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Emergency appeal Novel coronavirus (2019-nCoV) outbreak

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDR00005

DREF allocated: 1 million Swiss francs

Appeal launched: 31 January 2020

Glide n°: [EP-2020-000012-CHN](#)

Funding requirements: 3 million Swiss francs

Appeal ends: 31 December 2020

This Emergency Appeal seeks a total of **3 million Swiss francs** on a preliminary basis to enable the **International Federation of the Red Cross and Red Crescent Societies (IFRC)** to support its membership to deliver assistance and support to communities affected or at risk of being affected by the novel coronavirus outbreak, with a focus on risk communication and community engagement, services provision and National Society preparedness. IFRC will work closely with National Societies in countries where transmission has taken place, and on preparedness measures for all countries. The planned response reflects the current situation and information available at this time and will be adjusted based on further developments and more detailed assessments.

The outbreak and the Red Cross Red Crescent response to date

- **31 December 2019:** The Government of China reported a cluster of cases of pneumonia of unknown cause in Wuhan, Hubei Province.
- **9 January 2020:** WHO announces that the outbreak in Wuhan is caused by a previously unknown type of coronavirus. The virus is temporarily called 2019-nCoV.
- **11 January 2020:** The first death of coronavirus is declared by Chinese health authorities.
- **13 January 2020:** The virus spreads cross borders for the first time as Thailand and Japan announce their first cases, in individuals who travelled from Wuhan.
- **19 January 2020:** First reports of infection in healthcare workers caring for patients with confirmed 2019-nCoV.
- **20 January 2020:** China's National Health Commission confirms that human-to-human transmission of the virus has been observed.
- **23 January 2020:** Emergency Committee of the WHO is convened under the International Health Regulations (IHR 2005), and determines that the event does not constitute a Public Health Emergency of International Concern (PHEIC).
- **30 January 2020:** The International Health Regulations Emergency Committee reconvenes and declares the 2019-nCoV outbreak a public health emergency of international concern.
- **31 January 2020:** CHF 1 million Swiss francs allocated from the IFRC's Disaster Relief Emergency Fund (DREF); IFRC issues Emergency Appeal for 3 million Swiss francs.

Summary of Red Cross Red Crescent response to date

As of January 31, 8,288 cases of 2019n-CoV have been reported globally with the vast majority identified in China (8,163). 171 deaths have been reported (all in China) with a case fatality rate of approximately 2%. Since its onset, the outbreak has spread to 21 countries outside China, primarily within Asia. Infections of 2019-nCoV have been reported in six countries outside of Asia Pacific including in Europe (Finland, France and Germany), the Middle East (United Arab Emirates) and the Americas (United States of America and Canada). According to the World Health Organisation (WHO) the risk for further regional and global transmission of the virus is high. The WHO declaration of a Public Health Emergency of International Concern on January 30 formally recognised the gravity of the global threat posed by 2019nCoV and recognized China's leadership and commitment to contain the outbreak, and called for greater global, regional and national efforts to prevent further spread of 2019n-CoV and to adequately respond to cases. According to various modelling the outbreak is expected to continue to spread geographically with the number of new cases rising rapidly in the next days and weeks.

As the vast majority of confirmed cases are in Asia, the IFRC Asia-Pacific Regional Office in Kuala Lumpur, through the IFRC country offices and country cluster support teams, has continuously monitored the situation while supporting National Societies in Asia Pacific to respond to cases in their countries, prepare for an outbreak and manage risks. The **Red Cross Society of China** has worked in close coordination with Chinese authorities, particularly in the area of risk communication. Since the onset of the outbreak, headquarters and branches have posted critical risk communication information on social media. The Red Cross of China is also running donation

centres to receive domestic in-kind donations. The **Japanese Red Cross Society** has heightened surveillance and strengthened case management capacity in 91 Red Cross hospitals. The **Republic of Korea National Red Cross** has supported information sharing and contact tracing. The **Philippine Red Cross, Thai Red Cross Society** and **Myanmar Red Cross Society** have also heavily invested in risk communication by sharing prevention messages on social media. The Asia Pacific Regional Office convened a coordination call with Secretaries General of Asia Pacific National Societies to address preparedness measures.

The IFRC Secretariat in Geneva is coordinating global guidance, information sharing and support to its 192 members to be prepared and ready to respond as per their capacities and mandates, through its five regional offices in Asia Pacific (Kuala Lumpur), Africa (Nairobi), Middle East and North Africa (Beirut), Europe (Budapest) and the Americas (Panama).

Acting within their capacities and mandates to respond as auxiliaries to the public authorities in the prevention and alleviation of human suffering, National Red Cross and Red Crescent Societies have an important role to play in controlling this outbreak, both at the country and international levels. This is reinforced by Resolution 3 of the 33rd International Conference of the Red Cross and Red Crescent (International Conference) in which States and the Red Cross and Red Crescent committed to tackle epidemics and pandemics together. National Societies can engage people and communities, online and offline, in promoting behaviours that reduce the risk of contracting or transmitting the virus, facilitate community understanding and acceptance of infection prevention and control measures, and help to prevent misinformation, rumours and panic. National Societies also provide psychosocial support to individuals and communities affected, as well as to caregivers, both in health facilities and in home-care settings. Lastly, National Societies can provide emergency social services to individuals and communities in case of quarantine or when health facilities are overwhelmed: Red Cross Red Crescent emergency interventions aim to ensure that basic needs are met and that the dignity of people affected is fully protected. The work of National Societies is supported by measures to protect their own staff and volunteers from exposure in the line of duty.

As the world's largest volunteer-based humanitarian network, the Red Cross and Red Crescent can therefore play a unique role in reaching communities with these critical interventions.

The operational strategy

This preliminary Emergency Appeal will support Red Cross Red Crescent Societies whose countries are at risk from the outbreak, to contribute to preventing or stopping transmission and helping to ensure the health and dignity of communities affected by the outbreak.

Risk assessment and targeting

To assess the risk and vulnerability that each National Society might face, a global risk assessment of the novel coronavirus (2019-nCoV) is under development. This risk assessment takes into account overall risk including

1. Potential to import the virus (proximity and links to China),
2. Transmission patterns (how easily it spreads from person to person), and
3. Capacity of the health system to respond and community level vulnerability (demonstrated through the assessment table below).

Health Risk Questions	Level	Assessment		Risk Level Scale: Low, Medium, High, Very High
		Likelihood Scale: Unlikely, Likely, Highly Likely	Consequence Scale: Low, Moderate, Major	
Potential risk for human health?	Country			
	Regional			
	Global			
Risk of the event spreading?	Country			
	Regional			
	Global			
Potential for insufficient control given available resources	Country			
	Regional			
	Global			

The assessment above, weighing risk and vulnerability, is then measured against a National Society's capacity and mandate. All National Societies, whether responding or preparing to respond, require enhanced coordination with their respective Ministries of Health and government authorities. It is essential that National Societies have a defined role in national preparedness and response plans as an auxiliary to the government. Furthermore, National Societies supporting outbreak response will need to engage in close coordination and collaboration with Ministries of Health and other implementing partners to ensure their activities remain effective and appropriate. If a National Society does not have the mandate and agreement of the Ministry of Health to respond to epidemics, its response role may be limited.

Coordination and partnerships

Since the onset of the outbreak, IFRC at country, regional and global levels are coordinating with regional and international organizations including WHO and UNICEF as well as the US and European Centres for Disease Control in sharing information and guidance.

At country level, as auxiliary to the public authorities, National Societies have been actively participating in preparedness and scenario planning via coordination mechanisms convened by Ministries of Health.

In Asia Pacific, the Red Cross Society of China has been supporting the Chinese government, especially in Wuhan, by disseminating health messages and proper use of masks. The Philippine Red Cross participated in multi stakeholder meetings on epidemic preparedness and scenario planning. Nepal Red Cross is working in close coordination with the Ministry of Health and WHO and monitoring the evolving scenario. Japanese Red Cross Society manages 91 hospitals and is prepared to support the government. Vietnam Red Cross Society has been tasked by the Prime Minister's Office to be a member of Vietnam Fatherland Front with the role of advocating and conducting awareness raising activities for general, vulnerable populations. Pakistan RCS has actively engaged with Ministry of Health. Afghanistan Red Crescent Society and IFRC are actively engaged in the health cluster coordination and maintain direct contact with Ministry of Health. Mongolia Red Cross has commenced prevention activities: providing hand sanitizer, face masks and distributing prevention messages at crowded places and through social media. All mid-level branches in Mongolia are mobilizing their trained volunteers on influenza prevention.

Inter-agency coordination

At the country level, National Societies and IFRC are observers to, and participate in, meetings of the HCT and Inter Cluster Coordination held both during disasters and non-emergency times. National Societies like Mongolia Red Cross participated in the HCT meeting. IFRC Asia Pacific Regional Office is closely liaising with regional offices of WHO (SEARO and WPRO). Indonesia Red Cross (Palang Merah Indonesia) participated in the Global Health Security consortium meeting and updated its readiness plan. On 24 January 2020, IFRC co-convened and shared updates with the inter-agency Emergency Preparedness Working Group in Bangkok.

In Geneva, IFRC Secretariat participates in Inter-Agency Standing Committee (IASC) meetings and calls, including WHO-led discussions on the ongoing preparedness and response as well as logistics.

Proposed Areas for intervention

Areas of Focus



Health and WASH

Requirements (CHF): 2.09 million

Proposed intervention

The situation continues to evolve and continuous vigilance is needed in the response. Based on the previous experience with SARS and MERS, it is essential that we rapidly communicate critical risks, address misinformation, promote health and hygiene practices and strengthen community capacity to accelerate and improve community-led solutions to prevent and control the outbreak. Volunteers will be systematically trained to encourage dialogue and capture community insights, which will inform community engagement and broader preparedness and response strategies.

Outbreaks are stressful events as they pose physical threat and as they tend to be unpredictable. For this reason, the psychosocial dimensions of the outbreak need to be addressed early to minimize individual and population-based anxiety that may pose a threat to public health and safety.

Activities include the following where appropriate in each country/ region's context:

- Risk communication and community engagement (general, vulnerable, and high-risk populations)
- Capacity Building of NSs on epidemic response
- Psychosocial support (general population and targeted populations)
- Other auxiliary roles as agreed with respective governments
- Outbreak coordination (local and national)
- NS pandemic/epidemic contingency planning
- Support to caregivers, home-based care / public health approach (high-risk populations)
- Support to caregivers, clinical care (clinical service providers, where NS capacity exists)
- Emergency social services in the event of cordon sanitaire, quarantine, overburdened essential services, or other emergency measures (vulnerable affected populations)



Protection, Gender and Inclusion

Requirements (CHF): 11,000

Proposed intervention

The operation aims to integrate a 'do no harm' approach into all aspects of planning and programming. National Societies will capture sex and age disaggregated data for the purpose of accountability to communities, to analyse who is directly benefitting and who is not benefitting from services; and to understanding the number and specific vulnerabilities of females to males based on their gender roles and age (i.e. to understand if a higher proportion of women, children or men are made vulnerable) and to provide age- and sex-appropriate information/intervention and healthcare.

Activities include:

- Use of Minimum Standards as a guide to support sectoral teams to include child protection and measures to mitigate the risk of Sexual and Gender-Based Violence (SGBV).
- Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard.
- Map and make accessible information on local referral systems for any child protection concerns
- Volunteers, staff and contractors sign, are screened for, and are briefed on child protection policy/guidelines.



Migration

Requirements (CHF): 22,000

Proposed intervention

There are two main pillars of needs related to migration. The first relates to migrants who may be at particular risk from coronavirus. The second relates to possible large-scale migration and displacement as an impact of the outbreak, disproportionately affecting migrants living, working, studying, traveling, or transiting countries with an outbreak of the virus.

A variety of factors create particular vulnerability for migrants in the face of such a crises: language barriers,

restrictions on mobility, irregular immigration status, confiscated or lost identity or travel documents, limited social networks, isolation, and attacks and discrimination are some of the factors that hinder the ability of migrants to access assistance – including preparedness support and reliable information - or otherwise ensure their own safety and wellbeing. This operation will seek to ensure that ‘at risk’ migrants in countries experiencing Coronavirus are effectively included in preparedness or response, in line with the respective National Society’s mandate and capacity to respond.

Activities include the following where appropriate in each country/ region’s context:

- Support the National Society focal point on migration to lead and advise on relevant operational activities.
- Promote peer to peer dialogue and sharing of knowledge and capacity between National Societies, such as the Asia Pacific Migration Network (APMN).

Strategies for Implementation

Risk communication, community engagement and accountability are essential at all stages of epidemic preparedness and response and will be integrated across all aspects of the operation in support of health outcomes. Trusted, inclusive, clear and effective communication and engagement approaches are critical to ensure that fear, panic and rumours do not undermine the response efforts and lead to nCoV spreading event more quickly. Effective community engagement will also support the operation and wider Government and partners coordination efforts to gain an insight into the perceptions and behaviours of different groups, and to develop effective and targeted engagement strategies.

Strengthening National Societies

Requirements (CHF): 104,000

Strengthening disaster preparedness at global, regional and national levels is critical to save lives, protect livelihoods in facing the Novel Coronavirus outbreak. IFRC’s National Society Preparedness for Effective Response (PER) initiative aims to enable National Societies to fulfil their auxiliary role by **strengthening local preparedness capacities** to ensure **timely and effective humanitarian assistance**. Continuous support to Red Cross Red Crescent National Societies in their PER efforts, in addition to Epidemic preparedness considerations are ongoing. Guidance and tools are in process to be revised and updated to complement the [Guidance note for IFRC and National Societies on the Novel coronavirus \(2019-nCoV\) outbreak](#).

In addition, a guidance document on volunteer management during pandemics has been developed to support National Societies ensure the safety and wellbeing of volunteers responding to an epidemic/pandemic. It assists National Societies in preparing for and responding to these situations. The guidelines need to be adapted to the needs of volunteers depending on the context they operate in. It includes a checklist for volunteer management in pandemic preparedness. Volunteer insurance for accidents while on duty is also included in this operation.

Ensure Effective International Disaster Management

Requirements (CHF): 352,000

Technical surge support will be made available to countries on an as-need basis, with specific profiles deployed to the IFRC Secretariat headquarters and regions to monitor, provide analysis, coordinate and manage the operation with internal and external partners as well as IFRC membership.

The following programme support functions will be put in place to ensure an effective and efficient technical coordination: **surge support, logistics and supply chain management, inter-agency coordination and information technology support (IT)**. More details will be provided in the Emergency Plan of Action (EPoA) to be made available soon.

Influence Others as Leading Strategic Partners

Requirements (CHF): 61,000

The programme support functions including **communications and media relations; planning, monitoring, evaluation, and reporting (PMER)** as well as **partnerships and resource development** will be put in place to ensure that IFRC influences others as a leading strategic partner. More details will be provided in the EPoA.

Ensure a strong IFRC Requirements (CHF): 367,000

The following programme support functions will be put in place to ensure a strong IFRC: **human resources, finance and administration, and auditing**. More details will be provided in the EPoA.

Funding Requirements

Area of Intervention	Needs in CHF
HEALTH	2,083,000
PROTECTION, GENDER AND INCLUSION	11,000
MIGRATION	22,000
STRENGTHEN NATIONAL SOCIETIES	104,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	352,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	61,000
ENSURE A STRONG IFRC	367,000
TOTAL FUNDING REQUIREMENTS	3,000,000

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.
