RAPID OUTBREAK FINANCING TO PREVENT EPIDEMICS

ISSUE BRIEF

In today's interconnected world, disease outbreaks happen often and spread quickly. Rapid outbreak detection and response—and meeting 7-1-7 targets—is key to preventing epidemics and saving lives.

Significant investments in surveillance and emergencies are strengthening country-level health security, but a critical gap remains. New data from hundreds of global events shows that countries fail most often to meet a 7-day response target, compared to detection and notification targets. This is primarily attributed to a lack of availability of rapid response funding.

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



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.

The Challenges: Gaps in the Health Financing Landscape

To be clear, most lower-income countries do have some domestic and external funding for preparedness and response; this funding is critical to preventing and containing large-scale emergencies and high-impact disease outbreaks. But the hard truth is that **existing financing mechanisms are inadequate to meet early response's unique needs**. This is evidenced by the fact that, on average, countries score just 2 out of 5 ("limited capacity") on WHO's Joint External Evaluation indicator that assesses financing for emergency response.[1]

Preparedness funding mechanisms are rigid and inflexible, while contingency response funding often moves slowly or cannot be released before an emergency is declared. As a result, even when countries successfully detect a potential threat right away, they struggle to spring into action—failing to prevent the spread of infection during an outbreak's crucial early stages when timely investigation and response are most needed.

Timeliness: Outbreak investigation and initial response teams often need to make standalone requests for funds to respond before an emergency can be declared. It can take weeks before they receive the approvals, supplies and logistics required to support affected communities. Obstacles include:

- National governments and donors may make response funds readily available, but **rigid financial regulations**, planning requirements, and accountability measures (e.g. spending restrictions, business hours, complex procurement or approval processes) can inhibit timely disbursement and spending of funds. Navigating these lengthy processes is often not feasible when only a small amount of funding is needed for an initial investigation.
- Several regional and international organizations have set up streamlined emergency financing mechanisms. In theory, these can disburse funds within hours or days, but by the time the official request makes its way up from the local level, it is often too late. This is especially common if an **outbreak declaration is required** to trigger release of funds needed for initial investigation.

"We were forced to rely on begging for funds from our partners every time there was a crisis… like expecting the fire service to [beg for water during] a fire." – WHO ADG Chikwe Ihekweazu, An Imperfect Storm

[1] World Health Organization, Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal, "JEE Export Version 3" (Excel dataset), accessed January 5, 2026, https://extranet.who.int/sph/export/jeev3

Accessibility: Outbreak investigation is a fundamental government function that is often delegated to local health authorities supported by specialized national-level response teams. In order to rapidly deploy these staff, often to remote locations, **funds must be pre-positioned for rapid access**. Barriers include:

- A few existing response financing mechanisms have demonstrated sufficiently rapid disbursement of funds, but **rarely are they available to government response teams**. Instead, they fund external partner teams to respond, introducing issues with coordination and sustainability.
- When government funds are available, local health officials often can't access them for initial response purposes because they are centralized, outside the health sector, or reserved for known/high-risk outbreaks.

Signal Overload: As surveillance capacity expands—especially through community- and event-based systems—the volume of signals requiring investigation increases rapidly. Without adequate financing for response teams, governments cannot investigate alerts in a timely manner. This leads to delayed detection, erodes community trust as alerts go unanswered, and ultimately increases the scale and cost of controlling outbreaks.

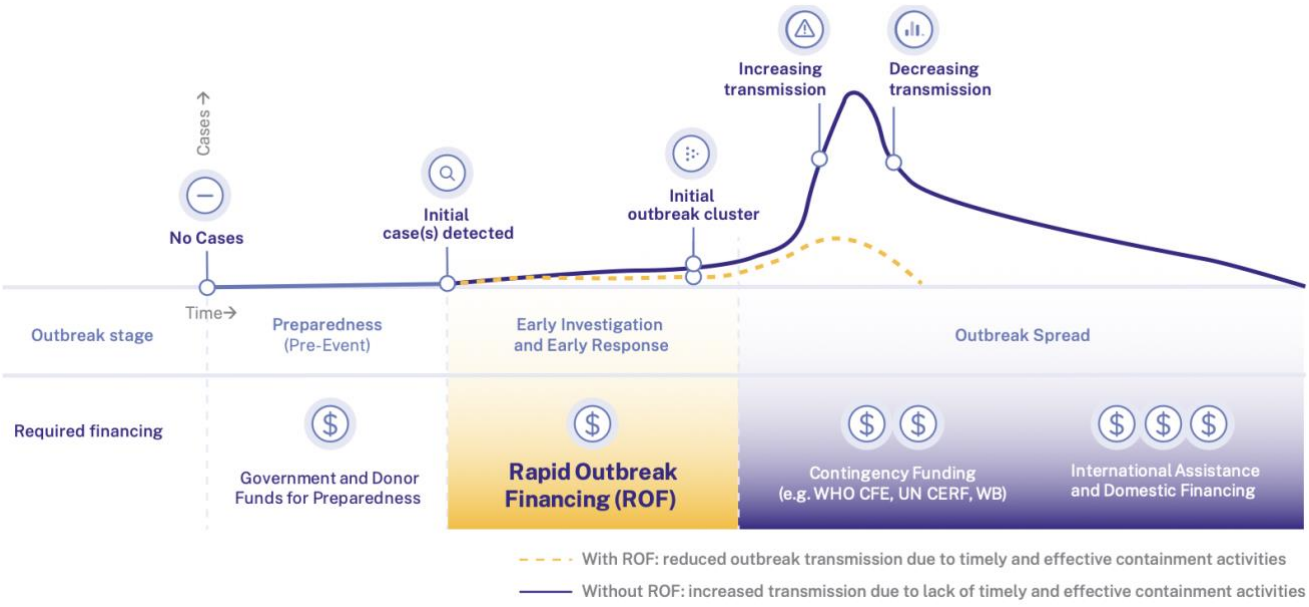
Recommendation – Rapid Outbreak Financing

Countries and donors should view funding for outbreak investigation and initial response as integral to domestic public health systems. **Funding must be available to find and respond to events even before they are declared outbreaks.**

Since 2018, RTSL has worked in partnership with governments and civil society organizations, co-designing and piloting rapid outbreak financing (ROF) mechanisms in six African countries (see Annex). These demonstrate that funds to investigate and initiate response to events have enormous utility—they can be adapted to the country context, provide small amounts of funding at crucial times, and reduce time to complete initial outbreak and early response activities. As little as $5,000 at the right time can help achieve 7-1-7's early response target and stop an epidemic before it starts (see Figure).

ROF also helps countries capitalize on their preparedness investments and makes larger emergency funds more efficient. **In a context where global health is facing significant funding cuts, ROF can stop epidemics earlier, saving lives and dollars.**

"The first 48 hours of an outbreak is essential; imagine if we can solve a 1 billion dollar problem by spending 10k" – WHO AFRO Emergency Director Abdou Salam Gueye, Interview



Rapid funding, close to the outbreak source

Funding for outbreak investigation and initial response **requires a distinct financing mechanism.** This differs from larger-scale preparedness and emergency funding mechanisms, which are often housed at the national or regional level and require rigid planning or a defined trigger (e.g. official declaration of emergency). Instead, the ROF mechanism must allow for rapid release and use of flexible funds by both national and subnational authorities to investigate signals and verify the outbreak before it is even confirmed. **Ensuring speed requires that funds are pre-positioned close to the outbreak source.** Pooled funds across countries do not work for initial investigation unless they provide countries with pre-allocated discretionary funds.

This is the fastest we've ever been able to deploy a team. Thanks to 7-1-7 and rapid outbreak financing, we could act quickly to contain this outbreak. Other cholera outbreaks in South Sudan have many more cases when teams cannot act quickly." – South Sudan MoH Director Angelo Kouch

Flexible mechanism, with accountability

ROF requires dedicated, trackable funds that are readily accessible to response teams closest to the outbreak source. Funding should be deployable for a variety of **anticipated, low-cost expenditures**. These may include logistics, operations, supplies, and human resource costs such as transportation, per diems, personal protective equipment, and phone credit; funding can also be used for supplies such as initial risk communication materials and the specimen testing and collection kits used in 7-1-7 early response actions.

To foster such flexibility, countries must have accountability mechanisms to govern and evaluate ROF use and performance. The goal is to **balance accountability with flexibility and speed**. This helps minimize risk for both external and domestic investment, while keeping ROF effective. The key is a rapid funding disbursement process governed by clear, streamlined standard operating procedures (SOPs), alongside simplified financial and technical reporting frameworks with timeliness metrics like 7-1-7. When ROF is implemented alongside 7-1-7, countries can amplify and assess the impact of the funds, linking additional financing to demonstrated progress and supporting advocacy for further investment.

Because funding requests are both urgent and small, we suggest instituting a **"no regrets" policy**, wherein spending and programmatic decisions are considered valid regardless of the outcome the investigation or perceived risk level, as long as accountability measures are met in a timely manner. Innovative, trackable procurement and financing models and tools like mobile money, artificial intelligence, and blockchain can provide opportunities to maintain accountability without sacrificing flexibility and speed.

Centering sustainability

ROF mechanisms often begin with external financing and management to ensure quick start-up and robust design with accountability, but they should be co-owned with governments from the outset. The long-term goal in most contexts is full domestic ownership and financing—often at the subnational level in large or federated countries.

Based on RTSL experience, governments and partners should do the following to build a foundation for sustainability:

- **Assess the landscape**: Map the existing domestic preparedness and response financing landscape to determine whether a new ROF mechanism or budget line is needed, or if it can be embedded within an existing structure.
- **Minimize fragmentation**: Harmonize mechanisms and reporting processes to reduce the burden on countries and maintain speed.

- **Address barriers**: Review public financial management laws to ensure funds can be deployed quickly and managed effectively. If legal reforms are not possible, countries may need to establish separate extra-budgetary funds with strong but streamlined accountability.
- **Demonstrate value**: Use pilots and external funding to show efficiency, impact, and cost savings, backed by evidence such as 7-1-7 timeliness metrics. This helps build the advocacy case for sustained domestic investment.

Ultimately, sustainable ROF means embedding it within domestic systems and reducing reliance on ad hoc budget requests, slow contingency funds, or external emergency financing. Countries should continue to leverage regional and global mechanisms for building preparedness capacities and supporting larger scale response. These alleviate some financial burden, enabling countries to target their limited resources on investigating outbreak signals—a core domestic public health function—as they inevitably emerge.

MOVING TOWARD SUSTAINABLE SUCCESS IN NIGERIA

In 2018, RTSL observed that the Nigeria Centre for Disease Control and Prevention (NCDC) faced monthly outbreaks and needed to make standalone financial requests before response teams could be deployed. Concerned about delayed outbreak response, RTSL established ROF in Nigeria in 2019 through the African Field Epidemiology Network. This enabled flexible, rapid fund disbursement to NCDC within 48 hours of request and strong financial accountability; reports and receipts had to be submitted within 5 days of completing deployments, along with monthly financial reconciliations.

ROF was the only dedicated financial support available to NCDC for COVID-19 response until May 2020. There has been evidence of success and ROF impact beyond COVID-19: the **median time for outbreak response was reduced from six days pre-ROF, to just two days after the fund's implementation**. Leveraging ROF's success, NCDC expanded it to the subnational level and secured additional external private sector contributions to maintain activities.

ROF is now transitioning to **government ownership and financing through the Public Health Emergency and Outbreak Response Fund (PHEORF) at national and state levels**, which is financed by 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.

Conclusion

Speed matters. To identify outbreaks and prevent their spread, countries need small, flexible funds that can be rapidly deployed as close to the outbreak source as possible. Donors and partners can incentivize countries to fill this critical gap in their health security financing landscapes. RTSL and its country partners have shown that it is essential—and worth the investment—to further test, adopt, and sustain life-saving rapid outbreak financing. By introducing ROF approaches today, we can reduce the cost and number of outbreaks that emerge tomorrow, to protect economies and save lives.

ANNEX: Selected Success Stories

RTSL has partnered with government entities and civil society organizations in the Democratic Republic of Congo, The Gambia, Ghana, Nigeria, Uganda, and South Sudan to make funding available through various mechanisms at outbreak onset. This has bolstered 7-1-7 timeliness metrics by accelerating early response and ultimately controlling outbreaks before they have devastating social and economic impacts. In Nigeria and DRC, response time improved from 6 to 2 days and from 37 to 5 days, respectively.

COVID-19

In 2020, as COVID-19 began spreading across Africa, RTSL leveraged a 2019 model first established in Nigeria: these dedicated outbreak investigation funds enabled swift response through expedited approval processes. RTSL quickly expanded this model, providing over $6M in flexible funds to COVID-19 incident management teams across 34 African countries—often disbursing critical resources within 24 hours of request. When formal funding mechanisms were still months away, RTSL's rapid response funds enabled countries to rapidly respond; this included investigation of over 30,000 cases, tracing more than 60,000 contacts, and transporting 73,000 laboratory samples.

DRC

The need for rapid, predictable funding is apparent when comparing outbreaks of Ebola in Democratic Republic of Congo (DRC) between 2018 and 2022. Whereas the 2018 outbreak lasted two years, more recent episodes, in 2021 and 2022, were over in a matter of months. What changed? The time it took to detect the first cases of Ebola and begin effective response efforts shortened significantly. During DRC's 2018 Ebola outbreak, no suspected cases were identified and no alerts were issued for two months, allowing the disease to spread rapidly throughout the country. By contrast, in August 2022, public health responders were able to investigate and respond to the outbreak in just three days. Six weeks later, the outbreak was declared over with only one confirmed case. This successful response was possible due to work of experienced response teams supported by a ROF mechanism. Read more in this issue of Epidemics That Didn't Happen.

South Sudan

In 2024, RTSL partnered with South Sudan's Ministry of Health and local NGO Child Hope to introduce a new ROF mechanism. When a cholera outbreak emerged in December, ROF helped contain it in what officials called "the fastest we've ever been able to deploy a team". Thanks to a dedicated team on high alert for cases and the availability of fast, flexible funds, the Ministry managed to bring the outbreak to an end with six confirmed cases and no reported deaths. Read more in this issue of Epidemics That Didn't Happen.

Uganda

In January 2025, Uganda confirmed an Ebola case in a nurse who had traveled across multiple districts, prompting an urgent response. The Minister of Health requested the support of the Infectious Diseases Institute (IDI) to assist in the government's response efforts. Having piloted ROF previously, IDI reached out to Resolve to Save Lives to fund key investigation and early response activities including case management, infection prevention and control, contact tracing, rick communication and community engagement. Within 12 hours, ROF was activated to cover response teams' transport, lodging, and supplies—bridging operations until WHO contingency funds arrived. The outbreak was ultimately contained to 14 cases and four deaths.