore the extent of an infectious disease outbreak is not in scope. Where these activities are not the prime aim of the project, and where they are intended to provide supporting data for a more systems-based project they may be in scope. We advise you to contact [TacklingEpidemics@ukri.org](mailto:TacklingEpidemics@ukri.org) for specific queries. You may provide a half-page summary of the project which includes an explanation of how it fits the opportunity.

**Q: Is practise-based research in the creative arts in scope for this call?**

A: Yes practise-based research, and the wider humanities, that are normally in remit for AHRC are eligible, and we welcome proposals that include any element of AHRC remit as part of interdisciplinary teams.

**Q: Is dealing with the downstream impacts of an epidemic such as, for example, sepsis or long COVID in scope?**

A: No, the focus of the opportunity is on understanding, predicting and preventing (re-)emergence of infectious diseases of humans, animals and plants with epidemic potential. The downstream symptoms and longer-term sequelae of infection are not in remit. Note that this is a correction to the answer given in the webinar relating to sepsis.

**Q: Can you confirm whether the focus has to be a pathogen, rather than a system in which a (or many) pathogens might be transmitted?**

A: A system-focussed study would be within scope (for example a model-based approach that does not require a pathogen), However we would still expect some reference and relevance to pathogens of epidemic potential. Applications focusing on more fundamental, non-specific or generalisable activity (such as models or predictive tool development) should specify the pathogen or disease type the project is based on and justify why it has been chosen.

Note that further advice can be:

- found via the Research Professional article: '[Get prepared](#)'
- sought from [TacklingEpidemics@ukri.org](mailto:TacklingEpidemics@ukri.org)