

# RIGHT TO HEALTH





## INTRO

CARE remains committed to ensuring the universal right to health. Over the course of the 2020 Strategy, CARE and partners helped

**43 MILLION PEOPLE IN 38 COUNTRIES** exercise their rights to health, particularly for sexual and reproductive health.

In 40 projects across 22 countries, CARE and partners helped enable access to modern contraceptives for 28 million women, with an average increase of 33.3%, from 44.5% to 77.8%. CARE's strategy 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.

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**GOAL:** *50 million people* increase the fulfilment of their right to health, and *30 million women* their right to sexual and reproductive health.

## WHY

Globally, the right to health is undermined by persistent economic and social inequities, as well as ongoing threats to health security posed by increases in the:



**NUMBER**



**SCALE**



**SCOPE**



**DURATION**

of humanitarian disasters. Restrictive gender norms and gender inequalities are replicated and reinforced in health systems, contributing to gender inequalities in health and lived experiences.

Even before the onset of the COVID-19 pandemic, many health systems were struggling to meet the health needs, particularly the sexual and reproductive health needs, of the populations they were meant to serve. The COVID-19 pandemic's impact has further strained these systems and put hard-won gains in health equity and gender justice at risk.

The current global COVID-19 pandemic is generating unprecedented global attention to, and resource allocation for, health systems.

We and our partners have a unique opportunity to leverage political will and investments to ensure fair and efficient epidemic control measures. This is also a once-in-a-generation opportunity to leverage this momentum to build more resilient, equitable, and accountable health systems overall. It is also critical that we proactively work to prevent investments in the COVID-19 response from derailing other essential health services, or building vertical, disease-specific infrastructure.

# WHAT

CARE's Right to Health Strategy catalyzes three interrelated domains of change. We seek to:



Build assets and agency of women, girls, and other groups facing injustice.



Change the power relations to enable collective voice and wellbeing



Transform health systems and structures to enable universal access to health

We do this with deliberate focus on strengthening health systems anchored in community health ecosystems. We unleash the power of frontline health care workers as change agents. In keeping with our values, our approach toward gender equality is community driven and based on reflective dialogue to build consciousness of existing inequality, gendered social norms, and build skills for collective actions to challenge and change inequitable gender norms and power dynamics. The reflection, analysis, and action processes are applied at all levels (individual to structural) and are accomplished through meaningful engagement and leadership of program participants at all levels. This approach toward gender and inclusion is cross-cutting across the emergency to development continuum.

CARE's Right to Health Strategy has four thematic areas of focus:



Strengthen local health systems and community-based organizations



Support marginalized population groups, especially adolescents, to exercise their right to health



Increase access to quality health services, including sexual and reproductive health and rights services, in humanitarian and fragile settings



Prepare and respond to public health emergency preparedness

CARE's added value continues to be its equity and rights-based approach to health and health systems. CARE's application of rights-based approaches to health programming 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.

Some aspects of our work are new, building on lessons learned and successes of Strategy 2020. The recent expansion of this area of CARE's work 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 global work in health. CARE remains fully committed to quality SRHR programming, and this work remains a central pillar of the health outcome area. In addition, we will accelerate the shift of the leadership of the strategy toward the Global South, in the broader context of decolonizing the sector. Finally, we will be explicitly using the Gender Justice language and calling out all types of oppressions (racism, able-ism, age-ism, discrimination against LGBTQ people) that CARE must tackle as an INGO.



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## WITH WHOM

Partnership is central to our effort to ensure that people of all genders can realize their right to health. Our partnerships are also critical elements in our pathways to scale. 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.

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 values-driven partnerships beyond the narrow confines of the project cycle.

## CASE STUDIES



### 1. The Bihar health program in India

IMPROVED HEALTH SERVICES FOR  
**28.3** MILLION WOMEN AND CHILDREN



Bihar is one of India's poorest states, with a population of more than 110 million and high rates of maternal, child, and newborn mortality. From 2010 until now, CARE's support contributed to the Bihar government's improvements in a range of health indicators, for example, maternal mortality (from 261 to 149 deaths/100,000 live births) and under-5 child mortality (64 deaths to 37 deaths/1,000 live births) under-5 child mortality (64 deaths to 37 deaths/1,000 live births).

strengthening capacities of the Government health system to provide family planning, child health, nutrition, and maternal health services.

2. Through the **Strengthening Access to Family Planning and Post-Abortion Care in Emergencies (SAFPAC)** program, CARE works to reduce both unintended pregnancies and deaths from unsafe abortion in crisis-affected settings. The SAF PAC initiative meets people's needs for family planning and post-abortion care services by strengthening health systems through clinical skills building, supply chain strengthening and facility based, data-drive supportive supervision. Through facilitated dialogue, we assist communities to challenge and change social norms.



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SINCE 2011, SAF PAC HAS SUPPORTED OVER **60,000** NEW USERS OF MODERN FAMILY PLANNING AND OVER **26,000** POST-ABORTION CARE CLIENTS.

Recent household survey results estimate that the modern contraceptive prevalence rate in CARE's catchment areas is well above national averages; internal evaluations estimated 34% modern contraceptive prevalence rate in SAF PAC project areas in Chad as compared to the 5% reported nationally in Chad's 2014 DHS.



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**3. CARE's Community Score Card® (CSC)** is a citizen-driven accountability approach that creates spaces for dialogue, negotiation, and collaboration between citizens and services to improve quality, equity, and access to services. It brings together community members, providers, and government officials to identify challenges in provision and use of services, mutually generate solutions, and work together to implement and track the effectiveness of the solutions once they are implemented. In our Malawi CSC program, randomized controlled trials found increases in citizen empowerment, service provider and powerholder effectiveness, improved accountability and responsiveness, and a significant effect on use of contraceptive services. The CSC methodology has been adapted to a range of different sectors and settings, including humanitarian, and has been featured as a best practice by the World Bank. CARE is using this approach to improve government responsiveness during public health emergencies, including the COVID-19 pandemic.



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