IMPACT AREA STRATEGY

Right to Health

Updated – August 2024

Executive Summary

CARE remains committed to ensuring the universal right to health. CARE's global Right to Health Strategy aims to support 50 million people of all genders in realizing this right, including enabling 30 million women and girls to realize their Sexual and Reproductive Health Rights (SRHR), by 2030. CARE's strategy to advance the right to health focuses on building resilient, equitable, and accountable health systems that can respond to shocks and crises and ensure sustainable access to quality health services for all.

CARE's Right to Health Strategy has four thematic areas of focus. *See Figure 1* below. Central to each thematic area is CARE's deep-rooted commitment to transforming and promoting equitable, gender-transformative social norms, and meaningfully engaging communities in support of rights-based health care for all. Each thematic area is outlined in more detail below.

Right to Health Strategy Goal: People of all genders around the world actualize their universal right to health

Figure 1: Right to Health thematic areas of focus

CARE will work in partnership and support locally led health programming, accompany communities to challenge and transform unequal gender norms, support rights-based health advocacy and health system accountability related to realizing the right to health.

Building on our experience implementing integrated nutrition and health programming, CARE will continue to **leverage broad technical expertise and work in** climate justice, food and water systems, education, humanitarian affairs, and women's economic and gender justice.

The Right to Health Strategy is led by the Health Equity & Rights Team at CARE USA, with support and oversight of a global Right to Health (R2H) Steering Committee made up of representatives from across CARE International.

Rationale

Relevance and contributions to CARE's global vision and mission

In calling for stronger rights-based approaches and more localized and diversified networks of partners, CARE's 2030 vision (CARE, 2021a) embraces shifts in power at a global, national, and individual level, including through decentering power from northern to southern actors. The strategy for the Right to Health Impact Area is rooted in this vision of power shifting. It aims to transform relationships and bring about fundamental changes in power and privilege within the systems and structures that promote health and well-being.

Healthy lives and well-being are essential to each of the strategic impact areas, and to achieving CARE's 2030 goals. For example, food security and access to clean water are inextricably linked to health, and climate change is impacting these social and environmental determinants of health, including clean air, safe drinking water, sufficient nutritious food, and secure shelter (Romanello et al., 2023; World Health Organization, 2023). The achievement of the right to health means that all people are able to: complete their education, engage in

livelihoods that will enhance their economic prospects, participate fully in both private and public decision-making, and invest in themselves, their families, and their communities.

Context

Many changes have impacted the Right to Health Strategy, necessitating an update from its launch in 2020/2021. The COVID-19 pandemic officially ended on May 4, 2023, yet continues to have major health impacts around the world including a lingering impact on poverty and inequalities. The pandemic jump-started some positive changes in health systems (e.g., vaccine infrastructure that can be used for other vaccines including the malaria vaccine and increased momentum in localization) while also resulting in many challenges (e.g., increased mistrust in public health).

CARE's work responding to COVID-19, particularly elevating and responding to the gendered risks to informal and semi-formal health workers faced during the pandemic, continues to inform CARE's commitment to support front-line health workers. The WHO predicts a global shortage of 10 million health workers, especially in low- and middle-income countries, hindering progress toward Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs). Meanwhile, underfunded, and unsupported Frontline Community Health Workers (FCHWs) face burnout, unsafe working conditions, and limited resources to do their jobs effectively. Further, limited infrastructure such as isolated health clinics and limited medical supplies, further impedes healthcare delivery. CARE is committed to programming and advocacy that ensures front-line health workers receive adequate training, supervision, equipment and fair pay, and that gender barriers female front-line health workers face are dismantled – both within their communities and health systems.

Climate change continues to be a major global issue, with accelerating climate crises and natural disasters exacerbating inequitable effects of poor health on communities already experiencing injustice. New and protracted crises, often driven by armed conflict and/or climate change, are the new normal (United Nations Office for the Coordination of Humanitarian Affairs, 2023). By 2030, almost three in five (59%) of the world's poorest people will live in fragile or conflict-affected settings (The World Bank, 2023, n.d.). Migration has increased, given conflicts and climate change events, among other factors.

Despite progress towards the Sustainable Development Goals (SDGs), more than half of the world's population (approximately 4.5 billion people), many of whom suffer financial hardship, are still without access to essential health services (World Health Organization & International Bank for Reconstruction and Development / The World Bank, 2023). Vulnerable populations face greater illness and premature death from preventable and treatable causes.

Over 10 million more girls are at risk because of the COVID-19 pandemic's profound effects from economic shocks, school closures and interruptions in sexual and reproductive health services (UNICEF 2022). If current trends continue, more than 340 million women and girls—an estimated 8% of the world's female population—will live in extreme poverty by 2030. The gender gap in power and leadership positions remains entrenched, and, at the current rate of progress, the next generation of women will still spend on average 2.3 more hours per day than men on unpaid care and domestic work (UN Women 2023).

The COVID-19 pandemic further risked children's health through widespread disruption to routine immunization services, particularly affecting low and middle-income countries. UNICEF estimates that 67 million children completely or partially missed routine vaccinations between 2019 and 2021 (UNICEF 2023). Compared to pre-pandemic levels, an additional 8.8 million children are estimated to have never received vaccinations linked to the pandemic.

While immunization trends showed some improvement in 2022, 2023 global immunization coverage rates regressed to 2005 levels (Evans, 2023). Targeted strategies are required to effectively reach the increased

number of zero dose and under vaccinated children while strengthening ongoing routine vaccination programs.

The gaps and inequities cited above threaten the achievement of all SDGs and human security itself. Systemic racism, sexism, ableism, colonialism, and other forms of bias and discrimination have enormous impact on global health and development and are institutionalized in both formal and informal structures and systems, including in national health systems and in international aid (Buyum, Kenney, Koris, Mkumba, & Raveendran, 2020; Clements & Sweetman, 2020). CARE's Right to Health Strategy recognizes these urgent challenges and daunting complexities but aims to be a humble learning partner on the journey to tackling them.

What the Right to Health Strategy aims to achieve

Definition of right to health

At CARE, we envision a time when *people of all genders around the world actualize their universal right to health.* This means that that everyone has the right to:

- **Self-determination,** including the right, without any form of discrimination, stigma, coercion, or violence, to have control over and make free and informed decisions about one's own body; sexuality and sexual pleasure; gender identity and expression; if, when, and with whom to partner, or marry; if, when, and how to have children, to practice self-care and pursue wellness in a way that keeps alive one's culture, community, and connections to others; that nurtures physical, mental, emotional, and spiritual health.
- **Equitable, resilient, and accountable health systems** that uphold rights-based, gender- and age-responsive care across the humanitarian-to-development continuum.
- **Social, economic, and political equality** as a fundamental pre-condition to health; health must be enjoyed without discrimination on the grounds of gender, race, age, ethnicity, ability, or any other status.

Overall goal of the strategy

By 2030, CARE will support 50 million people of all genders to exercise their right to health; among those 50 million, 30 million will be women and girls who will realize their right to sexual and reproductive health.

As of March 2024, the impact area had reached 45.4% of its target, with 22.7M people positively impacted. This is largely due to the COVID-19 response work and the contributions of a large-scale project in Bihar, India. As the global health context evolves, the Health Equity & Rights team, in partnership with country teams continues to work to identify pathways to scale successful program models and views these targets as dynamic.

The Right to Health Impact Area contributes to several SDGs, including SDG 3 (Ensure healthy lives and promote well-being for all at all ages), SDG 5 (Achieve gender equality and empower all women and girls), and SDG 17 (Partnerships for the Goals).[i]

Pillar 1: Work with governments to strengthen health systems and enable Front Line Health Workers (FLHWs) to deliver resilient and gender responsive primary health services.

This thematic area of focus builds on WHO's 6 health system building blocks, including health service delivery, health workforce, health information systems, access to essential medicines, health systems financing, and leadership and governance (World Health Organization, 2010). CARE works to ensure that high-quality integrated primary health services are both available and accessible. This is achieved by: (1) enhancing the

knowledge, attitudes, and skills of front line health workers through on-the-job training, skills assessments, and coaching/mentoring; (2) supporting the continuous collection, analysis, and use of health and stock inventory data by key stakeholders to improve service delivery and utilization; (3) increasing the health system's readiness and capacity to withstand, adapt, and recover from shocks so that essential services are available during a crisis, including those driven by climate change; and (4) advocating at multiple levels for policies, resources, and accountability systems that ensure equitable access to rights-based health care.

CARE works with communities as a central component of our health system strengthening work. This includes revitalizing inclusive and representative community health committees and other similar community structures, to oversee health resources; and accompanying community-based groups led by women, girls, and other marginalized populations, to directly advocate for their rights and needs, shape the policies and programs that affect their lives, and drive accountability.

The expansion of this outcome area from a focus on sexual and reproductive health and rights (SRHR) to a broader goal of a right to health better reflects the full range and focus of CARE's work supporting the delivery of **integrated primary health services**. CARE remains fully committed to quality SRHR programming, and this work remains a central pillar of the health outcome area. Comprehensive SRHR includes HIV and sexually transmitted diseases testing, treatment and prevention; safe delivery; age appropriate, evidence-based, comprehensive sex education; family planning; clinical management of rape; and maternal, newborn and child health education and services. For example, when a woman comes into a clinic, she should have access to, and be offered, a range of inclusive and confidential services, including those related to maternal, newborn and child health, gender-based violence, nutrition, and family planning.

As an example, CARE implemented the Bihar Technical Support Program (BTSP) which enabled the transformation of the health system of Bihar state in India, leading to great improvements in the health of women and children. This included working with partners to address gaps in training, learning, management, and accountability and working with the Government of Bihar to develop and support quality improvement (QI) solutions through convening of QI teams. The QI teams used facility assessment tools to assess readiness and availability of essential inputs in the health center and identify gaps; then tracked health service delivery indicators. A key focus of the program included equipping, training, and motivating over 200,000 female FLHWs, where they played a critical role in delivering preventive health and nutrition interventions to nearly 130 million people in rural Bihar.

CARE's work also addresses non-communicable diseases (e.g., prevention through promotion of breastfeeding and nutrition), as well as addressing mental health (e.g., psychological first aid, post-partum) and addressing misinformation (e.g., vaccine and contraceptive efficacy and safety). Building on CARE's experience with Fast & Fair tackling vaccine hesitancy and leveraging our strong community health programming and work with frontline health workers, CARE will continue to build on and leverage this experience as new vaccines such as the Malaria vaccine are rolled out, and support widespread adoption of the HPV vaccine, and ensure routine childhood vaccination coverage remains high.

Front Line Health Workers (FLHWs) play a major role in primary health services and need to be supported and integrated within the health system. This thematic area aligns closely with CARE's commitment to supporting and amplifying the needs of Front-Line Health Workers. CARE advocates for global and national policies and funding that ensures equitable health services, including fair pay, and safe and supportive work conditions for the (70% women) frontline community health workers who deliver these health services to the last mile. This includes leveraging CARE's learning in digital health, and using vetted, localized technology solutions for low-resource settings to support ongoing professional development and certification of FCHW's as a pathway for integration into the formal health system and closing the digital divide.
CARE recognizes, supports, and advocates for the integration of traditional health knowledge and practices, and works to support and ensure primary health services are at minimum gender responsive, and gender transformative wherever possible.

Pillar 2: Accompany communities to transform harmful gender and social norms and increase equitable access to quality primary health services.

CARE works with communities to **shift social and gender norms** that impede access to health information, services, and commodities. This includes addressing **child, early and forced marriage, female genital mutilation/cutting, and other harmful practices** that impact women's and girls' health outcomes, with a strong focus on **Engaging Men and Boys** and other power holders. In addition, CARE and partners work with communities to challenge and transform inequitable social norms that restrict the most vulnerable populations from achieving their best possible health and lives. CARE always strives for inclusive and gender-transformative programming, with recognition that in some contexts this is more challenging and difficult to achieve (such as humanitarian response in acute emergencies). CARE's signature approach to social norm transformation is Social Analysis and Action (SAA), a facilitated process through which individuals explore and challenge the social norms, beliefs, and practices that shape their lives and health. The goal of SAA is to help participants to surface and challenge restrictive norms and act together to create more equitable ones, while building support for sexual, reproductive, and maternal health and rights. This work is done across all contexts, including development, humanitarian, and fragile settings.

While CARE works across many populations, our programs ensure adolescents of all genders, including those experiencing social isolation and adolescents who are pregnant, are supported by the people and systems that surround them. In close partnership with adolescents themselves, CARE and partners work to create an **enabling and equitable environment,** underpinned by supportive social norms where young people can realize their full health and potential and lead the change that they desire for themselves and their communities. As an example, the IMAGINE project targeted both married and unmarried girls using a using wraparound model that integrated health support systems that integrated GBV Risk Mitigation, Prevention and Response, reproductive health information, skills-based education, financial literacy, civic engagement, community mobilization, and other issues identified as important to this group. Activities were designed to inform and equip girls while engaging families and communities and influencing systems to create an enabling environment for girls to exercise their rights and make decisions about their health and lives.

Women, girls, and other marginalized groups are often excluded to voice their opinions and priorities, when it comes to health service delivery and quality of care. CARE works with **governments to be accountable as duty bearers** to strengthen health systems, to ensure equity, access, and quality of health services. CARE adapts leverage, and scales models to promote social accountability. These provide scaffolding for ensuring meaningful participation of groups experiencing injustice in defining, monitoring, and shaping health and other services. **CARE's Community Score Card©** (CSC) is a citizen-driven accountability approach for the assessment, planning, monitoring, and evaluation of public services. It enables community members, health providers, and government officials to work together to identify and overcome health coverage quality and equity obstacles. CARE Malawi pioneered the CSC methodology in 2002, and since then, it has become an internationally recognized social accountability tool, spreading within CARE and beyond. A review of a decade of CARE's projects using CSC found CSC-related improvements in service provider and power-holder effectiveness, accountability, and responsiveness. Several projects also reported CSC-related increases in health provider openness and transparency (Gullo, Galavotti, & Altman, 2016).

Pillar 3: Work with government and communities to prepare and respond to health needs in emergencies.

CARE leverages long-term, historical relationships with governments, front line health workers, and communities to quickly advocate, mobilize, and respond to emergencies, including public health emergencies,

to address essential health needs, with a focus on sexual and reproductive health and rights.

This includes work to ensure that **preparedness and response efforts** address the gendered dimensions of health before, during, and after crises addressing human rights barriers. We prioritize addressing the needs of women and girls by ensuring support to implement the Minimum Initial Service Package for SRH in Crisis Settings. To better understand context and barriers and target our programming, CARE conducts Rapid Gender Analyses and follows CARE's SRHR in Emergencies (SRHRiE) Minimum Commitments for Gender and Inclusion. These tools build on mutually reinforcing efforts across teams in CARE and external partners. Other approaches such as CARE's *Women Lead in Emergencies* model and GBV guidance complements CARE's health response in emergencies, which increases the voice, leadership, and power of women and girls in crisis settings (CARE, 2023, n.d.-d). CARE works closely with other sectors including WASH and nutrition to deliver integrated responses supporting health.

Another added value that CARE brings is its **"nexus" approach** that supports the provision of lifesaving services in acute emergencies through emergency preparedness activities and strengthens shock-affected health systems to either return to or exceed pre-crisis levels of performance. This mitigates the impact of humanitarian disasters, increases resilience to future shocks and stressors, including disease epidemics.

In fragile and humanitarian settings, CARE supports essential primary health service delivery with a focus on sexual and reproductive health services, because these services are often neglected in humanitarian response. CARE also supports community-centered models of preparedness, including risk communication and community engagement to support disease prevention and community-based surveillance to enhance rapid detection of disease outbreaks. Our nexus approach ensures agility to respond to emergencies while building back and strengthening the resilience of health systems in fragile settings.

For example, CARE supported a range of public health emergency preparedness and response initiatives in six countries (Chad, DRC, Kenya, Poland, South Sudan, and Uganda) during the Ebola and COVID-19 outbreaks. CARE's activities focused on strengthening essential health services; essential WASH systems at the health facility and community levels; community-based surveillance to support rapid disease detection and referrals; and risk communication and community engagement to enhance community-led responses and localized communication strategies.

CARE works closely with local partners to enhance preparedness through capacity building of government, local partners, and other humanitarian actors, influencing policy, and strengthening coordination mechanisms across actors. This includes enabling agile, rights-based, people-centered, gender-sensitive emergency response efforts guided by the Minimum Initial Service Package for SRH in crisis settings and strengthening government health systems that have been weakened by protracted or chronic crisis to deliver comprehensive health services and unlock access to the most stigmatized SRH services. CARE supports the participation of partners and key stakeholders, including community representatives in global and regional advocacy platforms to ensure universal access to health rights in crisis-affected settings.

Pillar 4: Accompany, support, and amplify the role of local civil society organizations (CSO) and private sector partners to identify and lead local solutions.

CARE works closely with local partners, including local CSOs and private sector partners, to advocate for the right to health and to hold governments accountable. CARE works with community groups and leaders and local health authorities to catalyze community-led collective action, mobilize public demand, build institutional commitments and to change institutional practices and policies. CARE also works to strengthen and mobilize resources for youth-led advocacy organizations and networks and broker entry points for youth to advocate for their rights and needs directly with decision-makers at the local, national, and global levels.

Our strategy calls for a shift to localization, and to push for decolonization of health programming including

mindset and approaches in all systems and processes. CARE will increasingly act as a convenor, facilitator, and connector in this process. One example of this work is CARE's Women's Voice and Leadership program (funded by Global Affairs Canada). This project shifts power and decision-making to women's rights organizations in Kenya, South Sudan, Côte d'Ivoire and Uganda in the design and decision-making on how best to fund and accompany local organizations to deliver quality services and increase effectiveness of women's local movements.

CARE also works with private sector providers where public services cannot reach. In relevant situations where government accountability for services is less likely to be realized, such as in humanitarian settings, we explore models that leverage market-based approaches for health.[ii] These include engagement with private sector providers, cash and voucher-assistance models, social enterprise models that promote health and resiliency, such as CARE's Community Health Entrepreneur (CHE) model in Zambia and the Skilled Health Entrepreneur (SHE) in Bangladesh, and digital tech partners to enhance internal communication, empower FLHWs, and provide accessible, comprehensive healthcare services to the communities we serve.

The four pillars above are not standalone. The pillars overlap and reinforce CARE's commitment to the right to health, and the links to CARE's broader impact areas for the full realization of CARE's Vision 2030 strategy.

Who: Targeting the most vulnerable using an intersectional and inclusive approach

CARE's health programming targets the most vulnerable using an intersectional and inclusive approach. Most vulnerable depends on the context, but includes:

- Urban poor and rural and isolated populations
- Adolescents and youth
- Survivors of Sexual & Gender Based Violence
- Female Front-Line Health Workers
- Migrants, refugees, and internally displaced people
- People Living with Disabilities
- LGBTQI+
- Key Populations

Where: Across multiple contexts

Across the four pillars, CARE works in multiple contexts including humanitarian, conflict, fragile, development and the nexus in between. CARE seeks to learn from, share and replicate program successes across country contexts, with a focus on regional program approaches that foster innovation, cross-learning, and impact at scale.

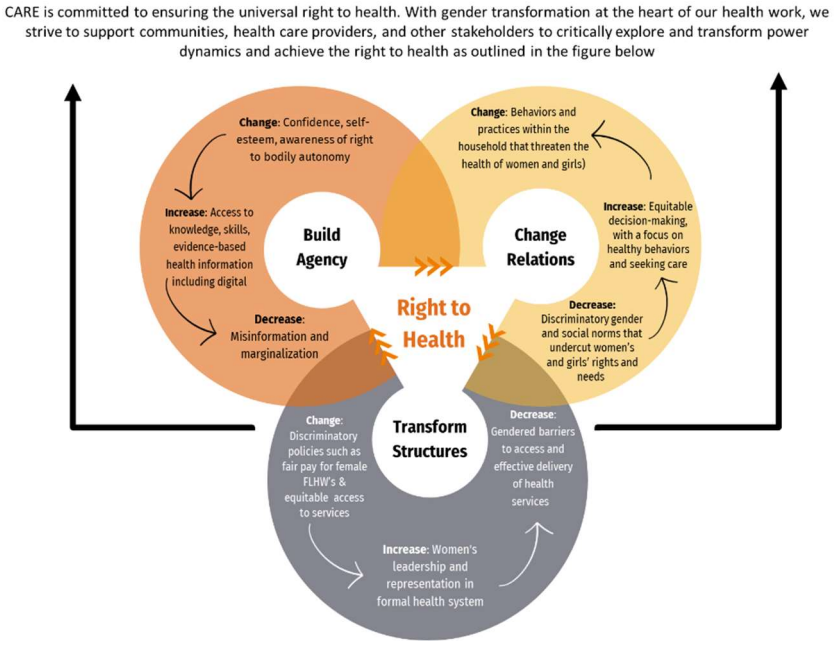
How: Cross-cutting approaches

Gender Equal

Gender equality is at the heart of all of CARE's work and integrated across impact areas. CARE's Gender Equality Framework provides the overarching theory of change for required for sustained equitable change which includes dismantling discriminatory structures, unequal power relations, and supporting the individual agency of women, girls, and marginalized groups.

With gender transformation at the heart of our health work, we strive to support communities, health care providers, and other stakeholders to critically explore and transform power dynamics and achieve the right to health as outlined in the figure below. *See figure 2*

Figure 2: CARE's R2H Gender Equality Framework



Recognizing where CARE can add most value and work with others to contribute to transformative social change, we focus on the rights of women, adolescent girls, and marginalized groups in all their diversity to eliminate gender-based violence, increase women's and girls' voice and leadership, and equal and inclusive access to quality education – all of which influence the realization of the right to health.

Partnership

CARE has deep roots at the community level and relationships with leaders at higher levels of the health system and government ministries. CARE's approaches bring communities and duty bearers together to develop more accountable, resilient, and responsive health systems that, in serving those who are underserved better, while also providing improved services for all.

CARE's emphasis on the right to health and strengthening the public health sector means that CARE primarily works with and alongside government and local civil society partners. We recognize that embodying CARE's partnership principles (CARE, 2021b) of humility and complementarity is required to fully unleash our ability to achieve our Right to Health goals. These principles (CARE, 2021b) are central to our effort to ensure that people of all genders can actualize their universal right to health. We provide accompaniment and capacity strengthening to national governments to vertically scale proven approaches and interventions in the health sector. We complement that work by engaging with strategic community and civil society partners, to strengthen transparency, accountability, and improve quality. We document and share lessons and good practices via regional and global networks and partners. Finally, we use advocacy and influence in strategic global, multilateral, and regional coalitions to influence priorities and agendas of policy-making bodies. Some examples of our diverse partners at local, regional, and global levels in these areas are shown in Annex 1.

CARE is committed to leveraging technology and new partnerships for positive healthcare transformation in developing and middle-income countries as a pathway to scale. By embracing digital innovations, we aim to enhance internal communication, empower FLHWs, and provide accessible, comprehensive healthcare services to the communities we serve. This means working across CARE to **support digital inclusion**

recognizing the barriers women and girls face globally related to access and use of digital technology are grounded in unequal power relations and social norms.

Locally Led

Care works to align health programming to national development plans and priorities and is increasingly guided by local organizations based on their specific contexts (CARE, n.d.-a). We recognize that there are deep inequities and injustices within the international aid system to the benefit of international actors in the Global North and to the detriment of organizations in the Global South, especially local civil society organizations led by women, youth, LGBTQI, indigenous groups, or others. Therefore, our approach to partnership aims to redress inequities by shifting power and resources to the organizations that have been excluded from the international aid system and have the most at stake and the greatest insight when it comes to social change. To achieve this, we must critically examine our own power and privilege, and actively deconstruct and transform the attitudes, practices, and structures that produce and perpetuate inequality. This will require us to rethink how and when to step back from leadership roles and distribute financial resources and decision-making power to local civil society organizations led by women, youth, and marginalized groups. It will require us to prioritize flexible, multi-year funding from donors to nurture and sustain value-driven partnerships beyond the narrow confines of the project cycle.

Partnership is a matter of principle, not of convenience. We aspire to embody feminist principles, including the principles of **equity, collaboration, complementarity, mutual accountability, transparency, and humility**. CARE's role will be to open doors (CARE, n.d.-a), and act as a connector to support and facilitate access to funding from the global north for local networks. CARE will help to connect partners, and act as a convenor for regional learning. CARE will advocate for health at the national level. CARE will also share knowledge (CARE, n.d.-a). This will mean changes in terms of how CARE works, including offering more flexible funding, involving partners along the way, and transitioning to local partners over time.

Rights-Based Advocacy

CARE's added value is its equity and rights-based approach to health and health systems. CARE's application of rights-based approaches to health programming and advocacy empowers people to know and claim their right to health, increases accountability of health systems to the communities they serve, and works to prevent discrimination and ensure equitable access to health information, services, and products by expanding access and quality of services for those hardest to reach, or who face hurdles in accessing health care services.

Advocacy is a critical pathway for CARE to transform health systems, achieve impact at scale, and advance increased access to health services. CARE's global health advocacy works to influence health policies, programs and budgets of governments, multilateral institutions, and other decision-makers influencing and tracking global, regional, and national policy implementation and funding commitments. CARE's global advocacy work is distinguished by leveraging real-life evidence to inform policy change, and ensuring the meaningful leadership of women, girls, and all rights holders to directly participate in decision-making about the programs and policies that affect their lives.

CARE's successful Fast and Fair COVID-19 campaign (CARE, 2023) resulted in over 21 million people being fully vaccinated against COVID-19 in large part because of targeted advocacy for funding for vaccine distribution, facilitating who needed the vaccine and where, protecting front line health workers to be able to do their jobs, and mobilizing demand for the vaccine and other health services (CARE, 2023).

CARE is influencing the effective implementation of global health commitments made in key global and regional UN Political Declarations, Resolutions and Guidance Notes. This includes influencing the priorities of global health financing mechanisms, such as the Global Financing Facility, GAVI, the Pandemic Fund, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. As part of CARE's work in humanitarian crises and climate

change-related health crises we advocate for policies and strategies that address the gendered dimensions of health before, during, and after crises, prioritizing the health needs of women and girls as part of global climate change policy agenda.

CARE's commitment to scaling local solutions will continue to be profiled in global and regional policy spaces, including digital health approaches and social enterprise models informing advocacy to scale in other countries and context and centering locally led models and best practices.

Leveraging CARE's Global Expertise

CARE draws on the broad range of expertise and cross-sectoral experience across CARE International, recognizing the linkages between health, nutrition and food security, access to clean water, climate and gender justice, and access to livelihoods. CARE's focus on integration and bringing an intersectoral lens, means that CARE programs can address the holistic needs of target populations and includes working with other impact areas and program leads from across CARE International.

Global Results/Indicators

CARE's global impact and reporting system collects data annually on impact area indicators. Below are the core and supplemental indicators being used to report on project contributions to the Right to Health strategy and global targets. Associated guidance notes are available on CARE's global MEAL site.

Core Right to Health Indicators

- **Indicator 22:** Births attended by skilled health personnel (%)
- **Indicator 23:** Women of reproductive age who have their need for family planning satisfied with a modern contraceptive method (%)
- **Indicator 24:** Number and proportion of eligible population who received the full scheme of a vaccine included in their national program and/or recommended during an outbreak
- **Indicator 20.9**: # of people who obtained Sexual, Reproductive Health (SRHiE) support from CARE and partners pursuant to relevant standards
- **Indicator 20.13:** # of people who obtained other essential health support (not related to Sexual and Reproductive Health) from CARE and partners pursuant to relevant standards.
- **Indicator 17:** # of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets leading to an increase in coverage of essential health services

Supplementary Right to Health Indicators

- **Sup 1:** % of FLHWs who report self-confidence in delivering health information and services
- **Sup 2:** Live births that received four or more antenatal care visits (%)
- **Sup 3:** Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and health care (%)

Cross Cutting CARE Indicators

- **Indicator 16:** # and description of positive shifts in informal structures (social norms, culture, beliefs, etc.) influenced by CARE and partners.

Research & Learning

Learning plays an important and central role in our Right to Health Strategy with the aim to connect people and ideas and generate, translate, and share evidence. CARE works to ensure data collection and analysis focuses on equity and to engage in meaningful stakeholder engagement at every stage of our learning

processes. CARE works to tell the story of impact and describe both how and why change happened, and what didn't happen, and invest in cooperative and complementary learning with other impact areas and teams across CARE. From 2020 –2024, CARE published the following key learning pieces:

- 10 year Impact Report on Bihar Technical Support Program (BTSP)
- Report on the critical role of female frontline health workers during COVID-19
- Case studies on integrated health system responses to COVID-19 in Zambia and Bangladesh
- Integrated health systems approach during COVID-19 in Tabora, Tanzania

Learning themes related to the Right to Health strategy are linked to CARE's wider learning agenda focused on **how effective CARE and partners' programs are at improving equity and social inclusion (including gender equality)** and **how these inclusive approaches contribute to health impacts** including for the most vulnerable populations**.** Related to this central learning agenda, the Right to Health strategy is prioritizing the following research questions:

- What are the essential components of an inclusive and gender-transformative health system? How can such a model be scalable?
- What adaptations are needed to support strengthened health systems in humanitarian contexts?
- What are the prioritized gendered barriers that FLHW's face and what combination of program interventions are required to dismantle these?
- How can CARE best support local civil society organizations and partners to lead for sustainable and resilient health outcomes?

CARE will continue to work with academic and research partners to engage and collect evidence related to these questions in partnership with country teams and partners. The Right to Health research and learning goal is to share evidence broadly, to both inform program quality and guidance, but also country-specific, regional, and global advocacy that prioritizes women's leadership in health at all levels.

Annex 1: Examples of R2H Partners

Program quality and delivery

Ministries of Health at national and sub-national levels to pilot, evaluate, and scale up health system strengthening interventions through public health systems via accompaniment, technical assistance, and support.

Civil society organizations, especially those led by people experiencing injustice, to design, implement, monitor, and learn from programming that advances the right to health. In protracted humanitarian crises, such as conflict in northern Syria, through CARE partners with local and diaspora NGOs.

Centers for Disease Control and Prevention's Emergency Response and Recovery Branch to support preparedness actions that improve rapid responses to public health emergencies (e.g., Ebola and cholera outbreaks). CARE focuses on integrating community-based surveillance to support early detection of disease and community engagement and risk communication to support prevention of disease into its community-based platforms.

CARE is a member of the **WHO AYSRHR TA Coordination Mechanism**, to provide support to requesting governments to develop and implement SRHR policies for adolescents and youth.

The **WHO Global Health Cluster Forum** to ensure effective and efficient coordination and response, with special attention given to SRHR, during humanitarian emergencies.

Sharing, learning, and best practices

CARE is a founding Steering Committee member of the **Inter-Agency Working Group for Reproductive Health in Crisis Settings**, which is an international coalition of actors working collectively to advance SRHR in humanitarian settings.

CARE is a member of the **Implementing Best Practices (IBP) Network**, which engages the global SRH community to disseminate and use evidence-based family planning and reproductive health guidelines, tools, and practices through its convening power and neutral platform for knowledge sharing and collaboration.

CARE is a long-running member of the **CORE Group**, a global knowledge sharing coalition committed to community health.

CARE has a global MOU with **UNFPA** to advance SRHR, gender equality, and adolescent empowerment across the development-humanitarian continuum through joint influencing, collaborative programming, shared learning, linked resource mobilization, and building public awareness and visibility at multiple levels.

Advocacy and accountability

FP2030, which is a global partnership to mobilize countries and governments to provide more women and girls access to voluntary family planning by 2030.

Front line Health Workers Coalition, which is an alliance of United States-based organizations working together to urge greater and more strategic investments in front line health workers in low- and middle-income countries as a cost-effective way to save lives and foster a healthier, safer, and more prosperous world.

Grassroots, rights-based civil society organizations and self-led groups of women, youth or other groups experiencing injustice, by brokering space for participation, ensuring adequate funding and decision-making power in shaping health systems and health care delivery. This ensures that health services, programming and advocacy are equitable and inclusive as well as effective. We aim to shape national level policies and mobilize domestic financing.

References and Endnotes

Buyum, A. M., Kenney, C., Koris, A., Mkumba, L., & Raveendran, Y. (2020). Decolonising global health: if not now, when? *BMJ Glob Health, 5*(8). doi:10.1136/bmjgh-2020-003394

CARE. (2021a). CARE 2030 Vision: Harnessing collective power to fight poverty, and achieve social justice. Retrieved from https://www.care-international.org/sites/default/files/files/Vision_2030.pdf

CARE. (2021b). Partnership in CARE. Retrieved from https://www.care-international.org/sites/default/files/2022-12/PARTNERSHIP-IN-CARE.pdf

CARE. (2023). CARE's Fast and Fair COVID-19 campaign: Comprehensive local-to-global impact. Retrieved from https://careevaluations.org/wp-content/uploads/Fast-and-Fair-Impact-Report.pdf

CARE. (n.d.-a). Capacity Statement: Localization with Civil Society Organizations. Retrieved from https://www.care.org/wp-content/uploads/2023/05/GEF_overview.pdf

CARE. (n.d.-b). CARE's Localization Approach: Programmatic Examples, Successes, and Evidence.

CARE. (n.d.-c). CARE's Localization Statement: Technical Capacity Statement.

CARE. (n.d.-d). Front Line Health Worker (FLHW) Strategy.

CARE Canada. (n.d.). Women's Voice and Leadership – Kenya, South Sudan, Côte d'Ivoire, Uganda. Retrieved from https://care.ca/projects/womens-voice-and-leadership/

Clements, M. A., & Sweetman, C. (2020). Introduction: Reimagining International Development. *Gender & Development, 28*(1), 1-9. doi:10.1080/13552074.2020.1735800

Evans, B., Keiser, O., Kaiser, L., & Jombart, T. (2023). Analysis of global routine immunisation coverage shows disruption and stagnation during the first two-years of the COVID-19 pandemic with tentative recovery in 2022. *Vaccine X*, 15. https://doi.org/10.1016/j.jvacx.2023.100383

Gullo, S., Galavotti, C., & Altman, L. (2016). A review of CARE's Community Score Card experience and evidence. *Health Policy Plan, 31*(10), 1467-1478. doi:10.1093/heapol/czw064

Romanello, M., Napoli, C. D., Green, C., Kennard, H., Lampard, P., Scamman, D., . . . Costello, A. (2023). The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms. *Lancet, 402*(10419), 2346-2394. doi:10.1016/S0140-6736(23)01859-7

The World Bank. (2023). Supporting the Most Vulnerable: Scaling Up Support to Address Fragility, Conflict and Violence. Retrieved from https://www.worldbank.org/en/results/2023/06/15/supporting-the-most-vulnerable-scaling-up-support-to-address-fragility-conflict-and-violence#:~:text=By%202030%2C%20an%20estimated%2059,prevalent%20in%20FCV%2Daffected%20countries

The World Bank. (n.d.). Fragility, Conflict and Violence. Retrieved from https://www.worldbank.org/en/topic/fragilityconflictviolence/overview

United Nations Office for the Coordination of Humanitarian Affairs. (2023). Global Humanitarian Overview 2023. Retrieved from https://data.humdata.org/dataset/global-humanitarian-overview-2023?

World Health Organization. (2010). *Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies*: World Health Organization.

World Health Organization. (2023). Climate Change. Retrieved from https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health#:~:text=Climate%20change%20is%20impacting%20health,diseases%2C%20and%20mental%20health%20issues.

World Health Organization, & International Bank for Reconstruction and Development / The World Bank. (2023). Tracking universal health coverage: 2023 global monitoring report. Retrieved from https://iris.who.int/bitstream/handle/10665/374059/9789240080379-eng.pdf?sequence=1

[i] For full text of the SDGs, visit https://sdgs.un.org/goals.

[ii] Under the strategy, we seek to ensure governments' accountability to provide responsive and inclusive health care systems for all its residents, even in emergencies. Historically, market-based approaches to health care systems have led to greater inequality, reduced access, institutional corruption, and a host of other ills that result in weakened health systems and poorer health at an overall greater cost. For more reading on this, see a recent book entitled Global Health, Human Rights, and the Challenge of Neoliberal Policies by Audrey Chapman. However, CARE's experience has shown that in some specific instances, involving the private sector in a market-based approach can bridge the gap between underserved clients and a government's capacity to provide those services.