European Commission

SECTOR UPDATE: EUTF´S CONTRIBUTION TO HEALTH AT A GLANCE

JUNE 2025

HEALTH

CONTEXT:

The 'EU Regional Trust Fund in Response to the Syrian Crisis' (EUTF Syria) supports access to primary health care, which includes consultations, vaccinations, emergency services and health education for refugee, Internally Displaced People (IDPs) and host communities. Interventions are designed around three areas: Improved **access to medical care and health services**, strengthened human capacity to deliver primary and secondary health care services and improved health infrastructure.

To date, the EUTF Syria has supported **29 actions**, and **18 lead implementing partner**s to deliver such support to partner countries, mainly in Lebanon, Jordan, Iraq and, to a lesser extent, Türkiye, Western Balkans and Egypt. Most of these projects -66%- were specifically health projects, while the others are education, livelihoods or protection projects with health components.

The **main implementing partners of EUTF supported health actions** have been IMC, WHO, AISPO, YMCA, UNICEF, ACF, Lebanese Red Cross, UNOPS, and MEDAIR. Others, such as UNRWA, IOM, or the Ministry of Labour, Employment, Veteran and Social Affairs in Serbia, have also contributed to specific health components as part of wider actions. It is also important to note that the EUTF's COVID-19 response involved the majority of these

implementing partners and projects with focus on access to medical supplies, such as Protective Personal Equipment (PPE) and vaccinations, training of health personnel, infrastructure upgrades for isolation or COVID-19 treatment and hospitalisations. The final four health actions focus on non-communicable disease - AECID (T04.255), and child immunisation - WHO (T04.202) both in Jordan, as well as child immunisation - UNICEF (T04.296) in Lebanon, and medical infrastructure - Chaîne de l'Espoir -CdE- (T04.237) in Iraq. While AECID and WHO recently finalised the implementation of activities, UNICEF and CdE will execute the final activities up to June 2025.

Regarding the **aggregated health related outputs**, the health sector has outperformed its planned quantitative goals. The planned targets for primary health care consultations, emergency treatments, childhood vaccinations, training of health personnel, upgrading of medical infrastructure, and health education and have all been exceeded. In the case of antenatal and postnatal consultations, 92% and 97%, respectively, of the planned targets have been achieved. Currently, from the ongoing projects, only CdE in Iraq (T04.237) still needs to finish the refurbishments of the Sinjar hospital -work progress is at 98% (Quarterly Information Note -**QIN 03/25**)- and deliver the training of the health personnel who will manage and maintain the new health equipment.

→ The following Key Performance Indicators (KPIs) are part of the EUTF Results Framework (https://ec.europa.eu/trustfund-syria-region/monitoring-evaluation_en).

In all Figures the difference between total figures and the sum of disaggregated ones is due to a residual amount that hasn't been broken down by sex or community of origin at the source. This applies to all indicators where disaggregation is not fully available.

FACILITATING ACCESS TO MEDICAL CARE AND HEALTH SERVICES

FACILITATING ACCESS TO MEDICAL CARE AND HEALTH SERVICES

CUT OFF DATE: **MARCH 2025** / **15** CONTRIBUTORS / **4** COUNTRIES

12.

Number of people receiving primary health care consultations and essential medicines.

5,805,271
Aggregated current value

4,263,708
Target

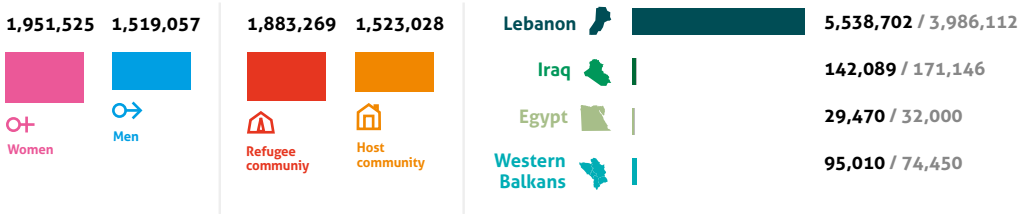


Figure 1.

FACILITATING ACCESS TO MEDICAL CARE AND HEALTH SERVICES

CUT OFF DATE: **MARCH 2025** / **1** CONTRIBUTOR / **1** COUNTRY

13.

Number of people treated in emergency services.

35,114
Aggregated current value

33,295
Target

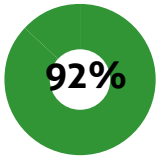
Figure 2.

FACILITATING ACCESS TO MEDICAL CARE AND HEALTH SERVICES

CUT OFF DATE: **MARCH 2025** / **4** CONTRIBUTORS / **1** COUNTRY

14.

Number of pregnant women receiving 4 or more antenatal consultations.



26,211
Aggregated current value

28,624
Target

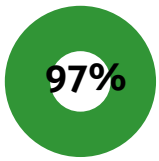
Figure 3.

FACILITATING ACCESS TO MEDICAL CARE AND HEALTH SERVICES

CUT OFF DATE: **MARCH 2025** / **4** CONTRIBUTORS / **1** COUNTRIY

15.

Number of women attending at least one postnatal care visit at the supported health facilities.



27,096
Aggregated current value

27,860
Target

Figure 4.

FACILITATING ACCESS TO MEDICAL CARE AND HEALTH SERVICES

CUT OFF DATE: **MARCH 2025** / **5** CONTRIBUTORS / **3** COUNTRIES

16.

Number of children under 5 years vaccinated

>100%

1,683,769
Aggregated current value

956,964
Target

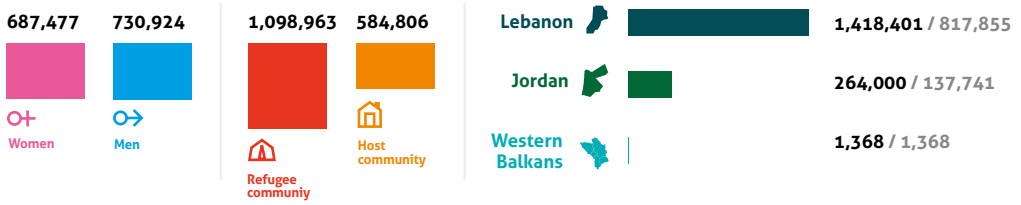


Figure 5.

STRENGTHENED HUMAN CAPACITY TO DELIVER PRIMARY AND SECONDARY HEALTHCARE SERVICES

CUT OFF DATE: **MARCH 2025** / **11** CONTRIBUTORS / **5** COUNTRIES

18.

Number of people reached through health education activities.

>100%

895,856
Aggregated current value

672,868
Target

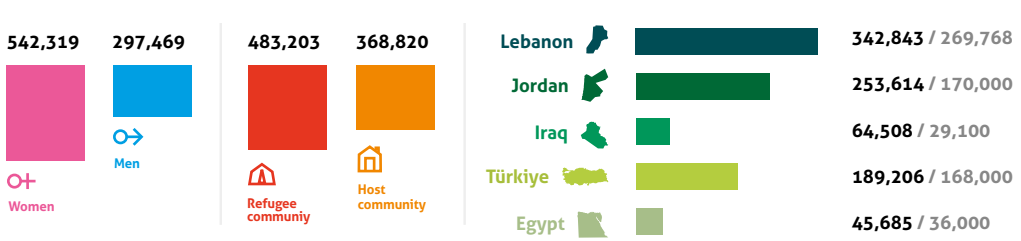


Figure 7.

STRENGTHENED HUMAN CAPACITY TO DELIVER PRIMARY AND SECONDARY HEALTH CARE SERVICES

STRENGTHENED HUMAN CAPACITY TO DELIVER PRIMARY AND SECONDARY HEALTHCARE SERVICES

CUT OFF DATE: **MARCH 2025** / **20** CONTRIBUTORS / **4** COUNTRIES

17.

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

36,400
Aggregated current value

16,679
Target

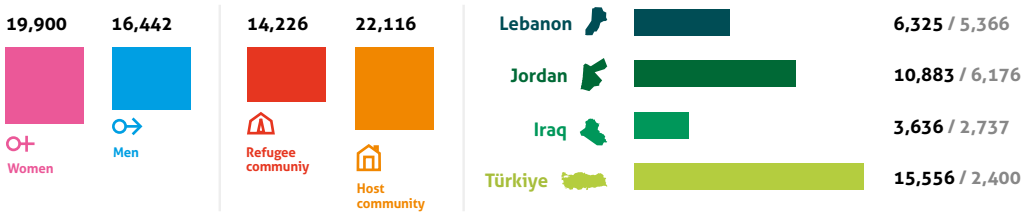


Figure 6.

IMPROVED HEALTH INFRASTRUCTURE

IMPROVED HEALTH INFRASTRUCTURE

CUT OFF DATE: **MARCH 2025** / **12** CONTRIBUTORS / **3** COUNTRIES

19.

Number of health infrastructure upgraded/ refurbished/constructed.

1,167
Aggregated current value

988
Target

Figure 8.

In general, the Trust Fund has been actively promoting **health related outcomes**, and as the recent **final evaluation (04/25)** highlights, it has contributed to expand **individual access to primary health care**, particularly in **Lebanon**, increased awareness of primary healthcare provision and increased trust in primary healthcare services. IMC, WHO and YMCA, as key implementing partners of EUTF Syria, closely supporting the Ministry of Public Health (MoPH) and the primary health care centres (PHCCs), have contributed to increase access to primary health care services and medications for Lebanese communities and Syrian refugees, including during the Beirut Port explosions. **Institutionally**, the network of PHCCs and their management has been strengthened, as data has been integrated into the MoPH´s system and their personnel trained. Furthermore, beneficiaries of the Social Development Centres (SDCs) reported positive upgrades to the standards set by the MoPH. At a **national level**, EUTF Syria funded projects have been able to influence policies toward universal health coverage with the pilot of a subsidised primary healthcare model. The EU continues to fund these policy developments through the Neighbourhood, Development and International Cooperation Instrument (NDICI).

In **Jordan**, WHO and AECID have contributed to **improve individual access** to immunisation and increased awareness about non-communicable diseases and their risk factors. Primary health care centres have been strengthened to improve prevention, early detection and outreach services, including for refugees. AECID also contributed to strengthen capacities of the Ministry of Health (MoH) particularly related to the Mental Health Gap Action Programme (MhGAP) and HEARTS protocols (technical package for cardiovascular disease management) that were adapted from WHO. **Institutionally**, the evaluation highlights the success of the community-based initiative by the Jordan Breast Cancer Programme with AECID and EUTF support that "increased community awareness, addressed social behaviours, and provided valuable insights into health information- seeking trends, gender differences in NCD-related attitudes, and barriers to early detection practices". It also underlines that "data on community perceptions of immunisation, generated by the Royal Health Awareness Society, were shared with the MoH and WHO for further analysis". This makes evident "the synergies between ongoing interventions and the collaborative approach to strengthening health governance". At **national level**, the insurance-based health system in Jordan is more fragmented, and therefore, the discussion around universal health care is more incipient than in Lebanon. Here, WHO has supported the enhanced coordination to manage and administer the routine vaccinations, including during the pandemic and helped "shape the content for evidence-based decision-making". Focus has been on strengthening institutional capacities of the Ministry of Health (MoH) for advancing towards Universal Health Care. The EU, through NDICI, will continue funding the successor intervention to build on these results and improve responsiveness of the PHCCs.

In **Iraq**, AISPO has been crucial to improve access to child and maternal health with infrastructure upgrades and **institutional capacity strengthening**, while ACF contributed to extend **access to mental health services** and positively change attitudes towards mental health. Furthermore, CdE is currently finishing the refurbishment of the Sinjar hospital. Although whilst some policy inputs on inclusive services were promoted at all levels and the Departments of Health (DoHs) at the governorate level was engaged, according to the final evaluation, the interventions did not explicitly include outcomes in this context, and there is no evidence healthcare policies were informed by the projects. In Kurdistan Region of Iraq (KRI), inclusive health policies exist, but it is not known, to what extent they include Syrian refugees, IDPs and most vulnerable communities.

HEALTH OUTCOMES IN LEBANON

UNICEF Supporting the COVID-19 response for the most vulnerable populations in Lebanon (T04.296)

This UNICEF-led project (T04.296) had been originally designed to procure COVID-19 vaccines for the Ministry of Public Health (MoPH), through COVAX, to roll out the National Vaccine Deployment Plan in 2021. The pandemic negatively affected the uptake of routine vaccination, therefore, once the demand for COVID 19 vaccines had been covered, the project was reprogrammed to strengthen the routine immunisation programme through providing access to 11 routine vaccines for children and adolescents. In the most recent project extension, a focus on Primary Health Care (PHC)-led community engagement was introduced in order to reach out and vaccinate those children who had previously missed out, support timely vaccination reducing dropout and promote community acceptance towards immunisation. PHCCs delivered outreach preventive and health education services, using immunisation as an entry point. Additionally, the project includes actions to strengthen the cold chain system, the vaccine logistics management, and immunisation data management. Furthermore, the pre-existing School Health programme is being revitalised to conduct annual medical screening at public schools. The project T04.296 will close the implementation of activities in June 2025.

The recent **ROM report (05/25)** highlights that despite the delays, due to the military conflict in the south of Lebanon and the displacement caused, the project makes good progress on the planned outcomes and will soon have achieved all of them. In terms of **individual changes**, the recent **QIN (03/25)** confirms that access to information about COVID-19 and other vaccine preventable diseases and vaccination has exceeded the 100,000-target. The 350,000-target of children under 18 vaccinated with routine vaccines has been also surpassed, as well as the 100,000-target of measles vaccinations dispensed. The other important indicator on 'children with completed medical screening conducted in schools' under the School Health programme has reached 58% of the 300,000-target. The ROM report is confident about its full achievement, and reports that is *"expected to be completed"* before the end of implementation. Regarding community outreach activities, these *"were perceived as fruitful and of good quality"*. Material and training to strengthen community engagement capacity were also positively praised by health personnel.

At **institutional level**, it is reported in the **QIN 03/25** that the innovative AaSalameh initiative *"where PHCC health workers are stimulated to actively go out into the communities"* is seen as *"highly beneficial by staff involved"*. This has contributed to increasing confidence in vaccine availability and quality of vaccines provided by the public sector, so that the image of PHCC has been "*unexpectedly*" boosted. A higher number of PHCCs were enrolled (125 from 100) and more health frontline workers than originally planned have joined the initiative (500 from 400) and have received an economic incentive. The report goes onto highlighting key positive factors for reaching these outcomes. The professional capacities of the UNICEF Country Office that works in close collaboration with MoPH and the flexibility of the EUTF that allowed successive adjustments resulting in effective measures, such as the AaSalameh initiative, are mentioned. This initiative has helped introduce

an innovative approach and associated tools, that were not previously a standard practice in Lebanon. It has enabled frontline health workers to foster meaningful relationships with community members and engage with them on a range of health concerns, not only immunisation. Furthermore, improvements in the immunisation supply chain are expected. The assessment of the overall score for *"Effective Vaccine Management (EVM)"* is currently being analysed and the use of this score is seen, according to the ROM report, as good practice since it provides an objective measure that allows comparisons with other settings. Another good practice recognised in the project is the use of the Sohatona application, a *"groundbreaking"* mobile app developed to support vaccination efforts.

In terms of impact at **policy level**, increased vaccination rates and decline in vaccine preventable diseases are highlighted, especially since the recent absence of vaccine preventable diseases outbreaks. In line with this, and according to the most recent **QIN 03/25**, the number of reached zero-dose children which was defined as outcome indicator surpassed 63,000 from an initial 10,000-target. The EU and UNICEF are currently planning a follow-up project to further support immunisation up to 2026.

***WHO EUTF** Programme in support of the Healthcare System for vulnerable population in Lebanon (T04.300)*

The health project led by WHO in Lebanon has finalised the implementation of activities in July 2024. It is a project aiming at supporting health system resilience, with two main objectives: 1.) to improve access to chronic and acute disease care for vulnerable Syrian and Lebanese patients at Primary Health Care (PHC) and health dispensaries; and 2.) to support the Karantina Governmental Hospital restore its functions the earliest and help strengthen its medical services following the Beirut Port Explosions.

The recent final/ex post **ROM report (01/25)** highlights that the action *"achieved its planned outcomes very well"*. At the level of **individual outcomes**, access to chronic and acute disease medications for vulnerable Syrian and Lebanese populations has improved, reaching approximately 350,000 with acute medications (of a 400,000-target) and exceeding the 105,000-target with chronic medications. The report mentions that on average a total of 120,000 individuals at least have been reached every quarter.

At an **institutional level**, the collaboration between WHO, YMCA and MoPH led to the establishment of a system to ensure provision of medicines, from ordering to making them available to patients. This involved the placement of international orders, a needs assessment to elaborate the Essential Drug List, the storage in the Central Drug Warehouse and the final collection of the medicines by the targeted PHCCs responsible to then make them available to patients. The project supported the local institutions, in this case the PHCCs, funding the medicines that the government is not able to pay for due to the financial crisis.

Regarding the Karantina Governmental Hospital health services, these have been strengthened after the Beirut Port explosions. In addition to being reconstructed, the hospital received beds, furniture and support for a new business plan. Medical and diagnostic equipment and other appliances have also been installed, to facilitate the hospital to become fully functional. The **ROM report (01/25)** affirms that the technical support from WHO and YMCA and their specific experience in large scale international

procurement of medicines and equipment, and management of chronic medication, respectively, has been crucial to achieving the outcomes. This is also corroborated by relevant stakeholders, such as the MoPH and managers of the PHCCs. Additionally, WHO made key contributions to improve the electronic information systems relevant to the flow of medicines, in particular, the Logistical Monitoring System (LMS) and the integration between different systems.

Both results at **individual and institutional level** have immediate impact on access to medications and healthcare for vulnerable Syrian refugees and Lebanese people. Continued access to the project benefits, especially the medicines at primary health care level will be dependent on the continuation of the long-term primary care subsidised protocol (LPSP). The ROM report positively highlights that the project is a good practice embedded in local structures that has not created parallel entities and a good example of digitalisation in the pharmaceutical supply sector.

The project did not programme any **policy or regulatory level** measures. However, as the **ROM report 01/25** informs, WHO is exploring opportunities to produce essential medications locally to reduce reliance on external procurement. This would mean a substantial policy change. WHO, who is currently being supported by the EU through NDICI, aims to continue *"strengthening the digital pharmaceutical tracking system and refining the Essential Medication List to improve efficiency"*.

HEALTH OUTCOMES IN JORDAN

***WHO** EUTF Jordan health programme for Syrian refugees and vulnerable Jordanians (T04.202)*

The WHO-led health intervention aims at improving Primary Health Care by expanding access to equitable quality immunisation services for refugees and vulnerable Jordanians within improved integrated health systems governance. During the COVID-19 pandemic, the project focused on the pandemic preparedness and response. The action has two components, one looking specifically at strengthening Vaccine Preventable Diseases (VPD) and Immunisation (VPI) activities and disease surveillance at the primary health care level. The other component focuses on strengthening government capacity, existing health system approaches and governance to achieve universal health coverage more broadly. The project has completed the implementation of activities in March 2025.

In terms of **outputs**, the last available **QIN 03/25** shows target achievement in all defined areas. These outputs include access to routine immunisations, improvements in the vaccination infrastructure and governorates benefitting from it, access to PPE, COVID-19 vaccines procured, research (health strategy and political economy analysis, policy dialogue roadmap) and the assessments to improve the cold chain. The social and mass media campaign activities were the only activities that could be implemented in the light of the war in Gaza and previous controversies related to immunisation. This was reflected in the last addendum and funds that were reallocated to the construction of two ultramodern centralized warehouses in Zarqa and Amman. The construction of the warehouses in Amman has been successfully completed for the Ministry of Health, as planned. They will serve to supply medications to the largest MoH public hospital, Al-Bashir Hospital, as well as to various Health Directorate warehouses and PHCCs across the governorates of Zarqa, Southeast Amman, and Madaba. Due to delays in the import

process, some of the equipment, such as reach-truck forklifts, multi-tier racking systems, and temperature and humidity monitoring systems will be delivered as part of an extended initiative funded by NDICI.

Regarding **outcomes at individual level**, improved access to routine immunisations (and COVID-19 vaccines) is the main one. 264,000 individuals have been vaccinated (from a 137,000-target), while more than 470,000 COVID-19 vaccines were made available (450,000- target). At **institutional level**, according to the **progress report 11/23**, due to the project, MoH in Jordan was able to update and strengthen the vaccine procurement on a regular basis, which includes the procurement of needed vaccines and the strengthening of the cold chain. Additionally, staff in the procurement department and in the vaccination focal points were trained in key areas and community awareness was raised. During the COVID-19 pandemic the government´s response was also strongly supported by the project. Recently, the project has focused efforts on enhancing storage and distribution practices, strengthen the supply chain digitalisation and building capacity on supply chain and warehouse management, maintenance and transportation. The recent **final evaluation (04/25)** highlights that broader improvements in performance were noted at the level of the MoH, for example, *"due to enhanced coordination and geographic coverage in managing and administering routine vaccinations resulted from the activities carried out during the COVID-19 pandemic"*. Furthermore, the Communicable Diseases Directorate of MoH, primary health care centres, governorates, the Ministry of Education and schools have also strengthened their capacities in immunisation and vaccine-preventable diseases.

At **national, policy level**, the Ministry of Health has endorsed a roadmap to achieve Universal Health Coverage (UHC), according to the **progress report** 11/23 and the **last QIN 03/25**. This has included capacity building actions and a Ministry of Health Strategic Plan 2023-2025 developed and endorsed; a Health Insurance Administration exercise finalised; the National Health Financing Strategy 2023-2030 developed; and a political economy analysis discussed and agreed. The UHC package is being developed to be rolled out in six areas of work: communicable diseases, violence and injury, non-communicable diseases and mental health, growth development and ageing, reproductive and sexual health, foundations of care. The costing of the UHC package has been recently finalised and endorsed by the MoH (**QIN 03/25**).

AECID *Prevention and Management of no communicable diseases through primary health care (T04.255)*

This AECID-led action addresses the need to improve accessibility, cost efficiency and effectiveness of public primary healthcare (PHC) services in relation to Non-Communicable Diseases (NCD), mainly in the governorates of Mafraq, Tafilah and Ajlun in Jordan. The improved prevention and access to strengthened primary health care for NCDs is expected to improve health of Syrian and Jordanians.

Regarding **outputs**, the project has achieved the majority of their targets at this level. In terms of the primary health care services in screening, early treatment, monitoring and surveillance on NCD, capacity building outputs have been delivered. Protocols and guidelines for specific NCDs have also been successfully developed, such as HEARTS for cardiovascular diseases and diabetes and those relating to the Mental Health Gap. In addition, other protocols and guidelines developed include: clinical treatment guidelines for cancers, colorectal and cervical cancer early detection and screening, protocol for medical attention of victims of Gender Based Violence, and breast cancer early detection protocol. Furthermore, training has been delivered to MoH health workers in primary health care centres of the three target governorates. All expected primary health centres are now covered by the national programmes on NCD. After initial delays in the delivery of infrastructure, equipment upgrades, and maintenance, according to the last **QIN 03/25**, 79% of the 140 targeted clinics have been reached and 88% of the targeted primary

health care centres are now using computerised management systems. Health education activities have been also promoted as planned, reaching more than 90,000 people, exceeding the 30,000-target. In addition, schools, community-based organisations and healthy community clinics have been involved in the delivery of these activities and campaigns. Nationally, key stakeholders, such as the Jordan Breast Cancer Programme have led awareness campaigns on this relevant topic and MoH has led on two important campaigns on healthy habits and tobacco control and cessation regulations.

In terms of **outcomes, at individual level**, due to the defined indicators, it is not easy to derive behavioural changes at this stage. As mentioned before, more than 90,000 people were reached by five national campaigns on breast cancer early detection and prevention, on healthy habits and on tobacco, as well as various campaigns on mental health awareness. It is expected that awareness on NCDs will increase. The recent **EUTF final evaluation 04/25** praises the work of the project, and highlights, for example *"the notable success of the Jordan Breast Cancer Programme (JBCP)" "successfully (increased) community awareness, addressed social behaviours, and provided valuable insights into health information-seeking trends, gender differences in NCD-related attitudes, and barriers to early detection practices."* Since this project had a focus on breast screening and prevention, one of the indicators is the number of women screened, however, it is measured at national level and depends on additional factors beyond the project control. The last measurement was taken in 2023, making it an invalid source of information about project performance, given we are now in 2025. Similarly, other outcome indicators, such as patients´ satisfaction in PHCCs, average number of treatments or outpatient services in PHCCs, women facing problems in PHCCs are also measured nationally with data available from 2022 and 2023, respectively. Although the project might contribute to some of these indicators locally, it is not possible to directly attribute changes to it.

Outcomes at **institutional level** are more evident. The last **QIN 03/25** suggests strengthened capacities of the MoH on national registries (e.g., national registry for cancer, birth defects registry), NCD and risk factor surveillance after the wide range of training and improved protocols (HEARTS, Mental Health Gap, early detection of colorectal and cervical cancer, early detection of psychological disorders, among others). Specifically, on NCD training, 71% of health staff showed satisfaction, achieving the 65-70% window target. Additionally, 99% of the health professionals obtained better post-test scores in the assessments after the training, surpassing the 95%-target. Positive effects on the institutional capacities of MoH in the field of NCDs, not only at central level are expected but also at governorate and PHCC level. In the long-term, after this *"quality boost"* of MoH normal operations, MoH might be able to substantially improve prevention and treatment of NCDs. In this context, the MoH leadership and ownership is positively highlighted by the final evaluation. Furthermore, the final evaluation adds that this intervention *"had a positive transformative effect on local implementing partners"*, e.g., the Jordan Breast Cancer Programme (JBCP) that was able to design and implement a two-year long awareness campaign.

In terms of infrastructure improvements, these also reinforce the strengthening of capacities, especially in early detection and screening of breast cancer and other NCDs. Regarding awareness, the **final evaluation 04/25** also underlines that *"data on community perceptions of immunisation, generated by the Royal Health Awareness Society, were shared with MoH and WHO for further analysis"* and evidenced a strengthened collaborative approach and health governance. The project has not included specific **national, policy level** related outcomes in the design.