

118TH CONGRESS  
1ST SESSION

# H. R. 5545

To authorize an Action Plan for United States foreign assistance to developing countries to increase access to sustainable safe water, sanitation, and hygiene in healthcare facilities, promote stronger health systems and sustainable health infrastructure, build capacity of health workers, and promote the safety of health workers and patients, especially women and girls, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 18, 2023

Ms. MENG (for herself, Mr. BLUMENAUER, and Mr. LAHOOD) introduced the following bill; which was referred to the Committee on Foreign Affairs

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## A BILL

To authorize an Action Plan for United States foreign assistance to developing countries to increase access to sustainable safe water, sanitation, and hygiene in healthcare facilities, promote stronger health systems and sustainable health infrastructure, build capacity of health workers, and promote the safety of health workers and patients, especially women and girls, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Global WASH in  
3 Healthcare Facilities Act of 2023”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) Water, sanitation, and hygiene (WASH) is  
7 critical to health security, preparedness and response  
8 efforts, including for the prevention of COVID–19  
9 and future pandemics.

10 (2) WASH in healthcare facilities is necessary  
11 to ensure health security, including reducing pre-  
12 ventable maternal, newborn, and child deaths and  
13 reducing the spread of infectious diseases such as  
14 cholera, diarrhea, and sepsis.

15 (3) Globally, 1 out of every 5 healthcare facili-  
16 ties have no basic water services, and 1 in 2 do not  
17 have adequate facilities to wash hands, leaving  
18 3,850,000,000 people, including health care workers  
19 and patients, at greater risk of infections.

20 (4) In least-developed countries, about half of  
21 healthcare facilities lack basic water services, 79 per-  
22 cent have no sanitation services, and 68 percent lack  
23 basic hygiene services.

24 (5) Healthcare acquired infections arise from  
25 poor hygiene, contribute to patient morbidity and  
26 mortality, increase the risk of antimicrobial resist-

1       ance, and contribute to increased costs for patients,  
2       their families and healthcare systems.

3               (6) An estimated 15 percent of patients in low-  
4       and middle-income countries acquire one or more in-  
5       fections during a typical hospital stay. Infections as-  
6       sociated with unclean births account for 26 percent  
7       of neonatal deaths and 11 percent of maternal  
8       deaths; together they account for more than  
9       1,000,000 deaths each year.

10 **SEC. 3. STATEMENT OF POLICY; SENSE OF CONGRESS.**

11       (a) STATEMENT OF POLICY OBJECTIVES.—It is in  
12       the national security interest of the United States to in-  
13       crease access to sustainable and safe water, sanitation,  
14       and hygiene in healthcare facilities, through global health,  
15       maternal, newborn and child health, and global water pro-  
16       grams, activities, and initiatives that—

17               (1) increase access to safe water in healthcare  
18       facilities;

19               (2) enable handwashing at all points of care;

20               (3) increase access to toilets in healthcare facili-  
21       ties, including non-sewered sanitation solutions and  
22       a variety of technologies for sanitation and  
23       healthcare waste treatment;

1           (4) provide for the safe segregation, treatment,  
2           and disposal of healthcare waste and increased infec-  
3           tion and prevention control measures;

4           (5) promote WASH social and behavior change  
5           to ensure the safety of health workers and patients  
6           to improve infection prevention and control meas-  
7           ures;

8           (6) improve the ability of patients and  
9           healthcare workers, including persons with disabil-  
10          ities to access water, sanitation, and hygiene, includ-  
11          ing for their menstrual health and hygiene needs in  
12          primary, secondary, and tertiary healthcare facilities;

13          (7) promote health facility administration man-  
14          agement and monitoring of water, sanitation, and  
15          hygiene services in healthcare facilities for infection  
16          prevention and control and quality of care outcomes,  
17          including—

18                 (A) ensuring operations and maintenance  
19                 of water and sanitation infrastructure; and

20                 (B) providing support to patients to adopt  
21                 consistent sanitation, hygiene, and menstrual  
22                 health behaviors;

23          (8) integrate water, sanitation, and hygiene  
24          services into pandemic preparedness and response  
25          and global health security initiatives, including pre-

1       ventive measures that help to contain infectious dis-  
2       ease outbreaks at their source and support resilient  
3       health facilities to ensure continuous primary care  
4       during an outbreak; and

5               (9) provide technical support to partner govern-  
6       ments, particularly Ministries of Health, to improve  
7       wash systems and to incorporate safe water, sanita-  
8       tion, and hygiene into national plans, strategies, and  
9       budgets for new and existing healthcare facilities.

10       (b) SENSE OF CONGRESS.—It is the sense of Con-  
11      gress that the Administrator of the United States Agency  
12      for International Development, in implementing the Glob-  
13      al WASH in Healthcare Facilities Action Plan described  
14      in section 5, should—

15               (1) coordinate in consultation with the USAID  
16      Assistant Administrator for Global Health, the Sen-  
17      ior Coordinator for Gender Equality and Women’s  
18      Empowerment, and the Global Water Coordinator,  
19      to expand safe water, sanitation, and hygiene in  
20      healthcare facilities;

21               (2) promote assistance to and build the capacity  
22      of national governments to include water, sanitation,  
23      and hygiene indicators in national health systems  
24      monitoring and budgets;

1           (3) coordinate implementation of existing  
2 United States Government strategies related to  
3 WASH in healthcare facilities, including the United  
4 States Global Water Strategy and United States  
5 International Activities to Advance Global Health  
6 Security and Diplomacy Strategy and Report to  
7 achieve the objectives of section 3(a);

8           (4) include policies that promote the privacy,  
9 safety, and dignity of women and girls, and dis-  
10 ability access in design, implementation, and evalua-  
11 tion, in accordance with existing USAID policies for  
12 people with disabilities;

13           (5) promote the development of resilient water,  
14 sanitation, and hygiene systems in healthcare facili-  
15 ties; and

16           (6) prioritize high priority countries where the  
17 needs are greatest.

18 **SEC. 4. DEFINITIONS.**

19 In this Act:

20           (1) **APPROPRIATE CONGRESSIONAL COMMIT-**  
21 **TEES.**—The term “appropriate congressional com-  
22 mittees” means—

23                   (A) the Committee on Foreign Affairs and  
24 the Committee on Appropriations of the House  
25 of Representatives; and

1 (B) the Committee on Foreign Relations  
2 and the Committee on Appropriations of the  
3 Senate.

4 (2) SUSTAINABLE.—The term “sustainable”  
5 means the ability of a target country, community,  
6 implementing partner, or intended beneficiary to  
7 maintain, over time, the programs authorized and  
8 outcomes achieved pursuant to this Act.

9 (3) HEALTHCARE FACILITY.—The term  
10 “healthcare facility” means a hospital, clinic, health  
11 center, or other location established for the purpose  
12 of providing health care.

13 (4) HEALTHCARE WORKER.—The term  
14 “healthcare worker” includes doctors, nurses, lab  
15 technicians, pharmacists, janitors, healthcare admin-  
16 istrators, and other individuals working at or in  
17 partnership with healthcare facilities.

18 (5) HIGH PRIORITY COUNTRY.—The term “high  
19 priority country” means a country designated pursu-  
20 ant to section 136(h) of the Foreign Assistance Act  
21 of 1961 (22 U.S.C. 2151h(h)) and any country iden-  
22 tified by USAID as a high priority country for the  
23 purposes of this Act.

24 (6) KEY STAKEHOLDERS.—The term “key  
25 stakeholders” means—

1 (A) communities directly affected by the  
2 lack of access to safe water, sanitation or hy-  
3 giene;

4 (B) other appropriate nongovernmental or-  
5 ganizations; and

6 (C) agencies or departments of countries  
7 affected by the lack of access to safe water,  
8 sanitation, or hygiene.

9 (7) USAID.—The term “USAID” means the  
10 United States Agency for International Develop-  
11 ment.

12 (8) WASH.—The term “WASH” means water,  
13 sanitation, and hygiene.

14 **SEC. 5. GLOBAL WASH IN HEALTHCARE FACILITIES ACTION**  
15 **PLAN.**

16 (a) ACTION PLAN REQUIRED.—The Administrator of  
17 the United States Agency for International Development,  
18 in coordination with the Director of the Centers for Dis-  
19 ease Control and Prevention and the Secretary of State,  
20 shall develop and implement an action plan, to be known  
21 as the “Global WASH in Healthcare Facilities Action  
22 Plan”, to accomplish the policy objectives listed in section  
23 3(a). Such action plan shall—

24 (1) set specific, timebound, and measurable  
25 goals, and identify relevant performance metrics



1 drawing from existing and complementary strategies  
2 and plans;

3 (2) describe monitoring and evaluation plans  
4 that reflect best practices relating to transparency,  
5 accountability, localized sustainability, country ca-  
6 pacity, budgetary support and ownership, water,  
7 sanitation, and hygiene, including appropriate use of  
8 gender disaggregated data;

9 (3) establish clear and transparent criteria for  
10 WASH in healthcare facilities in target countries,  
11 drawn from existing water, sanitation and hygiene,  
12 need for strong health systems, infection prevention  
13 and control, pandemic preparedness and response,  
14 maternal, newborn and child health, and nutrition  
15 programs high priority countries and assessments,  
16 and for selecting regions and intended beneficiaries  
17 of assistance;

18 (4) describe linkages and coordination with  
19 other relevant policies, strategies, plans and initia-  
20 tives including those related to gender, resilience,  
21 global health, and pandemic preparedness and re-  
22 sponse;

23 (5) describe measures and approaches to ad-  
24 dress the issues of infection prevention and control,  
25 menstrual health and hygiene, safe and equitable ac-

1       cess to WASH for health workers, gaps in current  
2       data, monitoring and evaluation analysis and capac-  
3       ity, consistent with the policy objectives described in  
4       section 3(a);

5               (6) support partner governments to strengthen  
6       supply chains and, as appropriate, establish and  
7       maintain strategic stockpiles of critical water, sani-  
8       tation, hygiene and menstrual health products,  
9       clean, operational and maintenance inputs, and re-  
10      lated hardware for resilient healthcare;

11              (7) address women’s and girls’ specific needs  
12      for water, sanitation, and hygiene access in  
13      healthcare facilities, in particular, personal safety,  
14      privacy, dignity, and menstrual health and hygiene  
15      and maternal health;

16              (8) support the long-term sustainability of  
17      water, sanitation, and hygiene access in healthcare  
18      facilities especially at points of care, through health  
19      systems resiliency approaches including capacity  
20      building;

21              (9) leverage new and existing water, sanitation,  
22      and hygiene technologies, including non-sewered  
23      sanitation solutions, and a variety of technologies for  
24      sanitation and healthcare waste treatment;

1           (10) in support of sustainably increased WASH  
2           access in healthcare facilities and increased local  
3           ownership, identify criteria, and methodology for  
4           graduating countries from United States assistance  
5           provided for the policy objectives listed in section  
6           3(a); and

7           (11) anticipate resource needs to implement the  
8           Action Plan, including such amounts to be trans-  
9           ferred by the Secretary of State to the Adminis-  
10          trator of USAID pursuant to section 6(a).

11          (b) INCLUSION IN OTHER STRATEGIES, POLICIES,  
12          PLANS, AND INITIATIVES.—The Administrator may in-  
13          clude the Action Plan required by subsection (a) as a com-  
14          ponent of the USAID Agency-Specific Plan for the United  
15          States International Activities to Advance Global Health  
16          Security and Diplomacy Strategy required by the Global  
17          Health Security and International Pandemic, Prepared-  
18          ness and Response Act (subtitle D of title LV of the Na-  
19          tional Defense Authorization Act for Fiscal Year 2023),  
20          or as a component of other USAID strategies, policies,  
21          plans or initiatives, as appropriate.

22          (c) ACTION PLAN SUBMISSION.—Not later than 1  
23          year after the date of the enactment of this Act, the Ad-  
24          ministrator of USAID shall submit to the appropriate con-  
25          gressional committees a report consisting of—

1 (1) the Global WASH in Healthcare Facilities  
2 Action Plan required under subsection (a); and

3 (2) a description of the manner in which the  
4 Administrator intends to advance the policy objec-  
5 tives listed in section 3(a) through such action plan.

6 **SEC. 6. ASSISTANCE TO IMPLEMENT THE GLOBAL WASH IN**  
7 **HEALTHCARE FACILITIES ACTION PLAN.**

8 (a) AUTHORIZATION OF APPROPRIATIONS.—  
9 Amounts appropriated pursuant to the authorization  
10 under section 5564 of the National Defense Authorization  
11 Act for Fiscal Year 2023 are also authorized to be made  
12 available during fiscal years 2024 through 2027 to carry  
13 out the Global WASH in Health Care Facilities Action  
14 Plan described in section 5 in support of the United States  
15 International Activities to Advance the Global WASH in  
16 Healthcare Facilities Action Plan.

17 (b) AUTHORIZATION OF TRANSFERS.—Subject to the  
18 availability of funds appropriated pursuant to the author-  
19 ization under section 5564 of the National Defense Au-  
20 thorization Act for Fiscal Year 2023 and in accordance  
21 with subsection (a), the Secretary of State is authorized  
22 to transfer to the Administrator of the USAID such sums  
23 as may be necessary to implement the Global WASH in  
24 Health Care Facilities Action Plan described in section 5  
25 of this Act.

1 (c) MONITORING AND EVALUATION.—The Adminis-  
2 trator shall seek to ensure that assistance to implement  
3 the Global WASH in Healthcare Facilities Action Plan is  
4 provided under established parameters for a rigorous ac-  
5 countability system to monitor and evaluate progress and  
6 impact of the action plan, including by reporting to the  
7 appropriate congressional committees and the public on an  
8 annual basis, in accordance with section 7.

9 **SEC. 7. REPORTS.**

10 (a) INITIAL REPORT.—Not later than 1 year after  
11 the date of the submission of the Global WASH in  
12 Healthcare Facilities Action Plan required under section  
13 5, the Administrator shall submit to the appropriate con-  
14 gressional committees a report that describes the status  
15 of the implementation of the Action Plan.

16 (b) CONTENT.—The report required under subsection  
17 (a) shall—

18 (1) contain a summary of the Global WASH in  
19 Healthcare Facilities Action Plan as an appendix;

20 (2) describe the progress made in implementing  
21 the Action Plan;

22 (3) identify the indicators and measure results  
23 over time, as well as the mechanisms for reporting  
24 such results in an open and transparent manner, in-  
25 cluding disaggregated data on healthcare facilities

1 with basic or safe access to water, sanitation and hy-  
2 giene defined by the World Health Organization and  
3 UNICEF;

4 (4) contain a transparent and detailed account-  
5 ing of USAID spending to implement the Global  
6 WASH in Healthcare Facilities Action Plan and re-  
7 lated activities;

8 (5) describe how the Global WASH in  
9 Healthcare Facilities Action Plan leverages other  
10 United States global health programs including but  
11 not limited to maternal and child health, health sys-  
12 tems, and global health security;

13 (6) describe the impact of the Global WASH in  
14 Healthcare Facilities Action Plan on other global  
15 health programs, including progress in the pro-  
16 motion of infection prevention and control, strength-  
17 ening global health security and pandemic prepared-  
18 ness, prevention and response and reducing prevent-  
19 able maternal and child deaths;

20 (7) assess efforts to coordinate United States  
21 global health programs, activities, and initiatives  
22 with key stakeholders;

23 (8) assess United States Government-facilitated  
24 private investment in related sectors and the impact

1 of private sector investment in target countries and  
2 communities;

3 (9) assess the increased access to safe sanita-  
4 tion and hand washing stations in healthcare facili-  
5 ties, including to address menstrual health and hy-  
6 giene needs;

7 (10) incorporate a plan for regularly sharing  
8 lessons learned with a wide range of stakeholders,  
9 including local civil society organizations in an open,  
10 transparent manner and through biennial stake-  
11 holder consultation; and

12 (11) establish mechanisms for receiving feed-  
13 back from stakeholders and incorporating feedback  
14 into updates of relevant congressionally mandated  
15 strategies and action plans.

16 (c) SUBSEQUENT REPORTS.—For the five-year pe-  
17 riod beginning on the date of the submission of the initial  
18 report required under subsection (a), the Administrator  
19 shall annually submit to the appropriate congressional  
20 committees a report on the status of the implementation  
21 of the action plan, the progress made in achieving the ele-  
22 ments described in section 5, and any changes to the ac-  
23 tion plan since the date of the submission of the most re-  
24 cent prior report.

1 (d) INCLUSION IN OTHER REPORTS.—The Adminis-  
2 trator may include the report required by subsection (a)  
3 as a component of the United States International Activi-  
4 ties to Advance Global Health Security and Diplomacy  
5 Strategy report or as a component of other USAID re-  
6 ports, as appropriate.

7 (e) PUBLIC AVAILABILITY OF INFORMATION.—The  
8 information referred to in subsections (a) and (b) shall  
9 be timely made available on the public website of USAID  
10 in a consolidated, downloadable, and machine-searchable  
11 format.

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