World Health Organization

WHO Contribution in Jordan (2021–2024)

EVALUATION BRIEF

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BACKGROUND

The independent evaluation of the World Health Organization (WHO) contribution in Jordan assessed results achieved at the country level using inputs from all three levels of WHO. It documents contributions, achievements, success factors, gaps, lessons and strategic directions employed to improve health outcomes. The evaluation comes as the WHO Country Office for Jordan approaches the end of its current Country Cooperation Strategy (CCS) 2021–2025 and begins re-aligning with the WHO Fourteenth General Programme of Work (GPW14). It aims to inform strategic direction, including the design and implementation of the next CCS cycle.

PURPOSE

The purpose of this evaluation is to support learning and accountability among all key stakeholders. Specific objectives are to synthesize lessons from what worked and what could have been done differently, and provide evidence to inform new strategic directions, including the CCS 2026–2030. The evaluation covered all WHO interventions in Jordan during 2021–2024 across outcome and output areas.

METHODS

The evaluation applied a theory-based, participatory and utilization-focused approach, guided by a collaboratively developed theory of change (ToC). Mixed quantitative and qualitative data sources were triangulated. The process adhered to the United Nations Evaluation Group norms and WHO ethical guidance and used the OECD-DAC criteria, with gender, equity, disability and human rights integrated throughout.

KEY FINDINGS

Relevance

WHO's work aligned strongly with national health priorities and those of the Ministry of Health (MoH), addressing pressing needs such as noncommunicable diseases (NCDs) and refugee health. However, operational delivery risked filling MoH gaps without clear exit strategies.

Coherence

Collaboration among WHO Country Office, Regional Office (EMRO) and Headquarters (HQ) produced strong results in areas such as immunization, antimicrobial resistance (AMR) and health data systems. Coordination was less effective in health promotion and determinants. Externally, WHO is viewed as the normative authority, but increased operational roles sometimes blurred mandates.

Efficiency

Interventions were delivered economically and on time, though funding was uneven across priorities. The Country Office demonstrated strong management capacity but lacked a comprehensive monitoring and evaluation (M&E) system to capture results against CCS outcomes.

Effectiveness

WHO achieved key outputs in defining essential services, improving standards of care, expanding NCDs and mental health programmes, and enhancing emergency preparedness. However, outcomes such as the Universal Health Coverage (UHC) index declined, reflecting systemic constraints. Advances included nutrition policies and immunization coverage, but challenges remain in tobacco control, fragmented health information and limited systematic equity focus.

Sustainability

WHO helped shift national priorities toward primary health care (PHC) and UHC, with gains in immunization, supply chain and AMR surveillance. Yet sustainability is hampered by limited national ownership, underinvestment and some fragmentation.

Gender, equity and human rights (GER)

Equity for refugees and vulnerable groups was prioritized, but systematic integration of gender, disability and social determinants was limited and requires further support.

CONCLUSIONS

Conclusion 1: WHO has tailored its approach to the context of Jordan, which is shaped by a volatile regional situation and a high influx of refugees. This has prompted WHO to respond to humanitarian health needs by supporting services provision through commodities procurement and implementation of infrastructure projects, in addition to its other functions regarding strategic, policy and technical support. These operations have been well integrated into WHO's normative and health system strengthening work, offering a promising approach to leverage emergency funding to sustain long-term health goals.

Conclusion 2: WHO has strengthened its leadership position among health partners in Jordan, following its prominent role in the COVID-19 response. The next step is to leverage this position to advance the multisectoral response on health in the post-pandemic context while enhancing both development and humanitarian coordination platforms to strengthen engagement, alignment and coordination of all health partners.

Conclusion 3: The three levels of the Organization have worked effectively together to direct WHO's global and regional expertise and resources towards Jordan's health priorities, although support from WHO HQ and WHO-EMRO is not always sufficiently streamlined. Together, the contributions of the three levels have been pivotal in delivering key outputs in Jordan.

Conclusion 4: WHO has been promoting an equity approach through improving services coverage and reducing financial barriers to health care. However, an analysis of health inequities, based on different factors such as gender, disability, ethnic background and other social determinants of health, has not been integrated in a systematic way.

Conclusion 5: The WHO Country Office management has ensured timely and economical delivery of large grants and built internal capacity as part of the implementation of the WHO Action for Results Group recommendations. However, the M&E system of the CCS has not comprehensively captured WHO's contribution towards health system strengthening and health outcomes, limiting the ability to clearly communicate WHO's added value in Jordan, as part of the Organization's resource mobilization strategy.

RECOMMENDATIONS

Recommendation 1: **In similar settings of countries receiving large refugee influxes as well as for the next Jordan CCS, WHO should learn from the country's implementation model, which ensures that emergency responses are combined with longer health system reforms for sustainable and equitable access to health care.**

⇒ **Exit/sustainability strategy.** Define milestones and targets to ensure national capacity and ownership in the next CCS.

⇒ **Theory of Change (ToC).** Develop a comprehensive ToC outlining pathways and assumptions for GPW14 priorities.

⇒ **Lesson sharing.** Promote exchange of lessons from Jordan's approach to inform other country programmes.

Recommendation 2: **WHO should further enhance multisectoral engagement in health governance, ensuring that the next CCS aligns with a broader set of national and development partners beyond the MoH and flexibly responds to emerging priorities.**

⇒ **Expand stakeholder engagement**. Map and mobilize non-health actors (government, donors, UN, civil society, private sector, experts).

⇒ **Revitalize high-level coordination.** Advocate to re-activate or replace the High Health Council for stronger cross-sector governance.

⇒ **Streamline coordination.** Merge or phase out duplicative platforms, focusing on action-oriented collaboration.

⇒ **Stay flexible.** Ensure WHO support adapts to emerging priorities, including GPW14. Carry forward agendas on UHC, health information systems, NCDs, climate change and regional preparedness.

support to the WHO Country Office to ensure that the most impactful interventions are prioritized.

⇒ **Streamline pilot initiatives.** Create a structured process for pilot initiatives from WHO-EMRO and WHO HQ to ensure they are relevant to the context, aligned with national priorities, and effectively scaled when successful.

⇒ **Clarify roles in the CSP.** Include the roles of WHO Headquarters and the Regional Office in the Country Support Plan (CSP) mechanism, as outlined in the CCS.

⇒ **Strengthen the CCS M&E framework.** Track contributions to outcomes and outputs against milestones and targets, and use M&E data to inform programming, improve decision-making, and support evidence-based advocacy of WHO's added value.

Recommendation 4: **Increase the share of financial resources targeted at NCD risk factors, social determinants of health and demand-side barriers as key priorities in a country with both development and humanitarian contexts.**

⇒ **Maintain advocacy on NCDs.** Continue advocacy on NCD risk factors through a multisectoral approach with UN agencies, and support government efforts to prioritize the NCD agenda and address industry interference.

⇒ **Strengthen advocacy on equity**. Advocate for government prioritization of health inequities and tailored interventions for women and girls, people with disabilities, non-registered refugees and migrants, and young people, in collaboration with UN and partners.

⇒ **Build Country Office capacity.** Strengthen WHO Jordan's capacity on gender, equity and human rights by allocating staff time and delivering capacity-building programmes, drawing on WHO and UN resources.

Recommendation 5: **WHO should enhance its fundraising approach by broadening its engagement with non-health specialist donors, including development banks and non-traditional donors, and by improving communication on its added value in Jordan.**

⇒ **Donor engagement strategy.** Revise the strategy to link health to Jordan's Economic Modernization Vision and national priorities, show economic and social returns, tailor to donor needs and engage development banks and innovative financing mechanisms.

⇒ **Leverage refugee funding lessons.** Use experience mobilizing refugee health funds to strengthen broader health systems through an equity approach and approach donors outside the health sector.

⇒ **Support overall health financing.** Partner with MoH and Ministry of Planning and International Cooperation on proposals aligned with national strategies, securing joint domestic and international funding and integrate multisectoral health programmes into the UN Country Framework Health Plan.

⇒ **Improve visibility.** Strengthen reporting and communication with data-driven stories, and position WHO's website as a key source for Jordan health data.

To read the report, visit: WHO Website/Evaluation. For further information, contact the Evaluation Office: evaluation@who.int
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