WHO contribution in Jordan (2021-2024)

Evaluation report

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Cover photo description: A WHO staff member delivering a session with local communities in a health centre organized by the WHO Jordan Country Office as a part of community engagement programme. ©WHO

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Acknowledgments

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Acronyms

AECID	Agencia Española de Cooperación Internacional para el Desarrollo (Spanish Agency for International Development Cooperation)
AMR	Antimicrobial resistance
AMS	Antimicrobial stewardship
ARG	Acton Results Group for country level impact
BPRM	Bureau of Population, Refugees and Migration
CCS	Country Cooperation Strategy
CPCP	Core predictable country presence
CSP	Country Support Plan
CRVS	Civil Registration and Vital Statistics
DOS	Department of Statistics
DTP	Diphtheria, pertussis and tetanus
EB	Executive Board
EMT	Emergency medical team
EMV	Economic Modernization Vision
EQ	Evaluation question
ERG	Evaluation Reference Group
FCTC	Framework Convention on Tobacco Control
FGD	Focus group discussion
GAP	Global Action Plan
GDP	Gross domestic product
GHO	Global Health Observatory
GLASS	Global Antimicrobial Resistance and Use Surveillance System
GPW	General Programme of Work
HIS	Health Information System
ICU	Intensive care unit
IHR (2005)	International Health Regulations (2005)
IMC	International Medical Corps
JCDC	Jordan Center for Disease Control
JRIS	Jordan Integrated Reporting System
KII	Key informant interview
LMIC	Lower-middle-income country
MCCOD	medical certification and causes of death
MCV1	Measles-containing vaccine first dose
mhGAP	Mental Health Global Action Plan
MoU	Memorandum of understanding
MPTF	Multi-Partner Trust Fund
NCD	Noncommunicable disease
NGOs	Nongovernmental organization
NHA	National Health Accounts
OCR	Outbreak and crisis response
ODA	Official development assistance
PHC	Primary health care
PHEOC	Public Health Emergency Operations Centre
RHAS	Royal Health Awareness Society
RMS	Royal Medical Services
SDG	Sustainable Development Goal
THE	Total health expenditure
ToC	Theory of change
UHC	Universal health coverage
UMIC	Upper-middle-income country
UN	United Nations
UNCT	United Nations Country Team
UNEG	United Nations Evaluation Group
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
UNSDCF	United Nations Sustainable Development Cooperation Framework
USAID	United States Agency for International Development
VC	Voluntary contribution
WASH	Water, sanitation and hygiene

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 County 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 3.3 million refugees from Iraq, Syrian Arab Republic and occupied Palestinian territory– 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 2021–2025 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.

[1] WHO Global Health Expenditure Database

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 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 2021–2025.

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.

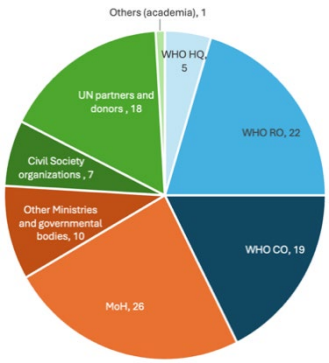
The following quantitative and qualitative data sources were analysed and triangulated to inform the findings under each evaluation question:

> 100 Documents

3 Databases

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

108 Respondents to semi-structured interviews



4 Focus group discussions with 19 services providers

- Princess Basma HC
- Sweileh HC

4 Project site

- 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 the Regional Office 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 the 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 the Regional Office has not always 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. 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 analyzed 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)] self-assessment 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 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 WHO core predictable country presence (CPCP) and the delegation of authority and due diligence following the recommendations of the WHO Action for Results Group for country level impact (ARG) 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 the 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 ARG 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.
- **Theory of Change(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.** The WHO Regional Office for the 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 the 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 Jordan's Economic Modernization Vision (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 the 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 the 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 (the Country Office with support from the Regional Office and WHO headquarters 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 the 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 Ministry of Planning and International Cooperation , 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.

Introduction to the evaluation

1. The independent evaluation of WHO contribution in Jordan focuses on country-level results in relation to the national priorities, aligned with the WHO global and regional agenda, and the UN Cooperation Framework. Using the inputs from all three levels of WHO, the process documented key contributions, gaps, lessons and the strategic direction WHO needs to take, going forward, to improve health outcomes in Jordan. The evaluation report covers an introduction to the report, and a brief overview of the Jordan context and WHO interventions; the purpose, objectives and scope of the evaluation; the methods used; the evaluation findings; conclusions; and lessons learnt and recommendations.
2. This evaluation of the WHO programme in Jordan was conducted as the WHO Country Office approaches the conclusion of its current County Cooperation Strategy (CCS) and initiates efforts to re-align its strategies with the recently approved WHO Fourteenth General Programme of Work (GPW14).

2. Context

2.1 Jordan's health context

1. Jordan has a population of around 11.5 million, with an annual population growth rate of 1.6% (2022). The health expectancy of Jordan was estimated at 75.5 years (77 for women and 74.6 for men) in 2021, compared with the regional average of 68.5 years. Noncommunicable diseases (NCDs) are the leading cause of death by category, claiming 78% of deaths in the country in 2024, followed by communicable diseases, maternal, perinatal and nutritional conditions (32%), COVID-19-related deaths (8%) and injuries (6%) in the same year *(2)*.
2. A key feature influencing the demographic profile of Jordan is demographic growth, partly driven by a steady influx of refugees in the country. Jordan hosts around 3.3 million refugees, of whom 1.36 million are Syrian Arab Republic refugees, with only 785 000 registered at the United Nations High Commissioner for Refugees (UNHCR). Nearly 90 000 Syrian Arab Republic refugees live in camp settings with camp-based PHC centres and referrals to advanced health care through the UNHCR. Approximately 2.3 million occupied Palestinian territory refugees reside in Jordan. In addition, the country has experienced rapid urbanization, with 92% of the population living in urban settings in 2023 *(3)*.
3. Table 1 below presents an overview of the trends and performance with regard to key health indicators, compared with the regional average. Jordan fares better than the regional average on all key health indicators, except for the mortality rate attributed to the four main NCDs and family planning. Maternal, neonatal and under-five mortality rates as well as road traffic-related deaths are showing improvement; however, key communicable diseases such as HIV and tuberculosis seem to be on the rise, along with an increasing suicide mortality rate.

Table 1. SDG3 indicators (Source: Jordan data portal, Department of Statistics) (4)

	Better than regional average	Worse than regional average
Improving trend[2]	• Maternal mortality ratio 28/100 000 (2022) • Proportion of births attended by skilled health personnel 99.9% (2023) • Under-five mortality rate 15/1000 live births (2023) • Neonatal mortality rate 9/1000 live births (2023) • Death rate due to road traffic injuries 5/100 000 (2022)	
Worsening trend	• New HIV infections 104 (2023) • Tuberculosis incidence 2.3/100 000 (2023) • Suicide mortality rate 1.41/100 000 (2020)	• Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 83% (2020) • Proportion of women of reproductive age who have their need for family planning satisfied with modern method, age group 15–49 54.1% (2023)

2.2 Sociopolitical dynamics influencing Jordan's health priorities

1. Jordan's health priorities are shaped by a combination of domestic and international factors, including economic constraints, geopolitical issues and social determinants of health. These dynamics have a profound impact on the country's health-care system and its ability to address public health challenges effectively. Key elements affecting the health system in Jordan include the following:
2. *The geopolitical context and refugee crisis:* Jordan's geopolitical position in the Middle East has placed it at the centre of multiple regional crises, such as the Lebanese civil war, the Gulf war, the Iraq war, successive waves of occupied Palestinian territory refugees from the West Bank and Gaza Strip, the Syrian Arab Republic civil war since 2011, and more recently, the arrival of Sudanese and Yemeni refugees. In addition, the current conflict in Gaza is a significant factor of political uncertainty for Jordan and the Region. As a host country for refugees, Jordan's health-care system faces intense pressure to provide services to an increasingly diverse and displaced population *(5)*.
3. *Demographic trends:* The health system must respond to the needs of an increasing number of people living in Jordan due to the influx of refugees and migrants and the growing number of elderly people due to the demographic transition. It must also respond to growing urbanization while considering the fact that the population is unevenly distributed across the country, with most residents concentrated in and around Amman.
4. *Noncommunicable diseases:* A key health agenda in Jordan involves the NCD epidemic, as NCDs and other chronic conditions accounted for almost 80% of all deaths in 2024. In recent years, Jordan has seen a marked increase in cardiovascular diseases, diabetes and cancer, which now dominate the country's epidemiological profile. The highest risk factors are tobacco use, lack of physical activity and unhealthy diets. The rising burden of NCDs is linked to lifestyle changes,

[2] From latest data point before the start of the CCS

urbanization, poor dietary habits and sedentary behaviour, all of which are on the rise among the country's population *(6)*. Efforts to address NCDs through public awareness campaigns and legislation have been frustrated since public health policies targeting, for example, smoking cessation are often undermined by industry interference, as a result of which the country's tobacco consumption rate remains the highest in the Region *(7)*.

5. *Mental health:* In 2019, the prevalence of mental health conditions in Jordan stood at approximately 15%, representing 10% of the total disease burden in the country *(8)*. Specific groups are likely to be particularly affected by mental health conditions: refugees are likely to be especially vulnerable to depression, anxiety and post-traumatic stress disorder due to the stresses associated with forced displacement and conflict. In addition, around 12% of young people in Jordan experience mental health issues *(9)*.

2.3 Key equity issues and populations in marginalized and vulnerable circumstances

1. Vulnerable groups in Jordan are identified as refugees and migrants, and vulnerable Jordanians. Refugees make up about 12.3% of Jordan's population, with the majority of them (estimated 90%) living out of camps in urban areas. In 2022, 49% of those registered with the UNHCR were vulnerable while 37% of them were severely vulnerable with regard to their access and utilization of health services *(10)*. Refugees can access any Ministry of Health health facilities, with largely subsidized rates and no-cost services at UNHCR facilities. Antenatal care and vaccinations are free for all of the population residing in Jordan, including refugees. However, refugees have different needs and experience barriers at the time of accessing health care, because of, among other things, low health literacy and awareness of the risk factors, danger signs of the diseases, and hurdles to accessing free and subsidized PHC services. There are also non-registered migrants and refugees from different countries of origin who do not benefit from subsidized health care.

2. Vulnerable Jordanians as well as Jordanians living in rural areas experience limited access to health-care facilities too. Significant disparities remain between urban and rural areas in terms of health-care infrastructure and the availability of specialists *(11)*. Health care accessibility in rural areas is further constrained by the limited availability of health-care professionals, with many preferring to practise in Amman. Jordan also continues to face challenges to ensuring that marginalized groups, such as low-income families, have equitable access to care.

3. Among Jordanian women, gender norms, particularly in rural areas, often limit women's health-care decision-making, especially with regard to reproductive health and family planning. Early marriages are common and young mothers have little decision-making power over theirs or their child's health and well-being *(12)*. There are also intersectional factors at play; for example, young Syrian Arab Republic mothers have the highest rate of home deliveries, alongside lower vaccination coverage and delays in vaccination *(13)*.

4. Certain groups of diverse ethnic and cultural backgrounds may face specific barriers to accessing health service, notably Jordanian Bedouin semi-nomad populations and a community of Pakistani origin living in the Jordan River Valley.

2.4 Health system context

Health policy

1. Strengthening primary health care (PHC) with an integrated approach has become a national priority, as indicated in the Jordan Economic Modernization Vision (EMV) 2030. Jordan's national priorities in health are articulated in key national strategy and policy documents, including the National Health Sector Strategy (2016–2020), the Ministry of Health Strategy (2023–2025) and the National Health Sector Reform Action Plan (2018–2022). In addition, Jordan is committed to the Agenda 2030 for Sustainable Development and the global goals of universal health coverage (UHC) and "leaving no one behind". The country also joined international partnerships for UHC, such as the European Union–Luxembourg–WHO UHC Partnership (2017) and UHC2030 Global Compact facilitated by the World Bank and WHO (2018), which promote the adoption of a "Health in All Policies" approach.

Launch of the Jordan Ministry of Health Strategy 2023-2025, supported by WHO. ©WHO

Health financing

1. Jordan has been experiencing a challenging economic situation, with a debt-to-GDP ratio of 101% in 2022, a negative trade balance of US$ 7.71 billion and unemployment rates of 18% in 2024.[3] As a result, investment in health and other social sectors remains limited *(14)*. There has been a

[3] World Bank open data

continued under-investment in PHC both by the government and development partners, with around 32% of the total health expenditure (THE) dedicated to PHC in 2019,[4] compared with around 70% regionally. The Refugee and Migrants Health System Review Report (2024) indicates that PHC has been underfunded, leading to lower-quality services. Budget allocation for health has decreased and the 2019 National Health Accounts show that investment in the health sector remains low, at around 7% of the gross domestic product (GDP). The health sector is, however, an important source of revenue for the Government of Jordan, representing 3.2% of the country's GDP and employing 4.7% of its workforce.[5]

2. Privatization of health-care services has led to a growing divide between those who can afford high-quality private care and those who are reliant on the often overcrowded and underfunded public sector facilities *(15)*. Despite efforts to expand health insurance coverage and improve health care access, disparities persist. Only 55% of Jordanians have access to health insurance and out-of-pocket expenditure has increased, representing about 36% of the national health expenditure.[6] While the Jordanian government funds the bulk of the public health system, the country remains reliant on foreign aid and remittances from its diaspora, and receives substantial support from international organizations and donor countries, particularly the United States of America and the Gulf states. This external support helps fund health-care programmes targeting refugees, disease control and maternal health.[7]

Health system structure

1. The health system in Jordan includes several public and private stakeholders: public sector health service providers (Ministry of Health-managed health centres, Royal Medical Services, university hospitals); private sector hospitals and clinics; international players that provide health services (UNHCR, UNRWA, NGOs); and councils and public health institutions (Nursing Council, Medical Council, Joint Procurement Department, etc). All such actors fall under the overall responsibility of the Ministry of Health, although governance appears fragmented. PHC centres, largely managed by the Ministry of Health, comprise a network of facilities and are considered the entry point of health care access. Comprehensive PHC centres provide preventive and general services, including reproductive, maternal and child health, dentistry, outpatient consultations and patient education.

2. The PHC centres provide rapid access to medical care, vaccinations, maternity, child care and some treatment for chronic conditions. The infrastructure, human resources, medical supply chain and digitalization of PHC centres are significant government priorities. Village health centres provide basic medical services, with part-time doctors providing essential medications and nurses or midwives delivering care such as immunization, vital sign monitoring, minor surgical procedures and administering prescribed treatments *(16)*.

[4] Jordan National Health Accounts for 2019–2020
[5] Jordan Economic Modernization Vision
[6] Jordan National Health Accounts for 2019–2020
[7] Health and nutrition: Syria refugee response in Jordan. UNHCR (2019).

Evaluation object

1. The object of this evaluation is to assess the contribution of WHO in Jordan, both in terms of achieving planned results in the current strategic period and its role, going forward. Planned results for WHO in Jordan are framed in the CCS for the period 2021–2025. The CCS has four strategic priorities:
    - Strengthen the health system to advance towards UHC.
    - Promote health and well-being.
    - Build health system resilience and capacity to prepare and respond to health emergencies.
    - Strengthen data and innovation capacity.

2. In addition to the CCS, WHO uses a biannual Country Support Plan (CSP) as the implementation plan. CSPs (2020–2021, 2022–2023 and 2024–2025) are the outcome of joint planning for the biennium with the Ministry of Health and key national stakeholders. Over the period covered by this evaluation, WHO's key areas of contribution in Jordan include:

Table 2. WHO areas of contribution from the three levels of the Organization since 2021

CCS Strategic Priority	WHO focus areas in Jordan (three levels)
UHC Pillar	
Strengthening the health system for UHC	• UHC and health security including Syrian Arab Republic refugees (UHC roadmap, UHC benefit package) • Comprehensive PHC model approach with integrated services • National high-level policy dialogue on UHC roadmap • Strengthened Programme Management Directorate capacities • National Quality and Patient Safety Policy and Strategy 2024–2030
Health financing	• National Health Finance Strategy 2023–2025 • National Health Accounts (NHA) reports 2018–2019 and 2020–2022 • Jordan Labour Market Analysis for health-care workers
Regulatory system	• Jordan FDA self-benchmarking institutional development plan • Three regional pharmacovigilance centres established • Good pharmacovigilance practices training (1000 trainees)
Supply chain management	• Strategic Medical Inventory Warehouse of Health in Zarqa • Ultramodern centralized warehouse in Amman for essential medicines and supplies • Rehabilitation of six regional warehouses • Implementation of the Inventory Management System and skill-building on supply chain management (250 trainees) • National Supply Chain Improvement Plan for Jordan, 2022 • Cold chain for vaccines (including 380 WHO prequalified refrigerators, three cold rooms and 20 ultra-cold chains) • 15 pick-up vehicles procured for 12 governorates for vaccination outreach

National Immunization Programme	• National Immunization Strategy • Vaccine pricing analysis conducted for strategic purchasing • Procurement of six routine vaccines (20% of National Immunization Programme coverage) • EPI assessment
Communicable diseases	• Elimination of leprosy in Jordan 2024 • National Strategic Plan for thuberculosis elimination 2023 • Measles outbreak preparedness and response • Cholera response readiness, including through laboratory skills training
Antimicrobial resistance (AMR)	• National AMR M&E Framework • Public health hospital in Zarqa identified as AMR Centre of Excellence • National AMR Surveillance Report published annually • Infection prevention control guidelines
Assistive technology	• Global Report on Assistive Technology (GReAT) • Jordan's Priority Assistive Products List developed
Emergencies pillar	
Build health system resilience and capacity to prepare and respond to health emergencies.	• National Community Protection Strategy 2024 • One Health: Memorandum of understanding for data and information sharing between the Ministry of Health and the Ministry of Agriculture • Pandemic Influenza Preparedness Plan • Jordan's all-hazard risk profile updated using STAR tool • Public health emergency operation centre for all-hazard emergencies • Contingency plan developed by WHO based on potential spillover from the war in Gaza • Emergency Medical Team established • Medical evacuation for children from Gaza • Comprehensive assessment of the refugee and migrant health system
Healthier populations pillar	
Climate change and health	• Greater Amman Municipality's Healthy Cities initiative • Roadmap on Water Access Sanitation Hygiene at health-care facilities • Green energy and waste management in a PHC model of care
Mental health	• Implementation of National Mental Health and Substance Use Action Plan through the DG's Special Initiative for Mental Health (2019–2025) • Mental Health Investment Case Study (2024) • Capacity-building on Mental Health Global Action Plan (mhGAP) in partnership with UNICEF • mhGAP institutionalized within the family physician training programme
NCD prevention and governance, and nutrition	• STEPs 2025 • National Nutrition Strategy 2023–2030 • Action plan on food labelling legislation • Three paediatric guidelines on childhood cancer • National Strategy for Cardiovascular Diseases and Diabetes • 2000 health-care providers trained in HEARTS[2] • National Cancer Control Action Plan for 2023
Health promotion	• National Strategy for Health Promoting School 2025–2030

[2] HEARTS is the WHO's Technical package for cardiovascular disease management in primary health care

	• 17 639 community-based sessions on immunization with Royal Awareness Health Services (RAHS) • Empowered grandparents' role in parenting
Tobacco control	• Multisectoral National Tobacco Control Strategy 2023 • Walking track and smoking cessation project at King Abdullah II Park in Amman • Protocol to Eliminate Illicit Trade in Tobacco Products ratified
Strengthening data and innovation capacity	
Health data and digitalization	• National Digital Strategy 2023–2027 • Routine health information (hospitals and health directorates) using DHIS2 routine health information system • Civil Registration and Vital Statistics System focusing on causes of death registration systems health indicators • National Digital Health Strategy 2024–2027 • Data repository using DHIS2 • Voluntary National Review for SDG3 • Advancing SDG3 data and governance (national team for harmonized reporting)

Source: Contribution of WHO towards achieving the National Health Priorities of Jordan 2021–2025

3. WHO headquarters and WHO Regional Office for the Eastern Mediterranean have intensely collaborated with the WHO Country Office over the CCS period, with many global and regional initiatives piloted or implemented in Jordan. A number of high-level missions are also taking place to support key strategic areas of WHO in Jordan. In particular, the Regional Office has provided technical backstopping and mobilized global and regional expertise on UHC roadmap development, SDG3 monitoring, mental health and digitalization, vaccine procurement mechanism, strengthening AMR through establishing synergies with other countries, establishing a public health emergency operation centre (PHEOC), and ongoing mobilization of technical and financial resources to support the Country Office activities. WHO Regional Office for the Eastern Mediterranean and WHO headquarters also facilitated the exchange of experiences between national stakeholders and their counterparts in the Region and other parts of the world.

4. The Country Office has enhanced Ministry of Health leadership by providing strategic support for improved governance, increasing the engagement of the Ministry of Health in WHO governing body meetings, regional committees and the World Health Assembly. At the Seventy-seventh World Health Assembly, WHO ensured that the Minister of Health co-chaired a panel discussion. Other aspects of WHO health leadership work in Jordan include engagement in different platforms, the key ones being the Health Development Partners Forum and steering committee meetings chaired by the Ministry of Health and co-chaired by WHO. In addition, the WHO Country Office for Jordan ensured that the newly appointed Minister of Health was familiarized with WHO organizational priorities through a visit to WHO Regional Office for the Eastern Mediterranean. High-level technical missions from the Regional Office and WHO headquarters have contributed to enhancing the governance and leadership of the Ministry of Health in key areas of national health priorities, including those regarding PHC, COVID-19 after action review, UHC roadmap, AMR, establishment of the Emergency Medical Team, environmental health and introduction of DHIS2.

5. In terms of WHO country programme funding, a higher allocation for outbreak, crisis response and scalable operations (OCR) budget marked the 2020–2021 biennium, reflecting the COVID-19 response. In contrast, the base budget (which includes interventions on UHC, health emergencies, health and well-being pillars, and WHO enabling functions) seems to have increased over the period. Table 3 below presents the overall financing levels and utilization of funds across all segments of the WHO Country Office for Jordan budget over the evaluation period.

Table 3. Summary budget and expenditures of the WHO Country Office for Jordan (2021–2025)

	2020–2021		2022–2023		2024–2025**		Total period	
Budget segment	**Funds received**	**Utilization**	**Funds received**	**Utilization**	**Funds received**	**Utilization**	**Funds received**	**Utilization**
BASE	13 028 536	12 504 603	23 487 861	22 491 325	19 621 006	8 978 467	56 137 403	43 974 395
OCR	16 326 736	15 914 389	3 899 095	3 725 947	293 146	92 620	20 518 977	19 732 956
Special programme	237 782	233 782	263 500	247 662	213 265	31 627	714 547	513 071
TOTAL ($)	**29 593 054**	**28 652 774**	**27 650 456**	**26 464 934**	**20 127 417**	**9 102 714**	**77 370 927**	**64 220 422**

***Represents data extracted as of the end of May 2024*

6. Key voluntary donors to the WHO Country Office for Jordan are indicated in Table 4 below.

Table 4. Key funders in the current CCS period

Key funders	Projects funded
EU delegation	EU Trust Fund (Madad) for strengthening health care in Jordan, covering vulnerable Jordanians and Syrian Arab Republic refugees, € 32 million (approximately U$ 37.71 million) (2020–March 2025)
	Primary health care for vulnerable Jordanians and Syrian Arab Republic refugees, with (2024–2027) € 15 million (approximately US$ 17.68 million) (2024–2027)
Multi-Partner Trust Fund	Fund to harness synergies between climate change adaptation and risk reduction in migrant-inclusive health system responses, US$ 220 612 (2024–2026)
Spanish Agency for International Development Cooperation (AECID)	Strengthening routine health information system for the Ministry of Health, € 350 000 (approximately US$ 410 220) (2024–June 2025)
Pandemic Fund	Strengthening early warning and disease surveillance systems jointly with the United Nations Children's Fund (UNICEF) and the Food and Agricultural Organization of the United Nations (FAO), US$ 2.2 million (2024–2026)
Bureau of Population, Refugees and Migration (BPRM)	Upgrading primary health care centres accessed by Palestinians and vulnerable Jordanians, US$ 18 million (2024–2025)

King Abdella II of Jordan inaugurates the ultra-modern warehouse in Jordan, witnessed high level government officials, representatives of WHO and EU delegation. ©WHO

Purpose, objectives and scope

Purpose

7. The purpose of this evaluation of WHO's contribution in Jordan is to support organizational learning and accountability for results among both external and internal stakeholders, providing an opportunity to: (i) synthesize insights gained from what worked and what could be done differently; and (ii) offer evidence-informed insights to support the development of a new strategic direction, including the new CCS. This formative (forward-looking) evaluation supported the WHO Country Office and national stakeholders' strategic learning and decision-making for the next CCS. Additionally, this evaluation had a secondary summative (backward-looking) perspective to support enhanced accountability for the achievement of planned results and learning from experience.

Objectives

8. The objectives of this evaluation are to:

   - assess the achievements, including those reached by the CCS mid-term, against the objectives formulated in the CCS and corresponding expected results developed in the WHO Country Office biennial workplans while pointing out the key success factors, gaps, challenges and opportunities for improvement; and
   - identify lessons learnt from WHO's work to define strategic shifts needed to improve WHO's strategic positioning in Jordan, moving forward, and to support the WHO Country Office for Jordan and partners in the development and resourcing of the next CCS and operational planning mechanisms.

Scope

9. The evaluation covered all interventions across all outcome and output areas undertaken by WHO (WHO Country Office for Jordan, WHO Regional Office for the Eastern Mediterranean and WHO headquarters) in Jordan during the 2021–2025 period. This timeframe aligns with the CCS, ensuring an assessment of progress within the strategic period and providing insights for future priorities. The geographical scope is limited to Jordan, focusing on national and subnational interventions across various health sectors. The scope includes WHO's work across health system strengthening, UHC,

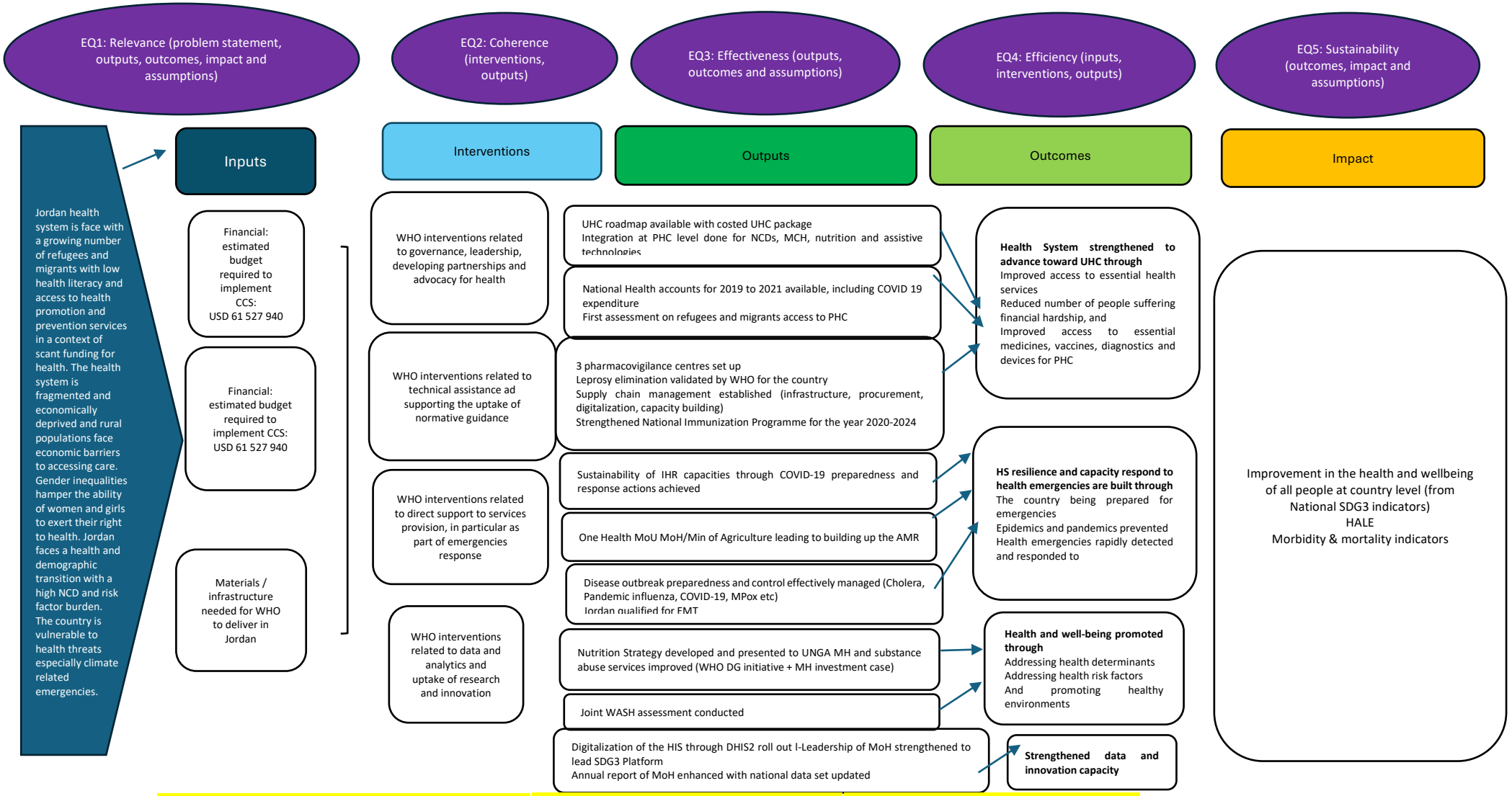
emergency preparedness and response, health promotion, and data and innovation capacity. It examines interventions aimed at improving access to health care, enhancing coordination with national stakeholders and supporting policy development. Additionally, the evaluation assesses WHO's contributions to addressing the health needs of refugees, vulnerable populations and marginalized communities in Jordan. While the primary focus is on WHO's planned objectives and expected results, the evaluation also considers external factors influencing implementation and effectiveness. It identifies key achievements, challenges and lessons learnt, offering recommendations for WHO's future strategic direction in Jordan. The evaluation scope does not include the work of other WHO entities based from Amman beyond the country office, such as the WHO regional office hub for polio and the WHO Health Emergencies hub beyond their relationship and contribution to the WHO country office work.

Methods

Evaluation design

10. This evaluation followed a theory-based approach, structured around a theory of change (ToC) developed collaboratively during the inception phase of the evaluation. The ToC served as the foundation of the evaluation, providing a framework to guide the identification of key evaluation questions. Evaluation questions were mapped against different levels of the ToC, as presented in Fig. 1 below (a full version of the ToC is included in Annex 3). The evaluation investigated the extent to which the evidence gathered supported or diverged from the change pathways envisaged in the ToC developed during inception. It also assessed the extent to which assumptions held true in the period considered and whether unanticipated factors significantly influenced the expected results. The ToC results chain is as follows: WHO contributes to the achievement of output-level results through its interventions and in partnership with other stakeholders, primarily the Ministry of Health; these outputs in turn contribute to outcome results that relate to the health system and are joint priorities identified in the CCS between the WHO Country Office and the Ministry of Health; and finally, these outcome results are to influence health outcome results at the impact level, although this level of contribution has not been investigated in depth in the evaluation.

Fig. 1. Evaluation theory of change



11. The key stakeholders of this evaluation include WHO, particularly the WHO Country Office for Jordan management, which is the primary user of this evaluation's findings and recommendation to inform the next CCS development and implementation; WHO Regional Office for the Eastern Mediterranean, which may use the evaluation findings and best practices to inform other WHO country offices in the Region as well as regional support priorities; and WHO headquarters, which provides technical cooperation in Jordan. In addition, the WHO Regional Committee for the Eastern Mediterranean and the Executive Board will be informed through this evaluation about the added value in Jordan and learn about the best practices and challenges identified. As a recipient of WHO support, the Government of Jordan – the Ministry of Health in particular is interested in an independent assessment of WHO's contribution to health outcomes in Jordan. Other relevant stakeholders that may use the evaluation to enhance their partnership with and support to WHO in Jordan include development partners and members of the UN Country Team (UNCT) and donors.

12. The evaluation matrix is structured around five key evaluation questions (EQs) that align with the OECD-DAC evaluation criteria of relevance, coherence, effectiveness, efficiency and sustainability, as shown in Table 5. This structure facilitated a systematic approach to data collection and analysis. Annex 2 presents the detailed evaluation matrix.

Table 5. Framework for the evaluation of WHO contribution in Jordan (2021–2024)

Criteria	Evaluation questions	Sub-questions
Relevance	EQ1: To what extent are the positioning and interventions of the WHO Country Office for Jordan aligned with the Jordanian context and the evolving needs, policies and priorities of the government, and with the needs and rights of beneficiaries in Jordan?	1.1 To what extent have WHO's objectives and interventions responded to health priorities in Jordan, including flexibly responding to emerging health needs?
Coherence	EQ2: To what extent have WHO interventions and positioning been coherent, and to what extent do they demonstrate synergies and consistency with one another as well as with interventions carried out by other partners and the government in Jordan?	2.1 To what extent have WHO interventions been coherent internally across the three strategic priorities of GPW13, including with the WHO Health Emergencies Programme (WHE), Special Programmes and polio eradication programmes? 2.2 How has WHO harnessed its comparative advantage to deliver on its mandate of convening and coordinating partners including within the UN system?
Effectiveness	EQ3: To what extent were WHO results (including contributions at the outcome and system levels) achieved or are likely to be achieved and what factors influenced their achievement?	3.1 To what extent were the WHO Country Office for Jordan programme outputs delivered? Did they contribute to progress towards expected outcomes? 3.2 To what extent have WHO interventions in Jordan addressed health inequities and the needs of populations in vulnerable situations, including refugees, migrants, ethnic minorities, women and persons with disability? 3.3 What has been the added value of WHO regional and headquarters contributions to these results in Jordan?

		3.4 Which good practices, innovations and lessons emerged from WHO's interventions in Jordan, including in the context of the COVID-19 response? How can these insights guide and strengthen future WHO interventions and pandemic preparedness in Jordan?
Efficiency	EQ4: To what extent did WHO interventions in Jordan deliver or are likely to deliver results in an efficient and timely way?	4.1 To what extent do WHO interventions reflect efficient programmatic allocation of human and financial resources, including in response to new and emerging health needs? 4.2 To what extent did WHO advocate and mobilize resources for implementing the CCS Strategic Agenda and what could be done differently, going forward, especially to fund key strategic priority areas? 4.3 To what extent are the results-based management systems adequate to ensure efficient and timely allocation of resources and adequate measurement of results?
Sustainability	EQ5: To what extent has WHO contributed to building national capacity and ownership for addressing Jordan's humanitarian and development health needs and priorities?	5.1 To what extent has WHO supported Jordan's national longer-term goals and resilient, shock-responsive health systems, including building national capacity?

Data collection methods

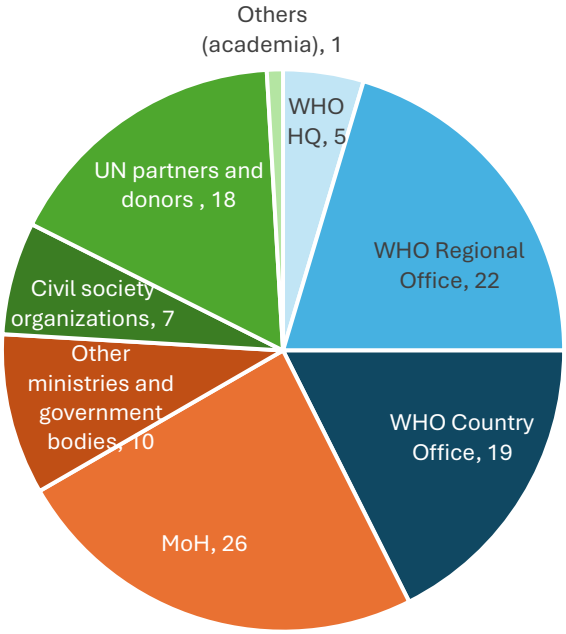
13. Data collection is based on a mixed-methods approach, relying on both qualitative and quantitative data; primary and secondary data were collected. Data collection focused on qualitative data sources. The evaluation team conducted a field visit to Jordan on 17–29 November 2024. The evaluation relied on the following methods:

- **Desk review**. It focused on documents from 2021–2024, relevant to the biennial strategic and operational plans of the WHO Country Office for Jordan. These included the WHO Country Office contribution to technical areas, governance, health leadership, country operations, communication and partnerships. The documents reviewed included significant strategic documents within the current CCS (2021–2025) period as well as the planning documentations prepared for the next strategy; GPW14 prioritization documents, including the ToC; Regional Flagship Priorities; WHO Country Office programme budget and workplans; the Country Support Plan 2024–2025; WHO Country Office periodic technical reports; WHO technical products; national policies, strategies and plans that the WHO Country Office contributed to; achievement reports; and globally and regionally published success stories. Recent evaluation reports, such as the global GPW13 evaluation, WHO evaluations in the Eastern Mediterranean Region, audit reports, WHO normative function evaluation Jordan case study, joint SDG3 GAP evaluation and disability inclusion evaluation, and other external evaluations were also consulted. A list of documents reviewed is included in Annex 9.
- **Quantitative data review**. Data sources include monitoring data from the WHO Country Office/ WHO Regional Office for the Eastern Mediterranean and WHO-wide systems to assess progress against planned targets; financial data available in budgets and financial reports; Ministry of Health annual reports; and health outcome data from national

reports and surveys, Jordan data portal, WHO Regional Office for the Eastern Mediterranean Health Observatory and WHO Global Health Observatory (GHO).

- **Key informant interviews (KIIs)**. A total of 108 respondents were interviewed for this evaluation, with a gender imbalance skewed towards male respondents (48 female and 59 male respondents). This sample was designed during inception, prioritizing stakeholders closely involved in collaborating on and delivering the WHO CCS. Fig. 2 below shows the distribution of respondents by stakeholder type within the three broad categories of WHO, government and partner organizations. A list of organizations of stakeholders consulted is included in Annex 4.

Fig. 2. Respondents to KIIs by category



- **Focus group discussions (FGDs).** Five FGDs were conducted during the in-country mission, with a total of 19 service providers (six men and 13 women). The selection of participants was based on the areas of work of the WHO Country Office. The selection included health-care workers, government staff, and representatives of NGOs and CSOs managing health services that benefitted from WHO contribution. Participants' selection was based on gender disaggregation, nature of the respondents' functions and governorates. The FGDs served to assess perceptions of WHO-supported service providers on current and potential contribution of WHO to improved access, quality and availability of health services for all sections of the population, including for different genders and in vulnerable situations.
- **Field observation**. Given that key WHO interventions in Jordan involved implementing infrastructure projects, the evaluation team conducted field observations to document those activities. The evaluation team visited the Al Bashir Hospital warehouse and the new WHO-supported warehouse in Zarqa, the Bait Ilqa specialized centre for children

with disability, the tobacco cessation centre, and the physical activity track for women and girls at King Abdullah Park. In addition, observation visits were conducted in the following health centres: Sweileh Health Centre, Princess Basma Health Care Centre, Mafraq Clinic and Jordan University Hospital.

An ultra-modern warehouse in Jordan, with transportation supported by WHO through the EU Trust Fund. ©WHO

Analysis and reporting

14. The data analysis aimed to answer the core evaluation questions by synthesizing insights from quantitative and qualitative data sources. The evaluation team analysed qualitative data from document reviews, KIIs and FGDs, using inductive content analysis. This process involved coding the data in Excel to identify emerging themes. Quantitative data sources were analysed using descriptive trend analysis. Quantitative and qualitative data sources were synthesized and compared using the evaluation matrix as the analysis framework, and emerging findings were used to test the validity of the ToC and propose adaptations where needed. Preliminary findings and conclusions were presented and discussed with the WHO Country Office staff in Jordan at the end of the country visit. Following the production of the first draft of the report, three online workshops will be held to validate findings and co-create recommendations with WHO Country Office and Regional Office stakeholders, and with the Evaluation Reference Group to inform the final report.

Dissemination

15. A dissemination phase will include convening a high-level, in-country workshop with WHO's various stakeholders. Participants may include the Ministry of Health leadership, heads of UN agencies, donors, development partners and other key stakeholders with whom the WHO Country Office for Jordan has collaborated between 2021 and 2025 as well as those with whom the WHO Country Office plans to engage in the future. The evaluation team will participate in presenting the evaluation results, including findings, conclusions and recommendations. The WHO Country Office for Jordan leadership will present WHO's management response to these evaluation recommendations. Additionally, the final evaluation products, including the brief, executive summary and full evaluation report, will be published on the WHO website for broader public access.

Ethics

16. The evaluation adhered to the United Nations Evaluation Group (UNEG) norms and standards for evaluation,[8] and WHO ethical guidance and policies for evaluation.[9] Throughout the evaluation process, the evaluation team followed the Organization's requirements outlined in the Code of Conduct to prevent harassment, including sexual harassment at WHO events, and the WHO Policy on Preventing and Addressing Sexual Misconduct. The evaluators have both successfully completed the BSAFE, an online security awareness training and the Protection from Sexual Exploitation and Abuse training on the WHO iLearn platform.

17. In the course of the evaluation, the evaluators upheld ethical principles in the following ways:

- Informed consent was sought verbally prior to any consultation with stakeholders, ensuring that participants were fully informed about the purpose of the evaluation, how the data they shared would be used and their right to withdraw at any time from the data collection exercise.

- Confidentiality and anonymity were maintained by ensuring that data were managed and stored securely by the evaluation team on a separate shared folder that would be fully deleted at the end of the evaluation process. No personal data were shared and interview notes, questionnaire responses and other data sources were fully anonymized prior to sharing those with the client.

- The evaluation engaged a national consultant fluent in Arabic, who was able to support with data collection in this language, to ensure the participation of a wide range of stakeholders. The evaluation team also took into account cultural sensitivities in its interactions with stakeholders.

[8] UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations (2011 and 2014) and UNEG Guidance on Integrating Disability Inclusion in Evaluations (2022)
[9] In particular WHO Policy and Strategy on Health Equity, Gender Equality and Human Rights, 2023–2030, WHO Policy on Disability, WHO Evaluation Policy (2018) and WHO guidance on integrating gender, equity and human rights in the conduct of evaluations.

- The evaluation followed a do-no-harm principle, refraining from collecting or reporting any information that could compromise the safety and well-being of respondents.

- The evaluation adhered to WHO cross-cutting strategies on gender, equity, disability and human rights. The evaluation framework included gender, equity and disability inclusion issues, both across evaluation questions and in specific lines of enquiry in the evaluation framework. Data collection and analysis included gender-disaggregated data where available.

Limitations

18. Key limitations for this evaluation included:

- Data availability on CCS indicators was not complete and most indicators in the CCS framework do not include targets. This limited the ability of the evaluation to assess progress against planned results. This limitation has been mitigated by using similar sources of data, where available, to inform the areas covered by the indicators – for example, from the Jordan data portal, WHO Regional Office for the Eastern Mediterranean Health Observatory and Global Health Observatory (GHO).
- The evaluation team was unable to visit refugee camps due to the complex security permit requirements during the country mission. The evaluation sought to complement its analysis with secondary data and interviews with providers working with refugees living in camp settings.

Children with disabilities engaged in WHO mental health campaign, as a part of inclusion. ©WHO

Evaluation findings

1. To what extent are the WHO Country Office's positioning and interventions aligned with the Jordanian context and the evolving needs, policies and priorities of the government, and with the needs and rights of beneficiaries in Jordan? *(relevance)*

1.1 To what extent have WHO's objectives and interventions responded to health priorities in Jordan, including flexibly responding to emerging health needs?

Finding 1. WHO has been highly aligned with Jordan's priorities, as outlined in national strategic frameworks. Alignment and collaboration have been particularly strong with the Ministry of Health during this CCS implementation period.

19. The CCS interventions of the WHO Country Office for Jordan are aligned with Jordan's Economic Modernization Vision (EMV), which emphasizes national priorities such as UHC and equitable access to health services through PHC within an integrated, digitally enabled health system. In particular, WHO has built a privileged partnership with the Ministry of Health. A development partner noted, *"WHO is very aligned and works closely with the Ministry of Health. They are side by side with the Ministry of Health when there is a need. They are well positioned and perceived as an entity supporting the Ministry of Health and aligning its achievements, systems, guidelines and strategies with global trends, and all developments occurring worldwide."* The Ministry of Health respondents interviewed also praised WHO for its strong alignment with their priorities, which is perceived to be improving in the frame of the current CCS. For example, one respondent commented, *"The CCS is in alignment with the Ministry of Health and the Modernization Vision. Back then, there was no alignment, but now WHO is the technical arm of the Ministry of Health. We succeeded in reflecting Ministry of Health priorities and national strategies through WHO."*

20. The process to co-identify priorities with the Ministry of Health, while aligning with WHO GPW13 and WHO Regional Office for the Eastern Mediterranean Vision through both the CCS and the biannual planning cycle of the CSP, is clear and well implemented. WHO has already engaged the Ministry of Health to jointly define priority areas for the next CCS period from 2025, based on the GPW14 framework. An example of strong alignment that has been highly valued by national counterparts is the supply chain management component of the EU Trust Fund project under the leadership of His Excellency the Crown Prince of Jordan Al Hussein bin Abdullah II. Several Ministry of Health stakeholders commented that WHO's flexibility and willingness to undertake this work fulfilled a critical need for the country health system and supported the achievement of the EMV objectives. Some Ministry of Health partners have, however, commented that they would like to see WHO broaden its work to cover areas that are not supported in Jordan by other health partners, such as the screening of and attention to neonates for thalassaemia,

congenital heart and thyroid diseases, and the mitigation of climate change consequences on health and well-being.

21. While WHO has strengthened its relationship with the Ministry of Health through continuous engagement in planning, implementation and decision-making, it has also deepened partnerships with other institutions since 2021. Several national government counterparts noted that these collaborations had become stronger after the COVID-19 crisis. These include collaborations with the Jordan Center for Disease Control (JCDC) on the AMR response and on the Global Laboratory Leadership Programme; with the Jordan Food and Drug Administration (JFDA) on pharmacovigilance centres' accreditation; with the Government Procurement Department on vaccine procurement modernization; and with the Department of Statistics (DOS) on strengthening the national reporting on SDG3 indicators.

Finding 2. WHO has addressed the strategic needs of the health sector in Jordan, designing interventions based on evidence that target key health issues.

22. WHO has focused on upstream work supporting the pillars of the health system based on an analysis of the specific needs of the country:

- ***Addressing the fragmentation of the health sector.*** Interviews with WHO and Ministry of Health staff as well as the review of high-level mission and assessment reports reveal that WHO has implemented a series of interventions to support the Ministry of Health in developing a stronger policy and strategic framework, including through the development of the new Health Strategic Plan for 2023–2025, focused on creating a fully integrated health-care system and improving equitable access to diagnostic, treatment, rehabilitation and palliative care. WHO has also supported the development of the Roadmap towards Universal Health Coverage and Health Security, the National Strategy for Digital Health (2024–2030) and the Health Sector Humanitarian Response Strategy (2023–2025). In addition, the documents reviewed show that WHO has provided technical assistance towards the development of many technical strategies in the current biennium, including the National Immunization Programme Communication Strategy (2022–2023), the National Action Plan for Combating Antimicrobial Resistance (2023–2025), the Nutrition Strategy (2023–2030), the National Cancer Control Plan (2023–2030) and the National Strategy to Combat Tobacco and Smoking in All Its Forms (2024–2030). However, many respondents from WHO and other development partners have pointed out that the implementation of these policies and strategies have remained a key challenge due to the lack of resources at the Ministry of Health.
- ***Harmonization of health care standards.*** Work conducted by WHO on promoting health care standards has been highly relevant in Jordan, given the multiplicity of service providers, where the lack of standards can make access to care very uncertain for end users. External respondents from national counterparts have acknowledged WHO's contribution to the design of the essential services package, the health workforce roles and responsibilities design, the patient safety standards and guidelines, the National Integrated Priority Respiratory Infection Case Management Protocol (2023), and

treatment guidelines for hypertension, diabetes, high cardiovascular disease risk, chronic respiratory diseases and common childhood cancers.

- ***Strengthening the leadership of the Ministry of Health in the health sector.*** During the CCS implementation period, WHO has handed over the leadership of coordination platforms, such as the Health Partners Development Forum, to the Ministry of Health and encouraged their participation in the Health Sector Working Group. This process has, however, faced challenges, as discussed in EQ5.
- ***Supporting health financing reforms.*** WHO has been supporting the Ministry of Health in conducting the National Health Accounts and worked closely with the Ministry of Health on the health insurance financing reform to implement the UHC Roadmap. These are direct responses to the instability of health sector financing in Jordan, as outlined in the Context section 2.1 of this report.

23. WHO has conducted systematic evidence reviews as a basis to design its interventions and focus its efforts on the key health priorities of the country. WHO's interventions in Jordan are supported by several studies and analyses, including WHO Rapid assistive technology assessment (2022), National comprehensive medical supply chain assessment (2023), Refugee and migrant health system review (2024), Comprehensive assessment of Jordan's health information system (2023), a study on identifying drivers of change for UHC in Jordan (2023), the National Health Risk Profile of Jordan (2024), and a COVID-19 intra-action review (2021). Global guidelines of WHO undergo a process of contextualization and adaptation to the country context. The latter is based on stakeholders' consultations and evidence derived at the country level, as outlined in the normative function evaluation. The case study on Jordan showed, for example, how the WHO Essential Medicines List was adapted to a national list by the Jordan Food and Drug Administration (JFDA) *(17)*. As part of the UHC Roadmap development, WHO conducted a political economy analysis to identify political, economic, social and cultural factors that influence reforms. The findings informed the design and adaptation of WHO planning to support more effective advocacy and engagement efforts.

Finding 3. WHO has adapted the way it works to the specificities of the Jordanian context, combining support to implementation with capacity-building of national counterparts to advance inclusion and equity in health care access.

A team of high level multisectoral experts consulted on Political Economy Analysis that lead to the UHC road map development. ©WHO

24. Adapting to Jordan, which is surrounded by politically unstable countries, WHO has been implementing major projects, a key component of which is supporting the country in delivering the services needed for refugees and vulnerable Jordanians. These include:

- The Madad European Union (EU) Trust Fund for Syrian Arab Republic refugees and vulnerable Jordanians, from 2020 to 2023, is worth around € 43 million (approximately US$ 48.06 million). The objective of the project was to contribute to improved PHC by expanding access to equitable quality immunization services for refugees and vulnerable Jordanians, within improved integrated health systems governance, in the context of COVID-19. This project had also been instrumental in supporting access to COVID-19 vaccination for these populations.
- The follow-up EU-funded project, “Strengthening access to quality primary health care services for Syrian Arab Republic refugees and host communities in Jordan”, implemented from 2024 to 2027, is worth € 15 million (approximately US$ 17.07 million). It aims to improve efficiency, equity and responsiveness of the PHC system.
- The project, titled “Harnessing synergies between climate change adaptation and risk reduction in migrant-inclusive health system responses”, is funded through the Multi-Partner Trust Fund for US$ 150 000.
- A two-year project, funded by the US government Bureau of Population, Refugees and Migration (BPRM) to support Palestinians living in Jordan, seeks to upgrade primary care centres accessed by Palestinians and vulnerable Jordanians; it is worth US$ 16 million.

25. Through these projects, WHO has rehabilitated 12 warehouses for medical supplies and initiated the rehabilitation of 40 primary health care centres to meet WHO standards, alongside the procurement of vaccine and medical equipment. A WHO staff member commented, "*Construction and renovation are not part of the mandate of WHO – this is a new skills area for us."* Many stakeholders have emphasized that the engagement of WHO in these projects has been *"smart"*; it is based on an agreement to hand over the facilities to the Ministry of Health, ensuring that the national counterpart would commit to their maintenance and monitoring. This has been a good entry point for WHO to build both capacity and ownership of national counterparts through a careful mix of capacity-building efforts, partnership-building and standard-setting, combined with the seed funding provision to kickstart implementation. Some WHO respondents at the regional level have, however, highlighted the risk of WHO assuming a backstopping role for the Ministry of Health to address existing gaps, underscoring the need for a clear exit strategy from the outset.

2. To what extent have WHO interventions and positioning been coherent, and demonstrated synergies and consistency with one another as well as with interventions carried out by other partners and the government in Jordan? *(coherence)*

2.1 Internal coherence of WHO

Finding 4. There has been a strong collaboration between the WHO Country Office for Jordan and WHO Regional Office for the Eastern Mediterranean during the CCS implementation. The Regional Office is perceived as highly responsive to the needs of the WHO Country Office, which has also contributed to WHO regional objectives and interventions.

26. Both regional and country respondents from technical departments have highlighted the quality of the collaboration between Jordan and the Regional Office. The contributions of WHO headquarters and WHO Regional Office for the Eastern Mediterranean to Jordan's country programmes are discussed in EQ3 Section 3.3. Jordan also hosts two regional hubs: the Polio Hub and the World Health Emergencies (WHE) Programme Hub, both of which provide support to the Country Office. While there has been no assigned polio officer at the WHO Country Office since 2021, the regional Polio Hub has provided support to the Country Office for polio surveillance and outbreak response. In the case of an outbreak, the Hub can provide backstopping, including medical interventions such as surgeries. Additionally, the regional polio team has strengthened Jordan's preparedness for potential spillover outbreaks from Gaza and Yemen, conducting over 20 refresher trainings with the JCDC, the Ministry of Health and frontline health workers.

27. The WHO Country Office has an emergency team dedicated to emergency preparedness and outbreak response. The WHE regional hub has reinforced this effort by conducting a comprehensive assessment of Jordan's preparedness for regional insecurity threats, procuring medical supplies and trauma kits for the Ministry of Health to enhance its capacity to handle casualties from neighbouring conflicts while supporting Ministry of Health staff training in trauma management. Despite these efforts, the WHO Country Office staff highlighted the need for improved information sharing on the regional WHE hub's activities, particularly regarding WHO's response in Gaza. Enhanced communication would enable the Country Office to better inform Jordanian partners about WHO's contributions in the Region.

Finding 5. Support from both WHO headquarters and WHO Regional Office for the Eastern Mediterranean is not always well coordinated with the WHO Country Office, leading to multiple pilot interventions and evaluations that sometimes overwhelm the Country Office and result in limited follow-up.

28. Jordan has been an appealing location for new initiatives due to a strong WHO- Ministry of Health collaboration in recent years. As a result, many global and regional projects and products are tested and piloted in the country. WHO headquarters respondents described a two-way process, wherein the Country Office pilots normative products – this is also a way for technical departments to obtain feedback and enhance their technical products. While many products broadly align with Jordan's strategic priorities, some appear to be influenced more by the opportunity to pilot tools and interventions than by specific national needs.

29. WHO Country Office respondents held nuanced views in relation to some of these pilots. They were generally optimistic about them, since this reflects positively on the WHO Country Office for Jordan, perceived as having high technical and implementation capacity. However, they also pointed out that, in a context of dwindling funding positions, *"it is difficult to refuse those opportunities"* wherein additional funds could help retain staff. However, because of the multiplication of such initiatives, the Country Office has sometimes found it challenging to maintain its focus on priorities, raising the risk of overextension.

30. A respondent explained, *"We do something small, then stop. Headquarters selects us to be pilots, but they must consult us before selecting the Country Office as the case study or pilot. We work on projects and pilots, but there is no continuation."* Another Country Office respondent commented, *"There are many things that come from WHO Regional Office for the Eastern Mediterranean and WHO headquarters that are not in the plan*." These views were nuanced by a respondent who highlighted the capacity of the WHO Country Office to absorb most of these projects, *"They are partially overloading us with many projects, but we can handle these. Many of these projects align with what we are doing on the ground. Sometimes, we merge our projects with these pilot projects."*

2.2 External coherence: WHO convening and coordinating partners, including within the UN system

Finding 6. WHO has generally coordinated effectively with UN agencies and other partners based on respective comparative advantage, with WHO being perceived as having a normative and technical role in those collaborations. However, the increasing engagement of WHO in direct implementation has generated perceptions of potential duplications and blurring of respective mandates.

31. There are many examples of WHO developing joint programmes and collaborations with other agencies in Jordan, including:

- A strong collaboration between WHO and UNICEF in Jordan on multiple shared agendas. On nutrition, UNICEF has increasingly focused on child obesity as part of its Child Health Agenda while WHO has worked on obesity as a risk factor for NCDs. The global agreement between UNICEF and WHO to tackle obesity among adolescents and school-aged children has resulted in Jordan taking part in joint advocacy on addressing micronutrients deficiency. On mental health, the UNICEF/WHO Joint Programme for mental health and psychosocial well-being for children and adolescents, running up to 2030, has been jointly implemented at 30 primary health care centres, with UNICEF focusing on integrating children and adolescents into WHO programmes. These partnerships leveraged WHO's comparative advantage on providing technical guidance and training protocols while UNICEF focused on adapting the WHO guidelines for children and adolescents, supporting community mobilization and rollout of trainings. On immunization, protocols and guidelines are well integrated between WHO and UNICEF, with both organizations contributing to childhood vaccines provision.

- A mental health investment case with the United Nations Development Programme (UNDP) was developed in 2024.

- With the Food and Agriculture Organization of the United Nations (FAO), several collaborations have been developed, including on setting up a One Health platform, supporting integrated AMR surveillance and joint advocacy on the Nutrition and Food Security Agenda.

- WHO is also part of the regional programme on climate change adaptation and risk reduction, implemented in Iraq, Jordan and Lebanon under the leadership of the International Organization for Migration (IOM), which focuses on including migrant workers in the health sector.

- With the United States Agency for International Development (USAID), there had been periodic bilateral coordination meetings on areas of collaboration such as digital health and strengthening of primary health care centres, including through the implementation of the WHO Regional Office for the Eastern Mediterranean training programme on

leadership and management for facility managers. These collaborations seemed to have become less frequent in recent years though.

32. WHO has closely aligned its efforts with development partners, supporting refugee integration into Jordan's health system. Development partners interviewed observed that there has been a strong alignment in Jordan among development partners, such as WHO, USAID, World Bank, UNHCR and other UN agencies, with regard to advocating for and supporting refugees' health needs through broader health system strengthening. The WHO EU Trust Fund as well as other projects focusing on refugees' health implemented by WHO complement other partners' efforts in this respect. Further details on this are presented in EQ3.

33. WHO serves as the primary source of normative and technical health guidance in Jordan for both national and international partners. This was the case not only for national counterparts, such as the Ministry of Health, the JCDC and the JFDA, but also for the key development partners interviewed. This demonstrates that WHO has been able to leverage its global role as the lead health normative agency. For example, a national counterpart shared, *"We depend fully on standards, strategies and priorities that are followed by WHO. The Organization is our guide when it comes to system development and projects, based on WHO recommendations. We take their recommendations and decisions, and contextualize those to the Jordan context."*

34. Development partners use technical packages developed by WHO. For example, UNICEF has contributed to supporting the national rollout of the mhGAP package; the UNHCR has used HEARTS and mhGAP to train 500 health service providers in and around camps; and the UNRWA has implemented both of those packages at its 25 primary health care centres. Respondents from government and health partner agencies attributed the recognition of WHO's leadership in technical and normative work to the high quality of WHO products that are based on latest evidence and validated globally, as well as to the level of expertise the Organization brings in for a country, both through its Country Office presence and through joint missions from the Regional Office and WHO headquarters.

35. Some partners, however, noted that in an increasingly complex global health landscape, WHO should do more to promote its leadership in normative work and engage proactively with other partners to ensure that there is a harmonized approach in different technical areas. Examples of duplication were observed in some technical guidelines; for instance, at one of the primary health care centres visited by the evaluation team, the staff were found using growth charts and technical guidance on early childhood development from both WHO and USAID.

36. The increasing engagement of WHO in direct implementation after the COVID-19 pandemic has generated perceptions of potential duplications and blurring of respective mandates. Several respondents from UN agencies have called for clearer communication from WHO in this regard,

ensuring that UN partners are on board. A UN partner said, *"WHO expanded during the COVID-19 emergency and they started to implement a programme – that is a real development as it is not limited only to guidelines. Therefore, it is important to strengthen collaboration and avoid competition; presenting a unified front before the Ministry of Health is beneficial.*" Although there is close collaboration between WHO and the UNHCR as the two agencies co-chair the Humanitarian Health Working Group, stakeholders have noted that respective roles are not fully defined with regard to the emergency programme – these may need to be more clearly communicated. Health partner respondents also pointed out that while they extensively use WHO technical guidance in their programmes, WHO could engage them more actively in protocol and guideline development, considering that the Organization tends to work bilaterally with the Ministry of Health. A respondent noted, *"It is good to involve other UN agencies as external contributors sharing their opinion on technical guidelines. Sharing information and identifying areas for revision are needed – it is recommended that others be involved in discussions on what needs to be included."*

Finding 7. WHO has historically played a leading role in supporting the convening and coordination of the health sector in Jordan. However, it could further enhance its engagement by leveraging the UN Country Team (UNCT) to support the multisectoral health response. Moreover, its efforts to promote Ministry of Health ownership of health sector coordination through existing platforms have encountered challenges.

37. In the UNCT, there are opportunities to break silos and strengthen the joint work based on co-benefits between health and other sectors. Several UN respondents commented that WHO could do more to widen its partnerships and capacity to hold dialogues with other sectors in areas such as health financing, commercial and social determinants of health, and One Health. They felt that WHO did not fully use the UNCT to support the multisectoral response to health and make the case for investing in health to improve other sectors' performance. WHO respondents have highlighted the challenges faced in ensuring that other agencies prioritize health as a cross-cutting area across the various pillars of the country framework. The Jordan SDG3 case study noted that key hindering factors persist in this respect, including competition for resources and lack of alignment among UN agencies.[10]

38. WHO has been co-chairing and hosting the main active health coordination mechanisms in Jordan, Health Partners Development Forum, dealing with overall partner coordination, and the Humanitarian Health Sector Working Group, focusing on refugees and emergency preparedness. In recent years, WHO has attempted to strengthen the Ministry of Health's coordination role in these platforms by handing over the Chair of the meetings to the Ministry; however, the transition has not taken place smoothly, according to several agencies participating in these meetings. As a result, the effectiveness of coordination mechanisms has decreased in terms of agenda-setting and frequency of meetings, with discussions being more focused on information

[10] WHO (to be published) SDG3 GAP Evaluation Jordan case study

sharing than on joint planning. Instead of discussing policies or addressing specific coordination needs, these meetings tend to highlight achievements, which limits the opportunity for the deeper coordination. For example, a respondent said, *"WHO seeks to empower the Ministry of Health to have a more prominent leadership role, but this has impacted both the frequency and the substance of meetings. At present, the forum is largely limited to information sharing, sometimes resulting in one-way coordination; it should be more action-oriented."* To ensure more effective partner coordination, WHO may also need to engage in more informal donor and partner coordination work, complementing the main official platforms. One respondent shared, "*There is a sense that open, frank communication, which was previously a hallmark of our collaboration with WHO, is lacking."*

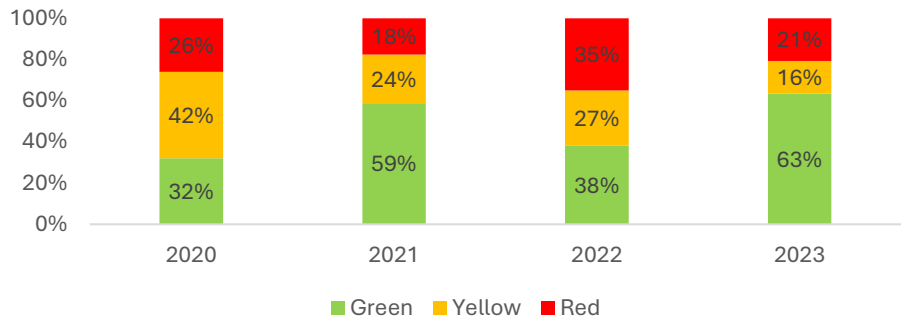
3. To what extent were WHO results, including contributions at the outcome and system levels, achieved or are likely to be achieved, and which factors have influenced their achievement? *(effectiveness)*

3.1 To what extent were the WHO Country Office for Jordan programme outputs delivered? Did they contribute to progress towards expected outcomes?

Finding 8. WHO's interventions in Jordan have not been guided by a comprehensive results framework at the CCS level, making it challenging to assess performance against outcomes. However, available output data show that WHO has made strong progress on achieving results at that level between the baseline and 2023.

39. Assessing the progress against the CCS expected results is challenging, given that most outcome indicators lack target values (six indicators out of 19 have defined targets). Annex 5 presents the data gathered by the evaluation against the CCS results framework. Out of 19 indicators, eight have progressed, four have shown a reversal of progress and seven lacked either a baseline or at least one data point during the CCS implementation period to indicate direction of change. In terms of outputs delivered, the WHO Regional Office for the Eastern Mediterranean key performance indicators (KPIs) (presented in Annex 7) show a strong progression in achieving output-level targets during the CCS implementation period, doubling the number of KPIs achieved ("green"), as shown in Fig. 3 below. The section below assesses the contribution of WHO to outcome results (changes in the health system capacity) through the achieved outputs. The expected pathways of change linking outputs to outcomes are based on the reconstructed ToC outlined in Annex 3.

Fig. 3. Implementation of WHO Regional Office for the Eastern Mediterranean KPIs for Jordan – % achieved ("green"), progressing against target ("yellow") and not progressing against target ("red") (Source: WHO database of Jordan WHO Regional Office for the Eastern Mediterranean KPIs, WHO)



3.1.1 UHC pillar

Outcome 1.1: Improved access to quality essential health services

Finding 9. Available data show that access to quality essential health services has been decreasing in Jordan despite being prioritized in WHO interventions. There are, however, emerging results showing WHO's contribution to defining the essential health services package, improving standards of care, strengthening the development of the policy and strategic framework of key health programmes, supporting the scaling up of key programmes on cardiovascular diseases, mental health and immunization, and developing the National Health Workforce Framework.

40. The first outcome in the ToC towards achieving UHC relates to improved access to quality health services, with the key indicator in the CCS being the UHC index. In Jordan, the UHC index had been declining from 76 to 65 between 2017 and 2021. This evolution can be mostly attributed to demographic factors, since Jordan had received a large influx of refugees from Syrian Arab Republic in the mid-2020s, adding a burden to the health system. Since a peak at 9.5% in 2014, the annual population growth rate has slowed but remained positive at 1.6% in 2023. In terms of WHO's response, 64% of output-level WHO Regional Office for the Eastern Mediterranean KPIs relating to the UHC pillar had been achieved by the end of 2023 (see Annex 7), increasing from 2 to 14 KPIs, scored as "green", from 2020 to 2023. However, the contribution of this work to health system outcomes was not evident at the time of the evaluation, as most interventions to set up the policy and strategic framework for UHC and PHC were introduced only in recent years and had not been implemented at scale yet. In addition, the most recent data on UHC index predate the start of the CCS, making it difficult to assess progress.

41. During the current CCS implementation, WHO has contributed to key results on health system strengthening, such as defining the essential health services package, improving standards of care, strengthening the development of the policy and strategic framework of key health programmes, supporting the scale-up of key programmes on cardiovascular diseases, mental

health and immunization, and developing the National Health Workforce Framework. In some cases, the slow implementation by national counterparts meant that the contribution of these outputs had not yet translated into improved access to quality health services at the time of the evaluation. Some of the key outputs and the extent to which they have contributed to outcome-level changes are presented below:

42. **Essential services package (Output 1.1.1).** WHO's work on supporting the essential services package in Jordan was informed by the findings of a three-level mission by WHO in 2021 to assess the overall organization of the health system, highlighting gaps in overall governance. Following this, WHO was provided with technical assistance to develop the Ministry of Health Strategic Plan for 2023–2025, which focuses on promoting equitable access to PHC; spearhead the development of the UHC Roadmap in 2023; and support a costed UHC benefit package in 2024. This process was conducted in a highly participatory manner to foster consensus among key stakeholders in the country on this key agenda. However, the implementation of this package across the country is not effective yet, pending the implementation of the health sector financing reform.

43. **Standards of care (Output 1.1.1).** A WHO package on quality of health services and patients' safety was piloted at six facilities. This includes patient education and medication prescription guidelines. According to service providers involved in this programme, these efforts are likely to lead to a decrease in intensive care unit (ICU) incidents and lower infection rates at ICUs and to minimize medication errors. Trained providers, who are currently applying those standards, highlighted the need for an automated medication prescription system at the hospital level to further reduce the risk of human error.

Finding 10. WHO has supported the countrywide adaptation of cardiovascular diseases diagnostic and treatment and mental health services guidelines in Jordan; however, evidence of health system and health outcome results these interventions have contributed to is not fully captured.

44. **Condition- and disease-specific service coverage: NCDs (Output 1.1.2).** A key contribution of WHO has been supporting the rollout of the technical package, HEARTS, for the diagnosis and treatment of cardiovascular diseases and diabetes. Beyond providing guidelines, WHO has further supported the implementation at scale of HEARTS through training of services providers at the PHC level as well as through supplying the medical equipment needed to implement it. This likely improved access to diagnostic and treatment services for critical conditions of cardiovascular diseases, as noted in a pilot study published in 2023 *(18)* (see Box 1 below).

Box 1. HEARTS technical package rollout in Jordan

WHO worked with the Department of NCDs at the Ministry of Health to roll out the HEARTS package at the PHC level in Jordan, ensuring equitable access to care for Jordanians and refugees. A baseline facility assessment of 143 health-care facilities was conducted to evaluate response to

cardiovascular diseases and diabetes, helping the Ministry of Health in setting priorities and planning interventions. The HEARTS package includes clinical guides for prevention and control of hypertension, diabetes type 2 and high cardiovascular risk, which were then adapted to the national context by the Department of NCDs, Ministry of Health, and WHO.

Then WHO trained trainers at the Ministry of Health, UNRWA, Islamic Relief Organization, Caritas, UNHCR and UNICEF to support the implementation of the clinical guidelines and standardize practices regarding cardiovascular and diabetes care across different service providers. During 2021–2024, over 1000 health-care providers at 350 PHC centres from nine governorates were trained. At a PHC centre visited, all doctors and nurses had been trained in the HEARTS protocol. They reported receiving biannual refresher training on HEARTS. Staff expressed confidence in identifying the appropriate population for screening and in applying the HEARTS tools effectively. They, however, noted some challenges with patient adherence to the prescribed treatment, highlighting the need for additional skills among health workers to address this issue.

The progress of HEARTS implementation is monitored through support supervision visits to health facilities. Based on this, a review report is prepared to identify challenges and plan mitigation interventions. The success of HEARTS in Jordan can be traced to the ongoing support of WHO to facilitate its implementation through cascade training as well as via partnership with other institutions that facilitated its rollout at the national level. While there is ample anecdotal evidence that HEARTS has been widely implemented in Jordan, challenges were faced at the time of monitoring this in the absence of a functioning, interconnected health information system (HIS). At the time of this evaluation, with support from WHO Regional Office for the Eastern Mediterranean and WHO headquarters, the WHO Country Office for Jordan had provided the Ministry of Health with a set of HEARTS progress monitoring indicators for considering its integration into Hakeem (HIS), which would provide valuable evidence on the contribution of these interventions to NCD services availability in the country.

Condition- and disease-specific service coverage: Mental health (Output 1.1.2)

45. For mental health services, the most recent data are from 2020, indicating that fewer than 25% of health facilities offered mental health services. This number is likely to have increased due to the countrywide implementation of the Mental Health Gap Action Programme (mhGAP) package by WHO and partners during the CCS implementation period. Although recent data are not available nationally, a 2024 study conducted with 206 services providers, trained in the mhGAP applied to children and adolescents, indicates that the programme has resulted in increased awareness of mhGAP services (87%), improved interprofessional collaboration (74%) and more frequent referrals to specialized care (25%) *(19)*. Despite progress in services availability, the health impact indicator of suicide rate in Jordan has been witnessing a worsening trend (see Table 1) – this suggests that need may be outpacing progress in services availability.

46. WHO has contributed to improved mental health services of Jordan in the following ways: in terms of the governance of the mental health agenda, WHO has supported Jordan in drafting the

National Mental Health and Substance Use Action Plan (2022–2026) and in the development of a terms of reference (ToR) and workplan for the Directorate for Mental Health and Disabilities at the Ministry of Health. The WHO mhGAP training is rolled out nationally at the PHC level. By 2023, with funding from the Italian Agency for Development Cooperation (AICS), WHO had supported 15 trainers of trainers, enabling the training of 292 Ministry of Health health-care workers at 82 health facilities. Additionally, WHO has partnered with UNICEF to train 30 health-care providers in children and adolescents mental health. Other development partners, such as UNHCR, UNRWA, International Medical Corps (IMC) or RHAS, use the mhGAP package to train health workers serving refugees in and outside camps. WHO also supported the inclusion of mhGAP in the curriculum of family physicians to ensure its implementation at scale at the PHC level. At all PHC centres visited for the evaluation, there were service providers trained in mhGAP. They were generally appreciative of the training. One of them shared, *"mhGAP is well accepted; at the PHC level, it is now becoming the standard and norm. It was introduced in Ministry of Health curriculum for family physicians, as part of mandatory pre-service training. Supplies and medication are mostly available at the PHC level to implement mhGAP."*

47. Support supervision and monitoring by WHO after the mhGAP trainings have, however, been limited, as resource allocation has prioritized implementation at scale over follow-up activities. While there is strong anecdotal evidence that mhGAP protocols are increasingly being applied in PHC, there is no comprehensive assessment of the impact of mhGAP on mental health quality of care. Monitoring of changes in available services and client perspectives is missing. The midterm evaluation of the National Mental Health and Substance Use Action Plan 2022–2026 indicates that while the mhGAP training programmes have improved health-care providers' skills in addressing mental health needs, areas for enhancement remain, particularly those related to providing continuous training and supervision, medication shortages and lack of clear referral pathways to support mhGAP implementation. Service providers also suggested improvements to the training, such as incorporating into the training the mental health of healthcare staff, not just that of patients; adding a module on psychological first aid for trauma cases; and including training in providing psychological support to parents of children with disability.

WHO with national vaccinators, vaccinating people living in hard-to-reach areas.©WHO

Finding 11. WHO has supported the Ministry of Health in successfully restoring childhood immunization coverage after the COVID-19 pandemic from 76% to 94% between 2020 and 2024.

48. **Addressing population-specific health needs and barriers to equity across the life-course (Output 1.1.3).** Under this output, WHO has contributed to strengthening the National Immunization Programme of Jordan, leading to achievement of the targets on childhood immunization. Jordan successfully restored the childhood immunization coverage to over 90% after the COVID-19 pandemic – it increased from 76% in 2020 to 94% 2024. In 2023, data from the Jordan data portal showed that the coverage of the DPT-3-containing (pentavalent) vaccine among children under one year reached 94.6% while measles immunization (MCV1) coverage stood at 95% the same year. National stakeholders considered WHO support a determinant factor in securing this success. WHO's support strengthened the National Immunization Programme by updating the national Expanded Programme on Immunization (EPI) team's organogram and terms of reference; training national focal points in immunization, programme management, emergency preparedness and data management; and training over 3000 health-care workers in immunization practices.

49. WHO also conducted an effective vaccine management assessment, which identified gaps in the cold chain. Based on this, a continuous improvement plan for the cold chain was developed and 380 WHO prequalified refrigerators were procured and distributed across all 12 governorates. WHO also supported the procurement of routine vaccines for 20% of the National Immunization Programme's target population. Equity considerations included expanding geographical

coverage, including Syrian Arab Republic refugees inside camp settings and procuring refrigerated transport vehicles and cold chain equipment to reach more remote areas. WHO worked in partnership with a national NGO, Royal Health Awareness Society (RHAS), to identify population groups that were not accessing vaccination and developed micro-plans for each facility catchment area to increase coverage. In addition to childhood vaccination, WHO contributed to life-course vaccination efforts with the procurement of seasonal influenza vaccines and a school-based programme of influenza vaccination in collaboration with UNICEF.

A child receives a Routine Immunization vaccine, by WHO covering 20% of Jordan's vaccination during 2021-2024. ©WHO

50. WHO also supported the Government of Jordan in the introduction of the pneumococcal vaccine and facilitated securing Gavi's assistance to introduce this vaccine in the national immunization schedule. While progress has been achieved in vaccination coverage, respondents from WHO and Ministry of Health working on vaccination highlighted the need for more support from WHO to institutionalize these gains through capacity-building for mid-level managers at the Ministry of Health and by advocating for a dedicated budget line to be maintained at the Ministry of Health for the vaccination programme.

51. Under this output, WHO has also implemented an early childhood development programme, although the strength of evidence on the contribution of this programme to improved health outcomes has not been substantiated to a great extent through this evaluation. WHO trained around 100 service providers across 88 health centres on parenting services in the first year of the LEGO-funded parenting project, with Jordan being one of the six implementation countries.

At the Mafraq Health Centre visited during the evaluation, 25 health workers had received three training sessions conducted by WHO and IMC on this topic as well as support supervision follow-up visits. Service providers reported that these trainings made a positive impact on their practice. One of the doctors explained, "*As a family doctor, I received good training in psychiatric health. A high percentage of mental health issues goes underdiagnosed due to cultural factors. Sometimes, we are afraid to tell patients that we will refer them to a psychiatrist. The training enhanced my ability to manage psychiatric cases by guiding me on where to refer patients appropriately. We conduct counselling and follow up on them after being referred.*"

52. **Health governance capacity (Output 1.1.4).** In recent years, WHO has been instrumental in helping Jordan develop a harmonized policy and strategic framework and common standards for the health sector, contributing to addressing the fragmentation between different services providers regulated by the Ministry of Health. Some examples include the Jordan National Mental Health and Substance Use Action Plan 2022–2026, the National Nutrition Strategy for 2023–2030, the National Strategic Plan for Tuberculosis Elimination 2023, the National Strategy and Action Plan for Cardiovascular Diseases and Diabetes 2023–2030 (in the pipeline), the National Strategy for Tobacco Control 2023 and the National Cancer Control Action Plan 2023 (in the pipeline), accompanied by technical guidelines on treatment for common childhood cancers. WHO stakeholders have, however, highlighted the challenge to translating these strategies into action because of a high turnover and lack of ownership in some technical departments at the Ministry of Health as well as the absence of dedicated budget lines to support new areas of work. On the other hand, national counterparts from the Ministry of Health noted a shortage of human resources to implement the numerous initiatives undertaken with WHO, which overstretched their capacity to deliver, leading to delays in or slowed programme implementation.

53. **Health workforce agenda (Output 1.1.5).** Despite the progress on health workforce availability nationally, evidence of WHO's contribution to this appears limited. WHO conducted a health labour market analysis to identify health workforce matching and/or mismatching in relation to health workforce supply and demand. This analysis served as a basis for a WHO-promoted intersectoral dialogue as part of the Health Workforce Strategy development, which will harmonize the different positions and salaries of health-care workers throughout the health system. While WHO has supported the development of the policy framework on harmonization in health workforce availability, this is not yet implemented at the facility level. The CCS indicator on the number of physicians per 10 000 population shows an increase from 22 to 31.6 between 2017 and 2023. However, progress may be constrained by the fact that there is a brain drain of experienced medical personnel from Jordan to other countries, largely driven by low salaries, especially in the public sector. In addition, from the health workforce market analysis WHO conducted in 2022, there are disparities in terms of training and practices, and geographical availability, highlighting the need for harmonization across the country.

High- level advocates for WHO's action towards tobacco control policy making. ©WHO

Outcome 1.2: Reduced number of people suffering financial hardships

Finding 12. There are emerging results from WHO's efforts on financing PHC, including in terms of increased government investment. However, health-care costs remain unpredictable and unequitable for a part of the vulnerable population.

54. According to the evaluation ToC, WHO expects to contribute to reducing the number of people suffering financial hardships as a result of catastrophic health expenditures through strengthening health financing reforms in support of UHC and PHC. But, according to WHO respondents, the implementation of the reforms promoted by WHO has lagged. Therefore, efforts are yet to get translated into measurable outcome-level results while the affordability of health services remains an important bottleneck to achieving UHC.

55. The service providers interviewed mentioned that a key barrier for patients is the uncertainty regarding what they will have to pay at the time of accessing care. Safety nets are in place for a part of the population: around 40% of the population – mainly the uniformed personnel and their dependents accessing the Royal Health Services – is covered by government insurance schemes. There are fee exemptions for certain diseases, such as cancers, and poor Jordanians

may also apply to royal societies to cover their treatment costs. The UNHCR covers part of the health-care costs for refugees when they require secondary- or tertiary-level health care. This multiplicity of situations and the diversity of pricing among service providers result in reinforcing health inequalities. However, investment in PHC appears to be increasing. It represented 32.4% of public health spending, according to the 2019 National Health Accounts (NHA). However, unpublished data from the 2020–2022 NHA suggest that this proportion had been increasing in recent years to over 44% in 2022, a result that WHO had likely contributed to through its advocacy for a PHC-oriented health system. Key WHO contributions under this outcome include:

56. **Equitable health financing strategies and reforms (Output 1.2.1.)**. WHO has contributed to this output by supporting the development of a draft Health Financing Strategy 2023–2030, the draft National Health Insurance Strategy 2024–2030 and the endorsement of the costed UHC benefit package in 2024. In order to support this strategic work, WHO produced a Health Finance Progress Matrix in 2024 that provided insights into the health financing structure in Jordan and the recommended approaches to improve it. In addition to the policy framework, WHO has built the capacity of Jordan to implement UHC financing. This consisted of assessing the health insurance administration, providing capacity-building on National Health Accounts to 36 Ministry of Health focal points and setting up a technical committee on UHC benefits package.

57. Several WHO respondents at the global and regional levels commented that the progress on implementing national health insurance and health financing reforms was slow due to political sensitivities. For example, one respondent explained, "*The non-poor are covered by social security but not for health. They (Ministry of Health) are discussing health insurance for a decade, but they are moving slowly on structural changes as they want to do this with confidence."* To advance the health financing reform, the WHO Country Office leadership has been engaging in a sustained dialogue with His Excellency the Minister of Health and has facilitated evidence- and experience-sharing from other countries on health financing reforms through, for example, organizing an exchange visit with the Ministry of Health in Türkiye. These efforts have recently yielded results as a UHC bylaw has been submitted for the endorsement of the government to implement the recommended health financing reforms.

58. **Information on financial protection, equity and health expenditure (Output 1.2.2).** WHO has largely contributed to this output as the main partner supporting the National Health Accounts. During this CCS period, WHO has supported the Ministry of Health in conducting National Health Accounts for 2017–2019 and 2020–2022. However, most recent data are not published by the Ministry of Health, which limits its usefulness to inform planning by other health partners.

Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for PHC

59. Progress on this outcome is challenging to assess due to lack of data on availability of essential medicines published nationally. The CCS framework also does not have a specific indicator on this. There is, however, strong evidence on WHO's contribution at the output level, with the following key results:

Finding 13. The supply chain of medical products constitutes a major area of contribution for WHO to strengthened capacity of the health sector countrywide during this CCS period.

60. **Procurement and supply systems (Output 1.3.2).** WHO supported the first supply chain improvement plan in the Region as part of the new WHO Regional Office for the Eastern Mediterranean Flagship Initiative in 2023. While stockout data are not available, there is strong evidence that the efforts of WHO and Ministry of Health on the supply chain will contribute to better availability of essential medicines and medical commodities across Jordan (see Box 2 below).

Box 2. Strengthening the supply chain of medical products through infrastructure and capacity-building support

The medical supply chain is a key aspect to improve equitable access to health services in Jordan. The COVID-19 intra-action review and subsequent reviews had revealed important weaknesses in this respect. Strengthening the supply chain is a priority in the Ministry of Health Strategic Plan 2023–2025, the Jordan EMV and royal directives of His Majesty the King Abdullah II. It is also one of the Flagship Initiatives of the WHO Regional Director for the Eastern Mediterranean and was prioritized by the EU delegation in Jordan. As a result of this alignment in strategic priorities among partners, the EU-funded programme catalysed a complete rehaul of the country's medical supply chain. First, WHO conducted a three-level mission in 2021, followed by a comprehensive assessment of the supply chain. Based on this, WHO supported the Ministry of Health in developing a Medical Supply Chain Improvement Plan. This included a mix of capacity-building activities, technical support and infrastructure investment. WHO trained Ministry of Health staff in transportation management and other aspects. Technical inputs from WHO built on existing capacities of national counterparts, updating storage and distribution practices guidelines. The digitalization of warehouses is conducted through the partnership between WHO and the Ministry of Digital Economy and Entrepreneurship to upgrade the software while electronic reporting from the warehouses is connected to the WHO Uppsala Monitoring Centre database.

Overseen by a Technical Working Group under the Programme Management Unit at the Ministry of Health, WHO worked to develop the hardware and infrastructure, from planning to handing it over to the Ministry. Based on the improvement plan, with support from EU delegation, WHO constructed a state-of-the-art central warehouse on Ministry of Health-owned land in Zarqa. Two additional warehouses are under construction at Al Bashir Hospital in Amman. In total, at the central level, 14 warehouses have been purchased and are being rehabilitated by WHO. Ten regional

warehouses in the south (Ma'an) and north (Irbid) are also to be renovated to meet WHO's good storage and distribution practices. In addition to the construction work, WHO has equipped the warehouses with advanced equipment, such as cold rooms, forklifts, racking systems, and temperature and humidity monitoring systems; it has also procured 18 refrigerated vans equipped with temperature and humidity tracking systems and GPS to monitor vehicle movements across Jordan.

Fig. 4. Zarqa central warehouse (Source: screen capture from video, WHO: Jordan enhances medical supply chain, available at https://www.youtube.com/watch?v=3UKCn8oWFh0&t=96s)

The total budget of this project is around US$ 10 million, including US$ 7.5 million from the EU Trust Fund, the rest being mobilized by WHO from internal sources. The project implementation is on track and completed in March 2025. The central warehouse in Zarqa was constructed and handed over to the Ministry of Health in under a year. An important aspect of this project has been the partnership with national authorities, made possible by the strong buy-in of the national government at the highest level. Respective roles and responsibilities between WHO and the Ministry of Health were defined from the start, including in terms of the Ministry of Health committing to maintaining and managing the warehouses after handover by WHO. The Ministry has included a dedicated budget line for this purpose and allocated funds for constructing more warehouses. While the transition to the Ministry of Health is still ongoing, WHO continues to support the quality assurance, monitoring and capacity-building aspects of the medical supply chain. Delivering such major construction and renovation work required WHO to ramp up its own capacity to deliver engineering projects while also building the expertise of the WHO Country Office, thereby opening the way to replicate this model of intervention in further PHC infrastructure projects in Jordan.

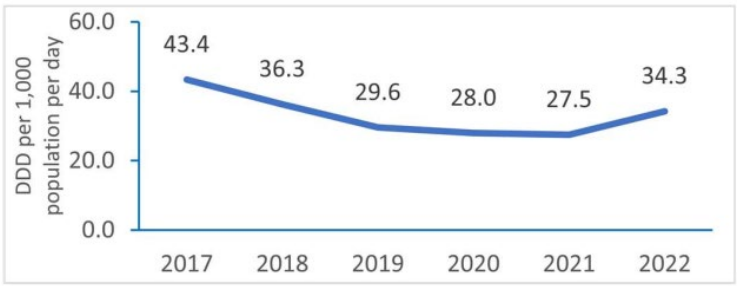
61. Additionally, WHO supported the procurement of childhood cancer drugs through the Global Platform for Access to Childhood Cancer Medication, a joint initiative by WHO and St. Jude Children's Research Hospital, with Jordan being the first country in the Eastern Mediterranean Region to join *(20)*.

62. **Supply of quality-assured and safe health products (Output 1.3.3).** WHO supported the development of three national pharmacovigilance centres in Jordan under the leadership of the JFDA as well as the establishment of a network of regional centres, including those within the Royal Medical Services (RMS). In total, 502 health-care focal points were trained from various parts of the health sector (Ministry of Health, RMS, UNHCR, UNRWA, NGOs, university hospitals, academia and private sector). These efforts likely improved Jordan's capacity to monitor and mitigate adverse effects of medications. The ongoing process to register a Centre of Excellence in pharmacovigilance is also part of promoting the role of Jordan on pharmacovigilance globally, supporting the Jordanian pharmaceutical industry's credibility and commercial opportunities.

Finding 14. WHO has contributed to improving the country capacity on AMR surveillance and stewardship.

63. **Antimicrobial resistance (AMR) (Output 1.3.4).** Key contributions include the development of an AMR National Action Plan 2023–2027, capacity-building for AMR surveillance at the national level and the development of an AMR M&E workplan, resulting in an annual national report on AMR and 42 hospitals reporting data on AMR to the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) (see Box 4 for more details). Respondents working on AMR, however, noted that awareness among health service providers and pharmacists of AMR is still low and the regulatory framework controlling antibiotics dispensing at pharmacies is not enforced systematically. In line with these concerns, antibiotic consumption per capita has been increasing, reversing a previous decline observed between 2017 and 2021 (see Fig. 5).

Fig. 5. Defined daily doses (DDD) for antibacterials in Jordan, 2016–2022 (Source: AMR brief profile, Jordan, 2023)



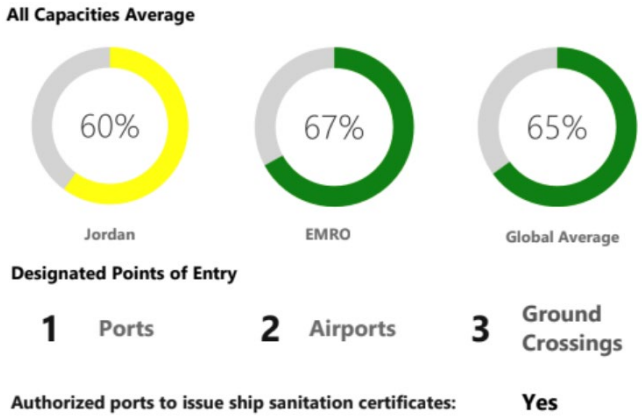
3.1.2 Emergencies pillar

Outcome 2.1. Countries prepared for health emergencies

Finding 15. To some extent, WHO's efforts have contributed to improving Jordan's preparedness capacity, although it remains low when compared with global and regional averages.

64. While Jordan has not experienced major emergencies during the current CCS implementation period, it remains at high risk due to climate change and regional instability, as noted by respondents from WHO and partner organizations. Key measures, included in the CCS monitoring framework to assess the country's preparedness for emergencies, are captured in the International Health Regulations (2005) reporting.[11] Jordan's latest 2022 report shows an average score of 60% on IHR (2005) indicators, slightly below the regional average (see Fig. 6). Indicators relating to the financing of emergency preparedness, food safety and inclusion of gender equality in emergencies have received scores of 40% or below. Although the IHR (2005) average score of Jordan remains low, it has been steadily improving, according to data reported in the GHO, from a 43% all capacities average score in 2020.

Fig. 6. Jordan IHR (2005) all capacities score [Source: IHR (2005) State Party Self-Assessment Annual Report 2022]



65. WHO likely contributed to this result since all KPIs relating to emergency preparedness were achieved by 2023 (see Annex 7), with key achievements relating to implementation of simulation exercises, State Party Self-Assessment Annual Reporting reporting on IHR (2005) implementation, updating of national preparedness plans and establishment of the emergency operations centre (EOC). According to WHO respondents, these activities have been designed to respond to the scenario of spillover emergencies from neighbouring countries, given that the Jordanian context is affected by the regional situation. Key contributions include:

[11] This overarching legal framework put in place in 2005 across 196 countries including the 194 WHO Member States defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. The regular monitoring of the IHR (2005) capacity score provides an overview of countries' capacity to detect, prevent and respond to health emergencies.

66. All-hazards and overall country emergency preparedness capacity (Outputs 2.1.1 and 2.1.2).

- The National Action Plan for health security and emergency response plans for all hazards were updated based on the country risk profile of 2023, conducted with support from WHO Regional Office for the Eastern Mediterranean. As part of the National Action Plan's implementation, WHO conducted a training in mass casualty management for eight hospitals across several governorates while medical supplies for trauma management were provided to the Ministry of Health in response to the Gaza emergency.
- Simulation exercises were conducted to test the response to public health emergencies, under the leadership of the Public Health Emergency Operations Centre (PHEOC); the PHEOC standard operating procedures (SOPs) were updated.

- A risk communication and community engagement plan was developed and WHO supported its implementation, including contingency planning for emergencies such as cholera.

- WHO partnered with USAID on integrating health security in the UHC Roadmap. As part of this, WHO Regional Office for the Eastern Mediterranean supported a three-day workshop in Cairo in 2024 to advance health security plans in Jordan. This resulted in 200 hospital and PHC management teams receiving cascade trainings to strengthen emergency units, hospital resilience and emergency toolkits at the facility level.

- The Emergency Medical Team (EMT) was established in collaboration with the Crisis Manangement Directorate of the Ministry of Health. As part of this, WHO supported orientation workshops, the development of an EMT handbook and a national risk assessment.

Finding 16. WHO support is needed to strengthen overall country emergency preparedness capacity and leadership, and to remove persistent bottlenecks in coordination and governance.

67. Respondents from partner organizations working in the humanitarian and emergencies field as well as from WHO nuanced the impact of the Organization's contribution to the country health emergency preparedness. Jordan does not have a humanitarian cluster system, given that there is no active emergency in the country, with the primary active emergency coordination mechanism being the Health Sector Working Group. This Group has focused on the Syrian Arab Republic refugee crisis response, but the coordination of the broader health emergency preparedness remains weak. Participants in this mechanism pointed out that it has more of an information-sharing format than an agenda to foster joint decision-making and planning, as detailed in the EQ2 section, "External coherence: WHO convening and coordinating partners including within the UN system". In addition, government leadership for the emergency preparedness agenda is hindered by fragmentation of the health sector providers.

68. Several respondents from WHO and partners highlighted the competition that exists among different institutions working on emergency preparedness and response in Jordan, an issue that was already underscored in the COVID-19 intra-action review. In response to this situation, WHO has been working to strengthen the role of the National Centre for Security and Crisis Management to improve health emergencies preparedness. Going forward, partners have called on WHO to focus efforts on supporting and enhancing the governance of health emergency preparedness and response in Jordan.

Outcome 2.2. Epidemics and pandemics prevented

Finding 17. WHO has been instrumental in the adoption of a One Health approach in Jordan through establishing cross-sectoral partnerships. These collaborations are yet to materialize in a more integrated surveillance system for zoonotic diseases.

69. **Pandemic preparedness (Output 2.2.3).** A key achievement of WHO on One Health has been to help initiate and facilitate an interministerial dialogue that led to the signing of a memorandum of understanding between the Ministry of Health and the Ministry of Agriculture in 2023. However, participants in the Health Sector Working Group noted that there were persistent challenges in aligning priorities between the Ministry of Health and the Ministry of Agriculture regarding AMR and connecting their notification systems. Going forward, partners have indicated that WHO could support better engagement of other UN agencies such as FAO through the UNCT to improve these aspects.

Outcome 2.3. Health emergencies rapidly detected and responded to

Finding 18. WHO has contributed to strengthening the capacity of Jordan to detect and respond to outbreaks in terms of community engagement, laboratory diagnostics, and case management and reporting.

70. **Potential health emergencies rapidly detected, and risks assessed and communicated (Output 2.3.1).** Key relevant epidemic-prone diseases in Jordan include:

- **Cholera.** The heightened risk of cholera importation from neighbouring countries acted as a catalyst to strengthen health emergency readiness in Jordan. WHO supported a risk assessment for cholera outbreak in 2022 to better understand the likelihood and impact of a potential outbreak in Jordan. Several activities at national and subnational levels were implemented to enhance preparedness and response towards cholera, such as laboratory training, risk communication and community engagement, and distribution of case management guidelines.

- WHO has also supported the national capacity to detect and respond to measles outbreaks, resulting, according to WHO respondents, in swift detection and response to cases imported from Gaza and Yemen.

- **Polio.** As mentioned in EQ2, since 2023, the regional Polio Hub based in Jordan supported country preparedness and response to polio outbreaks, reported in neighbouring countries through the Maintain Jordan Polio Free initiative. WHO respondents emphasized that the National Polio Programme has reached a high level of maturity, with the Government of Jordan taking the lead on implementing and funding the national programme with only technical backstopping from WHO.

3.1.3 Healthier populations pillar

Outcome 3.1. Safe and equitable societies through addressing health determinants

Finding 19. Determinants of health have not been addressed to a large extent in this CCS period and despite some achievements, climate change and environmental health have remained a low priority.

71. There are no outcome measures relating to health determinants in the CCS results framework; therefore, progress on this outcome cannot be assessed comprehensively. As explained in EQ3, WHO's focus on addressing social determinants of health appears limited in the current CCS period. Therefore, it is unlikely that WHO has had a major contribution in this area. Work undertaken under this outcome included:

72. **Countries enabled to address social determinants of health across the life-course (Output 3.1.1).** Some activities were conducted with support from the WHO Regional Office for the Eastern Mediterranean focal point, such as the revision of the National Strategy on Climate Change and Health and development of an associated action plan. However, implementing and monitoring progress on this area of work are reported by WHO stakeholders as a major challenge. Stakeholders report that progress may even be reversed, such as the regular measurement of ambient air pollution in Amman. In recent years, however, WHO respondents report that this area has been increasingly prioritized in the government strategies and plans, offering opportunities for WHO to further enhance its efforts and technical capacity at the WHO Country Office level. Indeed, in the GPW14 prioritization exercise conducted with the Ministry of Health as part of the next CCS strategy development, two key outcomes were identified as high-priority: "more climate-resilient health systems are addressing health risks and impacts" and "lower-carbon health systems and societies are contributing to health and well-being".

73. In addition, WHO has partnered with UNICEF on a health promoting schools programme, supporting the development of a national strategy for school health as a result of a collaboration developed between the Ministry of Health and the Ministry of Education.

Outcome 3.2. Supportive and empowering societies through addressing health risk factors

Finding 20. Despite efforts, available data suggest that the NCD risk factors situation has been deteriorating in the country. WHO has deployed advocacy efforts at the highest level to strengthen the multisectoral action framework on NCDs, but these have not yielded results so far. WHO has, however, been able to secure advances on components of the NCD risk factors agenda, strengthening national capacity on nutrition and in some aspects of the policy framework on tobacco control. Challenges remain to ensure effective implementation of the proposed measures.

74. Outcome-level data in terms of CCS indicators for the "healthier populations" pillar relate to NCD risk factors (prevalence of high blood pressure and smoking) and availability of mental health services. Although recent data are not available, the 2019 STEP survey highlighted NCD risk factors as a major concern in Jordan. Smoking rates were particularly high, with 41% of the population smoking tobacco (65% of men and 16% of women), in addition to 9.2% using e-cigarettes and vaping devices, placing Jordan among the countries with the highest prevalence of smoking in the world. While the next STEP survey results are due in 2025, stakeholders working on NCDs in Jordan have noted that smoking prevalence has likely not decreased from the last iteration of the survey and according to a WHO report from 2023, globally, Jordan is one of the six countries where tobacco use is still growing *(21)*. Regarding hypertension, according to the most recent data on GHO, the age-standardized prevalence of raised blood pressure in adults was 25.6% (28.2% in men and 22.9% in women) in 2019. These risk factors led to NCDs accounting for the majority of deaths in Jordan (see Table 1). WHO has made efforts to address this situation but with uneven successes. Key outputs delivered are analysed below:

75. **Countries enabled to address risk factors through multisectoral actions (Output 3.2.1.).** Jordan has adhered to the Political Declaration of the Third High-Level Meeting of the UN General Assembly on NCDs in 2011, indicating political commitment at the highest level of government. The NCD agenda is also championed by His Excellency the current Minister of Health, who is well sensitized to NCDs and tobacco control, thanks to his professional background as a pulmonologist.

76. At its three levels, WHO has been advocating to set up the national NCD multisectoral response. Despite efforts, the development of a national NCD multisectoral strategy and coordination mechanism remains stalled. Key factors that have hampered the development include industry interferences and perceived trade-offs between controlling NCDs and economic benefits, particularly regarding tax revenue. A WHO respondent at the global level thus commented, *"They have heard about our advocacy multiple times from the WHO Director-General and tobacco control officers are doing their best. Over the past decade, we have employed every strategy in our arsenal. While our commitment remains, the next steps are with the government. Our options in that space have been largely exhausted."*

77. Another challenge to multisectoral coordination and collaboration is the lack of a legal framework to set clear accountabilities. There is also a lack of incentives as participation is voluntary, yet within the NCDs Working Group, co-chaired by WHO, the commitment of stakeholders has been consistent, possibly due to the platform proving to be an impressive channel for updated information exchange among stakeholders.

78. **Countries enabled to reinforce partnerships across sectors as well as governance mechanisms, laws and fiscal measures (Output 3.2.1.).** WHO has been supporting the nutrition agenda in Jordan and its technical expertise in this field has been acknowledged by other partners interviewed. Key milestones that WHO has contributed to include the launching of a nutrition coordination platform, and the development of the National Nutrition Strategy 2023–2030 and the associated comprehensive action plan. Jordan is one of the few countries to adopt a roadmap to accelerate efforts to curb obesity. Its implementation is supported by WHO through a US$ 350 000 grant from the Bloomberg Foundation, which is focused on the introduction of front-of-pack labelling, establishing Jordan's nutrient profile model and addressing the marketing of unhealthy foods for children. As part of this, WHO supported the training of 67 nutritionists on healthy diets and physical activity while building capacities of the PHC workforce on breastfeeding and complementary feeding. With WHO's technical support and convening of key stakeholders such as the Ministry of Health, the JFDA and the Consumer Protection Association, Jordan has introduced technical regulations for food labelling, which became mandatory by the end of 2024.

79. WHO has also supported research on nutrition, including the development of a food composition database, a food consumption pattern study, and an assessment of nutrition for older people and people living with disability. Based on research findings and WHO recommendations, the Ministry of Health Nutrition Department succeeded in reducing the salt content in bread in Jordan, addressing a cardiovascular disease risk factor. Also guided by WHO recommendations on flour fortification, the Ministry of Health Nutrition Department has been for over a decade implementing a successful national flour fortification programme, which entails fortifying flour with 10 different essential micronutrients. The low prevalence of severe anaemia in Jordan, as indicated in recent national surveys, warrants further investigation to verify the correlation between the above-mentioned government-led initiatives and this health outcome.

80. WHO supported the launch of the National Tobacco Control Strategy in 2024. This was a major achievement since the strategy was endorsed by the Prime Minister's Office, constituting the first multisectoral strategy related to NCDs in Jordan, with the participation of the Ministry of Health and other ministries related to trade, finances and customs. The Organization supported the implementation of the Tobacco Control Agenda in Jordan with funding from the WHO Framework Convention on Tobacco Control (WHO FCTC) by:

- supporting Jordan to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products;
- establishing a centralized repository and literacy package for tobacco control as an advocacy tool for civil society organizations to promote effective tobacco control measures;
- advocating for the government to raise the excise taxes on tobacco, although the increase was too modest to influence tobacco consumption;
- supporting individual behaviour change and communication activities such as tobacco cessation clinics, as part of the Healthy Cities initiative;[12] and
- having the UN Task Force on NCDs also support the development of a tobacco investment case, which serves as an advocacy tool for NGOs in Jordan.

81. While acknowledging the roadblocks to the Tobacco Control Agenda in Jordan, several development partners and national stakeholders suggested that WHO could enhance its advocacy for tobacco control in Jordan. Proposed avenues have included advocacy from the leadership of WHO at the three levels on the way forward and building stronger partnerships at the country level with non-health specialist agencies, such as the UNDP, the World Bank and bilateral donors, on a joint advocacy agenda. A UN partner said, *"There is a perception that the smoking agenda is not being adequately elevated by WHO within the UNCT discussions. This needs greater push from WHO, maybe from the Regional Office and headquarters. We should not shy away from addressing sensitive issues, we should work through the UNCT on this topic to increase the value proposition of the UN in Jordan on the Tobacco Control Agenda."*

3.1.4 WHO enabling functions[13]

Finding 21. There is evidence that WHO interventions have significantly contributed to the progress on the national capacity to produce and analyse health data, including on vital statistics and reporting against SDG3 indicators. While WHO has worked to harmonize the health information system (HIS) and build consensus among various stakeholders, stronger support is needed for the Ministry of Health leadership to ensure system alignment.

Outcome 4.1. Strengthened country capacity in data and innovation

82. Progress on health data availability is well captured in the CCS results framework, which shows that the indicator, "country health targets and indicators to monitor national health strategies and policies updates", improved from under 50% of health and health-related SDG indicators reported at baseline to over 70% of SDG3 indicators reported on the Jordan data portal[14] in 2024. The indicator on completing the SCORE assessment, which monitors countries' data

[12] The WHO Healthy Cities initiative was launched by the Organization in 1978 to promote health and well-being through a network of adhered local authorities.
[13] This section considers Outcome 4.1 relating to strengthening data and innovation capacity, other WHO enabling functions are analysed under EQ2 "External coherence: WHO convening and coordinating partners including within the UN system" 2.2 (leadership and convening) and EQ4 (management systems).
[14] The Jordan data portal is available at http://jdp.dos.gov.jo/.

system capacity to report on health data, is also on track and due to be completed in 2025. Key contributions of WHO at the output level are highlighted below:

83. **Data, analytics and health information systems (Output 4.1.1).** Despite advances, Jordan HIS remains fragmented and health data are not fully harmonized. Multiple stakeholders have invested resources in Jordan's HIS and developed parallel systems, leading to its fragmentation between different health registries and data repositories, such as the Jordan Integrated Reporting System (JRIS), the Hakeem electronic medical record system and other ad hoc parallel systems developed by different partners. This challenge had been regularly highlighted, including in the Normative Guidance Jordan case study (2022) and the SDG3 Global Action Plan Jordan case study (2024). In response to this, WHO has focused its efforts on supporting the digitalization of the health sector.

84. Jordan is the first country in which the Regional Strategy on Digital Health has been implemented, with the aim of leveraging the routine HIS and maximizing the benefits of digitalization. WHO has supported Jordan to develop its Digital Health Strategy 2023–2027, whose primary objective is to promote health sector digitalization as part of the broader national digitalization agenda of the Economic Modernization Vision. WHO has also piloted the electronic medical certification and causes of death form to strengthen the Civil Registration and Vital Statistics (CRVS) System in the period stretching from 2020 to 2022. This included the development of rapid mortality surveillance with WHO Regional Office for the Eastern Mediterranean providing technical and financial support.

85. As part of its support to the implementation of the Digital Health Strategy, WHO has introduced DHIS2, an open-source software platform supporting data-driven decision-making in more than 100 countries. A joint mission from WHO headquarters and the Regional Office was conducted to present the tool, following which it was endorsed by the Ministry of Health; a team from the University of Oslo provided training on it to Ministry of Health focal points. DHIS2 in Jordan is not intended to replace other systems, but to act as a "data warehouse" to bring other data sources under one roof and ensure harmonization of indicators. However, given that different partners are involved in HIS, there is no consensus on the use of DHIS2, highlighting the need for the Ministry of Health to convene partners and provide a clear way forward.

86. Further progress is needed on rolling out electronic health records, as the parallel systems, JRIS and Hakeem, remain in operation and the implementation of Hakeem across all health facilities continues to be slow. Partners have advocated for the introduction of electronic health records on a single e-health portal to facilitate collection and tracking of health indicators, including electronic medical certification and causes of death, implemented across all health facilities by the end of 2024. Respondents have also identified opportunities for WHO to address the capacity needs of the HIS Department at the Ministry of Health for coordinating data from

health facilities, surveillance, health surveys and health indicators to ensure that the Digital Health Strategy can be implemented.

87. **Global and regional health trends, Sustainable Development Goal indicators (Output 4.1.2).** A key achievement of WHO has been to facilitate the formation of the SDG3 reporting platform with the Ministry of Health and the Department of Statistics (DOS) to ensure that the country can report on key health indicators effectively. Jordan is the first country in the Region to establish a national team with representatives from different government institutions, including the Ministry of Health, the Department of Statistics and the Ministry of Planning and International Coorperation, to accelerate SDG3 reporting under the leadership of the Ministry of Health. This platform has led to improvement in the unified reporting of health-related indicators at the national level; as a result, a progress report on health-related SDGs is published every four years. WHO is also a member of the UN Data Committee, which supports the DOS to lead the broader digitalization agenda, ensuring alignment of SDG3 reporting with broader digital systems strengthening efforts. Despite these advances, some progress is still required as the current HIS provides an incomplete picture of the health services capacity and health outcomes in the country. For instance, on the DOS SDG3 data portal, only 20 out of 28 SDG indicators have reported data.

Dr Iman Shankiti, WHO Representative in Jordan, with children at Bait Ilqa — a centre for people with disabilities that has been upgraded with WHO support to improve services and infrastructure. *©WHO*

3.2 To what extent have WHO interventions in Jordan addressed health inequalities and COVthe needs of populations in vulnerable situations, including refugees, migrants, ethnic minorities, women and persons with disability?

Finding 22. WHO's strategy in the current CCS has focused on ensuring equity in access to health for refugees and vulnerable Jordanians. However, "leaving no one behind" requires specific interventions tailored to population groups that may not currently access health services on par with the rest of the population. Disability inclusion has been a focus in some of WHO's programmes, with both targeted interventions to support disability inclusion and integration of disability considerations into some of its programmes. These interventions do not appear to be large-scale or systematic though. While efforts have been made, gender equality has not been systematically promoted in WHO work in Jordan.

88. The national stakeholders interviewed noted that refugees had the same kind of access to health services as vulnerable Jordanians at a subsidized rate. In addition, the UNHCR has been contributing towards health-care costs for vulnerable refugees while vulnerable Jordanians can apply for cost exemptions for several types of diseases and treatments. These populations still face uncertainties regarding the price and quality of health services due to the lack of harmonization among different health-care providers. DOS-reported data indicate that the proportion of the population that spends over 10% of their household income on health care has increased from 2.3% to 6.3% between 2019 and 2023, although this indicator is not disaggregated between Jordanians and non-Jordanians. In order to address these barriers, WHO has supported the regulatory capacity of the Ministry of Health to improve the harmonization of services as well as services coverage through a PHC approach.

89. WHO has also worked to reduce demand-side barriers through the UHC Roadmap implementation plan that includes refugees and aims to ensure that all of the population is covered by health insurance. Going forward, there may be scope for WHO to further investigate social and cultural determinants of health that affect specific population groups, such as Bedouins and populations in remote areas, and support specific interventions tailored to their situation. A WHO respondent working on immunization said, *"Jordan is very advanced with a vaccine coverage of above 90% and has most recommended vaccines for childhood. Now we have to reach every child including the last 5%–10% who are currently not reached. The risk is that they can be in pockets, but we need to reach every single child."* A promising initiative in this respect has been the empowerment of community health workers attached to primary health centres to deliver outreach services in rural areas.

90. WHO has implemented several interventions on promoting the inclusion of people with disability in health services:

- WHO supported the Ministry of Health Directorate of Disability and Mental Health in monitoring the implementation of their National Action Plan.
- Disability inclusion has also been considered in the design of WHO-led programmes – for example, health facilities rehabilitated by WHO are accessible to individuals with disability through incorporation of such features as special access paths.
- There has also been a small-scale project dedicated to improving the inclusion of children living with disability at the Bait Ilqa centre, a specialized rehabilitation centre for children with disability. As part of this, WHO arranged for a sports field and a garden for the centre, ensuring that children had access to outdoor physical activities, as part of its work on reducing NCD risk factors and improving mental health.

91. Stakeholders have, however, noted that the Directorate of Disability and Mental Health has limited staff capacity and financial resources to implement their plans. In this context, WHO's activities may be considered too small-scale and fragmented between the different technical programmes to have a significant impact on improving the health outcomes for people living with disability in Jordan.

92. WHO has supported the analysis of gender inequities in health. Some of the SDG3 indicators supported by WHO include sex-disaggregated data (see Annex 6). WHO conducted a study on Gender Differences in Knowledge, Risk Factors, Accessibility and Cultural Norms Surrounding NCDs in Jordanian Society in 2023. WHO has also obtained some results with regard to improving integration of gender equality into Ministry of Health programmes. According to WHO respondents, the Organization supported the establishment of a Gender Unit at the ministry and contributed to the UNCT's efforts to implement gender-responsive budgeting tools across selected Ministry of Health programmes. These initiatives aimed to enhance capacities in programme gender analysis and development of gender-sensitive indicators. As a result, eight out of 20 SDG3 indicators reported on the Jordan data portal are now sex-disaggregated (see Annex 6).

93. The partners interviewed, however, noted that gender considerations were not clearly prioritized by WHO. While a focal point exists for this function, limited time allocation and absence of full-fledged staff working on cross-cutting issues, including gender, within the WHO Country Office may result in an inconsistent approach to these issues. Country Office staff noted that, moving forward, greater efforts are needed to systematically integrate gender considerations into planning and capacity-building of national counterparts. WHO is well positioned to support the use of data disaggregation, and conduct policy and advocacy work on gender, equity and rights. The Organization counts with key normative and technical instruments, such as the methodology to analyse barriers to health for the communities *(22)*, Innov8 *(23)*, which looks at designing equity-focused policy and interventions, and a handbook on gender mainstreaming *(24)*. There is also scope for WHO to support better integration of gender equality into the emergency preparedness and response plans. Notably, the 2022 IHR

(2005) self-assessment report identified gender equality in emergencies as the lowest-scoring indicator, at just 20%.

3.3 What has been the added value of WHO Regional Office and headquarters contributions to these results in Jordan?

Finding 23. Overall, the Jordan programme has been well-supported by WHO Regional Office for the Eastern Mediterranean and WHO headquarters, providing a strong example of three-level collaboration. WHO Regional Office for the Eastern Mediterranean and WHO headquarters have generally delivered on their expected technical contributions, and the Regional Office supported the fundraising and operations functions of the WHO Country Office, leveraging the Organization's global and regional expertise in support of the national priorities outlined in the CCS.

94. WHO Regional Office for the Eastern Mediterranean has provided technical backstopping, mobilized global and regional expertise on key agendas (for example, on UHC, SDG3 monitoring, mental health and digitalization), and facilitated the exchange of experiences between national stakeholders and their counterparts in the Region and globally. This contribution has been widely acknowledged among the WHO Country Office, the Ministry of Health and development partners present in Jordan. WHO headquarters' role has been mostly limited to the provision of technical guidance and some technical assistance. Some key aspects showcasing the Regional Office and WHO headquarters' added value are illustrated below:

95. The CCS clearly outlines the expected contributions of the three levels in Jordan. Most planned areas of support from WHO Regional Office for the Eastern Mediterranean and WHO headquarters in Jordan appear to have been delivered during the CCS implementation period. These include the vaccine procurement mechanism, NCD risk factors control, strengthening of AMR through establishing synergies with other countries' efforts while providing technical assistance to the Ministry of Health PHEOC, and mobilizing technical and financial resources to build the Country Office capacity for monitoring health-related SDGs. Several high-profile joint missions were conducted in this respect, including:

- A mission from the regional WHE team, including several emergency experts, to assess the country's emergency structures and systems – they interacted with the Ministry and other stakeholders, providing a comprehensive set of recommendations for further improvement.

- A high-level multi-agency mission on cancer in 2023, comprising the International Agency for Research on Cancer (IARC), IAEA and WHO at the three levels, sought to support Jordan for a comprehensive review of the National Cancer Programme – following the assessment report, recommendations were submitted to the Ministry of Health and reflected in the National Cancer Control Plan.

- A verification mission was conducted by the Technical Advisory Group-Leprosy, together with a partner organization, an association of persons affected by leprosy and three levels of WHO as observers, to verify evidence on elimination of leprosy disease. The team reviewed data at the national level, conducted field visits and met Ministry of Health representatives and the National Steering Committee members. As a result, Jordan became the first country in the world to receive WHO verification for eliminating leprosy *(25)*.

- A high-level mission to Jordan to advocate integration of prevention of sexual misconduct within government policies and implementing partners was held in 2023. Director, Prevention of and Response to Sexual Misconduct WHO headquarters, along with her team, and the Regional Coordinator on the Prevention of Sexual Misconduct visited Jordan, conducting an advocacy mission with government decision-makers, UN heads of agencies and implementors at refugee camps. This was the first WHO mission globally on prevention of sexual misconduct.

- The WHO Regional Office for the Eastern Mediterranean NCD Department has provided support on tobacco control. It has offered capacity-building to the Tobacco Control Officer in Jordan and facilitated access to online sessions on global tobacco control. The department has also helped finalize the National Tobacco Control Strategy and Action Plan while supporting high-level advocacy activities in the country, including a tobacco investment case study with the UN Task Force on NCDs.
- A three-level mission on HIS integration at the PHC level with electronic medical records (Hakeem) was held in Jordan.

Box 3. WHO three-level support to the JFDA benchmarking of medical commodities

The EMV includes a target to reach Level 3 maturity on drugs benchmarking. WHO started to support Jordan on this following an official letter to the Organization to request support from the JFDA. Since 2021, the country has received five missions from WHO headquarters/ WHO Regional Office for the Eastern Mediterranean, aimed at providing technical guidance to support its progress towards meeting the maturity standard required for recognition as a WHO-approved regulatory authority. WHO also provided two online trainings on the global benchmarking tool, covering eight regulatory functions, and an onsite training, and supported an institutional developmental plan to create the benchmark. On completion of this process, the JFDA will become a trusted benchmarking authority that other FDAs globally can rely on. This will also help Jordan with exporting drugs and start manufacturing vaccines, strengthening Jordan's pharmaceutical industry that includes 24 manufacturers that mostly focus on export.

- WHO Regional Office for the Eastern Mediterranean and WHO headquarters have heavily supported Jordan on medical commodities benchmarking, as described in Box 3 below.

96. WHO Regional Office for the Eastern Mediterranean has provided technical backstopping to the WHO Country Office in areas that had no focal point, such as in environmental health, and, more recently, on immunization. In some technical areas, however, the technical support from the Regional Office and WHO headquarters has been more limited (health promotion and health determinants). WHO Regional Office for the Eastern Mediterranean has offered technical support to the Country Office on environmental health and climate change that was until recently not supported by a focal point at the Country Office. In recent years, the immunization programme has been largely supported from WHO Regional Office for the Eastern Mediterranean as the Country Office does not have a full-time position to support this area of work.

97. As pointed out earlier, in other areas, the capacity of WHO Regional Office for the Eastern Mediterranean and WHO headquarters to support the Country Office has been more limited; these include health promotion and social determinants of health for which planned interventions by the Regional Office and WHO headquarters have not been delivered. For example, the CCS states that the WHO Regional Office for the Eastern Mediterranean would support the integration of the findings of the Commission on the Social Determinants of Health in the Eastern Mediterranean region into designing national policies in Jordan. However, policy work on social determinants of health does not appear to have progressed in a significant way in Jordan. Country staff noted that there could also be greater integration between mental health and NCDs at the Regional Office level, especially on substance abuse. In addition, while WHO headquarters has provided relevant technical tools, these have seldom been translated into Arabic, which limits their usefulness for national stakeholders.

98. In addition to technical support, WHO Regional Office for the Eastern Mediterranean and WHO headquarters have facilitated the Country Office resource mobilization, procurement and operations, helping secure important grants. Major grants have been obtained through WHO headquarters, such as the LEGO, Bloomberg and BPRM grants. The WHO Regional Office for the Eastern Mediterranean procurement mechanism was used to purchase vaccines for Jordan within the framework of the EU Trust Fund implementation. Support functions such as communications and operations have also received ongoing technical support from the Regional Office through regular mentoring and responding to technical assistance requests. Communication support from WHO Regional Office for the Eastern Mediterranean is reported to have vastly improved as the regional team has been strengthened to be able to provide more rapid turnaround on Country Office requests. Editing processes for Country Office social media and web publications have been simplified as well.

Finding 24. WHO headquarters and WHO Regional Office for the Eastern Mediterranean have also mobilized Jordan's experience and expertise to support other countries, facilitating exchanges "from the Region to the Region". Key global and regional initiatives, including the recent regional flagship programmes as well as global initiatives, such as the Director-General Special Initiative on mental health, have been implemented in Jordan.

99. Jordan has been the first country in the Region to pilot the AMR Regional Strategy, accreditation of pharmacovigilance centres, introduction of new vaccines and the Regional Digital Health Strategy. Among the Regional Office flagships,[15] the supply chain management and health workforce initiatives are well aligned with Jordan's priorities for the health sector, as outlined in the EMV. The Substance Use Flagship has the potential to link Jordan's efforts on mental health with the new Country Substance Use Strategy, although the linkages between this Flagship and Jordan's current priorities appear less clear. A key global initiative implemented in Jordan has been the DG Special Initiative on mental health that has helped raise the profile of WHO's work on mental health in Jordan.

100. Given the high technical capacity and experience available in Jordan, WHO has mobilized national stakeholders to share their experiences in regional and global fora. For example, the WHO Regional Office for the Eastern Mediterranean team has leveraged Jordan's experience in laboratories and genomic surveillance in regional meetings and engaged Jordan's Health Accreditation Council to support other countries. His Excellency Jordan's Minister of Health co-hosted the global high-level technical meeting on NCDs in humanitarian settings in Copenhagen in 2024, upon invitation from WHO headquarters. Jordan's Ministry of Health was also invited to co-host, along with the Government of Spain, the high-level side event on obesity at the Seventy-seventh World Health Assembly, acknowledging Jordan's efforts to curb obesity. Similarly, the establishment of the SDG3 team was presented to all Country Office focal points at the SDG3 regional platform. National stakeholders interviewed from the Ministry of Health, the JCDC and the JFDA expressed appreciation for these experiences, particularly for the exposure to global debates and opportunities for shared learning.

3.4 What good practices, innovations and lessons emerged from WHO's interventions in Jordan, including in the context of the COVID-19 response? How can these insights guide and strengthen future WHO interventions and pandemic preparedness in Jordan?

Finding 25. The current CCS is based on leveraging the COVID-19 experience to strengthen health system resilience and preparedness, with the WHO Country Office playing a stronger leadership role in the health sector. Several key adaptations were made to WHO's work in Jordan, based on

[15] Three flagship initiatives launched by the WHO Regional Director for the Eastern Mediterranean in 2024 serve as accelerators for the WHO's Strategic Operational Plan for the WHO Regional Office for the Eastern Mediterranean 2025/2028. These relate to expanding equitable access to medical products, investing in a resilient and sustainable health workforce, and accelerating public health action on substance use.

the COVID-19 experience, and new skills were acquired by the Country Office team, although some of the lessons learnt were not applied by WHO and its national counterparts.

101. The current CCS was developed in the COVID-19 context; it was designed to ensure that lessons learnt during the pandemic were effectively applied. The COVID-19 lessons learnt in Jordan have been extensively documented through an intra-action review (2022), a Jordan Health Accounts study on COVID-19 (2024), a primary health care case study in the context of the COVID-19 pandemic (2023) and a COVID-19 country case study (2020). A review mission was also conducted by the WHO Regional Office for the Eastern Mediterranean on the Jordan COVID-19 response in March 2021.[16] Post pandemic, the work of WHO addresses some of the key gaps observed during the COVID-19 crisis, building critical capacities within the health sector on laboratory leadership and management, cold chain capacity, surveillance systems and logistic chain to preserve samples. The COVID-19 experience has been leveraged for developing the Ministry of Health Hospital Emergency Preparedness Plan and for informing the update of the Respiratory Diseases Pandemic Plan. WHO also aimed to apply lessons on better communication with communities as part of vaccination campaigns, conducting infodemic management awareness sessions at 14 primary health care centres and eight tertiary hospitals to promote influenza vaccine among health-care workers. In July 2024, Jordan reaffirmed its commitment to strengthening laboratory leadership by participating in the regional Global Laboratory Leadership Programme workshop. The JCDC is leading national efforts to integrate the programme within a One Health framework.

102. The COVID-19 pandemic established the role of the WHO Country Office in leading the health response among UN agencies and with the donor community. WHO's leadership role during the pandemic was widely acknowledged by the Ministry of Health and other key stakeholders interviewed; this has translated into increased trust in WHO's expertise and capacity in evidence-based health programming and scientific modelling in the current CCS implementation period. WHO's role was particularly recognized by UN partners for enhancing equitable access to COVID-19 vaccines, including for refugees.

103. WHO staff gained new skills and experiences during the COVID-19 pandemic response. They reported that the pandemic helped them hone new skills for various aspects of emergency programme delivery, such as procurement, and gain a deeper understanding of the crisis management structure in Jordan, including the roles and responsibilities of different entities involved in coordinating the response. In addition, ongoing programmes were effectively pivoted to respond to COVID-19, leading to better integration of vertical programmes into overall health system preparedness and knowledge transfer between programmes. The WHO staff working on

[16] Key lessons learnt from COVID-19 in Jordan, as captured in these studies, revolve around the importance of having a coherent, whole-of- government and whole-of-society health response; the need for resilient subnational health system based on PHC to address interruption of essential services; the need for further investment in emergency preparedness including surveillance and rapid detection; and the importance of engaging communities in the design of emergency responses and communicating effectively to secure their buy-in.

immunization and polio played a front-line role in the first few months of the pandemic in detecting COVID-19 cases, building the capacity of community health workers, testing samples, and deploying surveillance and preventive measures. A WHO respondent explained that in the weekly meetings with country teams during the pandemic, 60%–80% of the COVID-19 cases were reported through the polio surveillance staff. When vaccination started, technical teams and the Regional Office were instrumental in sharing experiences on polio micro-planning.

104. However, there have been missed opportunities to translate some of the COVID-19-related lessons into practice by WHO and partners. Some of the intra-action review recommendations were not followed up on by the national counterpart, with respondents citing the lack of resources at the Ministry of Health and unclear accountability as contributing factors. For example, governance of the health sector and multisectoral coordination continue to be weak areas, as described in EQ5.

3. To what extent have WHO interventions in Jordan delivered or are likely to deliver results in an efficient and timely way? *(efficiency)*

4.1 To what extent do WHO interventions reflect efficient programmatic allocation of human and financial resources, including in response to new and emerging health needs?

Finding 26. Overall, WHO interventions were delivered in a timely and efficient 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.

105. The WHO Country Office funding utilization over the period of 2020–2024 reflects an efficient use of resources, since staff costs represented only 11% of the funds utilized and were nearly fully covered in the base budget. Conversely, most of the Country Office budget was spent on activities. Cost efficiencies were sought; for example, the Zarqa warehouse, which was funded through WHO, was built on Ministry of Health-owned land, which helped in significantly reducing the cost of the project. Funds have also been spent in a timely manner, with a budget burn rate of 100% for the period of 2020–2023.[17] Anecdotal evidence gathered from the evaluation also demonstrated that the WHO Country Office was able to deliver large infrastructure projects in a timely manner: as part of the EU Trust Fund grant, WHO was able to complete building works to strengthen the medical supply chain, valued at over US$ 10 million, within one year and is on track to hand over the project to the Ministry of Health by the end of 2025. Ministry of Health staff members working in partnership with WHO on this project, who

[17] Burn rate stood at 50% for 2024, however, given that activities for the 2024–2025 biennium are still being implemented, this number may not be meaningfully interpreted.

were interviewed in a focus group discussion, highlighted the rapid delivery of this work by the WHO Country Office staff.

106. WHO was able to focus most of its financial resources on delivering core programmes, as 67% of the funds were spent on the base budget over the period of 2020–2024 (see Fig. 7). Within the base budget, the larger share directed to the UHC component is well aligned with Jordan's health system strengthening priority, with 85% (US$ 46 590 459) of the WHO Country Office base budget being directed to this area (see Fig. 8). The emergencies pillar was allocated only 4% (US$ 2 373 531) of the base budget. However, results under this pillar were also supported through the emergency appeals that significantly increased resources for emergencies, accounting for 32% of the Country Office overall budget during the period (US$ 25 873 825).

107. WHO has invested limited financial resources in the healthier populations pillar, with only 3% (US$ 1 581 032) of the base budget over the CCS implementation period. Although this was supplemented by financial assistance from the Framework Convention on Tobacco Control (FCTC) Secretariat, these funds appear to have been phased out from 2023, providing around US$ 210 000 in the biennium 2020–2021, US$ 49 000 in the biennium 2022–2023 and none in the first year of the current biennium.

108. The achievement rate of KPIs under each pillar generally reflects the level of financial investment, with the UHC and emergencies pillars demonstrating the highest percentage of output KPIs achieved (63% and 64% respectively); the healthier populations pillar had the lowest achievement rate (30%) (see Annex 7). Although funding requirements arguably differ depending on the type of activities implemented under each pillar, these numbers suggest that investment in the healthier populations pillar may not have been sufficient to achieve the planned outputs. Given the emergence of climate change-related health threats and NCD risk factors in Jordan, this suggests that WHO has not been able to flexibly redirect its resources to address these evolving needs.

Fig. 7. Funds utilization by budget category (in US$) (Source: Planned and utilization costs for Jordan. WHO.)

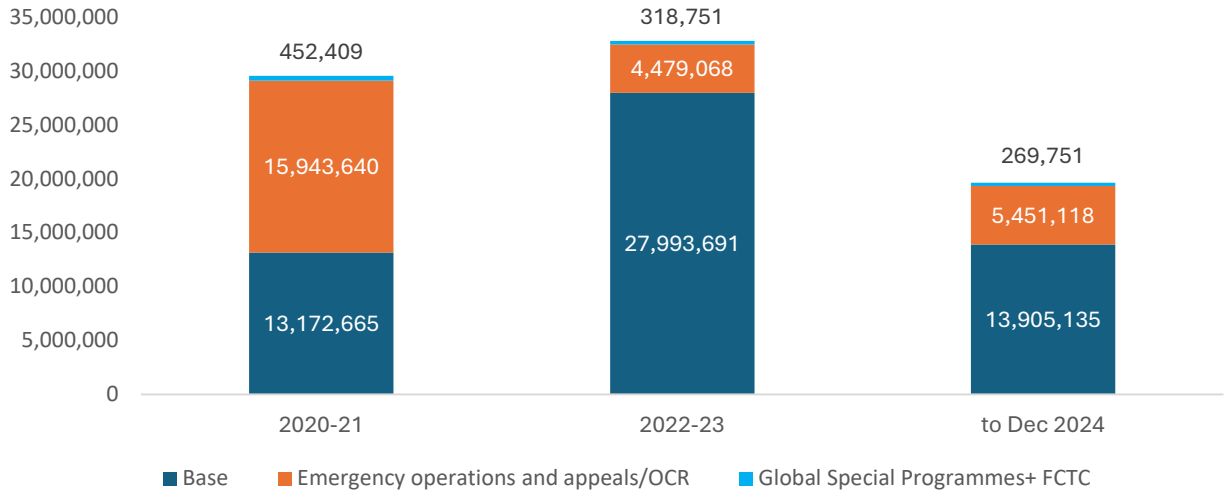
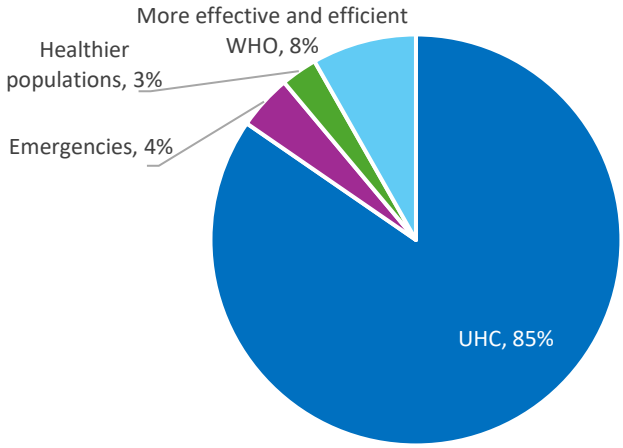


Fig. 8. Base budget by pillar % in the period Jan. 2021–Dec. 2024 (Source: Planned and utilization costs for Jordan. WHO.)



4.2 To what extent did WHO advocate and mobilize resources for implementing the CCS Strategic Agenda and what could be done differently, going forward, especially to fund key strategic priority areas?

Finding 27. Overall, fundraising efforts have been successful in supporting the implementation of the CCS within an adverse context, although flexible funding remains low and there is a risk of concentration of funding sources on few donors that are unlikely to sustain similar levels of funding, going forward.

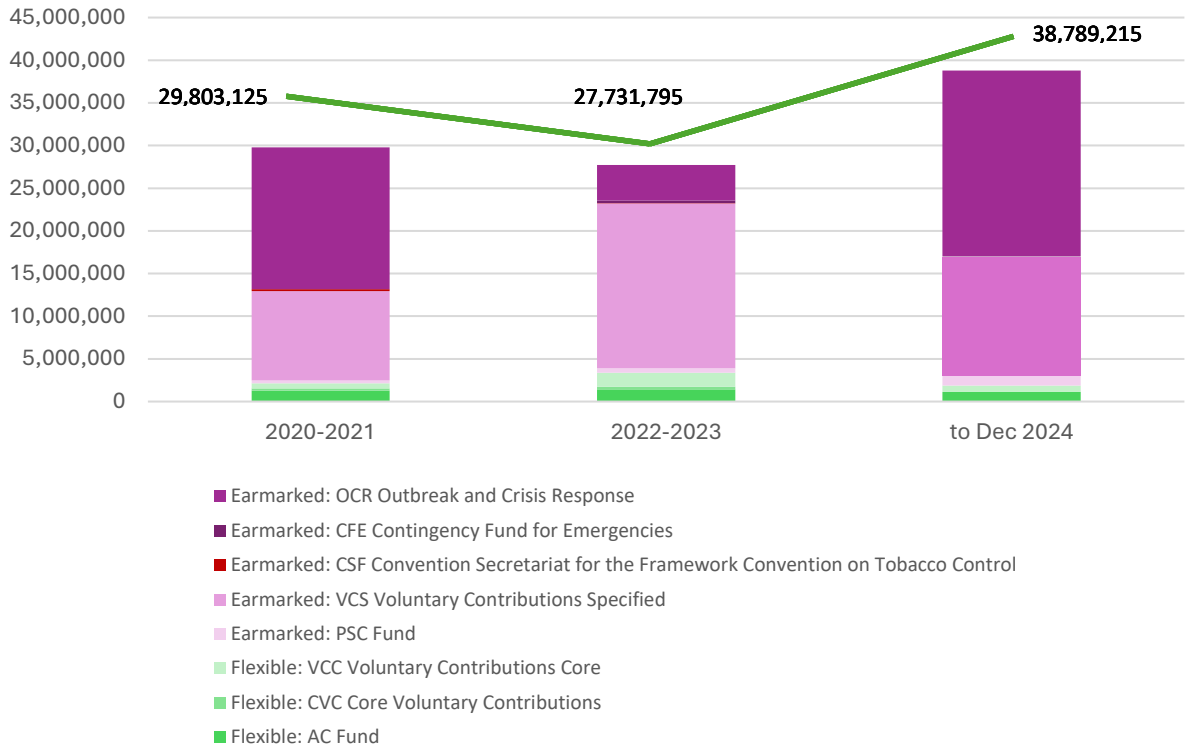
109. In Jordan, the funding landscape has been characterized by a decline in official development assistance (ODA) from 2022 while the share of ODA for health remains low – around 3% in 2022.[18] Within this context, fundraising efforts of WHO had been successful as more funds were raised during the period than what was estimated for the CCS implementation: the CCS document mentions that US$ 61 million would be necessary for the implementation of the strategy while the WHO Country Office had raised US$ 96 million by the end of 2024. This is nuanced by the fact that in the biannual programme budget exercise, planned costs are notably higher than the originally planned figure in the CCS due to emerging needs identified during implementation, estimated at US$ 119 145 157 for the 2020–2024 period, revealing a funding gap of around 19%. The quality of funding also indicates that the funding awarded was mostly earmarked, which may have hindered the capacity of the Country Office to flexibly reallocate these resources to underfunded areas: on average, 8% of resources were flexible over the period of 2020–2024.

110. In addition, the key sources of funding that have supported WHO's work during the CCS implementation period appear to be compromised, going forward. These include the BPRM, given the current situation of the US global health financing, the Italian Cooperation that has phased out support and the EU, which has indicated that it would not continue prioritizing health financing in Jordan. This is of particular concern in relation to the EU funding, given that this this donor has largely dominated WHO funding in Jordan: in the 2022–2023 biennium, a sum of US$ 19 million, out of a total awarded amount of US$ 27 million, was contributed by the EU. This dependency has had a significant impact on the stability of the resourcing level over the period of the CCS: OCR and specified voluntary contributions represented 45% and 44% of funding respectively over the period of 2020–2024**.** OCR declined in 2022–2023 because of the end of the EU Madad project; it increased again with the new EU project from 2024 (see Fig. 9). In this respect, WHO respondents raised concerns about the sustainability of human resources that were hired to support the delivery of the EU projects, highlighting the need to diversify funding sources, going forward. To address these challenges, the WHO Country Office had developed a donor engagement plan for 2023 and the Regional Office is supporting the Country

[18] WHO (2023) Jordan Country resources mobilization analysis 2022–2023 full biennium (unpublished)

Office to develop a Partner Engagement and Resources Mobilization Strategy, which includes a monitoring plan for resource mobilization.

Fig. 12. Funds awarded by income category (in US$) (Source: Planned and utilized costs for Jordan. WHO.)



Finding 28. The WHO fundraising strategy in Jordan has focused on refugees' health as an entry point for health system strengthening efforts, which has been successful and relevant for health priorities in Jordan. However, there is room for improvement in terms of articulating WHO's added value in supporting fundraising efforts in several areas: better measuring and describing the contribution of WHO to health system and health outcome results; better communicating on WHO's achievements; and increasing the visibility of WHO in Jordan as a go-to reference for health information.

111. The WHO Country Office for Jordan developed a donor engagement plan in 2023, outlining WHO's strategic priorities, strengths and opportunities for resource mobilization. The document highlighted opportunities for WHO to develop its role in the country, recommending that *"the emphasis should be on collaborative strategies, sustainable health initiatives and dynamic stakeholder engagements to ensure a resilient health ecosystem in Jordan".* It identified two areas of priority for resource mobilization: building health system resilience for emergencies, and strengthening health data and innovation capacity. WHO fundraising efforts have focused on supporting Jordan's response to the health needs of refugees through strengthening the health system to serve both refugees and host communities. The EU Madad project has been instrumental in articulating this equity-driven approach to supporting the country to address refugees' health needs by strengthening the overall health system for both refugees and vulnerable Jordanians. Other grants mobilized through WHO headquarters and WHO Regional

Office for the Eastern Mediterranean successfully complemented this approach, especially those from the BPRM, and the Spanish and Italian cooperations. Underlining this success, a WHO respondent at the regional level said, *"Securing adequate funding for health system strengthening remains a persistent challenge for WHO, but for the refugee population, it was able to leverage important funds. The Country Office did well in flexing those towards equity and extending the reach of those programmes to build standards."*

112. However, the findings of the most recent analysis from the Contributor Engagement Management for the 2022–2023 biennium highlight a shift in the resource mobilization landscape, with a decrease in the amount of humanitarian funding coming into Jordan in recent years, which warrants renewed efforts to mobilize resources in the country. In this respect, there is scope to improve the way in which WHO articulates its contribution to maximize resource mobilization opportunities. Data on outcome-level contribution of WHO are often anecdotal, including on key achievements such as the mhGAP and HEARTS packages national rollout. In relation to the HEARTS rollout, the Jordan case study in the evaluation of WHO's normative function *(26)* notes that there are insufficient data to demonstrate the extent of WHO's contribution: *"Anecdotally, both mhGAP and HEARTS, which have been relatively well-implemented in Jordan, are reported in stakeholder interviews to have had positive benefits resulting in greater access to services, faster and more effective treatment, and more appropriate use of secondary and tertiary services. (…) However, the level of evidence through systematic monitoring is low, with the possible exception of a pilot study of HEARTS, which showed a dramatic reduction in levels of uncontrolled hypertension."* While the relevance of WHO interventions is widely acknowledged, there is a gap in terms of clearly articulating WHO's contribution to health outcomes. As highlighted in EQ4, WHO's monitoring does not focus on identifying plausible contributions to outcome-level changes and currently lacks a comprehensive theory of change to effectively communicate its added value in Jordan.

113. In some instances, WHO's work has not been well recognized by partners, limiting its visibility. For example, a major contribution of WHO is the implementation of the HEARTS package at the PHC level in the country; however, while WHO guidelines are used for this, the Organization is not recognized with regard to those because these have been adapted without acknowledging WHO's contribution. In addition, some respondents from development partners, WHO staff members and donors in Jordan noted that the Organization does more than what is publicly reported. They pointed out that the Organization's website is not user-friendly, making it difficult to access reports or data for decision-making. A scan of the WHO Jordan website reveals that few publications have been posted in the current CCS period. This possibly constitutes a missed opportunity for fundraising and elevating the profile of WHO. In this respect, other country offices have developed communication products that highlight their contributions in an attractive and clear way for donors. Take the Case for Support developed with the WHO Country Office for Afghanistan or the website of the WHO Country Office for Yemen *(27)*.

114. Going forward, respondents have identified ways for WHO headquarters/ WHO Regional Office for the Eastern Mediterranean to build on and support efforts by the Country Office to mobilize resources locally. Partners and WHO respondents have suggested various avenues of fundraising for the Organization to explore, moving forward:

- There may still be scope for WHO to pursue a dialogue on future collaboration with the EU, building on existing relationship and achievements obtained through the EU delegation partnership. In particular, there may be potential for WHO to access the EU funding line on climate change mitigation as part of the new priorities outlined by the Ministry of Health for the next strategy period.

- WHO may enhance its leadership role as a convener and technical reference in the health sector of Jordan by facilitating access to health outcome data for partners in adapted formats and invest in coordination on partner platforms, such as the UNCT, which would also help position the Organization for future funding opportunities.

- WHO may further explore the potential for development banks to invest in PHC in Jordan. In this respect, the demotion of Jordan from UMIC to LMIC in 2024 may offer greater possibilities of sourcing funding. Efforts are being made as part of the Health Impact Investment Platform (HIP), wherein the WHO Jordan Representative has been advocating for investment towards PHC. This approach requires WHO to identify its unique contribution and develop an investment plan demonstrating the value of investing in Jordan's PHC. However, respondents from other UN agencies have raised concerns about the lack of strong data on health issues and the status of health financing in Jordan, citing government sensitivities around openly sharing health outcome data. This limits partners' ability to support the country effectively and make the case for investing in the Jordanian health system.

- WHO may support Jordan to become a regional base from which the needs of different countries experiencing emergencies in the Region can be served; this requires building the capacity and resources of WHO Jordan to support this role.

4.3 To what extent are the results-based management systems adequate to ensure efficient and timely allocation of resources and accurate measurement of results?

Finding 29. The WHO Country Office for Jordan was one of the first country offices in the Region where the recommendations of the Action for Results Group for country level impact[19] were applied, resulting in strengthened autonomy and capacity of the WHO Country Office. The latter

[19] As part of the WHO Transformation under GPW 13, the Action for Results Group was founded in 2023 to accelerate the empowerment of WHO country offices to maximize impact at the country level.

has effective control and administrative systems in place for key functions such as information technologies, procurement, human resources management and risk management. However, there is scope for improving results-based management, especially monitoring of data to inform programmatic decision-making.

115. The Director-General established the Action for Results Group for country level impact initiative, led by a group of WHO Representatives in 2022. By 2023, it had issued key recommendations regarding the minimum core capacity in countries, ensuring financial resources to match country needs, enhanced delegation of authority and due diligence, WHO Representative's participation in global and regional decision-making, bottom-up prioritization to deliver for impact, and enhanced visibility and better communication across the three levels of the Organization. Key changes introduced at the WHO Country Office for Jordan focused particularly on aligning its operations with newly delegated functions and establishing the core predictable country presence (CPCP) positions to support implementation:

- The delegation of authority at the Country Office level enabled its leadership to conduct recruitment for national positions and take decisions on procurement procedures up to a ceiling of US$ 300 000, without the need for prior approval from the Regional Office. In Jordan, it allowed the Country Office to lead to develop human resources and activity plans. The delegation of authority was supported by capacity-building of key staff to ensure that accountability and due diligence processes were updated, including to map and mitigate risks when implementing the new functions authorized at the country level.

- The implementation of the CPCP led to the recruitment for several positions at the WHO Country Office. Five positions were filled to cover UHC, disease control, health promotion, a public health officer role, and communication and partnership. WHO stakeholders at country and regional levels note Jordan is well-equipped, courtesy of these new positions, to implement the GPW14 priorities in the next period. However, some gaps have been highlighted in the technical departments, particularly the need for a full-time immunization focal point at the Country Office to consolidate and sustain recent gains, and a dedicated focal point on social determinants of health, health equity and gender equality, as highlighted in EQ3.

116. Control mechanisms and standard operating procedures have been assessed in an audit conducted in 2023 *(28)*, which concluded that most controls systems were operating effectively and that the performance of the Country Office was largely satisfactory. Some improvement is required to address residual risk and improve operational effectiveness though. The audit recommendations were all addressed satisfactorily in the following year, according to the Office of Internal Oversight Services. This strong performance is also evidenced in the WHO Regional Office for the Eastern Mediterranean KPIs related to enabling function outputs for Jordan; these include the indicator, "Overall score of the managerial KPIs", which was fully achieved (« green »

score) by the end of 2023. Indeed, 94% of the management KPIs, related to information technologies, procurement, human resources management and risk management, were achieved in 2023, from a baseline of 65% in 2020 (see Annex 7).

117. Jordan has benefitted from a strong strategic framework in the current CCS (2021–2025), accompanied by the biannual CSP aligned with WHO programme budgets that are reported against on a quarterly basis. The monitoring of the CSP has been strengthened through an initiative of the Country Office to develop a consolidated reporting format, capturing all data on CCS indicators, WHO Regional Office for the Eastern Mediterranean KPIs and the status of the implementation of planned activities. However, there are areas of improvement in corporate planning and reporting systems implemented in Jordan:

- The biannual CSP that serves as an operational plan to implement the CCS does not describe the expected outputs from the three levels of WHO in Jordan, focusing mostly on the Country Office deliverables instead. This is of concern, given the issues raised in EQ2 regarding the multiplication of pilots driven in the country by different WHO headquarters and WHO Regional Office for the Eastern Mediterranean technical departments.

- The CCS results framework contains limited baseline and target data, and no milestones for outcome indicators. It does not capture the contribution of WHO to expected outcomes, limiting its usefulness to inform programmatic decisions as well as to communicate on WHO's added value.

5. To what extent has WHO contributed to building national capacity and ownership for addressing Jordan's humanitarian and development health needs and priorities? *(sustainability)*

5.1 To what extent has WHO supported Jordan's longer-term national goals and resilient, shock-responsive health systems while building national capacity?

Finding 30. WHO has successfully supported the national ownership and capacity in several areas. The Organization has also contributed to a more sustainable health system by successfully advocating for a shift of focus in the national health priorities towards PHC and promoting health equity through UHC. In terms of the multisectoral health response, further support from WHO is needed to implement the "Health Equity in All Policies" approach and strengthen governance at the subnational level.

118. While Jordan has historically invested in secondary and tertiary care, WHO has successfully advocated to refocus the National Health Strategy on PHC and UHC, resulting in the development of an essential services package and the national UHC Roadmap. In support of financing UHC, WHO has produced an assessment of the health insurance status in the country. WHO has also successfully advocated for the placement of health equity at the core of the new Ministry of Health Strategic Plan (2025–2027), ensuring that refugees are included in the UHC blueprint. One WHO respondent described WHO's role in supporting this shift in focus, *"Now they are viewing PHC differently. One outcome of the service mapping and costing exercise was that we showed the Ministry of Health that many beneficiaries in Jordan access secondary health care without going through the primary level."*

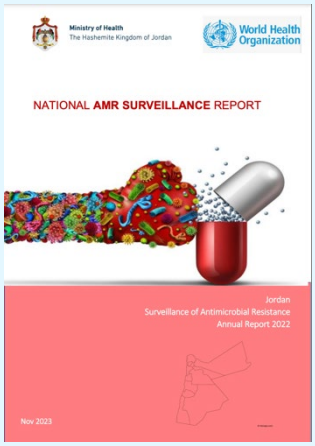
119. The Ministry of Health is increasingly funding some of the programme areas previously supported by WHO. Jordan's Polio Programme, previously supported by WHO, is now fully funded by the government. WHO respondents stress that Jordan's National Polio Programme is highly capable and operates independently. For example, its polio laboratory conducts sample testing for occupied Palestinian territory and Yemen. While environmental health programmes on air quality have been funded externally, the Ministry of Health has for the first time devoted a US$ 2 million budget line to this area of work in the current financial year. Another important example is the agreement on handing over the major infrastructure developments funded through WHO in the EU Trust Fund project, such as warehouses and PHC centres, securing the commitment that the Ministry of Health will maintain the facilities and monitor their use.

120. WHO has focused on building national leadership, wherever possible, in different technical areas. The AMR Agenda under the JCDC leadership has been one of the success stories, as showcased in Box 4 below.

Box 4. Institutionalization of AMR surveillance and stewardship in Jordan

AMR is a strong example of how WHO has developed the national capacity to manage the planning, reporting and use of data to improve services. WHO has supported the introduction of AMR standards at the facility level, with the first step being a pilot of the AMR stewardship core components at Zarqa Public Hospital. WHO AMR standards had then been rolled out at facilities across Jordan, with the support of USAID and UNICEF, resulting in a network of 42 hospitals collecting and using AMR data. The national AMR surveillance capacity has been strengthened with the creation of a national database. Jordan not only reports data to the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS), but it also produces a report for national use that describes the AMR burden at national and facility levels (Fig. 10).

Fig. 13. National AMR report 2023



WHO has contributed to strengthening the national ownership of the AMR agenda by supporting the JCDC in its role as the agency mandated to develop the AMR M&E framework. Important milestones were achieved, including the capacity building of Ministry of Health staff on AMR and the strengthening of laboratory systems. However, sustainability remains a challenge in terms of securing a budget to implement the National AMR Plan. As a result, WHO has shifted from providing direct leadership and implementation support to focusing on supervision and monitoring with the JCDC as well as advocating for the government to finance the plan implementation.

121. Several technical working groups have been put in place with WHO support to facilitate multisectoral collaborations, including:

- The SDG3 Platform, supported by WHO, has promoted a better coordination between the Ministry of Health, other ministries and DOS on reporting on SDG3 indicators. This platform contributes to the UN Data Committee on improving SDG reporting on the Jordan data portal and has facilitated collaboration on data between the Ministry of Health and DOS.
- The NCD Coordination Platform, co-chaired by WHO and UNHCR, aims to strengthen NCD prevention and management, streamline sharing of updates among different stakeholders, and improve quality of care at all health-care levels for both refugees and Jordanians.
- The One Health Committee brings together various stakeholders to address zoonotic diseases. According to respondents working on One Health, the most significant outcome of this collaboration has been the signing of a memorandum of understanding in 2022, formalizing the commitment of the ministries of agriculture and health to collaborating on prioritized diseases and sharing data.
- A high-level National AMR Committee was created to strengthen the national AMR governance, with members representing human, animal and environment sectors. WHO supported the capacity-building of its members through a national leadership workshop, held in coordination with the Ministry of Health.
- The Nutrition Platform, chaired by the Ministry of Health with the participation of WHO, UNHCR, UNICEF and World Food Programme (WFP), is tasked with supporting the implementation of the National Nutrition Strategy.
- Mental Health and Psychosocial Support (MHPSS), co-chaired by WHO, steers the joint implementation of the Mental Health and Substance Use Plan of Jordan.

122. However, respondents noted that the added value and sustainability of these mechanisms varied, with more active engagement observed in the SDG3 Platform, MHPSS Working Group, NCD Coordination Platform and AMR Committee. In contrast, the One Health Committee and the Nutrition Platform appear less dynamic, according to participants in these groups. Although national counterparts are meant to convene and lead such platforms, they report being overstretched in terms of their ability to participate in multiple platforms that are sometimes considered duplicative. Jordan health sector coordination is characterized by a constellation of coordination mechanisms that may be redundant and not effective or may not be meeting regularly, as documented, for example, in the SDG3 GAP evaluation case study in Jordan. A respondent explained, *"If you read all the strategies that are developed, the first issue highlighted is at a governance level – here is the really big gap."*

123. WHO has attempted to strengthen health governance in Jordan through building national leadership of the coordination mechanisms. However, as mentioned in EQ2 2.2, the transfer of these mechanisms to the Ministry of Health has faced challenges, sometimes reducing the effectiveness of coordination. A key issue in this respect is the absence of a higher-level coordination body for the multisectoral health response that would engage other ministries in realizing the health sector's contribution to the Jordan EMV goals. While such a mechanism existed under the Office of the Prime Minister – the High Health Council – this mechanism was dismantled by the Minister of Health. In this respect, the WHO report, Identifying drivers of change for UHC in Jordan (2023), states *"The health-care sector in Jordan suffers from the absence of an official body responsible for the main governance functions which results in a scattered public health care sector with no effective coordination between its components, specifically after suspending the activities of the High Health Council by the government."* The draft UHC Roadmap also includes, under its first goal, the objective to "Ensure strong governance of the healthcare sector" with a specific intervention to activate the role of the High Health Council or establish a new regulatory body to govern the health-care sector.[20]

124. The decentralization of the health system at the governorate level has also been an area needing improvement to ensure that WHO's health system strengthening efforts are effective. A WHO respondent noted, "*We need to have the capacity at the governorate level, which is not the case. The system in general is working, they do the routine things, but to reach excellence, there is a need for stronger leadership and management at a decentralized level."* WHO has been working on the Health Workforce Roadmap to harmonize and strengthen capacities at this level, and develop health workforce technical skills (on EPI and mhGAP) at facilities in different governorates. In addition, to strengthen the capacity of facilities to reach rural and remote populations, WHO has started supporting community health workers attached to pilot health centres in Mafraq to conduct outreach. WHO also draws on the experience of some of its progammes that, according to WHO respondents, could be leveraged to strengthen community-based health services. EPI has implemented a micro-planning tool to plan community

[20] December 2024 draft of the UHC Roadmap

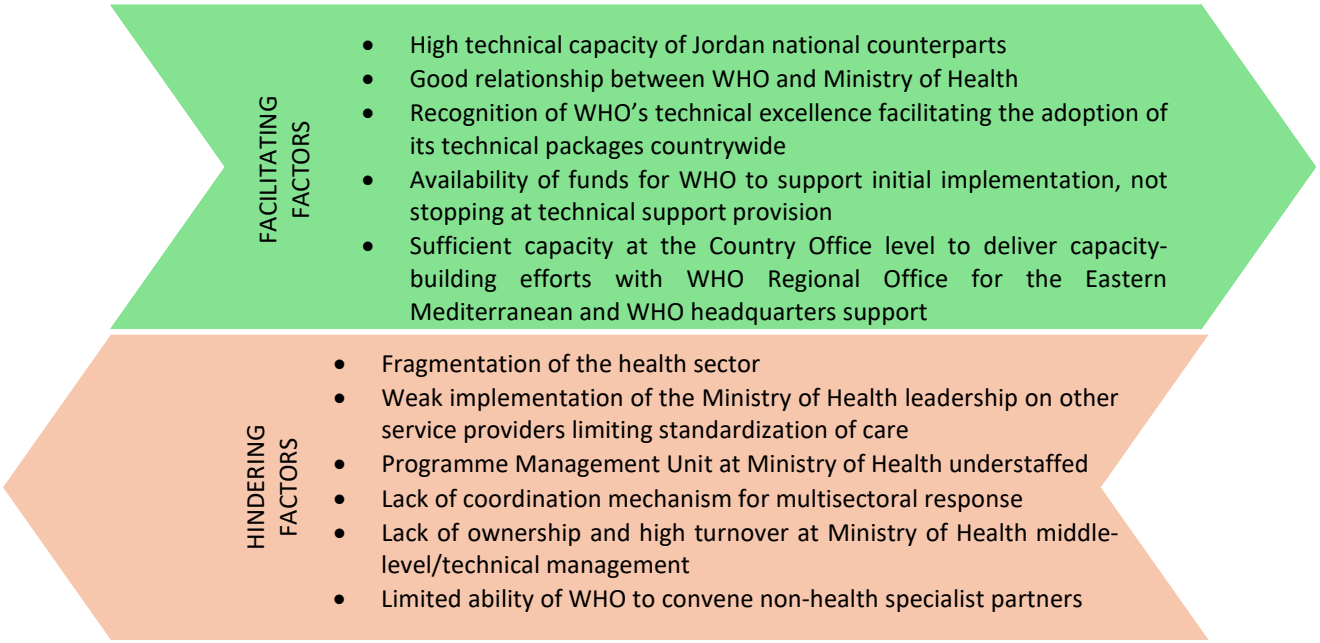
interventions with an equity approach; according to a WHO respondent working on immunization, this could be expanded to other areas of PHC through integrated outreaches to include more services beyond vaccination, such as mental health and NCD risk factor awareness.

Finding 31. The effectiveness and sustainability of WHO's capacity-building efforts in Jordan are influenced by various contextual factors, such as high turnover at directorate/mid-level management at the Ministry of Health, and insufficient funding and prioritization of key areas such as addressing NCD risk factors.

125. Many WHO staff members and partners interviewed indicated that the capacity-building work with the Ministry of Health was sometimes hampered by capacity issues at the ministry. While the turnover was previously high at the senior management level, the current Minister of Health has remained in office since 2021. This stability has greatly contributed to the development of an effective collaboration between WHO and the Ministry, with a strong alignment on key priorities. However, at the middle or technical management level, some departments have seen a high turnover in director-level positions, which has limited the effectiveness of WHO's capacity-building efforts and hampered national ownership. For example, WHO trained 25 mid-level managers in the implementation of the National Immunization Programme – however, the whole Ministry of Health team was renewed and institutional memory was lost.

126. Another key limiting factor widely acknowledged by respondents is that critical areas such as NCD risk factors, while responsible for the largest mortality and morbidity burden in the country, are insufficiently funded in Jordan. As mentioned above, only around 7% of the government expenditure is dedicated to health, resulting in gaps in health programmes. While WHO has supported the development of the policy and strategic framework of the health sector – overall and in different technical areas – a key challenge remains in translating plans and strategies into actionable implementation, ensuring that those do not remain on paper. A WHO respondent noted in this regard, **"***What is discouraging is the lack of implementation. We need more political leverage to accompany the structural changes that need to be ensured."* In this respect, WHO has implemented a successful strategy in Jordan to support the use of its normative products in various ways, without stopping at the dissemination phase. This has resulted in several important standards and guidelines being implemented at scale in Jordan, as mentioned above (mhGAP, HEARTS). Key factors influencing WHO's contribution in Jordan are summarized in Fig. 11 below.

Fig. 14. Factors influencing the effective capacity-building efforts by WHO in Jordan



Conclusions

127. **Conclusion 1** (related to findings from EQ1 and EQ5): **WHO has tailored its approach to the context of Jordan, which, despite being considered a stable country, is marked by the volatile regional situation and a high number of refugees. This has led 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.** WHO has leveraged funds to support an equitable and sustainable health-care system for both Jordanians and non-Jordanians, including refugees and migrants; in ensuring this, WHO has become more involved downstream from its normative work to support implementation and build national capacity through "learning by doing". This approach has yielded important successes towards a more sustainable health system. It has, however, generated risks in terms of handing over large-scale projects to the national counterpart, in terms of government investment in maintenance, support supervision and provision of skilled personnel. The WHO Country Office has struggled to maintain its capacity after the end of such projects, although it has managed to retain its project-based staff through re-organizing the organogram, integrating the core predictable country presence positions introduced by WHO globally.

128. **Conclusion 2** (related to findings from EQ2 2.2 on external coordination, EQ3 3.1 on contribution to outcomes and EQ3 3.4 on COVID-19): **WHO has strengthened its leadership position among health partners in Jordan, following its prominent role in the COVID-19 response. As a next step, it needs to leverage this position to advance the multisectoral response on health in the post-pandemic context, and enhance both development and humanitarian coordination platforms to strengthen engagement, alignment and coordination of all health partners.** While WHO has made efforts to hand over health coordination mechanisms to the Ministry of Health and foster national ownership, the transition process has, in some instances, resulted in weakening the functioning of these platforms. Greater support is needed from WHO to ensure that health coordination moves beyond sharing information to develop collaborations and improve alignment among partners. In addition, health coordination remains fragmented between multiple platforms. There is no strong multisectoral coordination mechanism to articulate the health sector's contribution to the Economic Modernization Vision and mobilize non-health partners in support of the health sector.

129. **Conclusion 3** (related to findings from EQ2 2.1 on internal coordination and EQ3 3.3 on WHO headquarters and WHO Regional Office for the Eastern Mediterranean contribution): **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 the Regional Office is not always seamlessly aligned. Together, the contributions of the three levels have determined the delivery of key outputs in Jordan** in areas such as harmonization of standards, policy and strategic framework, immunization and outbreak response capacity, supply chain management, health data, antimicrobial resistance, pharmacovigilance, and quality of NCD and mental health services. Despite efforts, progress is slow in other critical areas such as the UHC index, health financing targets, HIS harmonization and tobacco control. Outcome-level results in health in Jordan have been affected by such factors as COVID-19, rapid population growth, and the presence of large refugee and migrant populations. In addition, industry interference in Jordan remains a key challenge to progress on NCD risk factor targets, including tobacco control.

130. **Conclusion 4** (related to findings from EQ3 3.2 on health equity): **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 into a systematic way.** Partnerships with civil society organizations that work on community engagement have not been fully developed, limiting the ability of WHO to engage with marginalized and vulnerable groups. Internally, some technical areas have limited human resources capacity, particularly with regard to gender, health equity, health promotion and social determinants of health.

131. **Conclusion 5** (related to findings from EQ4): **The WHO Country Office management ensured timely and cost-effective 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 allowed comprehensive documentation of WHO's contribution to health system strengthening and health outcomes, which would facilitate better communication on WHO's added value in Jordan, as part of the Organization's resource mobilization strategy.** Fundraising of the WHO Country Office has revolved around a small number of donors while key WHO funders, such as USAID and the EU, are unlikely to maintain a high level of funding for the health sector in Jordan. While the Organization has made efforts to diversify its fundraising initiatives at the country level in particular, there are gaps in terms of positioning WHO as a go-to source for easily accessible information on health for partners, showcasing key contributions made to the health system, and articulating how investments in health contribute to Jordan's EMV and broader socioeconomic priorities. Improving these elements with the support of WHO headquarters and WHO Regional Office for the Eastern Mediterranean may enhance its ability to attract non-traditional donors, such as development banks and the private sector.

Lessons learnt

132. In an increasingly volatile global and regional context, the following key lessons from the current CCS implementation period may be considered for the next strategic period to support WHO in continuing the progress on its contribution in Jordan as well as replicate some of the successes achieved elsewhere:

133. **Combining operational support with a focus on sustainability and national ownership enhances impact and sustainability of WHO's work.** In Jordan, WHO has sought to maximize its impact on health outcomes by moving beyond normative guidance to support implementation. While this may appear risky in terms of displacing national ownership and reducing sustainability, WHO has integrated operational support into a sustainable model including technical support, normative guidance, capacity-building and partnership-building. Importantly, national counterpart buy-in and resources were secured from the start, based on strong strategic alignment in priorities, which is a joint workplan between the Ministry of Health and the WHO Country Office. The example of the medical supply chain project in Jordan seems a highly promising approach for WHO to drive impact at the country level, demonstrating leadership by empowering others and avoiding the pitfalls of both direct implementation and restricting its role to being a technical advisory partner to the Ministry of Health.

134. **Empowered country offices lead to greater impact but require clearer prioritization.** The effectiveness of WHO at the country level stems from several factors: leadership was able to develop strong relationships with the Ministry of Health; the three levels of the Organization worked harmoniously to raise the profile of Jordan internationally; and the WHO Country Office has been empowered to take decisions in a more agile and independent way, providing more flexibility to ensure relevance to the national context. Supported by highly skilled national officers, the WHO Country Office technical capacity and funding to deliver programmes has also been adequate. This demonstrates how the WHO Transformation objectives can support the achievement of results at the country level by empowering the Country Office.

135. **Multistakeholder coordination beyond the traditional health stakeholders needs to be strengthened to improve health system effectiveness**. While WHO has successfully positioned itself as the go-to source for technical and normative guidance, the shift in leadership of coordination platforms to the Ministry of Health has not always resulted in effective governance. The experience in Jordan suggests that empowering national stakeholders in coordination roles requires continuous technical backstopping, structured transition plans and ongoing engagement with development partners. Moving forward, WHO could refine its approach by formalizing coordination capacity-building efforts, ensuring that joint planning mechanisms remain action-oriented while fostering stronger cross-sectoral collaboration, particularly with non-health sectors influencing public health outcomes.

136. **Integrating humanitarian health support into systemic reforms ensures sustainable and equitable health care for refugees and vulnerable populations**. Jordan's experience as a country hosting a significant refugee population underscores the importance of integrating humanitarian health support within longer-term health system strengthening efforts**.** WHO's role in supporting access to health care for refugees and vulnerable populations has been impactful. However, sustaining these efforts requires stronger financial planning, integration into national health policies and leveraging multidonor funding mechanisms**.** The transition from direct service delivery support to a more strategic role in health financing and governance reforms for equitable health coverage should be a key focus in the next CCS period.

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 Jordan'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
- **Theory of Change (Toc).** Develop a comprehensive ToC accompanying the next CCS, detailing the expected pathways and assumptions in each priority area of GPW14.
- **Lesson learning and adaptation.** The WHO Regional Office for the 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 the 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 at non-health sector platforms.** Advocate for the government to reactivate 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 Jordan's Economic Modernization Vision (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 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 the 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 the Eastern Mediterranean and WHO headquarters, ensuring that they are contextually relevant, aligned with national health priorities and effectively scaled when successful.

- **Include the roles of headquarters and Regional Office in the CSP.** 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 and applied at the WHO Country Office level, capturing the cause-effect relationships among inputs, outputs, outcomes and impact. The indicators should be nested within different projects to ensure consistency and effective monitoring against the WHO Country Office expected results.

Recommendation 4: Increase the share of financial resources targeted to 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. 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 young people, in collaboration with other UN and development partners.
- **Strengthen the WHO 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 (the WHO Country Office with support from the Regional Office and WHO headquarters 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, the WHO Regional Office for the Eastern Mediterranean and WHO headquarters resource mobilization teams should support the WHO Country Office in proactively engaging development banks (for instance, the World Bank or the Islamic Development Bank) and innovative financing mechanisms to diversify funding beyond traditional donors.

- **Build on the lessons learnt from the current approach adopted by the WHO Country Office for mobilizing funding for refugees to address broader health system strengthening through an equity approach.** Given that Jordan's economic status (transitioning from the

middle-income country to lower-middle-income country category) may limit donor funding for essential services, equity-focused approaches may generate additional opportunities in 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 Ministry of Planning and International Cooperation, to co-develop proposals that align with national strategies, and secure joint funding from both domestic budgets and international partners. Ensure that the United Nations Country Framework Health Plan includes joint programmes and collaborations for multisectoral health programmes.

- **Improve the 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.

Vaccination week, as a part of awareness campaign conducted by WHO, engaging the community and the children to decrease the vaccine hesitancy. ©WHO

Annex 1. Terms of Reference

Evaluation of WHO's contribution in Jordan

Draft Terms of Reference (Version 3; September 2024)

1) Introduction

In line with the World Health Organization's (WHO) 2018 evaluation policy and implementation frameworks, the independent evaluations of WHO contribution at the country level are included in the biennial WHO organization-wide evaluation work plan, approved by the Executive Board. These evaluations aim to review WHO's performance and contributions to countries holistically, taking into consideration national priorities and needs, as well as partners' contributions, to promote the national public health agenda and the population's well-being. Furthermore, they focus on the results achieved at the country level using the inputs from all three levels of WHO, documenting key contributions, gaps, lessons, and the strategic direction WHO needs to take going forward to better support the member state. The WHO 13th General Programmes of Work (2019–2023/ extended to 2025) and key country-level strategic instruments, including the WHO-Jordan Country Cooperation Strategy (CCS), UN Sustainable Development Framework in Jordan, WHO Country Office (WCO) biennial work plans and national health strategies form key reference strategic and operational documents. This evaluation of the WHO programme in Jordan is timely as the WCO is nearing the end of the implementation of its current CCS and will soon be embarking on a new process of re-aligning its strategies to the recently approved WHO's 14th General Programmes of Work. Thus, the evaluative evidence from this exercise aims to inform Jordan WCO's strategic direction going forward, including by feeding into the development of the upcoming CCS cycle, whose development process is anticipated to start by December 2024/January 2025.

2) Country and health context

2.1 Country context

Jordan is an upper middle-level income country with a total area of 89,342 square kilometers divided into 12 governorates. The country has a constitutional monarchy with a Prime Minister as head of Government appointed by His Majesty the King. Jordan began decentralization in 2017, which is a key objective of the Government's development agenda to move powers and resources to local governments. Out of the total population, 34% are under 15 and 5.4% are above 60 years of age. Most of the population (85%) live in urban areas. Table 1 below shows key indicators in Jordan:

	Indicator	Value
1.	Total population (2022) *(13)*	11.3 million
2.	% Population under 15 (2022)	32.1%

3.	Life expectancy at birth (2022)	Male 72.3; Female 75.1
4.	Infant Mortality rate per 1,000 lives (2022)	14.0
5.	Neonatal mortality rate per 1,000 lives	9.0
6.	Under-5 mortality rate per 1,000 live births	15.0
7.	Maternal mortality rate per 100,000 live births	38.5
8.	DPT vaccine coverage 3rd dose	92%
9.	Measles vaccine coverage 2nd dose	86.3%
10.	% Receiving ANC from a skilled healthcare provider	92%
11.	Physicians per 10,000 population (2022)	31.7
12.	Nurses per 10,000 population (2022)	37.5
13.	Total healthcare expenditure as a percentage of GDP (2019)	7.4%
14.	Public health expenditure as a percentage of THE (2019)	35.6%
15.	Out of Pocket expenditure as a percentage of THE (2019)	36.0%
16.	Pharmaceutical expenditure as a percentage of THE (2019)	29.9%
17.	UHC service coverage index (2021)	65.0
18.	Per capita healthcare expenditure (2019)	JOD 221
19.	Adult literacy rate, both Male & Female (15+ years)	98.2%
20.	Human Development Index rank out of 164 countries (2019)	102
21.	Gender Inequality Index rank out of 179 countries (2019)	109

Key: GDP- Gross Domestic Product; THE- Total Health Expenditure.

2.1 Health context and system

The health system in Jordan is pluralistic and falls under the overall responsibility of the Ministry of Health. Jordan's national priorities in health are articulated in key national strategy and policy documents, including the National Health Sector Strategy (2016-2020), the Ministry of Health Strategy (2023-2025), and the National Health Sector Reform Action Plan (2018-2022). These documents, important though, have not been updated. Yet, health figures are high in Jordan's 'Vision 2025', which is the Kingdom's 10-year development framework. In addition, Jordan is committed to the Sustainable Development Agenda, of 2030, and the global goal of UHC of "leaving no one behind". In recent years, Jordan joined international partnerships linked to UHC. These include the European Union-Luxembourg-WHO Framework Agreement on UHC (December 2017), and UHC 2030 Compact facilitated by the World Bank and WHO (in 2018). Both these UHC partnerships signed by the Ministry of Health focus on PHC and the adoption of a 'Health in All Policies' approach to advance health at the national level.

The Jordanian health system faces challenges such as demographic issues due to an increase in the number of people living in Jordan, the number of elderly people, the growth of cities, and the fact that the population is not evenly distributed have continued to overburden the Jordan health system. This has increased demand for services, which in turn has strained human resources, medical personnel, hospitals, infrastructures, and facilities. As a result, the shortage of supplies, personnel, and financial resources has caused dissatisfaction among the population. Regional crises, such as the Lebanese civil war, the Gulf and Iraq war, Palestinians coming from the West Bank and Gaza Strip, and more recently Sudanese, Yemeni, and, since 2011, the Syrian Arab Republic refugees

have further strained the already weakened system. Jordan hosts around 3.0M refugees, of which 1.36M are Syrian Arab Republic refugees with only 785,000 registered at UNHCR. Palestinian refugees residing in Jordan are around 2.3 M, in addition to several types of migrants living in Jordan. Nearly 90,000 Syrian Arab Republic refugees live in camp settings with camp-based Primary Health Care (PHC) centers and referrals to advanced health care through UNHCR. Refugees can access any Ministry of Health health facilities with subsidized rates and free of cost at UNHCR facilities. ANC and vaccinations are free for all population residing in Jordan. This commitment is further emphasized in the Ministry of Health Strategy 2023-2025. Furthermore, Jordan is experiencing an epidemiological transition to non-communicable diseases and chronic conditions, accounting for almost 80% of all deaths. The highest risk factor is tobacco use of all forms, lack of physical activity, and an imbalanced diet. Health literacy and awareness of the risk factors, danger signs of the diseases, and entitlements to free and subsidized PHC services are very limited among Syrian Arab Republic refugees. Early marriages are quite common, and young mothers have no decision-making power over a child's health and well-being; young mothers and Syrian Arab Republic had the highest rate of home deliveries, lower vaccination coverage, and delays in vaccination *(13)*.

Financial barriers to accessing health

Jordan has a debt-to-GDP ratio of 88% in 2020, a negative trade balance of USD 7.71 billion in 2024, and unemployment rates of 25% for Q4 of 2020[3]. The growth rate is insufficient to cope with economic, social, and health development challenges. As a result, investment in health and other social sectors remained limited *(14)*. There has been a continued under-investment in PHC both by the government and development partners with curative care expenditure at 73.7% of TPE whereas the expenditure on PHC was 19.6% of TPE[4]. Furthermore, 55% of Jordanians have access to health insurance, while household out-of-pocket payments were at 30.3% of income. The household's financial hardship is driven mainly by higher spending on medicines[5]. The first Health Financing Strategy 2023-2027 has been developed and endorsed by the Ministry of Health and is awaiting publication.

Health Care

PHC centres, largely managed by the Ministry of Health comprise a network of facilities and are considered the entry point of health care access. Comprehensive PHC centers provide preventive and general services including reproductive, maternal, and child health, dentistry, outpatient consultations, and patient education. The PHC centers, on the other hand, provide rapid access to medical care, vaccinations, maternity, childcare, and quick treatment for chronic conditions. The village health centers (VHCs), at the bottom of the health system, are in rural areas. These provide basic medications by the part-time doctor and more simple care by the nurse or midwife, such as immunization, vital sign monitoring, minor surgery, and provision of essential medication as per the

[3] National health account 2019 not published yet

[4] Reference: Jordan National Health Accounts for 2016 – 2017 Fiscal Years Technical Report No. 8. High Health Council. August 2019 (Jordan National Health Accounts for 2016 – 2017 Fiscal Years

doctor's prescription(16). Strengthening PHCs with an integrated approach has become a national priority as indicated in the Jordan Economic Modernization Vision 2030, and so has the Ministry of Health. The infrastructure, human resources, medical supply chain, and digitalization of health centers are the significant priorities of the government in strengthening the PHC centers. Jordan is committed to achieving Universal Health Coverage (UHC) as part of the SDGs by 2030, incorporating health for all and UHC components in the recent Ministry of Health Strategy 2023-2025, and the Jordan Economic Modernization Vision 2030.

Health Sector Response to the COVID-19 Pandemic

At the outset, Jordan adopted a whole-of-society approach to respond to COVID-19, managed by the National Center for Security and Crises Management, with the Ministry of Health coordinating the health sector response together with other national authorities and with international partners. WHO Country Office led the coordination team that was established to implement COVID-19 response actions, making use of available resources meaningfully, with shared responsibilities among UN agencies and development partners.

Health Sector Response to the Syrian Arab Republic refugee crisis

Following the outbreak of violence in Syrian Arab Republic and the influx of the first refugees, the health sector response in Jordan ensured that Syrian Arab Republicans had access to basic primary health care, including services to ensure maternal and reproductive health, access to immunization, NCD, and mental health services, as well as life-saving secondary and tertiary care. Over the years, several policy changes have been developed in response to this refugee context.

3) Evaluation object

The WHO CCS 2021-2025 is valid and was developed based on the impact of COVID-19 on the health system, with four strategic priorities:

a) Strengthen the health system to advance toward UHC
b) Promote health and well-being
c) Build health system resilience and capacity to prepare and respond to health emergencies
d) Strengthen data and innovation capacity.

The Country Support Plan (CSP) 2024-2025 has been developed to ensure addressing health priorities of Jordan, in line with the national strategic visions, progressing towards achieving Jordan's commitment to UHC by 2030. The Jordan CSP 2024-2025 is the outcome of joint planning for the biennium 2024-2025, with the Ministry of Health, key national stakeholders, and WHO. The activities of strategic priorities are based on the country priorities as stated in Country Cooperation Strategy (CCS) 2021-2025, alignment with Eastern Mediterranean Regional Vision 2023 and WHO Thirteenth General Programme of Work 2019-2023 (GPW13). The Participatory planning process of CSP 2024-25 involved the adaptation of Jordan's National Strategic Visions, further harmonized with the UN Sustainable Development Framework 2023-2027, aligning WHO global and regional priorities,

ensuring that WHO's work is translated at the country level and that impact is measured efficiently. Importantly, this country support plan was developed to embrace the objectives of GPW-14, ensuring the effective planning of upcoming plans that will be built on GPW-14. The Country Support Plan 2024-2025 is currently operationalized and is being implemented through its work plan.

Over the period under this evaluation, WHO's contribution to Jordan include:

Priority	Jordan WCO Interventions
Strengthen the Health System to advance toward Universal Health Coverage	• UHC & Health security (**road map, UHC costed package**) • Primary Health Care (**integration of NMH, Nut, AT**) • Health governance and leadership • AMR (Governance, surveillance, IPC, AMS, Awareness) • Health financing strategy (National Health Accounts) • Regulatory system (benchmarking, Pharmacovigilance) • Supply chain management, Vaccine Procurement Modernization • National Immunization Programme (Hexa coverage:76% 2020 to 92% 2022) • Leprosy elimination (first country globally) • WHO's Director General's Special Initiative for Mental Health • Refugee & Migrant Health (Global school, MPTF, National assessment)
Promote health and well-being	• National IHR functions • All Hazard preparedness and response (Cholera preparedness) • Pandemic Influenza Preparedness and response • Laboratory diagnostics capacity building • One Health (MoU between the Ministry of Health and the Ministry of Agriculture) • Emergency Medical Team
Build health system resilience and capacity to prepare and respond to health emergencies	• National Nutrition Strategy 2023-2030 • National Strategy for mental health and substance abuse 2022-2026 • Nutrition fact's introduction • Climate & Environmental Health: green energy and WASH at health centers, • Health promotion Tobacco Control Strategy 2023-2030, Physical Activity (11 gyms), Amman Healthy City
Strengthen data and innovation capacity	• Routine Health Information System • National Digital Health Strategy 2023-2027 • Data repository using DHIS2 • Voluntary National Review for SDG-3 • SDG-3 national team for harmonized reporting • Ministry of Health annual report

The WCO Jordan has supported Ministry of Health leadership through WHO governance strategy orientation and increasing their engagement in governance body meetings, Regional Committees, and the World Health Assembly. Regarding health Leadership, Jordan WCO is a member of UNCT, SMT, UNCG, UN youth forum, PSEA network. Furthermore, WCO co-leads the Health Development Partners Forum and the Health Sector Working Group.

Funding the WHO Jordan country's programmes

Over the review period, the table below represents financing levels and utilization of funds across the Jordan WCO budget segments. The base includes interventions on Universal Health Coverage, Health Emergencies, Health and well-being pillars, and WHO enabling functions.

	2020-2021		2022-2023		2024-2025**		Total Period	
Budget segment	**Funds Received**	**Utilization**	**Funds Received**	**Utilization**	**Funds Received**	**Utilization**	**Funds Received**	**Utilization**
BASE	13,028,536	12,504,603	23,487,861	22,491,325	19,621,006	8,978,467	56,137,403	43,974,395
OCR	16,326,736	15,914,389	3,899,095	3,725,947	293,146	92,620	20,518,977	19,732,956
Special programme	237,782	233,782	263,500	247,662	213,265	31,627	714,547	513,071
TOTAL ($)	**29,593,054**	**28,652,774**	**27,650,456**	**26,464,934**	**20,127,417**	**9,102,714**	**77,370,927**	**64,220,422**

***Represents data extracted as of the end of May 2024. OCR - Outbreak, Crisis Response & Scalable Operations*

Key voluntary donors to WCO Jordan include the EU Trust fund (MADAD) support to strengthening health care in Jordan, through immunization, to cover vulnerable Jordanians and Syrian Arab Republic refugees; the European delegation fund to strengthen access to quality primary healthcare services for Syrian Arab Republic refugees and host communities in Jordan; the Multi-Partner Trust Fund to harness synergies between Climate Change Adaptation and Risk Reduction in Migrant-Inclusive Health System Responses; and the Spanish Agency for International Development Cooperation (AECID) support to upgrade the routine health information system of the Ministry of Health of Jordan, with emphasis on strengthening data use and management at all levels of the public health system and improving the standardization and quality of information system reporting.

4) Evaluation purpose and objectives

This evaluation of WHO contribution in Jordan will serve a dual and mutually reinforcing purpose of organizational learning and accountability for results towards external and internal WHO stakeholders, providing an opportunity to: (i) Synthesize insights gained from what worked and what could be done differently; and (ii) offer evidence-informed insights to support the development of new strategic direction, including the new Country Cooperation Strategy. Thus, this will be a formative (forward-looking) evaluation to support the WCO and national stakeholders' strategic learning and decision-making for the next CCS. Additionally, this evaluation is expected to have a secondary summative (backward-looking) perspective, to support enhanced accountability for the achievement of planned results or lack thereof and learning from experience.

Building on an analysis of existing secondary data from key documents and complemented by perspectives of key stakeholders, the objectives of this evaluation are to:

a) assess the achievements against the objectives formulated in the CCS and corresponding expected results developed in 2020/2021, 2022/2023, and 2024/2025 WCO biennial work plans, while pointing out the key success factors, gaps, challenges, and opportunities for improvement.

b) outline key WHO contributions to the four strategic priorities and define strategic shifts needed to improve WHO's strategic positioning in Jordan going forward

c) identify lessons learned from WHO's work, to support the Jordan WCO and partners in the development and resourcing of the next CCS and operational planning mechanisms

5) Evaluation scope

The evaluation will cover all **interventions across all outcome and output** areas undertaken by WHO (WCO, Eastern Mediterranean Regional Office, and Headquarters in Jordan during the 2021-2025 period, as defined in the CCS and relevant programmatic instruments. Cross-cutting thematic issues on gender, equity, human rights, and disability inclusion will also be covered. Data captured will be from 2021 up to the end of the data collection phase, which is likely to be later in 2024. The **geographical scope** is the national level, although the fieldwork phase might involve visiting some sites within the greater Amman city, where relevant WHO interventions took place. The **population scope** includes Jordanian citizens and residents in Jordan, including the most vulnerable groups. The **Stakeholders** who the evaluation might ask about the WHO programmes in Jordan include Ministry of Health, and other stakeholders as listed under section 8 of this TOR. Recent WHO evaluations conducted in Jordan such as the WHO Normative Function, (where Jordan was a country case study *(17)*), and the SDG3 GAP, will be used to complement this evaluation in the respective evaluation criteria areas.

6) Users of the evaluation

The intended users of this evaluation are internal (at all WHO levels) and external (government counterparts, partners, and donors) stakeholders, particularly the Jordan WCO, RO, and headquarters as the primary users.

Indicative evaluation users' analysis

Internal	Role and interest in the evaluation
WCO Jordan	Evidence from this evaluation will inform the design and implementation of the next country strategy as well as improve resource mobilization and future WHO contributions
WHO Eastern Mediterranean Regional Office	The Regional Office is responsible for ensuring WHO's contribution at the country level is relevant, coherent, effective, and efficient. The evaluation findings and best practices will be directly useful to inform other WCOs in the Region as well as regional approaches to health.
Headquarters management	Oversees the strategic analysis of the content of country-level strategic instruments and their implementation and is responsible for promoting the application of best practices in support of regional and country technical cooperation.
External	
EMR Regional Committee (RC) & Executive Board (EB)	RC and EB have a direct interest in being informed about the added value of WHO's contribution at the country level, best practices, and challenges through the annual RC and evaluation report.
Government of the Republic of Jordan	As a recipient of WHO's action, it has an interest in the partnership with WHO, and an interest to see WHO's contribution to health in-country independently assessed. Will be engaged in ERG, validation, stakeholder workshop, and use of evaluation.
Jordanians including healthcare providers	WHO's action in-country must ensure that it benefits all population groups, prioritizes the most vulnerable, and does not leave anyone behind. The evaluation will look at the way WHO pays attention to equity and ensures that all population groups are given due attention to the various policies and programmes. Will be engaged during data collection as respondents.

UN Country Team, UNCT	WHO, as part of Jordan UNCT, contributes to UN strategic frameworks. It is in the interest of UNCT to be informed about WHO's achievements and best practices in the health sector, and identify partnership opportunities. Will be engaged as part of ERG, key informants, and stakeholder workshop.
Donors and partners	Donors (multilateral and bilateral agencies) and philanthropic foundations have an interest in knowing whether their contributions have been spent effectively and efficiently and if WHO's work contributes to their strategies and programmes. Will be engaged through Jordan's in-country stakeholder workshop, and WHO publications on completion of the evaluation. Partners will be engaged at the data collection stage in interviews, and part of ERG. Findings will be shared at the Jordan Health development partners' forum meetings

7) Evaluation questions

Based on the objectives, the following indicative evaluation questions, which address the five primary OECD-DAC evaluation criteria, were formulated during the scoping meeting with WCO and the initial document review. Considering evaluability, the evaluation questions and sub-questions will be finalized during the inception phase by the evaluation team in agreement with the EMG and ERG after discussions with key stakeholders and the inception stage document review.

Criterion	KEQs	Sub-questions
Relevance	**1.** To what extent is the Jordan WCO's positioning, and interventions aligned to the Jordan context and the evolving needs, policies, and priorities of the government, and to the needs and rights of Jordan beneficiaries, and continue to do so if circumstances change?	1.1 To what extent have WHO's objectives, and interventions responded to Jordan's government needs, policies, and priorities, including flexibility to emerging health priorities? 1.2 To what extent have WHO's objectives, and interventions responded to Jordan's beneficiaries' needs and rights, including those of the most marginalized populations? 1.3 What challenges were faced implementing the current CCS and what key priorities should WCO Jordan focus on in the coming years, particularly the next CCS cycle starting in 2026?
Coherence	**2.** To what extent have WHO interventions and positioning been coherent and demonstrate synergies and consistency with one another as well as with interventions carried out by other partners and government in Jordan?	2.1 To what extent are WHO interventions in Jordan aligned internally and show synergy within the country and with WHO Regional Office for the Eastern Mediterranean and headquarters policies and priorities, including the Regional Office vision, GPW13, and regional and global resolute 2.2 To what extent are WHO interventions in Jordan aligned externally to UNCDF, Jordan government's policies and priorities as well as to other global related sector-specific policies? 2.3 How has WHO harnessed its comparative advantage to deliver on its mandate, particularly in its roles as a health leader, a convening, and a coordinating partner, and positioned itself as a strategic partner in the Jordan context? 2.4 How has WCO Jordan optimized partnerships to advance a multisectoral approach toward addressing Jordan's National Health Policy objectives and taking forward the SDG agenda?
Effectiveness	**3.** To what extent were WHO results (including contributions at the outcome and system level) achieved or are likely to be achieved and what factors influenced (or not) their achievement?	3.1 What were WHO's key achievements during the period of the CCS? 3.2 To what extent were WCO Jordan programme outputs delivered, and did they contribute to: (a) progress towards WHO outcomes (b) the Jordan national health system level results aimed at reducing the inequalities and exclusion related to socio-economic and environmental determinants of health? 3.3 What factors influenced the achievement or non-achievement of the results? 3.4 What key best practices and lessons have been learned during the implementation of the CCS 2021-2025?
Efficiency	**4.** To what extent did WHO interventions in Jordan deliver, or are likely to deliver results in an efficient and timely way?	4.1 To what extent do WHO interventions reflect efficient economic, and operational utilization of human and financial resources, including in response to new and emerging health needs that require adjustment or re-prioritization of interventions? 4.2 What has been the added value of WHO regional and headquarters contributions to the achievement of results in Jordan? 4.3 To what extent are the internal controls and programme management systems adequate to

		ensure efficient operational and timely allocation of resources and adequate measurement of results including in changing circumstances? 4.4 To what extent did WHO advocate and mobilize resources for implementing the CCS Strategic Agenda and what could be done differently going forward, especially to fund key strategic priority areas?
Sustainability	**1.** To what extent has WHO contributed towards building national capacity and ownership for addressing Jordan's humanitarian and development health needs and priorities?	5.1 To what extent has WHO supported Jordan's national longer-term goals and resilient, shock-responsive health systems including building national capacity given ongoing and future health needs? 5.2 To what extent have WHO interventions supported national ownership for health system strengthening, as well as the national capacity to deliver on and achieve the results as planned in the relevant national health policies and strategies? Is there evidence that the benefits will be sustained over time?

8) Methodology

The methodology outlined in this section is indicative and evaluators are encouraged to adapt and integrate the approach and propose adjustments needed to adequately meet the evaluation purpose, objectives, scope, and questions during the inception phase, noting the methodological limitations and corresponding mitigation measures.

Evaluation design and approach

While adopting mixed methods, it is envisaged that the evaluation will be theory-based using a rigorous and transparent methodology to address the evaluation questions. Participatory, learning, and utilization-focused approaches will be utilized, including engaging with the principal users of the evaluation process and report – WHO CO and regional office, key stakeholders, and focal points in national government ministries and departments, representatives at the national level as far as possible, and UN partner organizations in Jordan. By engaging key evaluation stakeholders to promote participation, ownership, and utilization of the evaluation, the evaluation team should strive to provide immediate feedback to WCO, so that learning can be iterative, and improvements can be easily identified and absorbed. The evaluation could adopt an approach based on the **contribution**, rather than the attribution, of WHO interventions to health development outcomes and impact results in Jordan by considering WHO interventions around the four CCS priorities. Evaluators can consider the contribution analysis, particularly around questions of effectiveness, and other relevant approaches for stakeholder consultation that could generate useful qualitative and quantitative data on key issues.

During the **inception phase,** the evaluation team will design the methodology which will entail the following:

i. Develop a **theory of change** for the evaluation of WHO's contribution in Jordan including, i) describing the relationship between the priorities of the CCS, the focus areas, and the interventions and budgets as envisaged in the biennial WCO work plans; ii) clarifying the

linkages with the WHO General Programme of Work and programme budgets; iii) describing how WHO secretariat outputs and outcome areas would be expected to contribute to Jordan health outcomes and impact, and iv) identify the main assumptions underlying it.

ii. Develop and apply **an evaluation matrix** geared towards addressing the key evaluation questions, considering the data availability challenges, the budget, and timing constraints.

iii. Follow the principles outlined in the WHO **Evaluation Practice Handbook**, the United Nations Evaluation Group (UNEG) **Norms and Standards for Evaluation,** and its **Ethical Guidelines**.

iv. Adhere to WHO cross-cutting strategies on **gender, equity, disability, and human rights** and include to the extent possible disaggregated data and information as well as gender-balanced teams and gender- and disability-sensitive and human rights-informed approaches for data collection. This evaluation will adhere to the UNEG norms and standards for evaluation and WHO guidance and policies, including, the WHO Policy and Strategy on Health Equity, Gender Equality and Human Rights, 2023 – 2030, and the WHO Policy on Disability, WHO Evaluation Policy (2018), UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations (2011 and 2014) and UNEG Guidance on Integrating Disability Inclusion in Evaluations (2022)[6]. The evaluation is expected to integrate gender, equity, and human rights considerations in its conceptualization, design, and analysis, ensuring that principles of 'leave no-one behind' and 'do no harm' are duly considered. This involves analysis of the inclusion of human rights principles and alignment with SDGs as applicable to the subject of the evaluation, as well as appropriate ethical approaches and risk assessments in the design and execution of the evaluation.

v. Include ethical considerations as highlighted in the 'ethical considerations' section below.

The methodology should demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure the triangulation of information through a variety of means. The evaluation of WHO's contribution in Jordan will rely mostly on the following mixed **data collection methods**:

i. Document review. This will include a wide range of key strategic documents, including but not limited to general programmes of work; relevant WCO programme budget and work plans; budget, financial, audit, and closure reports; annual programme reports; WHO Technical Products adaptation at country level; and relevant national policies and strategies. Recent evaluation reports, such as GPW13 evaluation, Country evaluations in EMR, WHO normative function evaluation with the Jordan case study, SDG3 GAP evaluation, and Joint External Evaluations will be useful references.

[6] GUNEG Guidance on Integrating Disability Inclusion in Evaluations

ii. Quantitative data from the WCO monitoring system to assess progress against key health indicators, including in the context of responding to past crises such as the Syrian Arab Republic refugee crisis.

iii. Stakeholder interviews will be conducted with both external and internal stakeholders as detailed below.

iv. FGDs with a selection of male and female health care workers or health services users, including Syrian Arab Republic and Palestinian refugees, to assess perceptions of WHO-supported services.

v. In-country mission. Following the document reviews and initial stakeholder interviews, the 1-2 weeks country visit will be the opportunity for the evaluation team to develop an in-depth understanding of the perspectives of the various stakeholders around the evaluation questions and collect additional secondary data, in particular from external stakeholders, health service providers, and users.

vi. Stakeholders' consultation. In addition to acting as key informants during the evaluation process, key internal and external stakeholders will be consulted at the drafting stages of the terms of reference, inception report, and evaluation report and will have the opportunity to provide comments.

vii.

Stakeholders

Internal stakeholders comprise relevant staff at headquarters, WHO Regional Office for the Eastern Mediterranean, and Jordan country office. Some of the potential primary external stakeholders identified for this evaluation include, but not limited to, the Ministry of Health officials and officials of other relevant governmental institutions; healthcare professional associations and other relevant professional bodies; relevant research institutes, agencies and academia; healthcare provider institutions; UN agencies (UNICEF, UNHCR, UNFPA, IOM); other relevant multilateral organizations; donor agencies; other relevant partners; non-State actors and civil society. Ministry of Digital Economy and Entrepreneurship, Ministry of Planning and International Cooperation, Ministry of Foreign Affairs, Government Procurement Department (GPD), Royal Medical Services (RMS), Ministry of Education, Jordan Food and Drug Administration (JFDA), Jordan Standards and Metrology Organization (JSMO), NGOS (Eastern Mediterranean Public Health Network, IMC), CSO (Royal Medical Health Awareness Society, Jordan Nursing Council), private (Hospital Association of Jordan), Health Sector coordination platforms, Humanitarian Health Sector Working Group (HSWG) , donors (EU delegation, Spanish cooperation, USAID, Italian Cooperation), Embassies, Prevention of Sexual Exploitation and Abuse (PSEA) national group, Non-Communicable sub working group, Mental Health and Psychosocial Support working group, and Community Health Workers (CHWs).

Limitations

No major primary quantitative data collection is envisaged to inform this evaluation. The evaluation team will mainly use data (after having assessed their reliability) collected by WHO and partners during the timeframe evaluated. Where field travel will not be feasible for whatever reasons, remote data collection will be done.

Ethical considerations

Due diligence will be given to effectively integrating good ethical practices and paying due attention to robust ethical considerations in the conduct of evaluation of WHO contribution in Jordan. Evaluators are expected to outline in their proposal how they will adhere to ethical considerations including confidentiality and anonymity, do-no-harm approaches, use of the appropriate ethical protocols, gender, and human rights consideration in the conduct of interviews and FGDs with respondents and users of services, especially if interviewing or conducting qualitative data collection with vulnerable/marginalized populations, data management and storage, and integration of appropriate cultural/language considerations and sensitivities. Any WHO-conducted event, including evaluation process, is expected to take note of the Organization's requirements for standards of conduct. As such the requirements in the Code of Conduct (who.int) to prevent harassment including sexual harassment at WHO events, and the WHO Policy on Preventing and Addressing Sexual Misconduct apply.

8) Evaluation phases, timelines, and deliverables

The evaluation is structured around five phases summarized below:

Phase	Timeline	Tasks and deliverables
1. Preparation	May - July, 2024	Scoping TOR development Evaluation team constituted
2. Inception	August 2024	Document Review & inception interviews **Final inception report**, WHO QA
3. Data collection and analysis	September, 2024	Briefings headquarters/ WHO Regional Office for the Eastern Mediterranean /Jordan WCO Interviews, Country visit, Data analysis
4. Validation and finalization	October, 2024	**Draft evaluation report,** WHO QA Validation workshop (virtual) **Final evaluation report**; **Evaluation Brief;** WHO QA
5. Dissemination and learning	November - December, 2024	Management response Dissemination via publication/workshops

Inception phase: Inception Report as the first deliverable

The **inception phase** will start with a first review of key documents and briefings with headquarters, WHO Regional Office for the Eastern Mediterranean, and Jordan WCO key stakeholders. During the design phase, the evaluation team will assess the various logical/results frameworks, if they exist,

and their underlying theory of change. The inception report will close this phase. Its draft will be shared with key internal stakeholders (at the three levels of the Organization) for their feedback. The inception report will be prepared following the Evaluation Office template and will focus on methodological and planning elements. Considering the various logical/results frameworks and the evaluation questions, it will present a detailed evaluation framework and an evaluation matrix. Data collection tools and approaches will be drafted as part of the inception report, alongside consent forms and ethical protocols.

Data collection and analysis phase

This phase will include additional document review, key stakeholders' interviews at headquarters, and regional levels, and a country visit. The in-country mission in Jordan will start with a briefing to the Jordan WCO followed by key partners and will end with a debriefing with the same group at the end of the mission. During inception, WCO will advise the evaluation team as to the possible locations for field work, accounting for security and any movement and access restrictions. As the WHO evaluation function is independent of the WHO program planning and implementation function, the WHO evaluation office at the headquarters and/or regional office may join the in-country data collection mission alongside the evaluation team and complement the data collection exercise.

Validation phase: Draft Evaluation Report as the second deliverable

This phase will involve in-depth organization of key findings and results, and identification of key lessons learned and recommendations. These will be presented in the draft evaluation report, which will be shared with key internal and external stakeholders the Evaluation Management Group, and the Evaluation Reference Group for fact-checking. To ensure the credibility and validity of evaluation findings, evaluators will **triangulate emerging evidence**. Evaluation evidence collected from different sources and/or by different methods will be compared to ensure that the data is valid, and that conclusions and recommendations are solely derived from evidence.

Validation workshop: Initial findings will be presented to stakeholders (WCO, and ERG) in a virtual workshop to assess the validity/accuracy of the findings and their relevance to the Jordan context and programmes at the end of the in-country visit. Stakeholders will be invited during the workshop to help the evaluator identify and prioritize recommendations so that the relevance, usefulness, and usability of these can be maximized. The feedback will be documented including where any divergent views arise from the findings. The conclusions will be based as far as possible on triangulated evidence.

Before the finalization of the recommendations, the WHO Representative (WR) in collaboration with the Regional and headquarters offices evaluation team will organize a high-level stakeholder workshop with the main counterparts in-country to discuss the findings, conclusions, and recommendations of the evaluation team. A draft management response could also be presented at the workshop to ensure buy-in and commitment for all parties.

Finalization phase: Final Evaluation Report, with an evaluation brief as the third deliverable

A final evaluation report and a 2-3 pager evaluation brief will be prepared according to the WHO Evaluation Practice Handbook and implementation frameworks. The evaluation report, executive summary, and brief will provide an assessment of the results according to the evaluation questions and methodology identified above. It will include conclusions based on the evidence generated in the findings and draw actionable recommendations. Evaluators are encouraged to use varied visualization approaches in the report such as infographics and visual summaries. Where figures, tables, charts, or any infographics are used in the final report, the evaluator should ensure they are editable.

Management response and dissemination of results phase

The management response will be prepared by the Jordan WHO Representative (while consulting with Regional Office and headquarters as appropriate based on areas recommended) before the finalization of the evaluation report. To ensure transparency as envisaged in the WHO Evaluation Policy and the UNEG norms and standards for evaluation, the reports of evaluations of WHO's contribution at the country level and their management responses will be made publicly available and summaries will be reported in the annual evaluation report to the WHO Executive Board. Further dissemination may be conducted through the country and regional office workshops.

10) Evaluation Team

The evaluation will be conducted by a team of two people.

1.Senior evaluation specialist (P5 or equivalent):

Serve as a team lead and expected to embed quality assurance throughout the evaluation process and on the evaluation deliverables, including adhering to WHO evaluation quality assurance checklist standards[7].

The **Team Leader** should demonstrate:

- Relevant professional qualification, preferably at the academic (Master's or PhD) level.
- At least 15 years of experience in conducting evaluations preferably in the areas of public
- health/economics or development and experience in country-level strategic / programme evaluations, with a focus on the Middle East
- Demonstrated knowledge of public health and humanitarian/emergency programmes and country response to public health emergencies, health systems strengthening, and Primary health care
- Proven experience in conducting participatory and utilization-focused evaluations, qualitative and quantitative data collection methods, analysis of data, and experience in handling data limitations

[7] Will be shared with the evaluation team during inception

- Experience evaluating incorporation of health equity, gender equality, human rights, and other equity issues in programmes
- Appropriate knowledge and skills of the evaluand with relevant experience in performing similar evaluations involving organizational reform in multilateral or United Nations organizations.
- Strong interpersonal skills and ability to work with people from different backgrounds to
- deliver high-quality products within a short period
- Excellent writing, analytical, and communication skills in English and Arabic.

2. National consultant (NoB or equivalent)

The national consultant will contribute to the evaluation design, data collection at the country level, and report writing as needed. S/He should demonstrate the following skills:

- Relevant professional qualification, preferably at the academic (Master's) level.
- At least 8 years of experience in conducting evaluations or data collection preferably in the areas of public health/economics or development and experience in country-level strategic evaluations
- Demonstrated knowledge of public health and emergency programmes
- Proven experience in understanding evaluation principles, collecting qualitative and quantitative data collection, analysis of data and experience in handling data limitations
- Understanding of health equity, gender equality, human rights and other equity issues in programmes
- Previous experience with evaluation for UN and/or other multilateral organizations
- Strong interpersonal skills and ability to work with people from different backgrounds to conduct data collection in different settings
- Excellent analytical and communication skills in English and Arabic.

b. Evaluation management

To ensure the independence and credibility of the evaluation, this evaluation will be conducted by an external independent evaluation team and managed by the EM regional office in collaboration with the WHO Evaluation Office. The Regional Evaluation Officer will serve as the **Evaluation Manager** and will provide the necessary support to the evaluation team during the evaluation exercise (such as finalization of methodology, facilitation of the evaluation process, and identification of relevant documents and stakeholders). WHO country office in Jordan will nominate an **Evaluation Focal Point**, who will facilitate the coordination of evaluation activities at the country level including reviewing and contributing to TOR and key deliverables, facilitating access to data and relevant documents promptly, and providing logistic support during the in-country mission. The evaluation team will hold regular progress meetings with the Evaluation Manager and Evaluation Focal Point, and where required, may invite the EMG to join in some sessions as appropriate. The **WHO headquarters evaluation office** will be part of the **Evaluation Management Group (EMG)** and will support the regional office in the management of the evaluation, where needed. Additionally, the headquarters Evaluation Office will provide overall quality assurance (both process and products) of the evaluation in adherence with United Nations Evaluation Group (UNEG) norms and standards. An **Evaluation Reference Group (ERG)** will be established to ensure the evaluation's

relevance, accuracy, and utility through a consultation and validation process. The ERG will include relevant staff from WHO Regional Office for the Eastern Mediterranean and Jordan WHO country office; representatives from both the Government of Jordan and the Ministry of Health, implementing partners, and UN agencies in Jordan whom the country office has closely worked with over the period under evaluation. The ERG will review the key deliverables (the TOR, inception report, the draft, and final reports) of the evaluation including validation of the technical findings.

Annex 2. Evaluation matrix

Criteria	Key evaluation question	Sub-question	Measure proposed	Primary data sources							Secondary data sources
				WHO	Govt.	Civil Society	UN and partners	Other organizations	Service providers (FGD)	Service users (FGD)	
1. Relevance	1. To what extent are the WHO Country Office for Jordan's positioning and interventions aligned with the Jordan context and the evolving needs, policies and priorities of the government, as well as the needs and rights of beneficiaries in Jordan, and will they remain aligned if circumstances change?	1.1 To what extent have WHO's objectives and interventions responded to health policies/strategies in Jordan and priority health needs, including flexibility for emerging health priorities?	Perceived relevance of WHO's contribution, as assessed by external stakeholders Review of CCS, CSP and reporting against external documents, outlining national priorities Evidence that the WHO strategy, priorities and interventions are reviewed and revised based on evolving support needs and priorities of national counterparts	X	X	X	X	X	X	X	CCS, CSP, national policies and plans WHO health emergency plans
`2. Coherence	2. To what extent have WHO interventions and positioning been coherent, and to what extent do they demonstrate synergies and consistency with one another as well as with interventions	2.1 To what extent have WHO interventions been coherent internally, including with the WHE, special programmes and polio eradication programmes?	Map alignment and coherence of base programmes and emergency programmes, special programmes and polio programmes of WHO in Jordan.	X							WHE plans, GPEI strategy, other special programmes in Jordan framework documents
		2.2 How has WHO harnessed its comparative advantage to deliver on its mandate	1) Perceived comparative advantage of WHO by other actors in Jordan 2) Perceived health leadership	X	X	X	X	X			UNSDCF and health TWG records including

Criteria	Key evaluation question	Sub-question	Measure proposed	Primary data sources							Secondary data sources
				WHO	Govt.	Civil Society	UN and partners	Other organizations	Service providers (FGD)	Service users (FGD)	
	carried out by other partners and the government in Jordan?	of convening and coordinating with partners including within the UN system?	and coordination role of WHO across different technical areas 3) Strategic, programmatic and operational adaptation needed to enhance WHO positioning								from health cluster
3. Effectiveness	3. To what extent were WHO results (including contributions at the outcome and system levels) achieved or are likely to be achieved and what factors influenced (or not) their achievement?		Level of achievement of outputs and outcome results as: 1) reported against planned results; 2) perceived by WHO and external stakeholders covering both base programmes and none-base (emergency and special programmes) ones								
		3.1 To what extent were WHO Country Office for Jordan programme outputs delivered and did they contribute to progress towards expected outcomes?		X	X	X	X	X	X	X	WHO Country Office reports: WHO Regional Office for the Eastern Mediterranean KPIs, Output Score Cards
		3.2 To what extent have WHO interventions in Jordan addressed health inequalities and the needs of populations in vulnerable situations, including refugees, migrants, ethnic minorities, women and persons with disability?	Review of WHO interventions to assess the extent to which they: 1) address inequities in a cross-cutting manner; and 2) include dedicated interventions aimed at addressing health inequalities	X	X	X	X	X	X	X	Scope disaggregated data + any reports on health inequities in Jordan produced by WHO and other stakeholders in the period Other evaluation reports
		3.3 What has been the added value of WHO regional and headquarters	Evidence of global and regional initiatives and support provided to Jordan Perceived added value of WHO regional/headquarters	X	X		X				WHO Regional Office for the Eastern

Criteria	Key evaluation question	Sub-question	Measure proposed	Primary data sources							Secondary data sources
				WHO	Govt.	Civil Society	UN and partners	Other organizations	Service providers (FGD)	Service users (FGD)	
		contributions to these results in Jordan?	contributions to the results in Jordan								Mediterranean Vision WHO Regional Office for the Eastern Mediterranean initiatives, strategies, CSP
		3.4 To what extent did WHO's country-level COVID-19 response effectively support national health systems in managing the pandemic?	1) Document WHO response during the pandemic, including review of existing assessment. 2) Gather primary data from key stakeholders in particular in relation to how the COVID-19 response has been leveraged to sustainably strengthen the health system and emergency preparedness systems.	X	X		X	X			COVID-19 after action review Reports by the Ministry of Health
4. Efficiency	4. To what extent did WHO interventions in Jordan deliver or are likely to deliver results in an efficient and timely way?	4.1 To what extent do WHO interventions reflect efficient programmatic allocation of human and financial resources, including in response to new and emerging health needs?	1) Perceived efficiency of the WHO interventions, as assessed by WHO and external stakeholders 2) Budget analysis: budget adherence; resource allocation efficiency (funds and human) for priority interventions 3) Evidence of operational responsiveness to evolving health needs	X	x						Financial data Organigram
		4.2 To what extent are the results-based management systems adequate to ensure	1) Review of M&E system design and implementation	X							M&E guidelines, RBM guiding

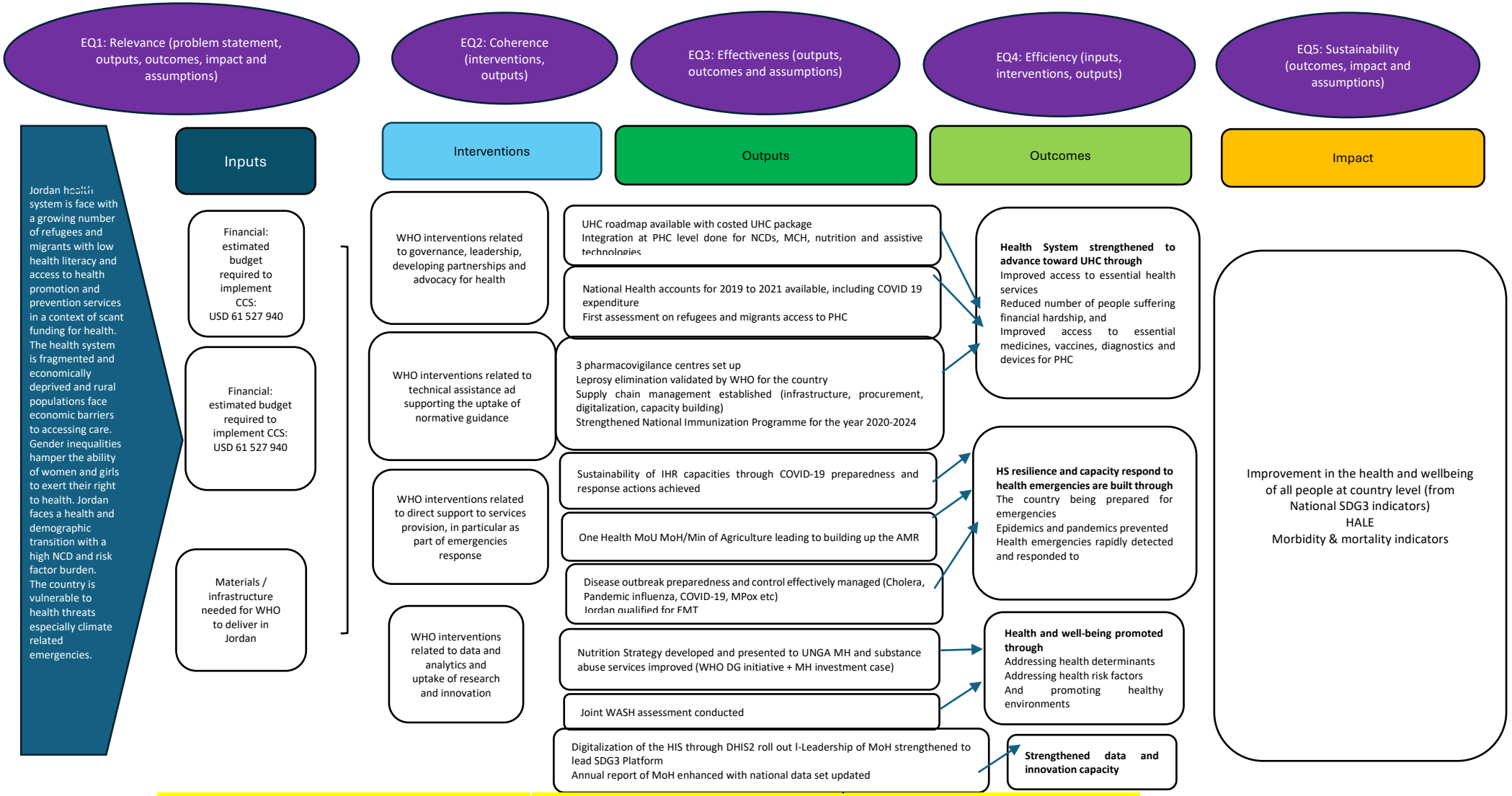
Criteria	Key evaluation question	Sub-question	Measure proposed	Primary data sources							Secondary data sources
				WHO	Govt.	Civil Society	UN and partners	Other organizations	Service providers (FGD)	Service users (FGD)	
		efficient and timely allocation of resources and adequate measurement of results?	2) Perceived efficacy/relevance/use of M&E for accountability and learning								documentation
		4.3 To what extent did WHO advocate and mobilize resources for implementing the CCS Strategic Agenda and what could be carried out differently, going forward, especially to fund key strategic priority areas?	Budget analysis, including analysing the distribution of sources of funding and human resources between priority areas Document fundraising efforts by the WHO Country Office and the Regional Office.	X	X		X				Financial data Funding proposals and pipeline
5. Sustainability	5. To what extent has WHO contributed towards building national capacity and ownership for addressing Jordan's humanitarian and development health needs and priorities?	5.1 To what extent has WHO supported Jordan's national, longer-term goals and resilient, shock-responsive health systems including building national capacity, given ongoing and future health needs?	Evidence of contribution of WHO to emergency preparedness (based on stakeholder consultations and document review, including monitoring data for relevant results under the Emergencies GPW13 pillar)	X	X		X	X		X	National strategies, SDG3 indicators results, NCD monitor

Annex 3. Evaluation theory of change (ToC)

The following ToC uses the framework of GPW13, which underpins the current Country Cooperation Strategy (CCS). From right to left, it presents the impact stated in terms of health outcome changes, as per national priorities. This is followed by selected GPW13 outcomes for Jordan supporting the CSS's four strategic priorities. Next are the outputs directly contributed by the WHO Country Office through strategic and technical support to the health priorities of Jordan that in turn enable those outcomes. These outputs are driven by WHO intervention areas and supported by inputs, including the resources invested by WHO to deliver its contribution at the country level.

A problem statement outlines the core health challenges that the WHO interventions have sought to address. Key assumptions relate to the Government of Jordan's prioritization of health equity and the "leave no one behind" (LNOB) principle; sustained commitment of development partners to national health priorities; the capacity and stability of the Ministry of Health to exert its leadership; and continued political commitment to strengthening health care and health systems through efficient governance and resource mobilization.

Fig. 19. Draft theory of change for evaluation purposes (the second root cause – limited government investment in PHC and the health system – is considered less relevant compared with the lack of collaborative governance; justification for the identification of root causes is provided below)



Annex 4. Organizations of stakeholders consulted

WHO

Headquarters

WHO Regional Office for the Eastern Mediterranean

Country Office for Jordan

Government

Ministry of Health, including Financial Affairs Directorate, Environmental Health Directorate, Institutional Development and Quality Assurance, Directorate of NCDs, Health Promotion Directorate, Maternal and Newborn Health Directorate, Project Department, Information Technologies, School Health Directorate, Mental Health Directorate, Crisis Management Directorate, Monitoring Department, Procurement and Supply Chain Directorate, Media, Nutrition Directorate, Planning and Operations, Pharmacy

Ministry of Planning and International Cooperation, Department of Statistics

Jordan Centre for Disease Control

Jordan Food and Drug Administration

National Center for Security and Crisis Management

Civil society

Royal Health Awareness Society

International Medical Corps

UN and other partners

FAO

RCO

UNFPA

UNHCR

UNICEF

UNRWA

USAID

World Bank

Donors

Spanish Cooperation

DTRA

European Union

Academia

Center for Strategic Studies

Services providers

Bait Ilqa Centre for children

Tobacco Cessation Clinic, King Abdullah Park

Sweileh Health Centre

Princess Basma Health Care Centre

Mafraq Clinic

Jordan University Hospital

Annex 5. CCS indicators

Indicator showing progress from baseline
Indicator where progress is reversed since baseline
Indicator where either baseline or data point during CCS implementation is not available

Indicator	Baseline (2021)	Result (2024)	Target (2025)	Disaggregation factor	Indicator alignment
Achieving universal health coverage					
UHC service coverage index	75.7 (2017)	65 (2021, WHO Regional Office for the Eastern Mediterranean Health Observatory)	NA	None	SDG indicator 3.8.1
Financial protection incidence (%) at 25% of household total consumption or income of catastrophic expenditure	0.3 (2008)	6.3 (2017, Jordan SDG Data Portal)	NA	None	SDG indicator 3.8.2
Out-of-pocket expenditure as a percentage of current health expenditure	31 (2018)	36.1 (2019, National Health Accounts)	NA	None	SDG indicator 3.8.2
PHC expenditure as a percentage of public health expenditure	NA	32.4% (2019, National Health Accounts)	NA	None	National Health Accounts
DPT-3-containing vaccine/pentavalent coverage among children under one year of age	96 (2019)	94.6 (2023, Jordan Data Portal)	NA	Nationality, gender	Eastern Mediterranean Vaccine Action Plan 2016–2020
Measles immunization coverage (MCV1) 2	92 (2019)	76 (2021, WHO Regional Office for the Eastern Mediterranean Health Observatory) 95 (2023, GHO)	NA	Nationality, gender	Eastern Mediterranean Vaccine Action Plan 2016–2020
Density of key health workers (physicians, nurses and midwives)	Physicians 22 per 10 000 (GHO) in 2017	Physicians 31.6 (2023, Jordan SDG Data Portal) Dentistry, nurses and	NA	None	WHO Regional Health Observatory

Indicator	Baseline (2021)	Result (2024)	Target (2025)	Disaggregation factor	Indicator alignment
		midwives 38.4 (2023, Jordan SDG Data Portal)			
Addressing health emergencies					
IHR (2005) technical areas detected	53.3	61.65 (most recent data, WHO Regional Office for the Eastern Mediterranean Health Observatory)	NA	None	IHR (2005) reporting SDG 3.d
IHR (2005) technical areas prevented	63.1	54.76 (most recent data, WHO Regional Office for the Eastern Mediterranean Health observatory)	NA	None	IHR (2005) reporting SDG 3.d
IHR (2005) technical areas responded	57.1	62.60 (most recent data, WHO Regional Office for the Eastern Mediterranean Health Observatory)	NA	None	IHR (2005) reporting SDG 3.d
IHR (2005) technical areas, points of entry and other IHR (2005)-related hazards	47.7	46.67 (most recent data, WHO Regional Office for the Eastern Mediterranean Health Observatory)	NA	None	IHR (2005) reporting SDG 3.d
IHR (2005) annual reporting	NA	NA	NA	None	IHR (2005) reporting SDG 3.d
JEE score	56.4 (2016, WHO Regional Office for the Eastern Mediterranean Health Observatory)	NA	NA	None	IHR (2005) reporting SDG 3.d

Indicator	Baseline (2021)	Result (2024)	Target (2025)	Disaggregation factor	Indicator alignment
AMR surveillance (either access to antibiotics at >60% of antibiotic consumption or reduction of blood-stream infections by selected resistant pathogens by 10%)	30% of tertiary hospitals are part of the national AMR surveillance system.	NA	50% of hospitals are included in the national AMR surveillance system.	Service providers: private, public academia and RMS	WHO headquarters and Regional Office
Promoting healthier populations					
Decrease the prevalence of high blood pressure among adults 18+.	Percentage with raised blood pressure who are currently not on medication for raised blood pressure (47.8%) 2019 Syrian Arab Republicans and Jordanians	NA	20% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure		
Decrease the prevalence of tobacco and vape smokers among people.	Tobacco smokers (41%) E-cigarettes and vaping users (9.2%), Syrian Arab Republicans and Jordanians (2019)	NA	20% reduction in tobacco and vaping use	None	Nine global voluntary targets (Target 6)
Percentage of PHC facilities that can provide mental health services	<25% of PHC centres (2020)	NA	25% to 50% of PHC centres	None	Nine global voluntary targets (Target 5) WHO Mental Health Atlas
Strengthen data and innovation capacity.					
Number of SCORE assessment implemented	One assessment carried out in 2019	National team prepared to update SCORE through the assessment planned in 2025	Update of baseline assessment by 2025	National and subnational; age, sex, income; education; migratory status; and other characteristics relevant to national context	SCORE for health data technical package: global report on health data systems and capacity, 2020. Geneva: WHO, 2021

Indicator	Baseline (2021)	Result (2024)	Target (2025)	Disaggregation factor	Indicator alignment
Country health targets and indicators to monitor national health strategies and policy updates	<50% of health and health-related SDG indicators reported at the national level	20 indicators out of 28 reported on (Jordan SDG Data Portal)	100% of health and health-related SDG indicators reported by 2025	13 targets of SDG3 and 27 health-related SDG indicators	Department of Statistics report, (2018) UN assessment of Jordan SDG data availability and quality (2019) Regional core health indicators programme

Annex 6. SDG3 indicators disaggregation

Indicator	Male/ Female	Urban/ rural	Age group	Jordanian/Non Jordanian	Education	Quintile
3.1.1 Maternal mortality rate		x		x		
3.1.2 Proportion of births attended by skilled health personnel		x		x		x
3.2.1 Under-five mortality rate	x	x				
3.2.2 Neonatal mortality rate	x	x				
3.3.1 Number of new HIV infections*	x		x	x		
3.3.2 Tuberculosis incidence per 100 000 population						
3.3.3 Malaria incidence per 1000 population						
3.3.4 Hepatitis B incidence per 100 000 population						
3.3.5 Number of people requiring interventions against neglected tropical diseases						
3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease*	x			x		
3.4.2 Suicide mortality rate						
3.6.1 Death rate due to road traffic injuries	x		x	x	x	x
3.7.1 Proportion of women of reproductive age who have their need for family planning satisfied with modern method*				x		
3.7.2 Adolescent birth rate*		x			x	x
3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income						
3.9.3 Mortality rate attributed to unintentional poisoning						
3.a.1 Age-standardized prevalence of current tobacco use among persons*	x		x			
3.b.1 Proportion of the target population covered by all vaccines included in their national programme	x					
3.b.2 Total net Official Development Assistance to medical research and basic health sectors						
3.c.1 Health worker density and distribution						

Annex 7. WHO Regional Office for the Eastern Mediterranean KPIs

Output	KPI Id	KPI definition	KPI status Q4 2020	KPI status Q4 2023
UHC				
1.1.1	1.1.F	Percentage of HCFs that have implemented UHC essential package of services		
1.1.1	1.1.G	Status of implementation of the WHO primary health care quality indicators		
1.1.2	1.1.D	Status of integration of cardiovascular risk factors assessment and management at the primary health care level		
1.1.2	1.1.E	Status of adoption of the UNGA political declaration and multisectoral accountability framework		
1.1.2	1.1.I	Status of implementation of the Mental Health Gap Action Programme		
1.1.3	1.1.A	Status of adoption/update of WHO reproductive and maternal health guidelines		
1.1.3	1.1.B	Status of implementation of key community and facility-based interventions for newborn and child health and development		
1.1.3	1.1.C	Status of achievement of the EMVAP targets		
1.1.3	2.2.D	Status of development of the Polio Transition Plan		
1.1.4	1.1.J	Status of implementation of governance actions to develop/recover the health system		
1.1.5	1.1.K	Status of implementation of the Health Workforce Strategic Plan		
1.2.1	1.2.A	Status of development of the health financing strategy		
1.2.2	1.2.B	Status of implementation of National Health Accounts		
1.2.3	1.2.C	Status of the explicit national Universal Health Coverage-Priority Benefits Package (UHC-PBP), tailored to country needs and level of socioeconomic development and by involving all stakeholders		
1.2.3	1.2.D	Status of institutionalization of the HTA process in the decision-making for allocation of resources on technologies		
1.3.1	1.3.B	Status of National List of Essential Medicines		
1.3.1	1.3.H	Status of National List of Priority Medical Devices		

1.3.2	1.3.E	Status of medicines pricing policies and monitoring systems		
1.3.2	1.3.F	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis		
1.3.3	1.3.C	Existence of an institutional development plan for drug regulation		
1.3.3	1.3.D	Status of development of national control testing policy for medical products		
1.3.5	1.3.A	Status of national AMR surveillance reporting in GLASS		
Emergencies				
2.1.1	2.1.A	Status of implementation of simulation exercises using WHO tools and guidelines		
2.1.1	2.1.F	Status of country State Party Self-Assessment Annual Reporting (SPAR) on IHR (2005) implementation		
2.1.2	2.1.G	Status of using findings from the IHR (2005) monitoring and evaluation framework to develop or update the national action plans		
2.1.3	2.3.A	Status of implementation of the Emergency Operation Centre		
2.2.2	2.1.B	Officially nominated rapid response teams at all levels (national, regional)		
2.2.2	2.2.H	Status of implementation of capacity-building on field epidemiology (such as RRT training) to prevent potential disease outbreaks caused by high-threat pathogens		
2.2.2	2.2.I	Percentage of health facilities covered by the implementation of the national prevention strategic plans for priority pandemic- and epidemic-prone diseases (e.g. cholera, dengue fever, influenza)		
2.2.3	2.2.J	Status of the national plan for laboratory systems and networks strengthening, especially for quality diagnostic testing of high-threat pathogens, adhering to biosafety and biosecurity standards		
2.3.1	2.1.D	Status of adaptation and implementation of the real-time early warning surveillance framework		
2.3.1	2.1.E	Percentage of signals detected by the Regional Office that have been verified within 72 hours		

2.3.1	2.3.B	Status of completion of event risk assessments (rapid risk assessments/public health situation analysis for events) within recommended time frame		
2.3.2	2.1.C	Percentage of medical commodities received from WHO Dubai platform		
2.3.3	2.3.C	Status of implementation of the surveillance system for attacks on health care (SSA)		
2.3.3	2.3.D	Status of the development and implementation the national response plans/policy guidance/ agreement to provide health services for migrants, refugees and displaced populations		
Healthier populations				
3.1.1	1.1.H	Status of the emergency care assessment and related roadmap		
3.1.2	3.1.A	Status of development/review of national strategies and action plans on nutrition and diet-related risk factors		
3.1.2	3.1.D	Status of implementation of actions related to food safety		
3.2.1	3.2.B	Utilization of STEPS survey findings to develop evidence-based policies and set national targets on NCDs		
3.2.1	3.2.C	Status of enforcement of total bans on advertising promotion and sponsorship of tobacco		
3.2.1	3.2.D	Status of introduction of the regional package of intersectoral policies and interventions in their national health systems		
3.2.2	3.2.A	Status of implementation of the National Multisectoral Action Plan		
3.3.1	3.1.B	Status of implementation of surveillance mechanisms (surveys) for reporting on drinking water safety		
3.3.1	3.1.C	Status of development and implementation of the National Action Plan on health resilience to climate change		
3.3.1	3.1.E	Status of implementation of the health impact assessment of air pollution		
Enabling functions				
4.1.1	4.1.B	Status of implementation of actions included in the health information system improvement plan based on the assessment findings		

4.1.2	4.1.C	Status of required high-quality annual analytical reports of health sector progress and performance that include relevant disaggregation of health-related SDG data		
4.1.3	4.1.A	Number of public health research papers published by institutions based in the country in peer-reviewed journals anywhere in the world		
4.2.1	4.2.A	Status of fulfilment of the key strategic communication resources		
4.2.1	4.2.B	Percentage of leadership and health diplomacy events organized with the support of WHO		
4.2.2	4.3.A	Overall score of the managerial KPIs		
4.2.3	4.2.C	Percentage of allocated budget mobilized [this refers to both base and OCR funding; funds mobilized at all three levels (CO, RO and headquarters); all sources, i.e. AC, AS, VC, CVCA, etc., are included.]		
4.2.3	4.2.D	Percentage of partnerships established to cover gaps for preparedness and response activities (this KPI could be considered on broader partnerships established at regional and/or country level and not just emergencies-related ones)		
4.2.4	4.2.E	Status of submission of the OSC and KPIs reports		
4.2.4	4.2.F	Status of the Country Cooperation Strategy		
4.2.5	4.2.J	Operational and maintenance service contracts executed through negotiated long-term agreements		
4.3.1	4.3.B	Percentage of the funds utilized out of the total available per budget centre		
4.3.2	4.3.C	ePMDS: prior year performance reviews, establishment of current year objectives and mid-year performance review fully executed for all staff members within the established time frames (28 February and 31 July respectively)		
4.3.2	4.3.D	Inter/national staff recruitments completed, from Vacancy Notice to Selection Report, within 15 weeks of the initial request		
4.3.3	4.3.E	Guaranteeing high availability of IT network services		
4.3.4	4.2.I	Annual goods procurement plans prepared and submitted to PSS latest by 31 January of every year		
4.3.4	4.3.F	The annual self-assessment of security risk management (SRM) and compliance with UNDSS security policies submitted (by security focal point) to SSS by 15 October		

Annex 8. Findings, conclusions and recommendations matrix

Findings	Conclusions	Recommendations
Finding 1. WHO has been highly aligned with Jordan's priorities, as outlined in national strategic frameworks, and the alignment and collaboration have been particularly strong with the Ministry of Health during this CCS implementation period. Finding 2. WHO has addressed the strategic needs of the health sector in Jordan, designing interventions based on evidence to target the key health issues of the country. Finding 3. WHO has adapted the way it works to the specificities of the Jordan context, combining support to implementation with capacity-building of national counterparts to advance inclusion and equity in health care access.	**Conclusion 1.** WHO has tailored its approach to the context of Jordan which, despite being considered a stable country, is marked by the volatile regional situation and a high number of refugees. This has led WHO to respond to humanitarian health needs by supporting services provision through commodities procurement and the implementation of infrastructure projects. These interventions 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.	**Recommendation 1**. In similar settings of countries receiving large refugee influxes as well as for the next Jordan CCS, WHO should learn from Jordan's implementation model, which ensures that emergency responses are combined with longer health system reforms for sustainable and equitable access to health care.
Finding 6. WHO has generally coordinated effectively with UN agencies and other partners based on respective comparative advantage, with WHO being perceived as having a normative and technical role in those collaborations. However, the increasing engagement of WHO in direct implementation after COVID-19 has generated perceptions of potential duplications and blurring of respective mandates. Finding 7. WHO has historically played a leading role in supporting the convening and coordination of the health sector in Jordan. However, greater efforts could be made to leverage the UN Country Team in support of a multisectoral health response. Additionally, on health coordination platforms, attempts to strengthen Ministry of Health ownership of sector coordination have faced notable challenges. Finding 25. The current CCS is based on leveraging COVID-19 experience to strengthen health system resilience and	**Conclusion 2.** WHO has strengthened its leadership position among health partners in Jordan following its prominent role in the COVID-19 response. It has, however, not fully leveraged this position to advance multisectoral responses on health issues, and there is scope for WHO to further leverage both development and humanitarian coordination platforms to this effect.	**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 Ministry of Health.

preparedness, based on a stronger leadership role of the WHO Country Office. Several key adaptations were made to WHO's work in Jordan based on the COVID-19 experience and new skills acquired, although some lessons learnt were not applied. Finding 30. WHO has successfully supported the national ownership and capacity in several areas. The Organization has also contributed to a more sustainable health system by successfully advocating for a shift in focus on the national health priorities towards PHC and promoting health equity through UHC. In terms of the multisectoral health response, further support from WHO is needed to implement the "health equity in all policies" approach and strengthen governance at the subnational level. Finding 31. The effectiveness and sustainability of WHO's capacity-building efforts in Jordan are influenced by various contextual factors, such as high turnover at directorate/mid-level management in the Ministry of Health and insufficient funding and prioritization of key areas such as addressing NCD risk factors.		
Finding 4. There has been a strong collaboration between the WHO Country Office for Jordan and WHO Regional Office for the Eastern Mediterranean during the implementation of the CCS. The Regional Office is perceived as highly responsive to Country Office needs and the Country Office has also contributed to the Regional Office's objectives and interventions. Finding 23. Overall, the Jordan programme has been well-supported by WHO Regional Office for the Eastern Mediterranean and WHO headquarters, providing a strong example of three-level collaboration. The WHO Regional Office for the Eastern Mediterranean and WHO headquarters have generally delivered on their expected technical contributions and the Regional Office supported the fundraising and operations functions of the Country Office, leveraging WHO's global and regional expertise in support of the national priorities outlined in the CCS. Finding 24. WHO headquarters and WHO Regional Office for the Eastern Mediterranean have also mobilized Jordan's experience and expertise to support other countries, facilitating exchanges "from the region to the region". Key global and regional initiatives,	**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 the Eastern Mediterranean is not always well streamlined. Together, the contributions of the three levels have been instrumental in delivering key outputs in Jordan.	**Recommendation 3.** WHO Regional Office for the Eastern Mediterranean and WHO headquarters should further enhance their coordination and streamline their support to the WHO Country Office to ensure that they prioritize the most impactful interventions.

including the recent regional flagship programmes as well as global initiatives such as the Director-General's Special Initiative on mental health, have been implemented in Jordan. Finding 5. Support from both WHO headquarters and WHO Regional Office for the Eastern Mediterranean is not always well coordinated with the WHO Country Office, leading to multiple pilot interventions and evaluations at the Country Office that sometimes prove to be overwhelming and result in limited follow-up. Finding 8. WHO's interventions in Jordan have not been guided by a comprehensive result framework making it challenging to assess performance against outcomes. However, available output data show that WHO has made strong progress on achieving output results between the baseline and 2023. Finding 9. Available data show that access to quality essential health services has been decreasing in Jordan despite being prioritized in WHO interventions. There are, however, emerging results showing WHO's contribution at the output level to defining the essential health services package, improving standards of care, supporting the development of the policy and strategic framework of key health programmes, supporting the scaling up of key programmes on cardiovascular diseases, mental health and immunization, and developing the national health workforce framework. Finding 10. WHO has supported the country-wide adaptation of cardiovascular diseases diagnostic and treatment and mental health services guidelines in Jordan, but evidence of the contribution of these interventions to health system and health outcomes is insufficiently documented. Finding 11. WHO has supported the Ministry of Health in successfully restoring childhood immunization coverage after the COVID-19 pandemic to above 90%. Finding 12. There are positive emerging results from WHO's efforts on financing PHC, but health-care costs remain unpredictable and unequitable for segments of the population. Finding 13: The supply chain of medical products constitutes a major area of contribution for WHO to strengthening the		

capacity of the health sector in this CCS period. Finding 14. WHO has contributed to improving the country capacity on AMR surveillance and stewardship. Finding 15. WHO's efforts have contributed to some extent to improving Jordan's preparedness capacity, although it remains low when compared with global and regional averages. Finding 16. Overall, country emergency preparedness capacity is hindered by enduring bottlenecks in its governance, coordination and government leadership. Finding 17. WHO has been instrumental in the adoption of a One Health approach in Jordan through establishing cross-sectoral partnerships. These collaborations are yet to materialise in a more integrated surveillance system of zoonotic diseases. Finding 18. WHO has contributed to strengthening the capacity of Jordan to detect and respond to outbreaks. Finding 19: Determinants of health have not been addressed to a large extent in this CCS period and despite some achievements, climate change and environmental health have remained a low priority. Finding 20. Despite efforts, available data suggest that the NCD risk factors situation has been worsening. WHO has deployed advocacy efforts at the highest level to strengthen the multisectoral action framework on NCDs, but these have not yielded results so far. WHO has, however, been able to secure advances on components of the NCD risk factors agenda, strengthening national capacity on nutrition and in some aspects of the policy framework on tobacco control. Challenges remain with regard to ensuring effective implementation of the proposed measures. Finding 21: There is evidence that WHO interventions have significantly contributed to progress on national capacity to produce and analyse health data, including on vital statistics and on reporting against SDG3 indicators, although gaps remain. While WHO has worked to harmonize the Health Information System (HIS) and build consensus among various actors, stronger support is		

needed for the Ministry of Health's leadership to ensure system alignment.		
Finding 22. WHO's strategy in the current CCS has focused on ensuring equity in access to health for refugees and vulnerable Jordanians. However, "leaving no one behind" requires specific interventions tailored to population groups that may not currently access health services on par with the rest of the population. Disability inclusion has been a focus in some of WHO's programmes with both targeted interventions to support disability inclusion and integration of disability considerations into some of its programmes; these interventions do not appear to be large-scale or systematic though. While efforts have been made, gender equality has not been systematically promoted in WHO's work 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.	**Recommendation 4.** Increase the share of financial resources targeted to social determinants of health and demand-side barriers as a key priority in a country with both development and humanitarian contexts.
Finding 26. Overall, WHO interventions were delivered in a timely and efficient 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. Finding 27. Fundraising efforts have been successful overall to support the implementation of the CCS within an adverse context, although flexible funding remains low and there is a risk of concentration of funding sources on few donors that are unlikely to sustain similar levels of funding going forward. Finding 28. WHO's fundraising strategy in Jordan has focused on refugee health as an entry point for health system strengthening efforts. This approach has proven both effective and aligned with the health priorities of Jordan. However, there is scope to better articulate WHO's added value in supporting fundraising efforts across several key areas: better measuring and describing the contribution of WHO to health system and health outcome results; better communicating on WHO's achievements; and increasing the visibility of WHO in Jordan as a go-to reference for health information. Finding 29. The WHO Country Office for Jordan was one of the first country offices in the Region where the recommendations of	**Conclusion 5.** The WHO Country Office management ensured timely and cost-effective delivery of large grants and built internal capacity as part of the implementation of the WHO Action for Results Group recommendations. However, the weak M&E system of the CCS has not allowed effective analysis of WHO's contribution to outcomes, which would be beneficial to better communicate on WHO's added value in Jordan, as part of the Organization's resource mobilization strategy.	**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.

the Action for Results Group[8] were applied, resulting in strengthened autonomy and capacity of the WHO Country Office. The WHO Country Office has effective control and administrative systems in place for key functions such as IT, procurement, human resources management and risk management. However, there is scope for improving results-based management and in particular the use of monitoring data to inform programmatic decision-making.		

[8] As part of the WHO Transformation under GPW13, the Action for Results Group was founded in 2023 to accelerate the empowerment of WHO country offices to maximize impact at the country level.

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