



**Together ending the pandemic and  
beginning transformational recovery**

COVID-19 emergency appeal investment  
case: **ASIA PACIFIC**





A Red Cross doctor is seen performing a basic check-up on Mrs. Tran Thi Hanh, 90, before vaccinating her at her home in Thao Dien Ward, Thu Duc city, Vietnam. Due to her old age and poor health, Mrs. Hanh was unable to go to mass vaccination sites so Viet Nam Ho Chi Minh's mobile vaccination unit visited her home twice to vaccinate her directly. Photo: IFRC

## The fundamental principles of the International Red Cross and Red Crescent Movement

### Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

### Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

### Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

### Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

### Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

### Unity

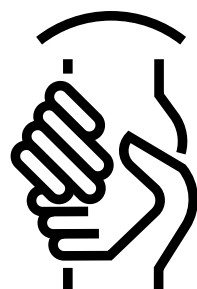
There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

### Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



# Opportunity



We have reached  
**1 in 10**  
people  
worldwide  
with support  
during the  
pandemic

The COVID-19 pandemic has caused unparalleled suffering. The virus has claimed the lives of millions of people around the world and brought health systems to their knees. Beyond that, the pandemic has damaged the fabric of our society. These devastating tolls continue to mount, but meanwhile a concurrent crisis has been escalating. **Throughout this pandemic, those facing the greatest vulnerabilities have been the people and groups most neglected by society- those who were already drowning just below the surface.** The destructive consequences of this pandemic will be felt for years, if not decades, to come. They have revealed how existing and new crises collide, compounding vulnerabilities. On top of this, profits are still trumping humanity when it comes to the equitable distribution of COVID-19 vaccines. As a result, our society is on course for a wildly unequal recovery.

The International Federation of Red Cross and Red Crescent Societies' (IFRC) COVID-19 Emergency Appeal response maintains three Operational Priorities: a) Sustaining health and WASH; b) Addressing socio-economic impact and c) Strengthening National Societies. These priorities are

complementary and respond to interconnected needs.

**Together, we have the opportunity to contribute to a response that will ensure that no one is left behind.**

With our volunteers, community members and local partners we have looked into the areas where we fell short and have identified the gaps that need to be filled. Ending the pandemic requires a commitment from each of us, no matter where we are or who we are: we all play a part. Recovering from this pandemic cannot be about returning to the way we were. Instead, we must grow and be stronger. The IFRC's network of National Societies' staff and volunteers has been on the frontline of this pandemic since the outset. We will continue to be there, playing our part, every step of the way. We have reached one in ten people worldwide with support during the pandemic, yet this is not enough. The needs come from all fronts and your investment and partnership can make a profound difference. Please help us help the most vulnerable communities prepare for, respond to and recover from the COVID-19 pandemic. Join us and ***Together let's end the pandemic and begin a transformational recovery!***

During the first 20 months IFRC has achieved the following global results:



**886 million**

people were reached through Risk Communication and Community Engagement for health and hygiene promotion activities



At least

**308 million**

people were reached with National Society support for COVID-19 vaccination



**139 million**

people were covered through pandemic proof Disaster Risk Reduction programming



**84.1 million**

people were provided with food and other forms of in-kind assistance



**12.3 million**

people were reached with mental health and psychosocial support



**6.2 million**

people were reached by programmes addressing exclusion



**5.6 million**

people were reached through cash and voucher assistance

# Challenge

Vaccine coverage remains below

10%

for several countries in the region

The new waves of COVID-19 continued to be fuelled by mutating variants throughout the region. As cases in South Asia began to stabilize, countries in South East Asia and the Pacific started to experience an overwhelming surge in cases. COVID-19 vaccination has brought hope to the deepening crisis. Many countries have been rolling out major vaccination campaigns, but vaccine coverage remains below 10 per cent for several countries in the region including Afghanistan, Myanmar and Papua New Guinea. Pandemic fatigue has also posed challenges to infection prevention and control measures.

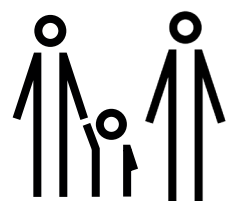
The region has an estimated 400 million people living in extreme poverty (9.3 per cent) below the threshold of USD1.90 a day. At the higher international poverty line of USD3.20 a day, the number of poor rises to 1.2 billion, accounting for more than a quarter (27.9 per cent) of the region's total population. (Source: UNESCAP for Asia and the Pacific). It was estimated that 11 million people added to the poverty line due to the impact of COVID-19 (World Bank East Asia and the Pacific).

The socio-economic impact of COVID-19 is posing enormous challenges to communities. The impact is severe, especially among the most vulnerable including migrant workers and communities dependent upon remittances, those engaged in informal sectors and smallholders. Resources to support long-term recovery efforts

beyond the immediate humanitarian needs are crucial moving forward. IFRC continues to welcome flexible funding to the wider Asia Pacific region through the COVID-19 Emergency Appeal as the rapidly changing situation including potential new waves of infections and new strains of the virus may impact this region.

The IFRC is unified in its efforts against COVID-19. It is seeking, on behalf of its network of 192 National Societies and the IFRC Secretariat, CHF 2.8 billion for our global work across three operational priorities: Sustaining health and WASH; Addressing socio-economic impacts; and Strengthening National Societies. Out of this total, this Emergency Appeal specifically seeks CHF 670 million for multi-lateral assistance provided through the IFRC Secretariat to our National Societies and for our Secretariat services and functions. To date 57 per cent of this amount (CHF 385 million) has been raised (this amount does not include Soft Pledges. Data as of 03 January 2022). Many of the planned actions and emerging priorities including addressing socio-economic impact, immunization roll-out, supporting mental health and psychosocial support, and National Society financial sustainability to name a few, are left with limited resources hindering the ability to provide the support required. The total Secretariat funding requirement for the Asia Pacific region is CHF 130 million, from which 81 per cent was covered in 2021, leaving a funding gap needed

The region has an estimated



400 million

people living in extreme poverty



CHF 25 million is the funding gap needed across the 34 countries in the region

across the 34 countries in the region of CHF 25 million.

The Revised Appeal extends the time-frame until December 2022 to continue supporting National Societies' work across the globe as auxiliaries to their governments to tackle the short-, medium- and long-term impacts of the pandemic. Noting that COVID-19 response and recovery will occur at different speeds across regions and countries, we need to sustain our response across the operational priorities, and transition actions into long-term programming.

The IFRC is grateful for the generous support that it has received from its partners to date, which has enabled it to support National Societies to make

a significant impact in the lives of millions of people around the world. **To continue supporting National Societies globally to play their key role in curbing the pandemic, the IFRC calls upon philanthropists, corporations, foundations, governments and multilateral organizations to contribute with sustained and more flexible/un-earmarked contributions to the Federation-wide response**, which will enable our membership to be more agile and adaptive, distributing funding where it is needed the most across emerging priorities and countries. This preferred investment approach is particularly important in the context of the COVID-19 pandemic that is volatile and continuously changing.



Bangladesh Red Crescent Society with support from the IFRC and partners, distributed multipurpose cash assistance to the local community in Ramu, Cox's Bazar, Bangladesh. Cash support gives wider options for the family in need during the COVID-19 situation. Photo: IFRC



# Key results

**In partnership with Ministries of Health, state agencies and other organizations working together to support the response, National Societies in the region have achieved important progress. Here are some examples of the work done to demonstrate how vital your investment is to end the pandemic and begin transformational recovery.**

The **CAMBODIAN Red Cross (CRC)** has trained 664 staff and volunteers on Mental Health and Psychosocial Support (MHPSS) and Community Engagement and Accountability (CEA) through online trainings from May to August 2021. The CRC volunteers/youth are promoting behaviour change among local communities to cope with the COVID-19 pandemic. Teams from the branches are conducting home visits, meetings in small groups of fewer than 10 people and spreading messages on prevention of COVID-19 using posters, flyers, banners, mobile loudspeakers and peer educators. **They have reached 479,443 people (274,587 females) and 4,246 migrants (2,338 females) in 6,167 villages.**

CRC also launched a feedback mechanism in August 2021 from which they have recorded feedback from 815 people as of November 2021. Highlights of the feedback collected are related to vaccine hesitancy



A CRC volunteer explains COVID-19 prevention measures to an elderly person. Photo: Cambodian Red Cross

and misinformation and disinformation around vaccines, COVID-19 impacts on mental health, children's education and livelihood concerns. Further analysis of this feedback collected by CRC is reflected in the regional Community Feedback Dashboard.

The **Red Cross Society of CHINA (RCSC)** – From 20 July to the end of August 2021, China went through a large-scale domestic COVID-19 outbreak, as the Delta variant spread to 17 out of 31 provinces. The RCSC branches actively implemented COVID-19 response and control work. The RCSC Zhengzhou branch set up a Red Cross Medical Transfer Team, dispatching **81 vehicles with 135 drivers and medical staff, and transferred 361 target individuals.** In Nanjing, the Chinese Red Cross Foundation **donated 5.94 million masks** to the RCSC Nanjing branch. Responding to the Fujian province COVID-19 outbreak in September, the RCSC dispatched medical supplies and transferred RMB one million (CHF 143,117) to support COVID-19 prevention and control in branches.



The RCSC established the ambulance transfer emergency response teams to respond to COVID-19. The medical equipment is being installed and tested for the negative pressure ambulances. Photo: RCSC

The **DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA Red Cross**, through its wide network of volunteers and branches across the country, has actively joined the nationwide anti-epidemic campaign, working closely with national stakeholders including the Ministry of Public Health and the state anti-epidemic authorities.

Around 305,209 Red Cross volunteers have been mobilized across the country to support the nationwide anti-epidemic activities including awareness-raising, surveillance and screening of the community. The Democratic People's Republic of Korea Red Cross **volunteers worked closely with household doctors and anti-epidemic staff to provide 4,148,740 people with services including risk communication**



A Red Cross volunteer conducting hygiene promotion. Photo: DPRK RC

**and community engagement and health and hygiene promotion.**

**NEPAL Red Cross Society (NRCS)** has been implementing its COVID-19 Preparedness and Response Operation since January 2020. The IFRC and its membership have procured and supplied more than 291 oxygen concentrators for the government and NRCS and other medical supplies, including 2,470 oximeters, 1,000 human remains pouches, 17 ventilators and 600 oxygen cylinders. More than 10 tons of personal protective equipment (PPE) have been handed over to NRCS to protect Red Cross essential workers and promote community members' safety. The NRCS has **reached 127,609 people through infection prevention and control measures** and WASH activities in the communities, point of entries, quarantine and isolation sites. More than 4,460 people were reached by the Red Cross trained staff and volunteers on MHPSS. NRCS has **reached 2.7 million people with CEA** activities through the operation, including mass messaging, door-to-door visits and distribution of IEC materials on COVID-19 prevention and protection.



Red Cross volunteer in Lalitpur District Chapter sharing COVID-19 awareness messages to an elderly person in Lalitpur District. Photo: Nepal Red Cross Society

NRCS has an ongoing operational feedback mechanism, through which community feedback in terms of COVID-19 was collected and addressed. Highlights of the feedback were blood plasma needs for COVID-19 treatment, vaccine-related information, needs for ambulance regarding COVID-19 which were addressed through multiple channels.



- Under the **HEALTH** sector, the following areas have been progressing:
  - **Preparedness for new wave**
  - Public health messaging and risk communication for COVID-19.
  - Home-based care.
  - Adequate PPE for volunteers.
  - **COVID-19 vaccination** with emphasis on reaching the last mile.
  - **WASH** services in the community and health facilities.
  - **Psychosocial support and psychological first aid (PFA)** to affected people, at-risk individuals and communities, and psycho-education materials to the public, addressing MHPSS components in vaccine hesitancy.
  - **Maintain routine health services** such as blood services, first aid and routine immunization.
- Under the **SOCIO-ECONOMIC IMPACTS OF COVID-19**, addressing the following areas have been operational priority:
  - Support immediate recovery needs and address medium-term socio-economic needs of the most vulnerable population through **cash and voucher assistance (CVA)**, linking up to existing social protection measures of the states and economic recovery programming such as vocational skills development and livelihood assets support.
  - **Strengthen National Society capacity** to assess, analyse and implement context-specific medium to longer-term programming for promoting household economic security.
- Under the **STRENGTHENING NATIONAL SOCIETIES**, the following areas have been operational priority:
  - **COVID-safe Best Practice Guide** as a tool on how to minimize risk to personnel and affected populations for Red Cross Red Crescent humanitarian programmes.
  - **Solidarity fund mechanism** for volunteer insurance.

## Investment opportunities

In the Asia-Pacific region, the sustainability of our actions is pivotal. Achieving vaccine equity and working with communities to contain COVID-19 as well as investing in pandemic and epidemic preparedness in the long-term is critical. We are looking for partners that will help us in the following key areas:

- Support **equitable access to vaccines** and promote vaccine uptake in communities through five areas of work: advocacy, trust, health, reach and maintenance (routine and supplementary immunization). Key priority countries are **Afghanistan, Myanmar, Nepal, Pakistan, Papua New Guinea and Philippines**.
- Address the prolonged impact of COVID-19 including pandemic fatigue by rolling out **MHPSS** to affected and at-risk communities and Red Cross Red Crescent staff and volunteers. Key priority countries are **Afghanistan, Indonesia, Myanmar and the Pacific (Fiji, Papua New Guinea and surrounding islands) and Philippines**.
- To help address both the pandemic and the ever growing migrant population in Asia-Pacific, the introduction of a regional psychological first aid (PFA) service platform would help reach a broader scope of people in need of PFA by collaborating with various countries to provide PFA in different languages, as well as a new way for volunteers to provide a service.
- Scale up **WASH programming** with COVID-19 safe measures in place. This is needed regionwide.
- Support **Universal Health Coverage** ensuring National Societies maintain essential health services.
- Support medium- to long-term **household economic security programming**, including co-creating and strengthening social protection system at community level through systems CVA, leveraging on and aligning to existing social protection systems. Key priority countries are **Fiji, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea and Viet Nam**.
- **Support longer-term socio-economic and recovery needs** through initiating income generation and enterprise programmes, investing in smallholders' value chains, supporting market access for small producers, promoting improved and climate-smart practices, and off-farm livelihood programming. Key priority countries are **Afghanistan, Bangladesh, Indonesia, Nepal, Pakistan, Philippines, Sri Lanka and Viet Nam**.
- Strengthen the capacity of communities and National Societies to prevent, detect and respond to infectious disease threats through the implementation of the whole of society approach, mainstreaming
- community engagement and accountability** into all epidemic and pandemic preparedness. Key priority countries are **Bangladesh, Cambodia, Malaysia, Mongolia and Pacific (Fiji, Samoa)**.
- Strengthen the recovery of communities from COVID, including coping mechanisms for compounding crises through **National Society preparedness and community resilience programming** through a risk-informed approach, updated risk assessments and targeted activities to ensure actions at various levels are informed by continuous analysis of changing contexts and risks.
- Strengthen **duty of care** approach by mitigating risk for staff, volunteers and communities through COVID-safe programming. **Key priority country is Nepal**.
- Develop and formalize **relationships with stakeholders** to strengthen pandemic preparedness, capitalize on synergies for recovery and leverage resources.
- Strengthen **financial sustainability of National Societies** by developing the capacity for fundraising and advocacy.



The Philippine Red Cross is supporting people directly affected by the lockdown with food distribution. Food trucks have been deployed and staffed by trained volunteers to provide hot meals. Photo: Philippine Red Cross



Here are some examples of investment opportunities that are particularly relevant to this region and that you can support:



## Test and prevention, trace and treat COVID-19

In a low-income country it costs:

**±CHF 50**

to test, vaccinate and trace one person

**±CHF 65**

to treat one person

To move COVID-19 from pandemic to endemic we need to limit illness and death and slow transmission. To achieve WHO's goal of reaching 70 per cent of the global population vaccinated in 2022, IFRC is embarking on a three-pronged operational model to support this goal:

- **Testing and prevention:** ubiquitous vaccination, public health measures and communication.
- **Tracing contacts:** to break the chain of transmission with community-based contact and digital tools.
- **Treatment:** to reduce the severity of infections and risk of hospitalization.

IFRC's 14-million Red Cross Red Crescent volunteers in 192 countries globally are working to get shots into arms, to scale up testing, contact tracing and new antiviral treatments in some of the most challenging contexts in the world. During the past 20 months, the IFRC has been building trust and confidence in vaccine safety and efficacy through

scaling up community engagement and accountability, supporting vaccine transport and storage to areas beyond government control and most importantly getting shots into arms through fixed and mobile vaccination units. National Societies work across the globe as auxiliaries to their governments and their health systems and as mutual intermediaries.

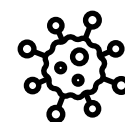
The TEST, PREVENT, TRACE AND TREAT model can be executed via **a) rapidly deployable mobile units, b) local branches and/or c) home visits**. The approximate costs for low-income countries\* are as follows:

- **TEST:** CHF2.8 (USD3\*\*) per rapid COVID-19 test.
- **VACCINATE:** CHF18.4 (USD20) average vaccine cost + CHF2.8 (USD3\*\*\*) per vaccine delivery in humanitarian settings.
- **TRACE:** CHF4.6 (USD5) approx. per person, depending on resources used and geography.
- **TREAT:** CHF64.3 (USD70) cost of one oral treatment course in vulnerable locations.

\*Costs for middle- and high-income countries are available on request.

\*\*WHO and UNITAID price agreed.

\*\*\*Inter-agency standing committee estimate.



## Epidemic preparedness and response training

**CHF 200,000** needed to review, update, develop and translate key epidemic preparedness and response training packages

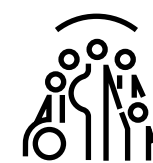
As we have seen in recent Ebola, cholera or dengue outbreaks, and since the start of the COVID-19 pandemic, National Red Cross Red Crescent Societies have a key role to play in epidemic and pandemic preparedness and response. While some National Societies have invested in the development of community-level programmes and institutional preparedness to manage epidemic risk, many more need to invest in human talent development to be better prepared to respond to current and future epidemics and pandemics.

Developing training resources and training National Society first responders and community volunteers in epidemics and pandemics will contribute

to prevent, prepare for and respond to public health emergencies.

Epidemics begin and end in communities. Communities are the first to notice when an unusual health event is occurring, and the last to stop feeling its impacts. That is why our work is grounded in local action: equipping communities and local first responders with the skills to recognize and respond to public health threats.

- IFRC Asia Pacific regional office require a budget of CHF 200,000 to review, update, develop and translate key epidemic preparedness and response training packages.
- Another allocation of CHF 500,000 allows for the delivery of training courses (either delivered remotely or in person) to five to seven National Societies in the region.



## Immunization reach

**CHF 10 million** needed to get to hard-to-reach populations in seven to ten countries in the Asia Pacific region

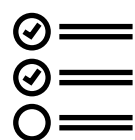
Ensuring equitable access to the COVID-19 vaccine by reaching the communities affected by conflict, violence and natural or man-made disasters that might otherwise be forced to the back of the line or forgotten altogether.

National Red Cross Red Crescent Societies with their wide network of volunteers and branches and trained Red Cross and Red Crescent volunteers, who are trusted members of the communities they serve, work in some of the most challenging and fragile operating environments to reach the last mile first. As auxiliaries

to public authorities, National Societies should have a clear role in national plans for vaccinations. This is also an opportunity to solidify their auxiliary role in public health more broadly, to strengthen cooperation with authorities in preventing or responding to future public health threats in line with the resolution "Time to act: tackling epidemics and pandemics together", adopted at the 33rd International Conference of Red Cross and Red Crescent Societies.

- It costs around CHF 10 million to get to hard-to-reach populations in seven to ten countries in the Asia Pacific region.





## Community insights and perceptions

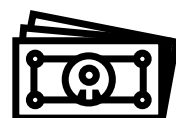
**CHF 10,000–20,000 needed to implement one COVID-19 perception survey in a country**

Greater knowledge and awareness of socio-behavioural trends and community insights at localized levels support the development of impactful COVID-19 community engagement and accountability approaches to support preventative measures and vaccine uptake. Enhancing the collection, analysis and use of social data, including community feedback data ensures better understanding of community perspectives, identifying information gaps and community-based solutions, understanding and responding to detrimental misinformation and disinformation, ensuring a community-led response and timely action.

The IFRC and National Societies have a long-established commitment to

community feedback mechanisms, rooted in experience during the Ebola epidemics of West and Central Africa. This mechanism has already been successfully adapted for COVID-19 and proved that it could scale up to more than 40 countries. Thanks to its unique access to community insights, IFRC is pioneering a Trust Index to measure trust of humanitarian services and providers. It costs:

- CHF 10,000–20,000 for the Red Cross Red Crescent to implement one COVID-19 perception survey in a country, dependent on methodology and scale.
- CHF 300,000 a year for Red Cross Red Crescent to establish and maintain a Trust Index globally.
- CHF 65,000 for the Red Cross Red Crescent to roll out and sustain a community feedback mechanism in a country for one year.



## Assured income and social safety

**CHF 1.5 million needed to support the most vulnerable households and communities to address the negative impact of the pandemic**

The COVID-19 pandemic is threatening the lives and long-term livelihoods of millions of poor people and could push an additional 140 million into extreme poverty. According to the International Labour Organization (ILO), currently 4.1 billion people obtain no income security at all from their governments. Many of these people are marginalized and hidden informal sector workers in urban areas and poor families in hard-to-reach and underserved rural areas. Evidence illustrates that often barriers other than income, including inadequate knowledge or lack of access to services, markets and insurance, un-

dermine food security and livelihood outcomes.

Food security and livelihood interventions that provide regular transfers (specially of multisectoral cash) in combination with additional components or explicit linkages that seek to augment income effects have been shown to be more effective than standalone interventions.

Red Cross and Red Crescent community volunteers' critical role, as trusted agents of change and experience in community health surveillance and, in linking marginalized and vulnerable households to formal health systems in diverse settings, gives them a unique advantage to link these groups to and promote utilization of food security and livelihood-

protective and enhancing information, products, and services offered by public and private sector actors and other humanitarian/development organizations. Community presence also allows them to know who is disadvantaged and marginalized and who faces access barriers.

- It is estimated that for one National Society in the region, CHF 1.5 million is required to support the most vulnerable households and communities address the negative impact of the pandemic. These resources will ensure that the immediate and longer-term economic security is addressed and sustained.



## Community engagement package

**CHF 150,000 needed to roll out a package of community engagement interventions in one country for one year**

Disease outbreaks are all about people: behaviours are both their fuel and solution. Evidence has demonstrated that trust is an important driver of public perceptions of risks and adherence to preventative behaviours. Fostering community trust, social cohesion and civil responsibility through the active engagement of and joint decision-making with communities is a necessary condition to successfully getting out of a crisis and building resilience for the next one.

It is important to accelerate community-led responses through the roll-out of a package of proven community engagement interventions which are inclusive and locally tailored. This includes volunteers' networks involved in participatory planning approaches, providing actionable information based on community input, and collection and use of social data and community perspectives to lead correct approaches and drive action.

Red Cross and Red Crescent staff and volunteers working hand-in-hand with communities play a critical role in reaching otherwise inaccessible and disenfranchised populations. Using multiple approaches towards working collaboratively with communities the promotion of participation and community action and the enhancement of two-way trust is core to achieving health outcomes. It costs:

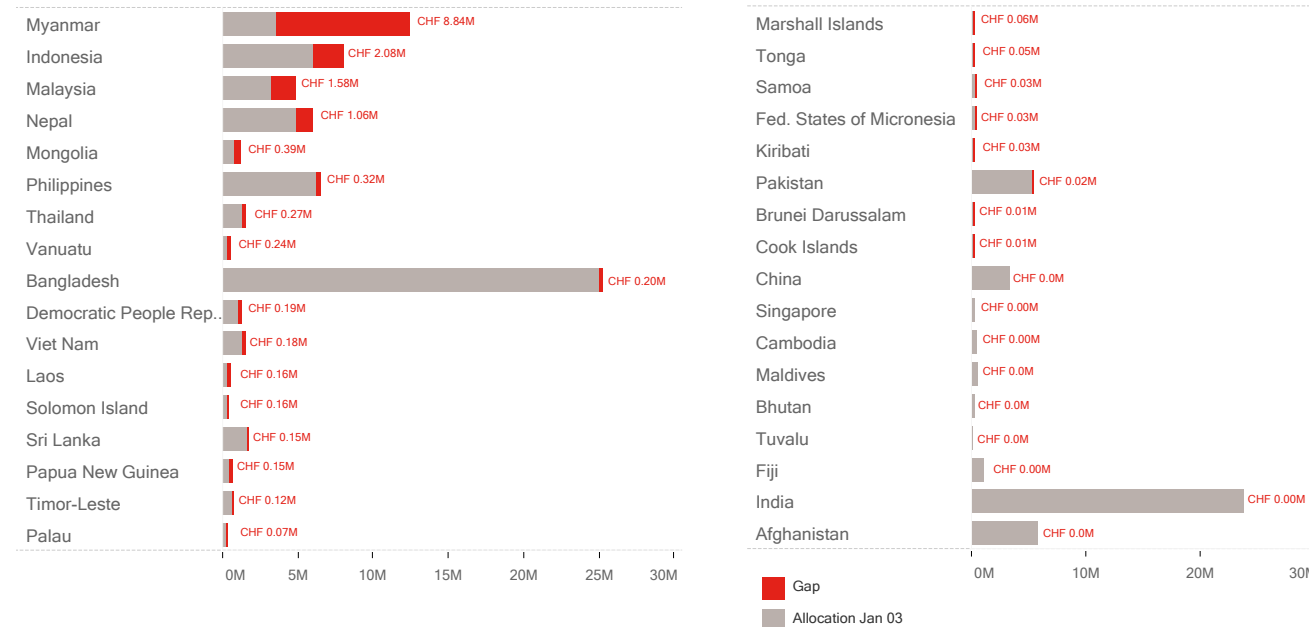
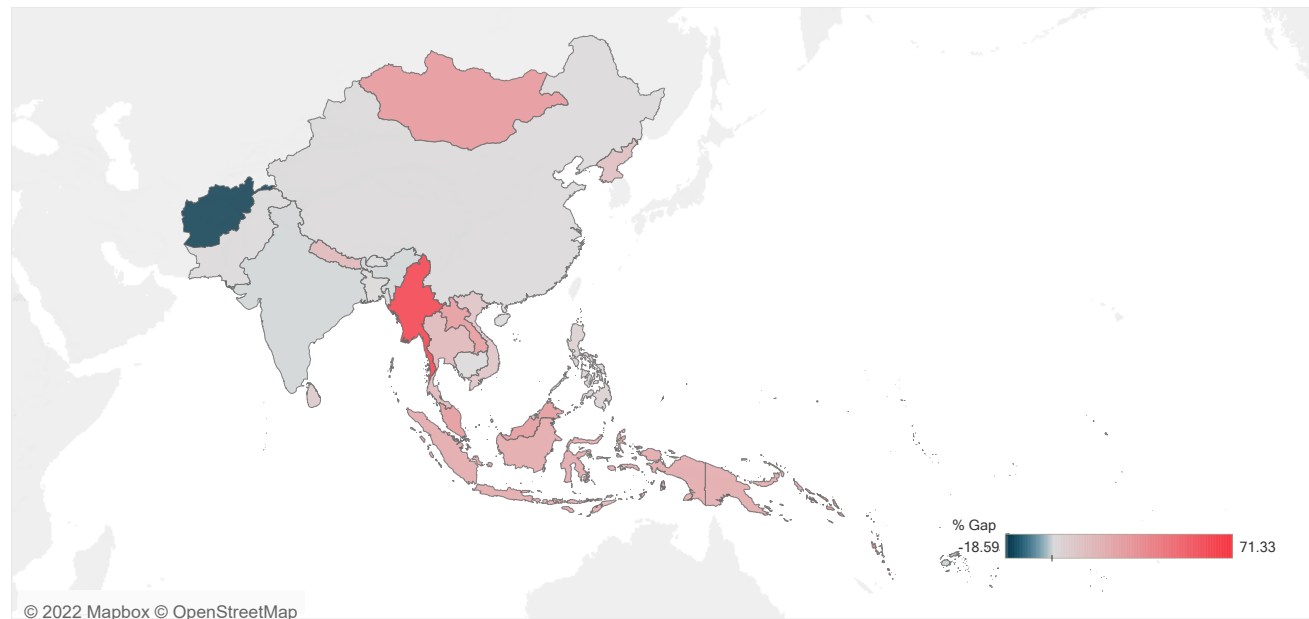
- CHF 150,000 to roll out a package of community engagement interventions in one country for one year.
- CHF 300,000 at regional level to adapt tools and interventions to specific regional and national needs and roll out the necessary trainings, to improve the quality and consistency of proven community engagement interventions.
- CHF 200,000 a year to regularly assess and document learning on what works in vulnerable communities and tailored interventions, including developing white papers with considerations for future preparedness planning and implementation of regional and sub-regional training.



# Funding needs in Asia Pacific by country

**CHF 130 million**  
Revised funding requirements

**CHF 25 million**  
Funding gap



\* This map does not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. This map does not include funding requirements or gap in Allocations for Country Cluster Delegation, Regional Offices or Global Coordination  
Data as at: 03 January 2022

# Why partner with IFRC?

**158**  
**years**  
of humanitarian  
action

**192**  
**member**  
National Red  
Cross and Red  
Crescent Societies

**14**  
**million**  
volunteers

**Over**  
**160,000**  
local  
branches



## World's largest humanitarian network

The International Red Cross and Red Crescent Movement has 158 years of humanitarian action, preventing and alleviating human suffering worldwide. IFRC has 192-member National Red Cross and Red Crescent Societies present in nearly every country in the world; over 160,000 local branches and 14 million volunteers, that are members of the very communities they serve. The National Red Cross and Red Crescent Societies are a dynamic global network with unsurpassed credentials supporting the needs of the most vulnerable communities around the world. We engage in local action for global good.



## Voice and actors of local communities

IFRC is a proud advocate for local communities. We are the voice of local communities globally and work with governments, international organizations and opinion leaders to persuade them to strengthen communities and support vulnerable people. We work with National Red Cross and Red Crescent Societies to support communities from within to become stronger and more resilient where people can cope with emergencies, crises and hardship now and in the future. This unique nature of the network also brings a return on investment. According to the United Nations Office for Disaster Risk Reduction data, **every USD1 invested in risk reduction and prevention can save up to USD15 in post-disaster recovery.** National Societies are uniquely placed to reduce risk and better prepare communities.



## Leaving no one behind

The mission of IFRC and National Red Cross and Red Crescent Societies everywhere is to save lives, promote dignity and make sure no one is left behind. Our volunteers walk the first and last mile in any emergency. **We are present in communities before, during and after any crisis or disaster.** We work in the most complex and hardest to reach settings in the world, saving lives, promoting dignity and helping communities cope with hardship.





**The International Federation of Red Cross and Red Crescent Societies (IFRC)** is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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**Contact us:**

**IFRC Secretariat:**

Address: Chemin des Crêts 17, Petit-Saconnex, 1209 Geneva, Switzerland

Postal address: P.O. Box 303, 1211 Geneva 19, Switzerland

T +41 (0)22 730 42 22 | F +41 (0)22 730 42 00 | E [secretariat@ifrc.org](mailto:secretariat@ifrc.org) | W [ifrc.org](http://ifrc.org)

**Asia Pacific Regional Office:**

Alice Ho

Coordinator Partnerships in Emergencies

[alice.ho@ifrc.org](mailto:alice.ho@ifrc.org)

[PartnershipsEA.AP@ifrc.org](mailto:PartnershipsEA.AP@ifrc.org)