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.

IN THE HOUSE OF REPRESENTATIVES

Ms. Meng introduced the following bill; which was referred to the Committee on

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.

Be it enacted by the Senate and House of Representa-

tives of the United States of America in Congress assembled,
SECTION 1. SHORT TITLE.

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

SEC. 2. FINDINGS.

Congress finds the following:

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

(2) WASH in healthcare facilities is necessary to ensure health security, including reducing preventable maternal, newborn and child deaths and reducing the spread of infectious diseases such as cholera, diarrhea, and sepsis.

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

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

(5) Healthcare acquired infections arise from poor hygiene, contribute to patient morbidity and mortality, increase the risk of antimicrobial resist-
ance, and contribute to increased costs for patients, their families and healthcare systems.

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

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

(a) Statement of Policy Objectives.—It is in the national security interest of the United States to increase access to sustainable and safe water, sanitation, and hygiene in healthcare facilities, through global health, maternal, newborn and child health, and global water programs, activities, and initiatives that—

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

(2) enable handwashing at all points of care;

(3) increase access to toilets in healthcare facilities, including non-sewered sanitation solutions and a variety of technologies for sanitation and healthcare waste treatment;
(4) provide for the safe segregation, treatment, and disposal of healthcare waste and increased infection and prevention control measures;

(5) promote WASH social and behavior change to ensure the safety of health workers and patients to improve infection prevention and control measures;

(6) improve the ability of patients and healthcare workers, including persons with disabilities to access water, sanitation, and hygiene, including for their menstrual health and hygiene needs in primary, secondary, and tertiary healthcare facilities;

(7) promote health facility administration management and monitoring of water, sanitation, and hygiene services in healthcare facilities for infection prevention and control and quality of care outcomes, including—

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

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

(8) integrate water, sanitation, and hygiene services into pandemic preparedness and response and global health security initiatives, including pre-
ventive measures that help to contain infectious disease outbreaks at their source and support resilient health facilities to ensure continuous primary care during an outbreak; and

(9) provide technical support to partner governments, particularly Ministries of Health, to improve wash systems and to incorporate safe water, sanitation, and hygiene into national plans, strategies, and budgets for new and existing healthcare facilities.

(b) SENSE OF CONGRESS.—It is the sense of Congress that the Administrator of the United States Agency for International Development, in implementing the Global WASH in Healthcare Facilities Action Plan described in section 5, should—

(1) coordinate in consultation with the USAID Assistant Administrator for Global Health, the Senior Coordinator for Gender Equality and Women’s Empowerment, and the Global Water Coordinator, to expand safe water, sanitation, and hygiene in healthcare facilities;

(2) promote assistance to and build the capacity of national governments to include water, sanitation, and hygiene indicators in national health systems monitoring and budgets;
(3) coordinate implementation of existing United States Government strategies related to WASH in healthcare facilities, including the United States Global Water Strategy and United States International Activities to Advance Global Health Security and Diplomacy Strategy and Report to achieve the objectives of section 3(a);

(4) include policies that promote the privacy, safety, and dignity of women and girls, and disability access in design, implementation, and evaluation, in accordance with existing USAID policies for people with disabilities;

(5) promote the development of resilient water, sanitation, and hygiene systems in healthcare facilities; and

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

**SEC. 4. DEFINITIONS.**

In this Act:

(1) **Appropriate congressional committees.**—The term “appropriate congressional committees” means—

(A) the Committee on Foreign Affairs and the Committee on Appropriations of the House of Representatives; and
(B) the Committee on Foreign Relations

and the Committee on Appropriations of the

Senate.

(2) SUSTAINABLE.—The term “sustainable”

means the ability of a target country, community,

implementing partner, or intended beneficiary to

maintain, over time, the programs authorized and

outcomes achieved pursuant to this Act.

(3) HEALTHCARE FACILITY.—The term

“healthcare facility” means a hospital, clinic, health

center, or other location established for the purpose

of providing health care.

(4) HEALTHCARE WORKER.—The term

“healthcare worker” includes doctors, nurses, lab

technicians, pharmacists, janitors, healthcare admin-

istrators, and other individuals working at or in

partnership with healthcare facilities.

(5) HIGH PRIORITY COUNTRY.—The term “high

priority country” means a country designated pursuant to section 136(h) of the Foreign Assistance Act

of 1961 (22 U.S.C. 2151h(h)) and any country iden-
tified by USAID as a high priority country for the

purposes of this Act.

(6) KEY STAKEHOLDERS.—The term “key

stakeholders” means—