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of the Global Fund

GLOBAL FUND PLEDGES SWIFT RESPONSE TO ANY EBOLA-RELATED REQUESTS FROM LIBERIA, SIERRA LEONE OR GUINEA

The Global Fund has committed to a swift response to any requests from Liberia, Sierra Leone or Guinea for flexibility in reprogramming grants in order to assist in the management of the Ebola outbreak, which has killed more than 2,900 people and risks infecting up to 1.4 million more by early 2015.

It is probable that the three countries most badly affected by the epidemic will ask for a greater investment in health systems strengthening, as poor infrastructure, a shortage of trained health worker and weak systems are contributing to the spread of the outbreak.

“We recognize the urgency of the situation, as the outbreak is changing fast,” Seth Faison, director of communications for the Global Fund, said in a statement to Aidspan on 25 September.

“We are actively exploring ways to support the response in affected countries, with re-programming, training, protective gear, and steering resources where they are needed most.”

The acute needs in the three countries, all of which are among the world’s poorest and in varying phases of post-conflict reconstruction, underscore the importance of investment in health systems, according to George Shakarishvili, the Fund’s senior advisor for HSS. In these West African states, this investment should include human resources for health, improved routine data collection, more efficient logistics and supply chain management and an overall expansion and rehabilitation of health care infrastructure.

Already, the Liberian Ministry of Health and the country coordinating mechanism in Sierra Leone have signaled their intent to issue a formal request for flexibility and possible reprogramming of grants.

“We do not foresee re-programming that would affect our overall disease split. HSS is a major concern, and we will continue to explore all ways to advance it,” Faison’s statement said. “Where we see flexibility to re-program grants to support work that is related to the three diseases, and also connected to others, we will actively engage in it.”

Activities under Global Fund-supported programs have already been affected by the outbreak. Among them are high-impact interventions including a mass distribution campaign in Liberia of long-lasting, insecticide-treated (LLIN) nets that had been set for November 2014, which has been postponed.

Travel restrictions — including a curtailing of international flights into the country — have postponed country team visits, and field visits by in-country implementers have also been put off.

The countries’ progress through the new funding model (NFM) process, including country dialogue and concept note development has also slowed due to the immediate needs of responding to the epidemic.

In an 8 September response to the Secretariat’s reporting to the Board on the situation, as it relates to the Global Fund context, the Developing Countries NGO delegation issued a statement, a copy of which was shared with Aidspace, that “strongly recommend[ing] that the Fund allows for, and encourages, training of personnel and country implementers to be able to manage cases of Ebola”.

The delegation also urged an investment in data collection and analysis to determine the impact on treatment for HIV, TB and malaria of the epidemic, including the numbers of patients unable to access the treatment they need due to the closure of health clinics. Many clinics have been turned into isolation units for Ebola sufferers, and even they are reportedly turning infected patients away for want of beds.

“The Ebola outbreaks demonstrate the need to invest more in health and community system strengthening. This is a humanitarian and public health emergency with an impact that goes beyond those infected. It needs our immediate and strategic attention,” the delegation’s statement said.

One possible way the Fund could get more involved in the Ebola response was proposed in an [August editorial](#) by development economist Jeffrey Sachs.

If donors were to expand the remit — and the budget — of the Global Fund beyond the fight against the three diseases to become a global health fund for low-income countries, it would help the poorest countries “establish basic health systems in every slum and rural community, a concept known as Universal Health Coverage (UHC),” Sachs wrote.

The outbreak of Ebola has already claimed the lives of more than 2,900 people. [The US Centers for Disease Control and Prevention warned on 24 September](#) that at current rates of transmission, as many as 1.4 million people could be infected by 2015.

Editor’s Note: This article CORRECTS attribution in the 6th paragraph from the bottom to the Developing Countries NGO delegation.

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