

# RAPID OUTBREAK FINANCING TO PREVENT EPIDEMICS

Emergency financing mechanisms must respond to the very first signals of an outbreak. As little as \$5,000 of early, flexible funding can stop an epidemic in its tracks.

## In a public health emergency, delays are deadly

Every community in every country must be able to **rapidly** detect, notify and respond to outbreaks before they become epidemics. While improvements to disease surveillance in the wake of COVID-19 have enabled public health officials to detect outbreaks earlier and more often, lack of early access to funding often delays investigation and initial response activities. **Improvements in surveillance can prevent epidemics only if rapid outbreak financing is available to enable action.**

## Financing gaps slow down action

Existing contingency and disaster funding mechanisms are typically managed outside the health sector and cover a wide range of large-scale emergencies. They are simply not designed for early investigation and initial response to the first signals of a disease outbreak. **(Figure 2)** Neither are public financial management regulations and procurement processes fit for purpose, creating delays in the release of funds and, therefore, response time—allowing the outbreak to spread unchecked. According to multinational [7-1-7 data](#), the lack of accessible resources for rapid response initiation is the most common bottleneck delaying response time. Conversely, ready access to resources is a primary enabler of timely outbreak response.



*Figure 1: Outbreak response can grind to a halt without rapidly accessible funds for operational requirements as basic as **fuel and phone credit** to mobilize local teams.*

## Emergency Financing Gaps in Uganda

Several emergency financing mechanisms are available in Uganda, including a contingencies fund operated by the Office of the Prime Minister, an intermittently funded budget line at the Ministry of Health for emergency response, and donor funds such as the World Bank's Contingent Emergency Response Component (CERC). These have been leveraged for longer-term response, for example to Ebola Virus Disease (EVD) in 2019 using the CERC and to COVID-19 in 2020 using the government contingency fund. However, none allow for funding to be released in less than three weeks due to government and donor financial management procedures, leaving a gap in Uganda's ability to deploy district field teams to investigate new disease outbreaks in a timely manner. Resolve to Save Lives (RTSL) is supporting Uganda's Infectious Diseases Institute to address this gap by piloting a mechanism that disburses funds for outbreak investigation within 48 hours of request.

## Rapid outbreak financing saves money and lives

RTSL pilots across Africa found that Rapid Outbreak Financing (ROF) fills a critical gap in the emergency financing landscape, providing access to flexible funds including sub-nationally—where they can be directed straight to the source of potential outbreaks, and early—so they can help nip outbreaks in the bud. With small, early investments enabling early action to control outbreaks, ROF can reduce or eliminate the need for support from larger financing mechanisms and enable timely and cost-effective investigation of signals from surveillance systems. ROF can achieve sustained improvements in timeliness and control of outbreaks when domestically financed or supported through pooled donor funding and governed by strong financial accountability and management mechanisms that do not hinder flexibility and speed in use of funding. **Rapid, flexible funding enables countries to control outbreaks quickly, before they spread. Countries that experience frequent outbreaks and delays in funds disbursement for early investigation and response should establish an ROF mechanism.**

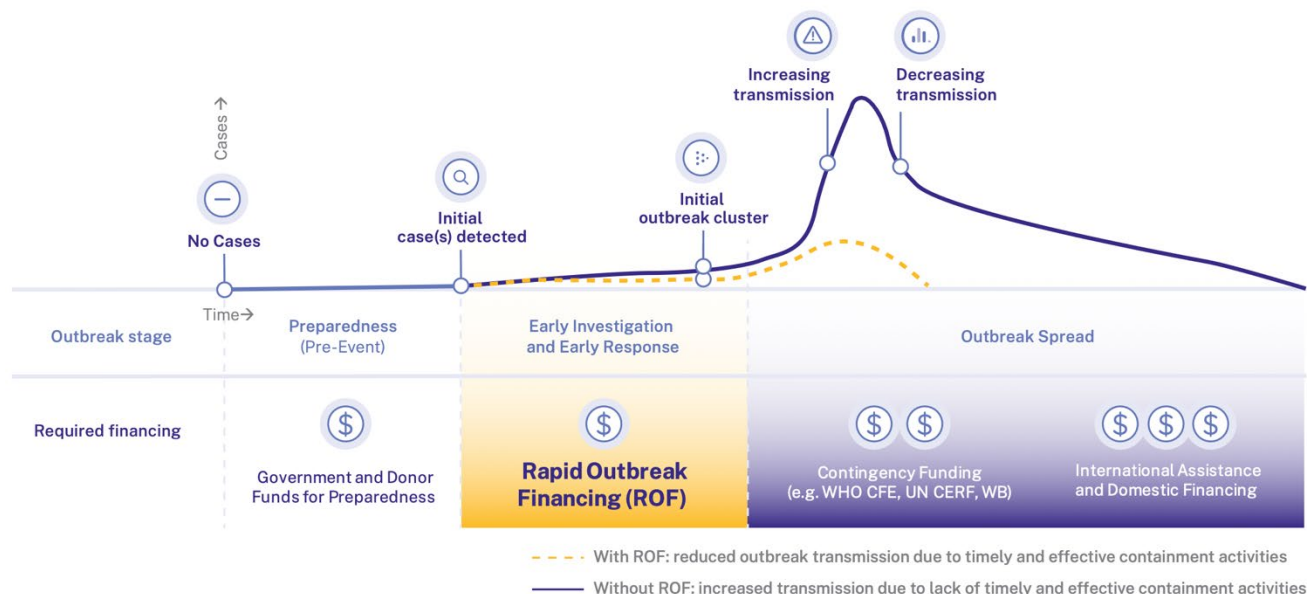


Figure 2: Public health emergency financing mechanisms must be tailored to the outbreak stage. Rapid outbreak financing enables cost-effective control of outbreaks.

### Success in Nigeria

In 2018, RTSL observed that the Nigeria Centre for Disease Control and Prevention (NCDC) faced outbreaks each month and needed to make standalone financial requests to partners or the government before deploying response teams. Knowing the threat of delayed outbreak response, RTSL established a ROF in Nigeria in 2019. This ROF allowed for flexible, rapid disbursement within 48 hours of request and strong financial accountability.

The ROF was the only dedicated financial support available to NCDC for COVID-19 response until May 2020. **Evidence of success** and impact of the ROF in Nigeria is clear beyond COVID-19 as well: the median **time for outbreak verification was reduced from six days before establishing the fund, to just two days after the fund's implementation**. Leveraging the ROF's success, NCDC expanded the ROF to the subnational level and secured additional external contributions.

Now, the ROF is transitioning to **government ownership and financing through the Public Health Emergency and Outbreak Response Fund**, which is financed by 20% of NCDC's allocation of Nigeria's Basic Healthcare Provision Fund. The NCDC Director General can activate PHEORF as needed and must notify the Minister of Health within 24 hours of activation. This streamlined process allows for rapid fund disbursement and action.