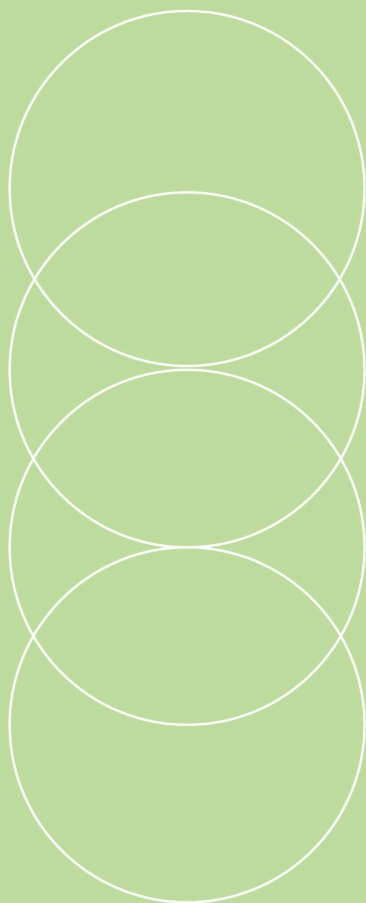




Evaluation of WHO contribution in Jordan

Executive summary



World Health
Organization



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WHO/DGO/EVL/2025.117

Cover page photo description: Jordan's Ministry of Health opens the first advanced central warehouse for medicines in the public sector - September 2024

Credit: WHO / EMRO

Executive summary

Introduction

The independent evaluation of WHO contribution in Jordan focuses on the results achieved at the country level using the inputs from all three levels of the World Health Organization (WHO). It documents the key contributions, achievements, success factors, gaps, lessons learnt and the strategic directions WHO employed to improve health outcomes in Jordan. This evaluation took place as the WHO Country Office for Jordan is nearing the end of the implementation of its current Country Cooperation Strategy (CCS) 2021–2025 and embarking on a process of re-aligning its strategies with the recently approved WHO Fourteenth General Programme of Work (GPW14) [\(1\)](#). Thus, the evaluation aims to inform the strategic direction of the WHO Country Office, moving forward, including the development and implementation of the next CCS cycle.

Context

As host to nearly 3.3 million refugees from Iraq, Syrian Arab Republic and occupied Palestinian territory, including east Jerusalem – within the total population of 11 million – Jordan's health-care system has faced intense pressure over the past few decades to serve an increasingly diverse and displaced population. The Jordanian context is also characterized by important demographic shifts, leading to an ageing population and an increase in the prevalence of noncommunicable diseases (NCDs).

As a lower-middle-income country, there has been a continued underinvestment in public health and primary health care (PHC): 32% of the total health expenditure (THE) is dedicated to PHC in Jordan, compared with the regional average of 70%.¹ In recent years, however, PHC has been more prominently positioned as a government priority, resulting in the allocation of significant funds to enhance primary health care. However, the current shift in the priorities of donors and development partners towards non-health areas threatens to undermine those gains.

Object

The object of this evaluation is to assess WHO's contribution in Jordan during the 2021–2024 strategic period, focusing on the achievement of planned results and WHO's strategic role, moving forward. Guided by the CCS, WHO prioritized strengthening the health system towards universal health coverage (UHC), promoting health and well-being, enhancing resilience to health emergencies, and building data and innovation capacity. Implementation was operationalized through biannual country support plans, developed in collaboration with the Ministry of Health and other stakeholders.

WHO invested approximately US\$ 62 million during this period, supporting a wide range of technical and strategic initiatives, including the development of a UHC roadmap, strengthening digital health and enhancing emergency

¹ WHO Global Health Expenditure Database

preparedness. With strong support from both regional and global levels, the WHO Country Office also contributed to reinforcing the Ministry of Health leadership and governance, facilitating high-level missions and promoting Jordan's engagement in global health forums. Budget allocations evolved from a focus on COVID-19 response in 2020–2021 to broader investments across health systems and enabling functions in subsequent years.

Purpose, objectives and scope

The purpose of this evaluation is to support organizational learning and accountability for results among external and internal WHO stakeholders.

The specific objectives of the evaluation are to: (i) synthesize insights gained from what worked well and what could have been carried out differently; and (ii) offer evidence-informed insights to support the development of new strategic directions, including the new CCS 2026–2030.

The evaluation covered all interventions across all outcome and output areas undertaken by WHO at the country level in Jordan during 2021–2024.

Method

This evaluation followed a theory-based approach, combined with both participatory and utilization-focused elements, to foster ownership and engagement of Country Office stakeholders and key partners. A theory of change (ToC), developed collaboratively during the inception phase of the evaluation, was used to guide data collection and analysis. The evaluation framework was structured around five key evaluation questions that aligned with the Organization for Economic Co-operation and Development – Development Assistance Committee (OECD-DAC) evaluation criteria of relevance, coherence, effectiveness, efficiency and sustainability.

The following quantitative and qualitative data sources were analysed and triangulated to inform the findings under each evaluation question:

> 100 Documents

3 Databases

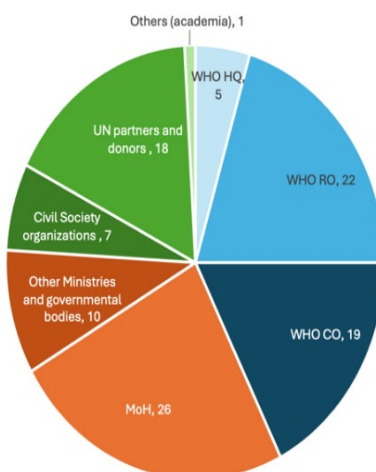
108 Respondents to semi-structured interviews

4 Focus group discussions with 19

4 Project site visits



- DOS data
- Portal
- WHO Regional Office for the Eastern Mediterranean GHO



- Princess Basma HC
- Sweileh HC
- Mafraq HC
- JoU Hospital



- Zarqa warehouse
- Al Bashir warehouses
- Tobacco cessation centre and physical activity track in King Abdullah Park
- Bait Iliqa centre

The evaluation adhered to the United Nations Evaluation Group (UNEG) norms and standards for evaluation and WHO ethical guidance and policies for evaluation, and to WHO cross-cutting strategies on gender, equity, disability and human rights. Gender equality and inclusion principles were upheld in the data collection and analysis process; gender, equity and disability inclusion were analysed in a cross-cutting manner as well as through specific areas of enquiry, informing conclusions and recommendations.

Findings

Relevance

Overall, the objectives and design of WHO's interventions in Jordan have responded to the needs of the beneficiaries and partner institutions over the period considered. WHO's strategic priorities are highly aligned with Jordan's priorities, as outlined in national development frameworks such as the Economic Modernization Vision (EMV), and contribute to the UN Country Framework joint workplan. Alignment and collaboration with the Ministry of Health were particularly strong. Continuous engagement with the ministry has resulted in key interventions, such as supporting supply chain management to reach countrywide coverage of medical supplies.

WHO has provided unique value in addressing the key health priorities in Jordan; for example, WHO is the main partner addressing the noncommunicable disease (NCD) epidemic, which is the leading cause of death in the country. With long-term programme funding, in particular from the European Union (EU), WHO has focused on increasing the availability of services for refugees and vulnerable Jordanians. WHO has adopted an increasingly operational role to deliver these interventions, which has been highly relevant to the country needs. However, this has raised concerns about the Organization filling gaps for the Ministry of Health, underscoring the importance of establishing a clear exit strategy from the outset of interventions.

Coherence

In terms of the three levels of the Organization, there have been strong collaborations between the WHO Country Office and the WHO Regional Office for the Eastern Mediterranean on both technical and operational functions, complemented by relevant technical inputs from WHO headquarters. The Jordan programme has been well-supported by WHO Regional Office for Eastern Mediterranean and WHO headquarters, providing a strong example of three-level collaboration in areas such as childhood immunization, antimicrobial resistance (AMR) surveillance, participation in the Global Laboratory Leadership Programme, and the establishment of a digitalized mortality surveillance and Civil Registration and Vital Statistics system across public and private health facilities in Jordan. In other areas, however, the technical support from WHO Regional Office for Eastern Mediterranean and WHO headquarters has been more limited, for example, in relation to health promotion and health determinants. Moreover, support from WHO headquarters and WHO Regional Office for the Eastern Mediterranean has not always

Evaluation of WHO Contribution in Jordan: Executive summary

been well-coordinated, leading to multiple pilot interventions that have sometimes lacked sustained follow-up by the WHO Country Office.

In terms of external coherence with other partners' interventions, WHO has generally coordinated effectively with UN agencies and other partners, based on respective comparative advantage. WHO is perceived as having a normative and technical role in those collaborations, and serves as the primary source of normative and technical health guidance. However, the increasing engagement of WHO in direct implementation after the COVID-19 crisis has generated perceptions of potential duplications and blurring of respective mandates.

WHO has historically played a leading role in supporting the convening and coordination of the health sector in Jordan. WHO's efforts to foster government ownership of health sector coordination have been welcomed, leading to tangible progress – for example, in health data coordination through the SDG3 Platform, in collaboration with the Ministry of Planning and International Cooperation (MoPIC). However, the transition to national ownership has faced challenges, for example, regarding the effectiveness and regularity of the Health Partners Development Forum.

In terms of emergency preparedness and response, the Health Sector Working Group – which is co-chaired by WHO and the United Nations High Commissioner for Refugees (UNHCR), under the leadership of the Ministry of Health – is primarily perceived as a platform for information-sharing rather than a mechanism for guiding strategic decisions on division of labour and joint planning among its members. In addition, within the UN Country Team (UNCT), stakeholders expect WHO to increase its efforts on strengthening the multisectoral health response.

Effectiveness

Based on the reconstructed theory of change (ToC), the evaluation analysed the extent to which WHO interventions had achieved expected results across the four strategic objectives of the CCS.

The objective of *Strengthening the health system to advance towards UHC* has taken up a large share of WHO's efforts. The Organization contributed to several key output results in this area, such as defining the essential health services package, improving standards of care, supporting the development of the policy and strategic framework of key health programmes, scaling up key programmes on cardiovascular diseases and mental health, and improving childhood immunization coverage.

However, these results have not translated into positive outcomes in terms of the main measure of health service coverage – the UHC index – which has declined in the period considered. This is possibly due to a combination of factors, including the fact that demographic growth, partly driven by the influx of refugees, outpaces investment in the health system as well as delays in implementing health financing reforms promoted by WHO to improve health services access.

Under the strategic objective of *Promoting health and well-being*, WHO has provided technical assistance to the Ministry of Health to develop the policy, strategic and regulatory framework on key NCD risk factors. As a result, WHO has influenced advances in nutrition, particularly through efforts to promote flour fortification with essential vitamins and reduce salt content in bread, likely contributing to reduction in anaemia and hypertension prevalence. On tobacco control, despite the adoption of a national strategy, regulation remains insufficient to curb the high smoking prevalence in Jordan.

Under *Building health system resilience and capacity to prepare and respond to health emergencies*, WHO has undertaken several key interventions in anticipation of a possible spillover of regional crises in Jordan, through promoting the adoption of an all-hazard emergency response plan and rolling out mass casualty management

training and drills at hospitals. However, Jordan's International Health Regulations (2005) [IHR (2005)] score remains below the regional average, notably because of limited financing for emergency preparedness activities undertaken by the government. WHO has also helped strengthen the capacity of the country to rapidly detect and respond to potential outbreaks of epidemic-prone diseases, such as measles, polio and cholera.

Under *Strengthening country capacity on data and innovation*, WHO's key achievements have been the establishment of the SDG3 Platform and strengthening the capacity of the Jordan Center for Disease Control (JCDC) with regard to antimicrobial resistance monitoring and reporting. Despite key advances in the adoption of a National Digital Health Strategy and the introduction of the DHIS2 in Jordan, the country continues to face a highly fragmented health information system.

In terms of differential results between groups, WHO has focused on ensuring equity in access to health services for refugees and vulnerable Jordanians. WHO's focus on supporting interventions tailored to the specific needs of population groups facing barriers to health care access, as part of the "leave no one behind" agenda, has been relatively limited – for instance, with regard to gender equality, disability inclusion and outreach to specific population groups such as nomads, and unregistered migrants and refugees.

Efficiency

Overall, WHO interventions delivered results in a timely and economic manner, with notable successes in implementing large infrastructure projects. WHO has aligned its resources with the stated priorities of the CCS, although strategic areas have been unequally funded – interventions within the "healthier populations" pillar on social and environmental determinants of health and NCD risk factors appear underfunded. Fundraising efforts have been successful in supporting the CCS implementation, focusing on refugees' health as an entry point for health system strengthening. However, flexible funding remains limited, with a risk of donor concentration among a few major sources, such as the European Union and the United States.

The WHO Country Office has strong management and support systems. The implementation of the core predictable country presence (CPCP) and the delegation of authority and due diligence following the recommendations of the Action for Results Group have resulted in strengthened autonomy, functionality and capacity of the Country Office. Overall, the WHO Country Office for Jordan received a high score in the regional compliance assessment mechanism. It has developed a strong reporting system to track activities implementation and output-level contributions, but the institutional reporting system on the CCS lacks baseline, milestones and targets to inform programmatic decisions.

Sustainability

The extent to which the benefits of WHO interventions are likely to continue varies. WHO has contributed to a shift in focus in the national health priorities towards PHC and UHC, and shifting investment to primary health care is likely to contribute to the sustainability of the health system and WHO's contribution.

In addition, national ownership and capacity have been strengthened in specific areas such as the National Immunization Programme, the medical supply chain and antimicrobial surveillance. However, WHO's capacity-building efforts are often hampered by a lack of national ownership, fragmentation and lack of investment in the

public health sector. WHO has made some headway in supporting multisectoral health response, but significant progress is needed to implement the “health equity in all policies” approach.

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 headquarters and WHO Regional Office for Eastern Mediterranean 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 monitoring and evaluation (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

Recommendations related to the new CCS development

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.** Ensure that there is an agreed exit/sustainability strategy with milestones and targets reflecting the capacity built and ownership of national counterparts as part of the next Jordan CCS.
- **ToC.** Develop a comprehensive ToC accompanying the next CCS, detailing the expected pathways and assumptions in each priority area of GPW14.
- **Lessons learning and adaptation.** WHO Regional Office for Eastern Mediterranean Department of Planning and Monitoring and WHO Country Support Unit need to promote the sharing of lessons from Jordan's experience in tailoring WHO's programmatic work to the maturity level of the health system, with a view 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 Ministry of Health and flexibly responds to emerging priorities.

- **Expand stakeholder engagement.** Conduct a mapping of non-health specialist stakeholders across the government, UN agencies, donors, civil society, development partners, professional associations, experts and the private sector to identify gaps and leverage their roles in a more coordinated health sector response. The WHO Country Office for Jordan should use this mapping to enhance its convening role and drive multisectoral participation in health decision-making.
- **Revitalize high-level coordination on non-health sector platforms.** Advocate for the government to re-activate or replace the High Health Council to ensure a more structured and strategic governance framework that facilitates cross-sectoral integration of health priorities within the EMV.
- **Streamline and strengthen coordination mechanisms.** Rationalize the number of health sector coordination platforms by merging or phasing out duplicative forums and ensuring that remaining mechanisms focus on action-oriented collaboration, instead of information exchange.

Ensure that WHO's future support can flexibly respond to emerging priorities, including those based on the GPW14 prioritization exercise, conducted with the Ministry of Health. Priority agendas to be pursued from the current CCS include governance and financial protection for universal health coverage, health information system harmonization, noncommunicable diseases policy regulation, climate change mitigation and regional emergency preparedness as core elements of the next CCS.

Recommendations related to CCS implementation

Recommendation 3: WHO Regional Office for Eastern Mediterranean and WHO headquarters should further enhance their coordination and streamline their support to the WHO Country Office to ensure that the most impactful interventions are prioritized.

- **Streamline pilot initiatives.** Establish a structured process for streamlining pilot initiatives from WHO Regional Office for Eastern Mediterranean and WHO headquarters, ensuring they are contextually relevant, aligned with national health priorities and effectively scaled when successful.
- **Include the roles of headquarters and Regional Office in the Country Support Plan.** Roles outlined in the CCS should be implemented by the three levels in the Country Support Plan (CSP) mechanism.
- **Strengthen the CCS M&E framework.** Ensure that contribution to outcomes and outputs is tracked against milestones and targets, and monitoring and evaluation data are used to inform programming, improve decision-making and support evidence-based advocacy to communicate WHO's added value. Realistic, achievable and measurable results frameworks should be developed to be applied at the Country Office level, capturing the cause-effect relationships among inputs, outputs, outcomes and impact. The indicators should be nested within the different projects to ensure consistency and effective monitoring against the WHO Country Office expected results.

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 efforts on addressing NCD risk factors,** including through a multisectoral approach with other UN agencies at the country level, and continue evidence-based advocacy for the government to prioritize the NCD multisectoral agenda and address industry interferences.
- **Strengthen advocacy work on equity.** Advocate for the government to prioritize health inequities and tailored interventions to address the needs of specific population groups, such as women and girls, people living with disability, non-registered refugees and migrants, and adolescents and youths, in collaboration with other UN and development partners.
- **Strengthen the Country Office capacity on gender, equity and human rights.** Build the capacity at the WHO Country Office on social determinants of health and gender, equity and human rights, both through allocating additional staff time and implementing capacity-building programmes for all staff, drawing on resources from WHO and other UN agencies.

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.** WHO (Country Office with support from Regional Office and HQ communications and partnerships teams) should develop a revised donor engagement strategy that explicitly links health investments to Jordan's EMV and non-health-specific national priorities, demonstrating the economic and social returns of health sector funding. The revised strategy should be adaptable to allow tailoring to different donor interests, while remaining anchored in the country's needs and priorities. It should also promote integration of health into other sectors for a broader focus on fundraising, and partnerships with non-health specialist donors and development partners. For example, WHO Regional Office for Eastern Mediterranean and WHO headquarters resource mobilization teams should support the WHO Country Office in proactively engaging development banks (for example, the World Bank, the Islamic Development Bank) and innovative financing mechanisms to diversify funding beyond traditional donors.
- **Build on the lessons learnt from the current approach by the WHO Country Office on mobilizing funding for refugees to address broader health system strengthening through an equity approach.** Given that Jordan's economic status (transitioning from middle-income to lower-middle-income category) may limit donors funding for essential services, equity-focused approaches may generate additional opportunities for donors that do not have a health-specific portfolio (for example, with the EU on climate change mitigation).
- **Support overall health financing in Jordan.** WHO should engage with national stakeholders, including the Ministry of Health and the MoPIC, to co-develop proposals that align with national strategies and secure joint funding from both domestic budgets and international partners. Ensure that the UN Country Framework Health Plan includes joint programmes and collaborations for multisectoral health programmes.
- **Improve visibility of WHO's contribution.** WHO should improve reporting and visibility efforts to better communicate the impact of its interventions, using data-driven narratives and success stories to attract additional funding. In addition, the WHO website should be positioned as a go-to source to easily access key country health data.

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