



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

**COVID-19 emergency appeal investment
case: EUROPE**



Over 700 volunteers of Red Crescent of Kyrgyzstan are supporting over 14,000 people across 7 regions of Kyrgyzstan. Photo: Red Crescent of Kyrgyzstan

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

About **30%** of global COVID-19 cases are reported from Europe



Vaccination uptake of complete doses is **63.2%** in the high income countries and **29.7%** in low and middle income countries as of end of December 2021

The Europe region continues to be the worst affected by the COVID-19 pandemic in the world. By the end 2021, about 36 per cent of global COVID-19 cases are reported from Europe, while the region only represents about nine per cent of the global population. This brings the reported infection rate to four times higher than the global average. Based on the per capita incidence rate per country by the end of 2021, 17 out of the top 20 highest incidence are countries in the Europe region. Moreover, when looking at per capita death rate by the end of 2021 eight out of the 10 most affected countries are in Europe. Similar, to other regions, the impact of the virus is not homogeneous, with particularly heavy impact in Eastern Europe, the Balkans, Southern Caucasus and Central Asia. Countries and National Societies in the Europe region will need to maintain vigilance, readiness and capacity as waves will continue.

An analysis of the reported weekly new cases since the start of the pandemic in February 2020 in Europe shows that the pandemic progressed in waves. The winter periods October 2020 – April 2021 showed three waves with approximately 45 million cases reported. After a short recess during the early summer months and starting in August 2021, caused by holiday-related travels, the incident rate has been steadily increasing again, reaching a peak (Omicron and Delta) in December 2021.

While rate of deaths in the Europe re-

gion has been alarming, since the early onset of the pandemic, due to the demographics in the region, the peaks in January 2021 and April 2021 have since been reduced, most likely due to the higher levels of vaccination in a number of countries, predominantly in western Europe, thus reflecting an important signal of reduced mortality due to immunization. All 54 countries in the region have started COVID-19 vaccination with the approved vaccines. By the end of December 2021, 1.327 million doses of COVID-19 vaccine have been administered and 63.9 per cent of the total population have received at least one dose, with 58.5 per cent of the total population having received a complete COVID-19 vaccine series. While the vaccination uptake of complete doses is high in the high-income countries (69 per cent), the uptake in low and lower-middle income countries is only 29.7 per cent. Thirteen countries in Europe that missed the 40 per cent WHO target of vaccination by the end of December 2021 include Albania, Armenia, Belarus, Bosnia and Herzegovina, Bulgaria, Georgia, Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.

The pandemic has led to a reversal of gains in global poverty reduction. According to the World Bank June 2021 estimate, where before up to 124 million people could be pushed into poverty, this global number has now been increased by 20 million. For

Close to



5 million people in this region are in extreme poverty



CHF 62 million is the funding gap needed across the 54 countries in the region

Europe and Central Asia, the predictions have also been adjusted downward and the World Bank now expects close to five million people in this region to be in extreme poverty. While some countries (predominantly in the western part of Europe) are able to reverse the trend with a strong economic recovery, countries where economic recovery is slow could see continued high levels of poverty for years to come (predominantly in former Soviet Union countries and the eastern parts of Europe).

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 ability to provide the support required. The total Secretariat funding requirement for the Europe Region is CHF 1 billion from which 61 per cent was covered

in 2021, leaving a funding gap needed across the 54 countries in the region of **CHF 62 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/unearmarked 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.

Key results

By the end of August 2021, the European region has vaccinated 21,855,690,921 people by National Society staff or volunteers. 28,492,338 people were reached by social mobilization, public awareness and risk communication related to COVID-19 vaccination; 160,569 volunteers engaged in the COVID-19 vaccination campaign and 27,850 migrant/refugees and internally displaced persons were vaccinated with National Societies' support. Here are some examples of the work done and why your investment is critical to end the pandemic and begin transformational recovery.



Red Cross and Red Crescent teams continue to provide psychosocial support to people struggling with grief, loneliness and stress as a consequence of the COVID-19 pandemic. Photo: Italian Red Cross

The **ITALIAN Red Cross (ItRC)** has continued its efforts in the national vaccination campaign and screening activities; ItRC operators managed to **administer a total of 810,000 vaccines by the end of November 2021**. As part of its effort to reach particularly vulnerable groups, ItRC also continued to provide support to migrants (including people hosted on quarantine ships off the Italian coasts and in national quarantine centres). In addition, following the arrival of Afghan refugee families in Italy, ItRC activated itself to host and support 1,394 people in need of assistance. In the reporting period, the project "Older adults

and COVID-19: protecting the most vulnerable people in home care settings by establishing self-protection and safeguarding measures" started. In cooperation with home care workers and their families, the project is looking to pilot a new approach to combat the isolation and distance from their families of older adults in home care structures, by making them the main characters in their own digital learning process and skilled in the use of new technological devices, which can be a real tool for self-determination and rediscovery of personal and cultural values.

The **GEORGIAN Red Cross Society (GRCS)** has been responding to the COVID-19 pandemic from the onset of the crisis, in coordination with public health and municipal authorities of Georgia, through its network of 39 local branches and over **11,000** active Red Cross volunteers.

Throughout the response operation, the GRCS has supported the communities with food and non-food items, awareness-raising and dissemination of key messages on COVID-19 prevention and safety, homecare service and psychosocial support/psychological first aid. In total, over **1,000** vulnerable households were assisted with basic food and hygiene items; around **2.8 million** people were reached through Risk communication/Community engagement and accountability efforts involving dissemination of key messages on COVID-19 safety and vaccination through different channels; over **18,000** people were provided PSS/PFA, plus given information and referral to state and non-state services through the GRCS' hotline; **5,200 older people** were provided homecare services. To support the country's public health system, with the support of the Swiss Red Cross,



"I would like to thank the Georgia Red Cross Society for allowing me to stand by my city in these difficult times! I can proudly say that the happy faces of people and the spark of hope that shines through their eyes upon our visit proves that the work we are doing is important and timely." – Luka Revazishvili, Georgia Red Cross Branch Volunteer

the GRCS handed over **22 tons of liquid medical oxygen** to public health authorities to address the acute shortage of medical oxygen.

The **UKRAINIAN Red Cross** has actively supported vulnerable people and communities throughout Ukraine. The "Support the development of household income - responding to COVID-19" project is in progress, leading to four vocational training sessions held. The training was developed to build the capacity of participants for registering, starting and conducting their own business. The "Cash support to COVID-19 and floods-affected communities" project is ongoing. From September 2021, an active phase of the project implementation started providing multi-purpose cash assistance to the population affected by adverse weather conditions. **Hundreds of cash grants of CHF 200 were distributed.**



The Ukrainian Red Cross Society has launched an online information centre. People can call and ask volunteers or staff about COVID-19 related issues, as well as get the opportunity to join the activities of the Ukrainian Red Cross or leave a request for assistance. Photo: Ukrainian Red Cross

The **RUSSIAN Red Cross (RRC)** has provided assistance to **more than 25,000 migrants with personal protective equipment and hygiene kits**. More than **100 migrants** have been assisted in obtaining access to the Sputnik-Light vaccine. Due to the deterioration of the epidemiological situation, RRC strengthened support of the regional branches to provide necessary assistance at the local levels. Within the reporting period more than **1,500,000 masks and 19,200 litres of sanitization solution** were provided to vulnerable

people, including people in health facilities and the Houses of Mercy. Psychosocial support to people in the context of COVID-19 is one of the key priorities of the Russian Red Cross. More than **10,000 people** received this type of assistance. The Russian Red Cross is active in the social media to promote vaccination as well as safer behaviour and compliance with anti-epidemic conditions. More than **850,000** users of social networks raised their awareness on the COVID-19 prevention and importance of vaccination.



Volunteers of the Russian Red Cross regional branch in Velikiy Novgorod continue patrolling the streets and informing people on COVID-19 prevention measures, as well as providing psychosocial support. Photo: Russian Red Cross

- The Kazakhstan Red Crescent Society and IFRC developed a chatbot following a perception survey in the country; this chatbot continues to provide trusted information on COVID-19. There is potential to supplement the content available beyond COVID-19 and replicate the model in other countries.
- 27 National Societies in the region are active on the COVID-19 vaccine roll-out, with 16 of those participating in the National Vaccination Coordinating Committee.
- The Portuguese Red Cross has taken a significant leap forward in terms of digitalization. The National Society has undertaken a series of measures to improve IT and IM systems including procurement, volunteer management, stock management, network infrastructure for mass remote work and upgrading the hotline for emergencies.

Investment opportunities

In the European region, the sustainability of our actions is paramount. We are looking for partners that will help us ensure the continuity of the response in the following key areas:

- **The establishment and strengthening of Risk Communication and social mobilization, including feedback mechanisms and carrying out perception surveys on COVID-19 will continue to be a priority into 2022.** Ensuring measures are taken to regularly listen to and consult people and communities through their trusted and preferred channels about issues that concern them and use these data to inform programme and vaccination activities, enable correct information sharing, correct misinformation and enable people to make well informed decisions in countering the spread of COVID-19.
- **Addressing the socio-economic impact:** an employability pilot project will be implemented with Ukrainian Red Cross building on experience from Turkish Red Crescent. The pilot will address the socio-economic impact through employability promotion. The pilot aims to provide skills development for those who lost their jobs during the pandemic, engaging them in the labour market and producing good practice for other National Societies in the region while engaging with ministries and other corporate partners.
- In cooperation with the Psychosocial Support Reference Centre, we continue to organize **Mental Health and Psychosocial support in Emergency** trainings and Trainers of Trainers to equip and capacitate IFRC network staff and volunteers with the necessary knowledge and skills to provide them with mental health and psychosocial support, including psychological first aid to the affected individuals.



The restrictions brought on by the pandemic took a toll on many people, like this Syrian family living in Turkey. Their income sources dried up, and it became even more difficult for them to cover the costs of food and rent. Photo: Corrie Butler / IFRC

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



The Portuguese Red Cross has scaled up COVID-19 testing across the country. Photo: Portuguese Red Cross



In a low-income country it costs:

±CHF 50

to test, vaccinate and trace one person

±CHF 65

to treat one person

Test and prevention, trace and treat COVID-19

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.

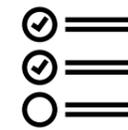
The TEST, PREVENT, TRACE AND TREAT model can be executed via **a) rapidly deployable mobile units, b) local branches and/or c) home visits.** The approximate costs for low-income countries* are as follows:

- **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.



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 risk communication approaches to support preventative measures and vaccine uptake. Enhancing the collection and use of social data ensures better understanding of community perspectives, identifying information gaps, countering myths or rumours, informing timely action and improves decisions about policy and programming response.

The IFRC and National Societies have a long-established commitment to community feedback mechanisms, rooted in 20 months of experience during the COVID-19 pandemic and in various other crises and disasters (such as the 2015 migrant crisis in Europe). Mechanisms have already been continuously adapted for the COVID-19 response.

Thanks to its unique access to community insights, IFRC is pioneering a Trust Index to measure

communities' trust of humanitarian services and providers within the COVID-19 response.

For COVID-19 perception surveys, the IFRC is a member of the RCCE Collective Service¹ in partnership with WHO and UNICEF, committed to supporting social science methodologies and socio-behavioural research. National Societies have experience with this methodology at all levels, from nationally representative to targeted communities uniquely accessible to the Red Cross Red Crescent, such as migrant and indigenous groups. 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/year for IFRC to establish and maintain a Trust Index globally.
- CHF 200,000 for the Red Cross Red Crescent to roll out and sustain a community feedback mechanism in a country for one year.

¹ The [Collective Service](#) is an interagency, collaborative partnership between the International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the Global Outbreak Alert and Response Network (GOARN). The partnership ensures that expert-driven and localized RCCE support reaches governments and partners involved in national and community responses to COVID-19.



Community engagement and accountability package

CHF 400,000 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 and evidence has demonstrated that this is an important driver of public perceptions of risks and adherence to preventative behaviours and addressing misinformation. Fostering community trust, social cohesion and civil responsibility through the active engagement of communities is a necessary condition to successfully getting out of a crisis and building resilience for the next one. Accelerating community-led responses through the roll-out of a package of proven community engagement interventions which are inclusive and locally tailored includes volunteer networks involved in participatory planning approaches, providing actionable information, and collection and use of social data and community perspectives to lead correct approaches and drive action. This package of interventions will enhance trust, ensure communities have access to relevant information, support vaccination and drive acceptance and uptake as well as ensure maintenance of other health protective measures: health promotion (testing and self-isolation, etc.), physical distancing (as well as mask wearing, handwashing, etc.), prevention

(vaccination and self-monitoring for symptoms, home self-testing), health seeking behaviours (those with symptoms get PCR tested and seek doctor's advice with symptoms, seek hospital care for severe illness, etc.)

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, and in listening to and responding to their concerns including addressing misinformation. Using multiple approaches towards working collaboratively with communities promotes participation and community action and enhances two-way trust. This is core to achieving health outcomes. It costs:

- CHF 400,000 to roll out a package of community engagement interventions in one country for one year.
- CHF 300,000 per subregion to adapt tools and interventions to specific subregional and national needs and roll out the necessary trainings to improve the quality and consistency of proven community engagement interventions.
- CHF 1,000,000 regionally 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.



Mental health and psychosocial support

CHF 20,000–30,000 needed per National Society to run a programme for one year

Since the beginning of the pandemic, many have been experiencing feelings of anxiety, fear, uncertainty, and loneliness, all affecting their well-being. In addition, previously existing mental health complications have been exacerbated by the impact of the pandemic and must be considered. Studies show that older adults, children and youth, as well as migrants and female heads of households are the ones most affected by the pandemic. The impact is expected to be a long-term concern and is demanding a scale-up in the provision of mental health services.

Addressing the mental health needs of the general population, with focus on the most vulnerable, was never so urgent.

Traditional IFRC network psychosocial interventions are based on the idea that if people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve. This, in turn, encourages positive recovery and strengthens the ability to build resilience in the face of challenging life circumstances. Community-based activities, such as 1) MHPSS

sessions, 2) awareness campaigns, 3) surveys to assess the well-being of individuals, 4) counselling and training of community actors in basic psychological support, etc. will be useful to transform societal attitudes about mental health, eliminate stigma and discrimination by increasing mental health literacy and raise awareness of the importance of addressing mental health needs.

The IFRC network is aware that the mental health needs arising from the COVID-19 pandemic, and other emergencies, remain unmet for different reasons, including the strong stigma around mental health, the lack of protection of affected people, limited access to services, lack of capacity of the professional workforce and insufficient resources for, and prioritization of, mental health and psychosocial needs. By addressing these needs, we will be able to ensure protection, safety, dignity, and the right to health for affected people. It costs:

- CHF 20,000–30,000 CHF per National Society to run such a programme in one year. 20 National Societies in the region need this type of programme.



Protection, gender and inclusion

CHF 3 million needed per year for the region to develop a coherent and consistent approach on Prevention of sexual exploitation and abuse (PSEA)

On 5 April 2020, UN Secretary-General António Guterres highlighted a “horri-fying global surge in domestic violence” since governments around the world had begun imposing lockdowns, quarantines and movement restrictions in order to control the spread of COVID-19. Similarly, a plethora of reports from around the world have signalled an increase in reported cases of gender-based violence – particularly intimate partner violence – since the beginning of the pandemic. Since the outbreak of COVID-19, emerging data have shown that all types of violence, especially against women and girls, children and older adults, particularly at domestic level, has intensified.

Accessing information, services and resources is paramount to remain safe. This include remote support (e.g. hot-lines) to survivors, especially in acces-

sing livelihood opportunities, vital information, legal referral and safeguarding services. Evidence from National Societies demonstrated the importance of hotlines-helplines during the lockdown to avoid disruption in service provision and to allow people in need to receive support. Reduced availability of services just when they were needed the most by survivors, required innovative forms of outreach and support modalities, making remote solutions a vital way to remain viable to people asking for support and to survivors, when no other safety nets are available. It costs:

- CHF 3,000,000 per year for the region to develop a coherent and consistent approach on PSEA, sexual and gender-based violence, intimate partner violence, and protection gender and inclusion across the region for multiple countries. Minimum investment horizon needed of three years.



Enhanced national societies emergency operation centres

CHF 1.2 million needed to improve the knowledge around Emergency Operation Centres and Standard Operating Procedures

During 2020 the Emergency Operation Centre capacity of 20 National Societies around the region was supported during the COVID-19 pandemic. The establishment of efficient coordination between National Societies and government partners has been key to avoid duplication. Moreover, key learning materials were developed. However this effort needs to be rolled out in more National Societies to enhance branch capacity to improve local coordination.

All the work conducted with Red Cross and Red Crescent branches and Natio-

nal Disaster management authorities in building coordination is a priority to facilitate real time information and promote coordination for decision-making processes.

During the COVID-19 operation National Societies have been in the front line of the response; National Societies' auxiliary role has helped them to position themselves, and their strength in coordinating actions throughout the pandemic and other crises has been crucial for a successful response.

- To enhance the capacity of 20 more National Societies to improve knowledge around emergency Operation Centres and Standard Operating Procedures costs up to CHF 1,200,000 per year for the region.

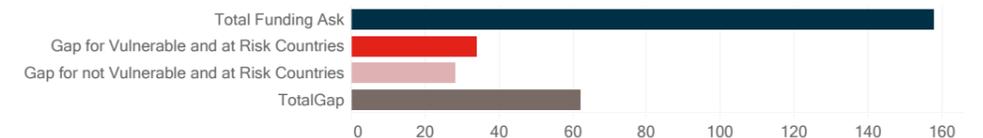
Funding needs in Europe by country

CHF 158 million
Revised funding requirements

CHF 62 million
Funding gap



© 2022 Mapbox © OpenStreetMap



- | | |
|-----------------------------|----------------|
| Albania* | Austria |
| Armenia | Bulgaria |
| Azerbaijan | Cyprus |
| Belarus | Czech Republic |
| Bosnia and Herzegovina | France |
| Croatia | Germany |
| Georgia | Ireland |
| Greece | Israel |
| Kazakhstan | Italy |
| Moldova | Kyrgyzstan |
| Montenegro | Malta |
| Republic of North Macedonia | Poland |
| Russia | Portugal |
| Serbia | Romania |
| Tajikistan | Slovenia |
| Turkey* | Spain |
| Ukraine | Turkmenistan |
| Uzbekistan* | United Kingdom |

* 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. The above order of priority is based on a combination of Vulnerability & Risk, funding situation, the prevailing epidemiological situation and various other factors. This priority is adapted depending on changes in the underlying factors and the current list is a snapshot as of mid-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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