HEALTH

The Trust Fund supports access to primary health care, which includes consultations, vaccinations, emergency services and health education for refugees, IDPs and host communities. Interventions are tailored around three areas:

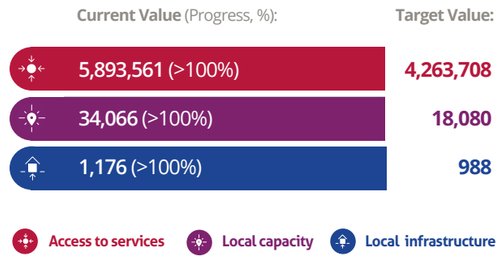
1. **Improved access to medical care and health services;**
2. **Strengthened human capacity to deliver primary and secondary health care services, and**
3. **Improved health infrastructure.**

To date, the **Trust Fund has supported 29 actions and 18 implementing partners, mainly in Lebanon, Jordan, Iraq and, to a lesser extent, Türkiye, Western Balkans, and Egypt.**

IMC, WHO, AISPO, UNICEF, YMCA, ACF, Lebanese Red Cross, UNOPS, and MEDAIR have been the main implementing partners of the Trust Fund health portfolio. Others, such as UNRWA or IOM, have also implemented specific health components as part of wider actions. It is also important to highlight that many of these actions have been crucial in delivering the Trust Fund's COVID-19 response. Five actions are still being implemented during this period in Lebanon, Jordan, and Iraq.[12]

Progress continues to be satisfactory for health services regarding output delivery and has increased as compared to the previous reporting period. Targets have slightly increased for health staff training. The target of health consultation has been slightly reduced after revisions in the final reports of Western Balkans actions during the recent monitoring visit. The rest of targets in health education and infrastructure are stable. In all these KPIs, planned aggregated output delivery has been reached. At **project level**, there is some scope for improvement in specific training of health personnel in Jordan (WHO: T04.202), and Iraq (Chaise de l'Espoir: T04.237). Some vaccination facilities still need to be improved in Lebanon (UNICEF: T04.296) and ensure the full achievement of vaccination targets (T04.296). The only action in Iraq still in implementation needs to deliver one hospital (T04.237).

HEALTH
PRIORITY SECTOR OUTPUTS



→ **12.** The following actions are still being implemented in Lebanon (UNICEF: T04.296, WHO: T04.300), in Jordan (AECID: T04.255, WHO: T04.202) and Iraq (Chaise de l'Espoir: T04.237).

In terms of individual beneficiaries, **women are benefitting more from primary health consultations** (34% versus 26% in the case of men) and are being reached by health education activities in proportionately greater numbers than men (60% vs. 33%). Refugee communities are accessing more health care consultations (34%) and health education sessions (54%), compared to host communities (26% and 33%, respectively). There is still scope for improving health consultation data disaggregation by sex and community of origin. In terms of **health staff training**, women are being trained slightly to a larger extent than men (49% vs. 46%). **Health personnel from host communities** are being trained to a larger extent compared to their peers from refugee communities (48% vs. 42%) *(Figure 11)*.[13]

→ **13.** As previously stated, in some KPI, such the one on health consultations, disaggregation by sex and/or community of origin is not fully available.

COVID-19 SPECIFIC RESPONSE OF THE TRUST FUND

The number of cases of COVID-19 and related deaths reported in the Trust Fund partner countries, Lebanon, Jordan, Iraq, and Türkiye, has substantially declined and, in some cases, no new cases are being reported.[14] The Trust Fund continues to deliver its support for the pandemic response in the partner countries. **As part of the COVID-19 response, to date, the Trust Fund has supported 29 actions** of which almost half are health and WASH interventions funded as part of the Corona-package. Currently, two projects are still ongoing in Lebanon (UNICEF: T04.296) and Jordan (WHO: T04.202), that specifically address the health related COVID-19 response. The comprehensive response of the Trust Fund has covered access to services, such as consultations, psychosocial support, and medical supplies (e.g., COVID-19 vaccines, tests, and Personal Protective Equipment -PPE); capacity building, i.e., of training of health personnel, technical support to improve epidemiological surveillance, and infrastructure refurbishment -to help with isolation spaces, hospitalisations, and WASH services. Awareness campaigns have been part of this package, too. A few actions also included emergency cash assistance to respond to COVID-19 whilst others focused on protection measures. The WHO is one of the main implementing partners leading the COVID-19 response of the Trust Fund in Jordan, which includes strengthening of public health surveillance. There has been a wide range of other organisations, such as UNICEF, IMC, YMCA, Lebanese Red Cross and UNRWA in Lebanon; as well as ACF, AISPO, UNDP and UN-Habitat in Iraq; and WHO and UNDP in Türkiye.

During this reporting period, **COVID-19 specific results are stabilising across all sectors. Targets have been achieved in access to services (100%), and local infrastructure improvements (100%), or almost achieved in local capacity strengthening (95%)**. The areas where slight progress can be reported relates to health consultations and health related awareness campaigns. As previously reported, most services have been accessed as **primary health care-consultations** in Lebanon, which predominantly refer to people screened for COVID-19. Awareness campaigns on COVID-19 prevention and hygiene have reached a substantial number of people in Iraq and Lebanon. While PPE has been provided largely in Lebanon, Jordan and Türkiye, access to COVID-19 vaccines, support to the public health system and WASH related interventions (mainly in schools) have predominantly benefitted Jordan. In terms of **local capacities' strengthening**, the emphasis has been on training health personnel on COVID-19 guidance, mainly in Lebanon and Türkiye. **Local infrastructure improvements** have largely been delivered in Lebanon as part of isolation and quarantine spaces for hospitals and in the community. From the disaggregated information available, women have accessed COVID-19 related services more than men, while more refugees have benefitted from them than their peers in host communities. Women have been also trained to a larger extent in COVID-19 related topics, while host community members have participated in training to a larger extent than refugee members of the community.

→ **14.** https://applications.emro.who.int/docs/WHOEMCSR718E-eng.pdf?ua=1
https://www.who.int/countries/tur

HEALTH OUTCOMES IN JORDAN

The main goal of the **AECID** implemented project ***"enhanced support to the public health system in Jordan for Syrian Refugees and Jordanians: prevention and management of Non-Communicable Diseases (NCD) through primary health care"*** **(T04.255)** is to improve accessibility, cost efficiency and cost effectiveness of public primary healthcare services in relation to (NCD) in the three targeted governorates of Mafraq, Tafilah and Ajlun. The most recent **ROM report (09/23)** has informed about results.
In terms of **changes of individual behaviours**, although it is early to certify those changes, improved access to public primary health care services in relation to NCD and additional screening equipment and capacities will benefit vulnerable, uninsured Jordanians and Syrian refugees in the years to come. With Trust Fund support, health education activities have now reached more than 83,000 persons, from which 87% are women, and 54% Syrians. The project expects to increase citizen participation in prevention, health promotion, and social support of NCD patients in the three governorates.

Regarding changes in **local organisations and institutions**, the project uses a structural approach to improve NCD prevention, early detection and treatment that strengthens service capacity and quality in the targeted public primary health care (PHC) centres. The focus on prevention reduces the effects of the burden of NCDs on the national public health care system, producing long term effects at organisational level, too. At the level of the Ministry of Health (MoH), capacities have been strengthened with ***"the development and introduction at PHC level of national protocols and clinical guidelines for NCDs and mental health (e.g., mental health gap), set up of national registries and surveillance mechanisms for NCDs and organisation".*** The HEARTS protocol, produced by WHO, has been quoted as a good example. It helps to detect and deal with cardiovascular disease, one of the most prevalent NCDs. The project facilitated to make those protocols available for the health centres in the three governorates and train medical staff. At the level of the primary health care centres in the three governorates, the focus has been to enhance capacities of health workers -more than 3,500 trained- on NCDs prevention and management. The infrastructure component has also been relevant in this context, with the refurbishment and upgrades, providing furniture, screening, and/or IT equipment to 119 primary health care centres. It is expected that the training of trainers approach and the facilities maintenance will be assumed by the authorities for the coming years. It is interesting to highlight the cooperation between MoH and the

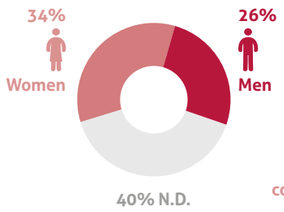
Spanish Foundation for International Cooperation Health and Social Policy (FCSAI) - two study tours in Spain for Jordan health personnel resulted from it. An intensive training on mental health was provided to five psychiatric doctors and three nurses from the National Centre of Psychiatry in Jordan by three Spanish mental health professionals in Asturias. Additionally, three family doctors were trained on geriatrics medicine in Madrid for six weeks with the aim to improve MoH geriatric services in primary health care centres. They also attended a national Geriatrics conference and a scientific session on

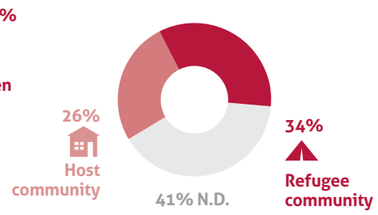
Health disaggregated result

Access to services

Number of people receiving primary health care consultations and essential medicines

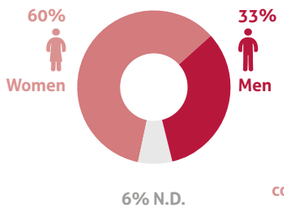
5,893,561
Current value (individuals)

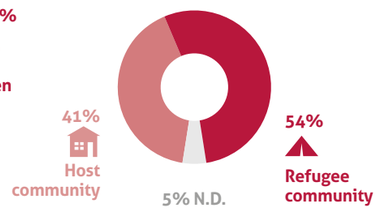




Number of people reached through health education activities

888,451
Current value (individuals)

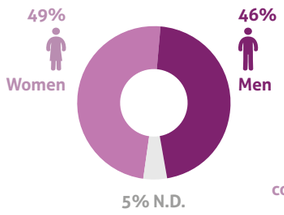




Local capacities

Number of professional staff trained in primary, secondary and tertiary health care services

34,066
Current value (individuals)



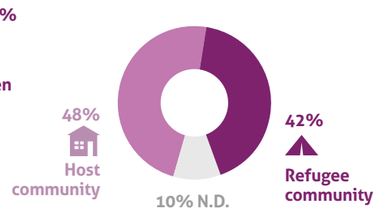


Figure 11: Trust Fund: Health results disaggregated by sex and community of origin (as of 31/03/2024).
*N.D.: Not disaggregated.

geriatrics in the healthcare system. Locally, the health education activities on NCDs and mental health, led by the Jordan Breast Cancer Programme, the Royal Health Awareness Society, the Our Step Association, and the Institute for Family Health which work in schools and in community clinics, might generate institutional benefits, too, for those organisations.

At the **regulatory or national policy level**, the project is likely to have an impact ***"in the longer run, offering better quality health care related to NCDs in the public health system"***, resulting from the institutional and capacity strengthening of the MoH at central, governorate and primary health centre level in the field of NCDs. The project is also expected to facilitate the work with another tool called STEPS, a survey to assess the NCD risk factor surveillance at country level. MoH will conduct STEP, due in 2024. It then needs to be updated every five years. This is the main instrument for countries to collect, analyse and disseminate data on key NCD risk factors nationally, and ***"will guide further policy making and implementation for NCD over the next five years"***.