



## Appeal MDRCOVID19

Immunisation Funding Requirement: CHF 100 million

**New Funding requirements: CHF 1.9 billion** IFRC-wide of which CHF 550 million is through the IFRC Emergency Appeal in support of National Societies.

**Appeal timeframe:** 31 January 2020 - 31 December 2021

# IMMUNISATION ANNEX

## COVID-19 Response

This **Immunisation annex** focuses on the pressing need of supporting COVID-19 vaccine roll-out globally. The IFRC considers the immunisation effort an obvious extension of its COVID-19 work so far and will continue to support National Societies under the Operational Priorities that were established earlier. **A comprehensive revision to the Emergency Appeal is planned to integrate this immunisation annex and the increasing needs across the 3 operational priorities.**

Through this annex, the IFRC-wide appeal now integrates a new Vaccination pillar under the Operational Priority 1 (Sustaining Health and WASH). This new pillar identifies the five areas of work which describe the IFRC network's involvement in the immunisation efforts.

Emergency Use Authorization and licensing of COVID-19 vaccines by regulatory authorities and WHO has given hope that an end to the pandemic's acute phase is within reach. To realize these vaccines' full potential, they must be distributed in an **equitable manner** that prioritizes health care workers, front line responders (including Red Cross and Red Crescent staff and volunteers) and high-risk groups.

**Building trust**, ensuring vaccines reach the most vulnerable, and engaging communities in a two-way dialogue to ensure they have accurate information and relevant tools to protect themselves are essential elements in the Red Cross and Red Crescent's contribution to ending the COVID-19 pandemic. Volunteers, community health workers and leaders play a crucial role in reaching otherwise inaccessible and disenfranchised populations and providing life-saving services adapted to their needs.

**Vaccination support efforts urgently need to be resourced** as well as those included in the previous emergency appeal. Hence, the IFRC is seeking an additional **CHF 100 million** to support Red Cross Red Crescent National Societies in their immunisation efforts, thus increasing the current funding requirement to CHF 1.9 billion IFRC-wide, of which CHF 550 million is mobilised by the IFRC Emergency Appeal in support of National Societies.



Kuwait, January 2021. Kuwait Red Crescent volunteers have been supporting the elderly and other people to move around on the vaccination stations. The Kuwaiti health authorities have said that until mid-January, more than 20,000 people in Kuwait have received the first dose of the COVID-19 vaccine. Photo credit: Kuwait Red Crescent Society.

# RESPONDING TO NEEDS: OUR IFRC-WIDE OPERATIONAL PRIORITIES

Given the scale and urgency of the vaccine roll out for ending the pandemic, the IFRC has integrated a new pillar under Operational Priority 1 to reflect the elements needed to support successful immunisation efforts. The diagram below shows the IFRC-wide appeal's current strategy, its three Operational Priorities and pillars. The **vaccination support pillar** includes five areas of work to help National Societies advocate for and support COVID-19 vaccination for the most at-risk and hard-to-reach populations, build trust in vaccination, and maintain routine immunisation programmes. This immunisation plan **targets 192 National Societies and approximately 500 million people**.

Many health systems are overwhelmed due to the high number of cases and now face tremendous logistical, structural, and social challenges to vaccinate large population sections in the shortest timeframe possible. National Societies have crucial roles to play in this pandemic response phase. **Volunteers are already performing a wide variety of actions to support governments who have started rolling out COVID-19 vaccines:** helping people reach vaccination centres, administering vaccines, supporting with logistics, monitoring individuals after vaccination, providing accurate information to the population on common questions, identifying hard-to-reach populations and advocating for equitable access to vaccines, leaving no one behind, and bringing hope.

The IFRC is planning a more comprehensive revision to the Emergency Appeal looking at the overall needs across National Societies. This upcoming revision will consider the long-term engagement of IFRC to support immunisation activities beyond the timeframe of the Emergency Appeal. Information on the cumulative progress and impact of the IFRC-wide response to the COVID-19 pandemic is presented in the [9-month report](#).

## OPERATIONAL PRIORITIES



### 1. Sustaining Health & WASH

- Epidemic control measures
- Community-based surveillance for COVID-19
- Infection prevention and control (IPC) and WASH (community)
- Isolation and clinical case management for COVID-19 cases
- Maintain access to essential health services (community health)
- Management of the dead
- Risk communication, community engagement and health and hygiene promotion
- Infection prevention and control (IPC) and WASH (health facilities)
- Mental health and psychosocial support services (MHPSS)
- Ambulance services for COVID-19 cases
- **Support COVID-19 immunisation**



### 2. Addressing Socio-economic impact

- Community engagement and accountability (CEA), including community feedback mechanisms.
- Livelihoods, cash support & food aid
- Social care and cohesion, and support to vulnerable groups
- Shelter and urban settlements



### 3. Strengthening National Societies

- National Society readiness
- Support to volunteers
- National Society sustainability

## PILLARS

## Areas of work

- Advocate
- Trust
- Health
- Reach
- Maintain



# CONTEXT ANALYSIS

As COVID-19 vaccines begin rolling out, it is critical that they reach the most vulnerable people, regardless of location or social standing, to save the most lives and prevent unnecessary suffering. In addition to the enormous challenges with rolling out population-wide vaccinations for COVID-19, many countries report disruptions in routine childhood immunisation services and cancellation of immunisation campaigns to prevent and respond to outbreaks of other diseases. The knock-on effect of decreased immunisation coverage will result in more deaths due to vaccine-preventable diseases than COVID-19 among affected children.

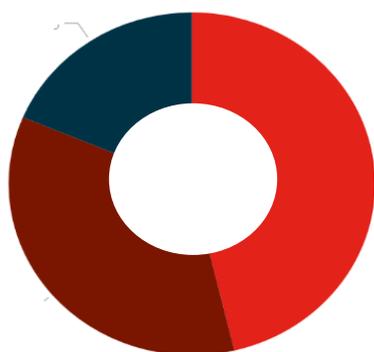
Through the COVAX Facility<sup>1</sup>, the international community has mobilised resources to ensure equity in access to COVID-19 vaccines, and several safe, effective vaccines have been developed and licensed. The IFRC is supporting the COVAX facility through both advocacy and coordination support, and is working to ensure National Societies' critically equity-enabling work is accounted for in countries' vaccine roll-out planning submissions. Likewise, the IFRC is supporting development of systems to ensure humanitarian populations and those left uncovered by national vaccination plans have equitable access to COVID-19 vaccination. Many governments are requesting National Societies to support vaccine roll-out in line with their auxiliary role. The IFRC coordinates with governments, UN agencies and other local actors to prioritize actions and avoid duplication of efforts.

In response to the current crisis, the International Red Cross and Red Crescent Movement (the Movement) relies on the global expertise and experience of 192 National Societies and 14 million volunteers worldwide and their international components – IFRC and ICRC - to contribute most efficiently and effectively to the global effort to support COVID-19 vaccine roll-out and mitigate the pandemic's negative impact on immunisation services. IFRC has identified and outlined five areas of work to help the vaccination response efforts.

The IFRC Secretariat is conducting a global survey with National Societies to assess their roles in relation to COVID-19 vaccine roll-out, map the global landscape of participation, and identify critical concerns and resource needs. To date, 137 out of 192 National Societies from all the five regions have responded, and the survey is ongoing. The results of this global survey combined with the results of a National Society Readiness Assessment tool will support the prioritization across the five areas of work. Preliminary findings of the survey include:

**26 NS** reported they are not yet involved.

**47 NS** are currently discussing their involvement on



**64 NS (47%)** have already indicated their involvement in the COVID-19 vaccine roll-out.

Since the start of the pandemic, the RCRC volunteer network has supported more than **430 million people** through risk communication and community engagement, **98 million people** through community WASH activities and more than **7 million people** through mental health and psychosocial support services.

National Societies provide critical support to ensure vaccinations reach the most vulnerable, and the new Vaccination Support Pillar integrates these activities under five areas of work (Advocate, Trust, Reach, Health, Maintain) illustrated below:

<sup>1</sup> COVAX is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator. COVAX is co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO. Its aim is to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world.



**ADVOCATE** for equitable access to COVID-19 vaccines



**TRUST:** build community trust and acceptance of COVID-19 vaccines and help manage expectations



**HEALTH:** support the delivery of COVID-19 vaccines in health facilities and during outreach activities



**REACH** underserved communities



**MAINTAIN** other immunisation services

## A: ADVOCATE for equitable access to COVID-19 vaccines

The IFRC and its 192 member National Societies will use their grass-roots experience and evidence-based messaging and enhance our dialogue with Governments and other stakeholders to **advocate for equitable access to COVID-19 vaccination**, in support of the priorities outlined below. IFRC and National Societies are using the IFRC's maximum reach and influence, to advocate for and facilitate equitable and effective vaccination approaches at the community, national, regional and global levels. With additional funding, the full strength of advocacy and humanitarian diplomacy of the IFRC will continue to contribute to this global effort on behalf of the most vulnerable people. The critical messages for immunisation advocacy include:

### Ensuring geographical equity in access to vaccines

Worldwide demand for COVID-19 vaccines will be in the billions of doses, but initial supply is limited. All governments are under pressure to find solutions for their citizens. To date, 189 countries (with 90 per cent of the world's population) participate in the COVAX Facility, which is currently the only credible mechanism to ensure purchase and equitable global distribution of COVID-19 vaccines. However, advocacy must continue to ensure donor states uphold and increase their commitments to COVAX and provide funding and doses for member states that require support.

### Equity in vaccine access at the national level

Initial vaccine supplies should prioritise frontline health and social care personnel (including Red Cross and Red Crescent staff and volunteers) and people at highest risk of severe disease (older persons and those with co-morbidities). Within these categories, it will be critical to ensure that marginalised persons, such as migrants and refugees, people deprived of their liberty, institutionalised populations and homeless persons are not left behind. The Movement will advocate for free distribution of vaccines, prioritisation of people in high-risk settings, and work to ensure financial barriers do not prevent vaccination in the most economically vulnerable groups.

### Protecting volunteers and staff of local and national organisations

Community volunteers are critical to vaccine roll-out, and jointly with other essential health support should be prioritised together with health and social care personnel. IFRC also calls on governments to make every effort to ensure that appropriate protective and preventive measures are put in place to prevent violence and abuse against volunteers, healthcare workers, and others involved in immunisation services.

### Ensuring that other critical immunisation needs are met now and in the future

COVID-19 has also greatly impeded the progress of routine immunisation for other dangerous diseases, such as measles and polio, thereby rolling back years of basic health care advancements to the most vulnerable. IFRC and National Societies will firmly advocate for the safe maintenance and resumption of routine immunisation services and vaccination campaigns to prevent and respond to outbreaks of other vaccine-preventable diseases.

## B: TRUST: build community trust and acceptance of COVID-19 vaccines and help manage people's expectations

Community trust is vital to ensure the success of any immunisation initiative. Without trust, people may not accept or support immunisation activities. In extreme cases, this could lead to violence against vaccination teams or

people who are vaccinated, and in all cases risk undermining the public health impacts of mass vaccination by limiting uptake. Understanding the root causes of mistrust and the impact that the pandemic has had on local dynamics is key to creating strategies that build and maintain trust. **Investments in coordinated and proactive community engagement approaches will be crucial to increase demand for and acceptance of COVID-19 vaccines.** Strong risk communication, community engagement, and accountability systems will be needed to accompany vaccine roll-out, anticipating rumours and misinformation, and adjusting to the many factors still unknown regarding vaccination priorities, strategies, and effects in different contexts.

**Scaled up risk communication, community engagement, and accountability approaches must be integrated** into all Red Cross Red Crescent interventions. Community engagement approaches are supported by activities that help put communities at the centre of what we do, through participation, feedback, and actionable and responsive information provision to communities, which ultimately supports trust-building. Regular community insights will be essential to inform and adapt interventions to address concerns and barriers. With its network of 14 million community-based volunteers even in the most remote or otherwise inaccessible areas, the Red Cross Red Crescent is uniquely positioned to collect, analyse and respond to information from communities<sup>2</sup>, using languages and formats communities choose. In the communities in which they live and serve, Red Cross Red Crescent volunteers are trusted because they share the same values, concerns and experiences as their community members. They are also able to follow up on issues that arise.

**Promoting effective coordination of risk communication and community engagement** plays an essential role in fostering trust, social cohesion, civil responsibility and public solidarity for vaccine uptake. The position and value of IFRC and National Societies was recognised in the establishment of the Risk Communication and Community Engagement collective service. The collective service is a partnership between the IFRC, UNICEF, WHO with support from the Global Outbreak Alert and Response Network (GOARN) and key stakeholders from the public health and humanitarian sectors. The collective service aims to ensure consistent, systematic and predictable support for countries during public health and other complex humanitarian emergencies. A collective approach and support to community-driven solutions contribute to immunisation efforts by leveraging each agency's expertise and experience. It helps coordinate to reduce duplication, streamline efficiencies, and ensure ample support to deliver an approach inclusive of local actors such as National Societies and community members vulnerable to the impacts of COVID-19. Collectively it seeks to address the following challenges:



### Awareness and risk perception

While most people are aware of COVID-19, some vulnerable groups may not have access to traditional or social media communication channels. There is increasing evidence of a decline in people's perception of risk of infection in many communities. They are less and less inclined to practice infection prevention measures, due to pandemic fatigue. Red Cross and Red Crescent volunteers need to be supported to ensure that communities are aware of risks and continue to practise preventive behavioural measures, alongside the introduction of COVID-19 vaccines.



### Barriers to vaccine uptake

Factors that influence barriers vary from context to context. These can range from vaccination mistrust, safety concerns, religious or cultural beliefs, access, affordability or lack of awareness. The lack of an identity card is a significant barrier for refugees to register for vaccination campaigns. In the past, historical and political factors have resulted in low rates of vaccine uptake. People expressed affordability as a problem and fear of injections. Misinformation and rumours can negatively impact vaccine confidence. In several countries, scepticism toward vaccines continues to be common.



### Health workers and front line community workers and volunteers

Health workers and the community workforce play a vital role in promoting vaccine uptake among their patients and communities. Recent data revealed that the lack of awareness and knowledge among medical students and health workers about immunisation resulted in significant vaccine uptake barriers. It will be essential to gather and respond to feedback and perceptions from RCRC staff and volunteers at the frontline to respond better to vaccine acceptance issues and community concerns.

<sup>2</sup> Feedback, perceptions, rumours, concerns, suggestions or complaints.

## C: HEALTH: support the distribution and delivery of COVID-19 vaccines in health facilities and during outreach activities

National Societies' volunteers and staff play an essential role in supporting vaccination activities to address the most vulnerable communities' needs. National Societies seek to expand these activities at the local level, including planning, pre-registration of high-risk residents in communities, mobilising people to vaccination centres, and providing operational support during campaigns. In some settings, National Society health programmes have the capacity to administer COVID-19 vaccines through either fixed vaccination centres, outreach vaccination sessions or mobile health teams. In disaster and crisis and development contexts, IFRC through the National Societies, supports health facilities (primary health care) and health authorities. In areas affected by armed conflict, ICRC supports health facilities (primary health care centres and hospitals) and health authorities. This complementarity of IFRC and ICRC support allows for a wider roll-out of vaccination activities.

**Solidifying National Societies' role in supporting immunisation and public health more generally:** As auxiliaries to public authorities, National Societies should have a clear role in national vaccinations plans. This also solidifies their auxiliary role in public health and strengthens cooperation with authorities to prevent or respond to future public health threats in line with the resolution "[Time to act: tackling epidemics and pandemics together](#)" from the 33<sup>rd</sup> International Conference of Red Cross and Red Crescent Societies, jointly agreed by National Societies and States in 2019.

Over the longer term, IFRC is committed to supporting improving national health systems in human resources and coordination by including volunteers as community health workers and improving coordination mechanisms with authorities and other key stakeholders. To this end, IFRC will scale up its legislative advocacy support to National Societies to further define their roles in national legislation, policies and practice, ensuring vulnerable people benefit from the added value and full potential of their National Society work domestically.

## D: REACH underserved communities

A key contribution of the Movement in COVID-19 vaccine roll-out is ensuring that communities affected by disasters and crisis, weak development programmes, violence and conflict, geographic or social isolation, and ongoing or new emergencies have equitable access to the vaccine. Experience shows that limited health capacities due to the breakdown or destruction of health services, lack of health personnel, precarious infrastructure, and disputed borders might hamper vaccine distribution in humanitarian and crisis-affected settings. By some estimates, up to 75 per cent of epidemics from 1980—2010 occurred in countries where conflict and violence had crippled their capacity to respond, leaving their communities, neighbours and the world vulnerable. Reaching frontlines and areas not under the control of the government or that are hard to reach due to the impact of disasters brings complications such as difficult logistics or lengthy access negotiations. While we do not assess the reasoning behind restrictive measures and sanctions, these may also delay humanitarian support to these areas.

Ensuring equitable access to the COVID-19 vaccine will be supported by the **REACHED** approach developed by the IFRC, which focuses on ensuring the most vulnerable have access to COVID-19 vaccines. REACHED is a series of questions with linked tools to support operational and organisational capacity-building and sustainable health programming. The REACHED approach aims to continually question whether the most vulnerable have been "REACHED" sustainably and effectively. If the answer to any question within REACHED is "not yet", tools to support Red Cross and Red Crescent volunteers, supervisors and staff are made available to assist National Societies in expanding services further and addressing critical operational and organisational development gaps.

## E: MAINTAIN immunisation services.

The pandemic has resulted in the decline in immunisation coverage globally. More than 94 million children under five years of age are at risk of missing measles vaccinations<sup>3</sup>. **More than 60 countries have temporarily suspended mass immunisation campaigns.** Increasing support to immunisation is a smart investment during

<sup>3</sup> WHO, October 2020

the pandemic. Immunisation saves lives, strengthens health systems, ensures health security and advances universal health coverage.

The Movement will continue to invest in routine immunisation and mass vaccination campaigns for other vaccine-preventable diseases to maintain healthy, resilient communities. Immunising zero-dose and under-immunised children will be a priority within this area of work. These actions aim to continue saving lives, ensure our contribution to the Sustainable Development Goals and the global efforts to not roll back advances made so far.

## OUR LOCAL AND REGIONAL REACH

The IFRC Secretariat through its regional offices, Country Cluster Delegations and Country Delegations support National Societies across the globe. Delegations provide valuable backing to National Societies on advocacy efforts with governments in their auxiliary role and with local partners. The IFRC Secretariat helps to communicate a) the IFRC-wide and country-level reach of National Societies, b) the Red Cross Red Crescent immunisation support plans, and c) the conditions needed to further support these crucial efforts (PPE, resources, frameworks and vaccination of frontline workers including RCRC volunteers).

### In the Africa Region

The COVID-19 pandemic has aggravated poverty levels and food insecurity, raised intra-communal tensions, and stretched health systems to a breaking point. National Societies continue to focus on reducing mortality and morbidity from COVID-19 while protecting the most affected people's health, safety, wellbeing, dignity, and livelihoods. With the roll-out of the COVID-19 immunisation plan, **African National Societies will inform and mobilise communities, build trust, advocate for the inclusion of those most at risk and marginalised, assist with vaccine implementation, and support health systems to maintain other essential services.**

IFRC participates in the WHO-led regional working group, and the Africa CDC led Taskforce for Novel Coronavirus (AFTCOR). Currently, 600 million doses of vaccines will be available for the African continent via the COVAX facility, covering 20% of the African population. National Societies will work with their governments to raise funding and technical support for speeding up COVID-19 vaccination delivery in an equitable manner, irrespective of people's economic status or geographical location. National Societies will coordinate with their Ministries of Health and vaccine allocation groups to ensure that those who put their lives on the line providing life-saving services during the pandemic are quickly vaccinated, along with those most vulnerable to serious illness or death from the disease.

African National Societies will strengthen their positions as recognised actors in identifying and registering priority groups in hard-to-reach and marginalised communities. While doing so, National Societies will promote community trust, providing correct information and relevant tools for people to protect themselves, and reducing bias, misinformation and vaccine hesitancy.

Depending on local gaps and needs, IFRC will support National Societies on direct vaccine delivery if requested and mandated. This will be encouraged in marginalised or hard-to-reach communities. National Societies will also support vaccination campaigns and supplementary immunisation activities alongside their respective Ministries of Health and other actors. They will carry out ongoing needs assessments to support vaccination campaigns and SIAs, in addition to community-based surveillance and epidemic prevention and preparedness activities.

### In the Americas Region

The Americas region continues to be a hot spot for COVID-19. Several countries are currently facing challenges to mitigate direct and indirect impacts of the pandemic. Health care systems and economies are increasingly under pressure. Simultaneously, population stress levels continue while there is hope with the vaccination efforts globally to curve and control this pandemic. **Thirty-three National Societies in the region involved in the response will support vaccination campaigns in their countries.** National Societies in the Americas are key actors to support prevention, treatment and immunisation programmes through social mobilisation efforts to foster trust, reliable information, humanitarian diplomacy, and equitable access to the most at-risk and hard-to-reach groups. National Societies work in coordination with local actors and national authorities by mobilising more than 500,000 Red Cross volunteers in the region.

IFRC participates in the WHO/Pan American Health Organization (PAHO)-led regional working group for Novel Coronavirus. Regional strategies promoting clear and trusted information dissemination, community mobilisation, and risk communication and community engagement will be enhanced, disseminated and implemented by the Red Cross in the Americas. This will enable the promotion of equitable access to vaccines, address misinformation and rumours about COVID-19 vaccination campaigns, and highlight the needs of the most vulnerable groups. The IFRC will continue collecting, analysing and visualising data to support National Societies in implementing their activities, and establishing channels to provide real-time community feedback on perceptions and willingness to receive the COVID-19 vaccine. Key messages will be promoted by social networks, community communication and other channels. Also, IFRC will strengthen the capacity of the local leaders, Red Cross spokespersons and personnel working at the community level. The IFRC and National Societies will create and roll out a basic training strategy for the immediate, mid and long-term, including RCCE for the volunteers, staff and leadership.

The IFRC will continue mapping the National Societies' capacities to take on responsibilities in areas beyond RCCE, such as management and coordination, logistical support, information systems and registration for vaccination, identification and pre-registration of risk groups, monitoring of vaccinated groups, administration of vaccines or evaluation of the impact of vaccination campaigns.

To implement these actions, IFRC in the Americas will reinforce the work with the National Societies to provide technical and financial resources, training, coordination, key messages, logistical support from the Humanitarian Hub in Panama who serve a key regional element to mobilise resources, equipment and PPE throughout the Americas.

## In the Asia Pacific Region

The Asia Pacific region has experienced an uneven impact from COVID-19. It was the first epicentre of the virus, with several countries reporting the highest numbers of cases in real terms (e.g. India) and the highest rates of infection (e.g. Maldives) of any country in the world. Further to this, there is an expanding gap between the number of confirmed cases and the true number of infections. Serology tests in 2020 among poor urban communities in India<sup>4</sup>, Afghanistan<sup>5</sup> and Bangladesh<sup>6</sup> have revealed infection rates between half and three-quarters of the population.

Since the pandemic onset, all 38 National Societies are supporting their public health authorities to flatten the epidemic curve. National Societies have mobilised volunteers to roll out public health measures, including testing, contact tracing, isolation/quarantine, risk communication and behaviour change communication to break the transmission chain.

IFRC participates in the Regional Office for South-East Asia and Regional Office for the Western Pacific-led working groups for Novel Coronavirus. Several COVID-19 vaccines are now receiving emergency use authorisation by stringent regulatory authorities and the World Health Organization. Countries like China, India, Indonesia, Singapore and the Republic of Marshall Islands have already started COVID-19 vaccine roll-out. Several other

<sup>4</sup> <https://www.idfcinstitute.org/blog/2020/july/press-release-sars-cov2-sero-prevalence-study-in-mumbai-niti-aayog-bmc-tifr-study/>

<sup>5</sup> <https://moph.gov.af/sites/default/files/2020-08/Final%20COVID-19%20Survey%20English%20Report.pdf>

<sup>6</sup> <https://www.icddr.org/quick-links/press-releases?id=97&task=view>

countries in the region will be commencing vaccination by the end of January 2021. **National Societies are well placed to support COVID-19 vaccine roll-out, and many have extensive experience in immunisation campaigns.** National Societies can provide a critical workforce at the community level to support micro-planning, and are trusted voices to help engage and educate communities to reduce vaccine hesitancy and increase vaccine demand. Several National Societies will be working with public health authorities to reach remote communities, identify vulnerable populations, and administer the vaccine. Across the Asia Pacific region, 27 National Societies have already indicated their involvement in vaccine roll-out. The Asia Pacific Regional Office is a part of the regional COVAX working group, and several National Societies are also getting involved in their respective national COVAX working groups.

## In the Europe Region

Since the start of the pandemic, National Societies of the Europe region have been implementing COVID-19 pandemic preparedness and response actions. As the epidemiological situation in Europe remains alarming, approvals of COVID-19 vaccines by regulatory authorities have given hope that an end to the acute phase of the pandemic is within reach. Although the number of new cases in the region recently showed a slight decline, the Europe region continues to account for the second-highest number of new cases and deaths. Spreading of new variants of SARS-CoV-2 has raised concern and put more pressure on effective and fast vaccine roll-out.

IFRC participates in the Regional Office for Europe-led working group for Novel Coronavirus. National Societies in the region assist their respective governments and authorities in getting access to vaccine and vaccine roll-out within and outside the COVAX initiative. Currently, more than 46 countries in the region have joined the COVAX Facility.

To support COVID-19 vaccine roll-out, National Societies in the region will focus on **advocacy and dialogue with the national authorities to ensure equal and equitable availability of vaccines, and reaching inaccessible populations**, including migrant communities. National Societies will offer their support in the vaccination process (as well as maintaining routine immunisation) within the national vaccination plans as auxiliaries in the humanitarian field. The IFRC Regional Office for Europe will continue its consultation process and methodological support to the National Societies to ensure their preparedness for vaccination. Special emphasis will be to identify a clear role and mandate of the National Societies and the priority access to National Society staff and volunteers directly engaged in COVID-19 prevention and care, as well as other emergency responses.

Engaging and mobilising communities for vaccination against COVID-19 will be a critical part of ongoing overall response activities, and a task many National Societies are well-positioned for. This includes engaging communities and addressing their concerns about the safety, efficacy and necessity of vaccination, and sharing information about vaccination logistics and access. It will also be important to encourage people to continue to adhere to necessary non-pharmaceutical interventions until the spread of the virus has been suppressed.

The IFRC Regional office for Europe will maintain regular communication and coordination with the Movement partners: National Societies and ICRC and WHO Europe and other international partners within the European Regional COVID-19 Vaccine Coordination Group meeting.

## In the Middle East & North Africa Region

The Middle East & North Africa (MENA) region is home to 400 million people, with some of the longest, worst protracted crises and challenges. The main drivers for the IFRC MENA Regional Office support to immunisation are rooted in the severe socio-economic decline in six countries, civil unrest in six countries, active or protracted armed conflict in five countries, including scenarios of expanded conflict, growing numbers of people on the move and the impact of climate change.

IFRC participates in the WHO Regional Office of the Eastern Mediterranean-led working group for Novel Coronavirus. Based on the recent survey, six countries (in the Gulf) have already started the COVID-19 vaccine roll-out, while others rely on vaccines that are still under review by WHO. National Societies in the region have been engaging with authorities on National Development and Vaccination Plans, advocating for the inclusion of the most vulnerable and hardest to reach people.

National Societies will play an essential role in overcoming challenges, ensuring impactful coverage of vaccination efforts, and facilitating equitable access and distribution of COVID-19 vaccines. 12 out of 14 MENA National Societies are already involved in vaccine preparations or liaising with their governments in their respective countries' vaccination process.

Building on their pre-existing engagement in COVID-19 pandemic, the National Societies will contribute to:

- Strengthening advocacy efforts to ensure equitable access to immunisation for all and protection of frontline workers, including RCRC volunteers.
- Fight the spread of vaccine-related misinformation by scaling up social mobilisation, public health awareness, and RCCE.
- Reach the most vulnerable people through National Societies' unparalleled access and leverage the network's strength through tailored interventions adapted to the local context to address the systemic barriers, especially in conflict and hard-to-reach areas.
- Complementary to COVID-19 vaccines roll out, National Societies will support their Ministries of Health in routine immunisation campaigns for other vaccine-preventable diseases, focusing on the immunisation of zero-dose and under-immunised children.



Amid COVID-19 pandemic, the Philippine Red Cross volunteers walk miles and cross difficult terrain to reach every child under five years old to deliver life-saving polio vaccines. January 2021. The Philippines.

# FUNDING REQUIREMENTS SUMMARY

## MDR00005 –Emergency Appeal COVID-19 Outbreak

The International Federation of Red Cross and Red Crescent Societies (IFRC) is unified in its efforts against COVID-19. With National Societies permanently present in the local communities most affected by this pandemic, the IFRC is seeking on behalf of its network of 192 National Societies and the IFRC Secretariat, **CHF 1.9 billion for our global work** across three priorities: 1- Sustaining Health and WASH, 2-Addressing Socio-economic Impact; and 3- Strengthening National Societies. Out of this total, this Emergency Appeal specifically seeks **CHF 550 million for multilateral assistance, including CHF 100 million for COVID-19 vaccination support** provided through the IFRC Secretariat to our National Societies and for our Secretariat's services and functions.

As of the release of this annex, IFRC has raised over CHF 274,798,690<sup>7</sup> towards the global appeal leaving a **funding gap amounting to CHF 275.2 million**. Out of the amount raised to date, over CHF 208 million has been allocated to 162 National Societies to continue to support their important auxiliary role to respond to the COVID-19 pandemic.



The funding channeled through the COVID-19 Emergency Appeal covers allocations to our member National Societies and funding to support the work of the IFRC Secretariat. It includes allocations to the five regions and to the Geneva Secretariat, as well as flexible funding to respond to the changing nature and focus of the pandemic. This enables the IFRC network to be able to respond to new waves and expanding social and economic impacts, that affect the lives and dignity of people in specific countries or localities worldwide and give the IFRC the capacity to anticipate and mitigate loss of life, livelihoods, and dignity.

## Official Signature

**Jagan Chapagain**  
Secretary General

### Contact Information

#### IFRC Geneva Programmes and Operations:

Diana Ongiti, IFRC COVID-19 Appeal Manager, [diana.ongiti@ifrc.org](mailto:diana.ongiti@ifrc.org) +41 22 730 4223  
Jason Peat, Team Leader, Community Health, [jason.peat@ifrc.org](mailto:jason.peat@ifrc.org) +41 22 730 4419

#### IFRC Resource Mobilization and Pledges support:

Sindiso Muzenda, Sr. Officer, PRD & Pledge Management COVID-19, [sindiso.muzenda@ifrc.org](mailto:sindiso.muzenda@ifrc.org) +41 79 201 20 07

#### IFRC Communications

Katie Wilkes, Communications and Media Coordinator COVID-19 Response; [RRCommunication.GVA@ifrc.org](mailto:RRCommunication.GVA@ifrc.org) +1 (312) 952-2270

<sup>7</sup> Donor Response as of 29 January 2021: <https://www.ifrc.org/docs/Appeals/Active/MDRCOVID19.pdf>  
**COVID-19 Emergency Appeal – Annex: Immunisation Plan**