Landscape Analysis of

# Current Investments by the US Government in the Provision of Safe Water, and Overall Water, Sanitation, and Hygiene, in Healthcare Facilities

**Key Findings**

Women collecting water from a tap at Bogoni Health Centre, Bla district, Segou region, Mali, October 2019. WaterAid/ Basile Ouedraogo

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## About WaterAid

WaterAid is an international nonprofit working to make clean water, decent toilets and good hygiene a reality for everyone, everywhere within a generation. WaterAid has a presence in 30 countries to change the lives of the poorest and most marginalized people. Since 1981, WaterAid has reached 29 million people with clean water, 29 million people with decent toilets and 28 million people with good hygiene. For more information on WaterAid, please visit **www.wateraid.org/us**.

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# Abbreviations/Acronyms

| | |
|---|---|
| **AMR** | Antimicrobial Resistance |
| **BGH** | Bureau for Global Health |
| **BHA** | Bureau for Humanitarian Assistance |
| **CDC** | Centers for Disease Control and Prevention |
| **DAC** | Development Assistance Committee |
| **DGHP** | Division of Global Health Protection |
| **DHQP** | Division of Healthcare Quality Promotion |
| **ERRB** | Emergency Response and Recovery Branch |
| **FY** | Fiscal Year |
| **GHC** | Global Health Center |
| **GWS** | Global Water Strategy |
| **HCF** | Healthcare Facilities |
| **HHS** | Department of Health and Human Services |
| **HSS** | Health Systems Strengthening |
| **IATI** | International Aid Transparency Initiative |
| **IICP** | International Infection Control Program |
| **IPC** | Infection Prevention and Control |
| **LDC** | Least Developed Country |
| **NCEZID** | National Center for Emerging and Zoonotic Infectious Diseases |
| **OECD** | Organisation for Economic Co-operation and Development |
| **ODA** | Official Development Assistance |
| **OGA** | Office of Global Affairs |
| **PEPFAR** | President's Emergency Plan for AIDS Relief |
| **REFS** | Bureau for Resilience, Environment, and Food Security |
| **SBC** | Social and Behavior Change |
| **SPSD** | Department of State, Office of Foreign Assistance's Standardized Program Structure and Definitions |
| **UNICEF** | United Nations Children's Fund |
| **USAID** | United States Agency for International Development |
| **US** | United States |
| **WASH** | Water, Sanitation, and Hygiene |
| **WHO** | World Health Organization |

# Executive Summary

Water, sanitation, and hygiene (WASH) services in healthcare facilities (HCF)[1] around the world are essential for providing quality care and preventing avoidable deaths. Yet, as of 2021, 3.85 billion people around the world lack basic WASH services at their local healthcare facility and one in five facilities do not have access to water services at all.[2]

The United States (US) Government is the largest funder and implementer of global health programs worldwide and a significant funder of water and sanitation programs. WaterAid America commissioned a landscape analysis to review how much US Government funding has gone toward global WASH in HCF activities in recent years, what types of activities were funded, and which countries received funds.

To gather this information, we reviewed congressional budgets and reports, as well as databases and reporting mechanisms that provide details on US Government spending, including the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) database system, ForeignAssistance.gov, and program-level reports. We also conducted interviews with US Government representatives.

We heard from multiple interviewees that WASH in HCF is a priority for US foreign assistance, and our research found that multiple agencies and offices across the US Government are managing or supporting related programs. However, we were not able to determine precise financial flows, geographic areas of priority, or performance related to these activities.

The key overarching challenge is that multiple categorization frameworks used to track and report on US foreign assistance do not include a discrete code for WASH in HCF, or do not disaggregate to the level of WASH in HCF in financial reporting. This includes congressional budgets and reports, the OECD DAC system, and the Department of State, Office of Foreign Assistance's Standardized Program Structure and Definitions or "SPSD".

Another challenge we encountered was that WASH in HCF cuts across multiple issues areas (including water and sanitation and health) and is included across multiple programs aimed at reducing infections and ensuring quality care in healthcare settings. This crosscutting function of WASH in HCF means tracking funding and results is difficult and is further challenged by a lack of clear, consistent terminology or guidance on when and how to delineate these activities.

For example, WASH in HCF activities often fall under the umbrella of infection prevention and control (IPC) without further delineation.[3] This means that reporting against the term "WASH in HCF", even if it was being tracked and reported on via coding in some of the aforementioned systems, would likely be an underrepresentation of total funds being invested by the US Government in activities that are designed to advance WASH in HCF.

However, this absence of information and the lack of consistent tracking terminology and guidance is an important finding. This report outlines sources we consulted, information that is or is not available, and opportunities and limitations within US agencies for tracking funding.

[1] According to the World Health Organization (WHO), the term "WASH in healthcare facilities" refers to the provision of water, sanitation, healthcare waste management, hygiene and environmental cleaning infrastructure and services across all parts of a facility. "Healthcare facilities" encompass all formally recognized facilities that provide healthcare, including primary (health posts and clinics), secondary, and tertiary (district or national hospitals), public and private (including faith-run), and temporary structures designed for emergency contexts (e.g., cholera treatment centers). They may be located in urban or rural areas. Full overview is available here. Throughout this report, we use the term in the context of global programs, i.e., not to refer to investments in US healthcare facilities.

[2] WHO and the United Nations Children's Fund (UNICEF), 2022.

[3] According to WHO, WASH is one of the eight core components for effective IPC programs. Progress on WASH in healthcare facilities 2000–2021: special focus on WASH and infection prevention and control (IPC). Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2022. Available here.

# Introduction

## Background and Study Objectives

Fully functioning water, sanitation and hygiene (WASH) services in healthcare facilities (HCF) are crucial to safeguarding global health security. WASH services play a critical role by preventing infections, reducing antimicrobial resistance (AMR), ending preventable maternal and newborn deaths, and responding to outbreaks, emergencies, and pandemics. Yet, as of 2021, 3.85 billion people around the world lack basic WASH services at their local healthcare facility, and one in five facilities do not have access to water services at all.[4] The cost of addressing these deficiencies is modest, yet global financial investments in WASH in HCF, particularly in the least developed countries (LDCs) as designated by the United Nations, remain inadequate.

WaterAid is actively reviewing donor prioritization, resource allocation, and accountability mechanisms for global WASH in HCF and commissioned a landscape analysis to focus on investments made by the United States (US) Government. Specifically, the objective was to identify how much US Government funding has gone toward global WASH in HCF activities in recent years, what types of activities were funded, and which countries received funds. Global Health Visions looked at how WASH in HCF investments are determined within the US Government, including how investments are made in relation to US global initiatives and priorities, as well as how and to what extent collaboration on this issue happens across US Government agencies. We also reviewed US Government spending on WASH in HCF as part of the emergency response to the COVID-19 and 2014 West Africa Ebola outbreaks.

This report serves as a synthesis of our research findings.

## Methodology

Our research focused on US Government international programming managed by the US Department of State and US Agency for International Development (USAID) and the US Department of Health and Human Services (HHS), namely the Centers for Disease Control and Prevention (CDC). These agencies were selected because they receive the majority of annual congressionally directed funding for global WASH programs. They also received relevant additional funding, some of which was used for WASH, through emergency supplemental funding bills enacted to respond to the 2014 West Africa Ebola outbreak and the COVID-19 pandemic. The independent, nonprofit CDC Foundation was also included in the analysis. The CDC Foundation receives private funding in addition to US Government funds.

**Key questions we sought to answer:**

- **What is the amount of funding allocated to global WASH in HCF by US Government agencies and accounts for each Fiscal Year (FY), starting from FY 2016 through FY 2021?**
- **What indicators, if any, have been developed for FY 2022 and beyond in the wake of the COVID-19 pandemic?**
- **Which specific geographic regions or countries received US funding for WASH in HCF activities?**
- **How much US funding was directed from emergency supplemental bills to respond to the West Africa Ebola outbreak and COVID-19 to support WASH in HCF?**
- **What was the impact of funds allocated for WASH in HCF? How were the funds disaggregated by safe water, sanitation, and hygiene activities?**

Our analysis is based on secondary research and interviews with representatives from US Government agencies and the CDC Foundation. Our secondary research included in-depth reviews and keyword searches of publicly available agency websites, reports, technical briefs, and data aggregation sites. The focus of our research was international (i.e., non-US) investments and programs in WASH in HCF.

Interviews were conducted in August and September 2023 with representatives from USAID's Bureau for Humanitarian Assistance (BHA), Bureau for Global Health (BGH) and Bureau for Resilience, Environment, and Food Security (REFS); the CDC; and the CDC Foundation.

[4] WHO and the United Nations Children's Fund (UNICEF), 2022.

We requested interviews with representatives from the US Department of Health and Human Services (HHS) Office of Global Affairs (OGA) and the US President's Emergency Plan for AIDS Relief (PEPFAR) but were not able to secure them during the research period.

**Agencies and groups included in analysis**

**USAID**

- Bureau for Resilience, Environment, and Food Security, specifically Center for Water Security, Sanitation, and Hygiene
- Bureau for Global Health, specifically Maternal and Child Health, Infectious Diseases, Global Health Security
- Bureau for Humanitarian Assistance, WASH Healthcare and Treatment

**Department of State**

- US President's Emergency Plan for AIDS Relief

**Department of Health and Human Services**

- Office of Global Affairs
- Centers for Disease Control and Prevention
  - Global Health Center
  - National Center for Emerging and Zoonotic Infectious Diseases

**The CDC Foundation (independent foundation)**

# Key Findings

## Overall US Funding for Global Health and WASH

WASH in HCF is a cross-cutting issue that falls under both global health and WASH priorities. We therefore examined US Government prioritization and financial flows under both categories as appropriate.

Mary Wezani, 59, and Maliya Bendikito, 43, Kamsonga Health Centre, Ntchisi, Malawi, July 2019. WaterAid/ Dennis Lupenga

The US Government is the largest funder and implementer of global health programs worldwide, and global health is the largest non-emergency component of US foreign assistance. In FY 2023, US Government appropriated funding for global health totaled $12.9 billion. Most US funding for global health is provided bilaterally (approximately 80%). Of the multilateral share, the majority is provided to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Over the last decade, US funding for global health has remained relatively flat, with spikes in some years due to emergency supplemental funding to respond to disease outbreaks, including Ebola, Zika, and the COVID-19 pandemic.[5]

US funding allocated for the global bilateral water and sanitation account at USAID, which is separate from global health funding, has hovered around $475 million for the last few fiscal years. Global WASH activities are guided by the US Government's Global Water Strategy (GWS). The GWS is updated every five years (the current strategy was released in 2022) and includes plans and targets outlined by each US Government agency that supports water programming.[6]

## Identifying US Funding for WASH in HCF

A primary challenge in identifying funding flows for US investments in WASH in HCF begins with congressional legislation, which directs funding for global health and water and sanitation activities, but does not specifically direct funds for WASH in HCF. This means congressionally approved budgets, which are the most commonly used budgets for expenditure tracking and made publicly available by agencies, do not include a line item for WASH in HCF.

However, agencies can, and do, allocate funds for WASH in HCF programming at their discretion utilizing a variety of legal funding authorities. Indeed, we heard from multiple interviewees that WASH in HCF is a priority for US foreign assistance, and our research found that multiple agencies and offices across the US Government are managing or supporting related programs. These include USAID's BHA, BGH, and REFS; PEPFAR, led by the Department of State; the CDC's Global Health Center (GHC) and the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); and the CDC Foundation.

While congressional budgets do not include details on this programming, there are other databases and reporting mechanisms that provide additional details on US Government spending. We therefore reviewed these sources to identify whether they include financial and performance data specific to WASH in HCF.

[5] KFF. U.S. Global Health Budget Tracker. Available here.
[6] Foreignassistance.gov and previous analysis.

## Aggregated Data on US Foreign Assistance

Since our goal was to gather a holistic view of global WASH in HCF investments across US Government programs, we first sought to find information through reports and databases that are designed to aggregate and convey global data on US foreign assistance, such as the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) database system, ForeignAssistance.gov[7], USAspending.gov[8], and the International Aid Transparency Initiative (IATI). This revealed a key overarching challenge in our research: The most common frameworks used for categorizing and tracking US foreign assistance either do not include a discrete code for WASH in HCF, or public reporting under these frameworks does not disaggregate to the level of WASH in HCF for global financial flows and performance.

### OECD DAC

This coding and disaggregation challenge includes the OECD DAC database system, which is the global standard for tracking international Official Development Assistance[9] and is used for reporting in multiple key databases, including ForeignAssistance.gov and IATI. The OECD instructs donors to use a set of purpose codes to classify their aid flows reported through the DAC system. There is an umbrella code for "Water and Sanitation," with additional purpose codes for various subcategories, but there is not a discrete code for WASH in HCF.

For hygiene programs, the suggested DAC purpose code to use falls under the "Basic Health" category as "Health Education". This primarily refers to information, education, and training on WASH knowledge and practices, but is not specific to HCF settings or employees and does not include infrastructure or other programming that might be considered as WASH in HCF.

Other DAC codes such as "Basic Health Infrastructure" cover construction of hospitals and non-health related facilities, but do not further disaggregate. Therefore, there is no way to determine total WASH in HCF funding from DAC reporting.

### ForeignAssistance.gov

ForeignAssistance.gov is the US Government's dedicated platform for sharing data on US foreign assistance. While ForeignAssistance.gov provides a range of useful information, it does not allow for disaggregation of financial flows or performance tracking down to the level of WASH in HCF.

ForeignAssistance.gov facilitates filtering of financial flows by two different categorization systems: "International" and "US". The "International" option mirrors the OECD DAC purpose code system, which, as mentioned above, does not include disaggregation to the level of WASH in HCF (*Figure 1*).

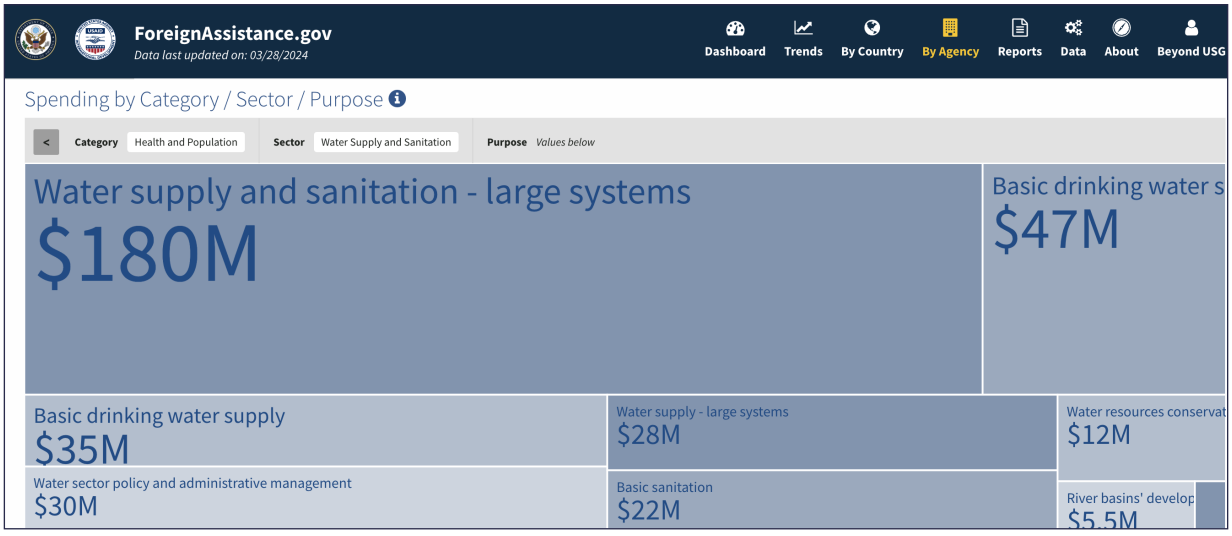


**Figure 1:** ForeignAssistance.gov search output filtered by Agency: USAID and Purpose: Water and Sanitation. ForeignAssistance.gov uses the OECD DAC code system to classify funding flows under the "International" filter option and uses the SPSD framework to classify flows under the "US" filter option. Neither filter allows for disaggregation to the level of WASH in HCF.

[7] ForeignAssistance.gov is the US Government's dedicated platform for sharing data on US foreign assistance. ForeignAssistance.gov collects and publishes foreign assistance as reported by more than 20 US Government agencies that manage foreign assistance programs.

[8] We also reviewed other US Government-maintained websites, including the Development Experience Clearinghouse, Development Data Library, and Performance.gov, but were not able to find disaggregated data on WASH in HCF investments.

[9] Official Development Assistance (ODA) is defined as government aid that promotes and specifically targets the economic development and welfare of developing countries. ODA data is collected, verified, and made publicly available by the OECD.

The "US" option follows the categorization of the Department of State, Office of Foreign Assistance's Standardized Program Structure and Definitions (SPSD). The SPSD is an interagency tool that provides a common vocabulary for tracking US foreign assistance and enables the establishment of common indicators for measuring performance and tracking investments.[10] Within the SPSD, WASH in HCF activities fall within the "Water Supply and Sanitation" area, under the "Health" category. Financial flow data on ForeignAssistance.gov can be filtered by SPSD codes, but it is not currently possible to disaggregate beyond the level of "Water Supply and Sanitation."

The SPSD is also used to track performance data on US foreign assistance and includes two standard (output-level) indicators related to WASH in HCF: HL.8. 1-4 and HC 8.2-8 (*Figure 2*). However, aggregated reporting against SPSD indicators is not currently available on ForeignAssistance.gov.

**Annual Performance Reports and Annual Performance Plans**

SPSD indicators are also used in agency reports to Congress. However, neither of the two WASH in HCF-related output-level indicators are designated as a required indicator for Department of State and USAID Annual Performance Reports or Annual Performance Plans, which are the main mechanisms for reporting agency results back to Congress.

| FY 2023 Foreign Assistance Master Indicator List: HL.8 Section | | |
|---|---|---|
| **HL.8.1** | **HL.8.1-1** | Number of people gaining access to basic drinking water services as a result of USG assistance |
| **HL.8.1** | **HL.8.1-2** | Number of people gaining access to safely managed drinking water services as a result of USG assistance |
| **HL.8.1** | **HL.8.1-3** | Number of people receiving improved service quality from an existing basic or safely managed drinking water service as a result of USG assistance |
| **HL.8.1** | **HL.8.1-4** | Number of health facilities and schools gaining access to basic drinking water services as a result of USG assistance |
| **HL.8.2** | **HL.8.2-1** | Number of communities verified as open defecation free (ODF) as a result of USG assistance |
| **HL.8.2** | **HL.8.2-2** | Number of people gaining access to a basic sanitation service as a result of USG assistance |
| **HL.8.2** | **HL.8.2-3** | Number of people gaining access to safely managed sanitation services as a result of USG assistance |
| **HL.8.2** | **HL.8.2-5** | Percent of households with soap and water at a handwashing station on premises |
| **HL.8.2** | **HL.8.2-7** | Number of people receiving improved sanitation service quality from an existing "limited" or "basic" service as a result of USG assistance |
| **HL.8.2** | **HL.8.2-8** | Number of health facilities and schools gaining access to basic sanitation and hygiene services as a result of USG assistance |
| **HL.8.3** | **HL.8.3-3** | Number of water and sanitation sector institutions strengthened to manage water resources or improve water supply and sanitation services as a result of USG assistance. |
| **HL.8.4** | **HL.8.4-1** | Value of new funding mobilized to the water and sanitation sectors as a result of USG assistance |
| **HL.8.5** | **HL.8.5-2** | Number of people benefiting from the implementation of measures to improve water resources management as a result of USG assistance |

**Figure 2:** FY 2023 Standard Indicator list. HL.8.1-4 and HL.8.2-8 refer to WASH in HCF activities. Sub-indicators are recommended to further disaggregate activities specifically for health facilities (as opposed to schools). Accessed in October 2023 from the US Department of State Foreign Assistance Resource Library. Available here.

In addition, we could not find any other reports to Congress that included the WASH in HCF SPSD indicators. That said, even if these indicators were included in reports, not all US Government-funded projects are required to use the SPSD indicators.[11] Some interviewees were not even aware that these HCF indicators exist, so this data would not provide a fully robust view of overall investments. The lack of awareness of the indicators suggests there is also a lack of socialized guidance on when and how to use these indicators.

[10] ForeignAssistance.gov "About" tab.

[11] USAID explicitly cautions that standard indicators allow for only a modest amount of data aggregation on a worldwide basis and that they should not be considered the sum total of all data on US foreign assistance; instead, they "help to convey a story of mission progress." Source: US Department of State. Foreign Assistance Resource Library. Available here.

## Program- and Project-level Reports

We also reviewed project- and program-level reports to determine whether WASH in HCF spending and performance data was available. We found evidence of WASH in HCF investments in scans of text within project and program planning documents (e.g., PEPFAR Country Operational Plans) and grantee reports, but aggregating investments from across these reports would be a tedious and likely inaccurate pursuit given the magnitude of reporting and the fact that new activities can be added to programs in the middle of the project cycle. In addition, it can be difficult to determine the appropriations account source of project funds, as funding is often reprogrammed and mixed across numerous accounts to support a single program.

Younoussa Samake, the new technical director of Bogoni Health Centre, standing outside the centre, Bla district, Segou region, Mali, October 2019. WaterAid/ Basile Ouedraogo

Even if this type of analysis was possible through dedicated manual search hours, an additional challenge in identifying WASH in HCF activities among planning documents and reports is the lack of clear and consistent terminology to refer to them. A particular challenge is that WASH in HCF activities often fall under the umbrella of IPC within HCF, without further delineation of which activities are specifically targeting WASH services. WASH in HCF activities also fall under other program terms, such as Social and Behavior Change (SBC), e.g., "SBC for handwashing behaviors in healthcare settings." Finally, there is not always a clear delineation of HCF-specific investments within broader WASH programs.

Further, we were not able to find any agency guidance or policies in place on how or when to define or delineate WASH in HCF activities within US Government investments. This means that reporting against the term "WASH in HCF," including under the SPSD indicators, would likely be an underrepresentation of total funds being invested by the US Government in activities that are designed to advance WASH in HCF.

Some of the representatives we interviewed were able to provide estimates of overall WASH in HCF investments within their group or agency, but these figures were not verifiable in public documents. In some instances, these estimates were tracked with the use of isolated and internal spreadsheets maintained by individuals for their own personal work projects.

Our interviews and desk research also yielded useful information and insights on WASH in HCF program objectives, prioritization, and coordination across departments and agencies. These insights are available in the Supplementary Findings section.

# Conclusion

Our analysis confirms that the US Government is prioritizing WASH in HCF across multiple agencies and a portion of US spending on foreign assistance is indeed supporting WASH in HCF activities. However, we were not able to determine precise financial flows, geographic areas of priority, or performance related to these activities.

The key overarching challenge is that multiple categorization frameworks used to track and report on US foreign assistance do not include a discrete code for WASH in HCF, or do not disaggregate to the level of WASH in HCF in financial reporting. This includes the lack of a dedicated WASH in HCF purpose code within the OECD DAC system. However, while there is wide recognition that DAC codes are limiting—particularly for integrated programs—the addition of a DAC code specifically for WASH in HCF would be a challenging solution that would take time to implement.

The SPSD framework does include two indicators related to WASH in HCF. In theory, if these indicators are also used to track and report financial flows, more disaggregated financial flow data could exist. ForeignAssstance.gov includes a note on ongoing efforts to expand and further align available data with the SPSD, but we were not able to verify how this would impact data related to WASH in HCF.

We were able to identify financial flow figures for some WASH in HCF programming, but these were based on internal tracking and not verifiable in public reporting, so they should be considered indicative.

In addition, while we found two indicators related to WASH in HCF in the standard indicators list for tracking performance of US Government foreign assistance, we also found that not all projects are required to use standard indicators, and not all standard indicators are reported on at the global level.

While interviewees confirmed that WASH in HCF activities are being supported across US Government programs, they cautioned that multiple terms, in particular IPC, are used to describe these activities, which complicates the challenge of parsing out precise financial flows and performance information on WASH in HCF. In addition, some interviewees were not even aware that WASH in HCF SPSD indicators exist. Further, there does not seem to be any guidance or directives in place on how or when to delineate WASH in HCF activities. This means that reporting against the term "WASH in HCF", including under the standard indicators we found, even if it was being publicly shared, would likely be an underrepresentation of total funds being invested by US Government in activities that are designed to advance WASH in HCF.

However, the absence of information and how it is, or more to the point is not, reported serves as an important finding. We hope this analysis contributes to dialogue and drives action on improving transparency on investments in WASH in HCF. Transparency in this space, as with many other areas of US foreign assistance, may help to identify gaps and untapped synergies in programming that can inform decisions and increase effectiveness.

Tigalana Fidah, 44, senior nursing officer, getting safe drinking water from a water purifier provided by WaterAid, the water point is located at a busy children's immunisation centre, Ndejje Health Centre IV, Makindye Ssabagabo Municipality, Wakiso district, Uganda, May 2020. WaterAid/ James Kiyimba

# **Supplementary Findings:** WASH in HCF Programs Across the US Government

In addition to data aggregation sites and agency-level reports, we reviewed US Government agency websites and conducted interviews with agency representatives to gather information and insights on trends in programming, prioritization, and coordination on WASH in HCF. Findings from this analysis are outlined below.

## USAID

USAID leads the US Government's international development and disaster assistance through partnerships and investments that save lives, reduce poverty, strengthen democratic governance, help people emerge from humanitarian crises, and progress beyond assistance. USAID's current global health efforts are focused around three strategic priorities: preventing child and maternal deaths; controlling the HIV/AIDS epidemic; and combating infectious diseases.[12]

The FY 2023-enacted funding bill for the State Department and USAID includes a recommended $4.166 billion for USAID-managed accounts to champion global health and global health security and an additional separate directive of $475 million for water and sanitation.

Overall leadership of USAID WASH activities falls under REFS and its Center for Water Security, Sanitation, and Hygiene. REFS is the policy lead on WASH and is ultimately accountable for the implementation of USAID's contributions to GWS, the Senator Paul Simon Water for the World Act, and broader WASH-related issues within the Agency.

REFS's Center for Water Security, Sanitation, and Hygiene "leads USAID's efforts to strengthen water and sanitation sectors, increase equitable access to safe and reliable water, improve climate-resilient conservation and management of water resources, and reduce conflict and fragility related to increasingly scarce resources."[13] REFS, under the supervision of USAID leadership and the oversight of the State Department, programs the funding provided under the annual water and sanitation congressional directive.

However, USAID WASH activities specifically in service of global health objectives, namely WASH in HCF and hand hygiene, may be funded by WASH directive funds, Global Health programs, or feasibly by additional program accounts, all of which are included in the State and Foreign Operations Appropriations bill. Funding for Global Health programs are primarily managed by BGH and its Office of Maternal and Child Health and Nutrition. Funding provided under the WASH directive is guided by the REFS and the Center for Water Security, Sanitation and Hygiene. According to interviewees, there is close collaboration between BGH and REFS around health-related WASH objectives. Under BGH, WASH is viewed through the lens of how it underpins primary health objectives (e.g., cleanliness of health facilities as a form of prevention of disease outbreaks) and, ultimately, how it contributes to the Bureau's primary objective of preventing maternal and child mortality.

A technical brief released by USAID in 2021 indicates that WASH in HCF programs are managed by multiple other health-focused offices within USAID, beyond BGH's Office of Maternal and Child Health. More specifically, the brief stated that USAID funds that can be used to support WASH in HCF include: maternal and child health funds, global health security funds, IPC funds to limit the spread of tuberculosis, and funds for PEPFAR and COVID-19 response (*Figure 3*). This was further supported by interviewees who stated that WASH in HCF activities are included within USAID's programs on infectious diseases under the umbrella of IPC. This includes USAID's Global Health Security Program, which invests in "One Health" approaches and includes projects that aim to strengthen IPC measures and address the rising threat of antimicrobial resistance, among other priorities. However, we could not find detailed public information regarding the extent to which these funds were used to support WASH in HCF. And while we found evidence of coordination between REFS and BGH's Office of Maternal and Child Health, we were not able to verify broader coordination on WASH in HCF across USAID.

[12] USAID BGH About Us page. Available **here**.
[13] USAID REFS About Us page. Available **here**.

### USAID EFFORTS TO FUND WASH IN HEALTH CARE FACILITIES

USAID funds that can be used to support WASH in HCFs include:

- Maternal child health funds (can be used for community or facility WASH/IPC)
- Global health security funds (core mandate includes IPC)
- Tuberculosis (IPC in HCF to limit spread)
- PEPFAR (Technical Guidance 15-May states that programs should ensure proper IPC per WHO COVID-19 IPC Guidance)
- Water (can be used to improve or sustain any WASH service in HCFs and their surrounding communities)
- Supplemental funding for COVID-19 response and recovery

**Figure 3:** As part of its Water and Development series, in 2021, USAID developed a technical brief on considerations for WASH in HCF as part of improving health systems strengthening (HSS) and health security. This table was included in the brief and highlights the crosscutting and diffuse nature of WASH in HCF programming. It includes USAID funds that can be used to support WASH in HCF, which include maternal and child health funds, global health security and IPC funds to limit the spread of tuberculosis, and funds for PEPFAR and COVID-19 response. Notably, none of the funds, outside of the "water" funds, falls under the congressional water and sanitation funding directive.

Lastly, we did confirm that USAID's BHA also oversees WASH programming, largely in the context of ensuring access to immediate WASH needs during and after an emergency (e.g., building latrines, establishing cholera centers). WASH programming is also a component of Resilient Food Security Activity programs for extremely poor and marginalized populations. When considering WASH investments, BHA seeks to collaborate closely with USAID health and nutrition colleagues to coordinate with their long-term programs.

## Department of State: PEPFAR

The US Department of State's Bureau of Global Health Security and Diplomacy manages PEPFAR, the US Government's global effort to combat HIV. PEPFAR's funding has totaled more than $110 billion since it was established in 2003 and currently represents the majority of the US Government's global health budget (ranging from 52% to 57% over the past five years). Originally designed as a vertical, singularly focused global HIV initiative, PEPFAR has evolved to support public health systems strengthening more broadly. Its funding is often positioned as a broader investment for partner countries to confront current and future health challenges beyond HIV.[14] Its most recent five-year strategy, released in late 2022, includes a pillar on "leveraging public health systems to respond to health threats."

Public documents and interviews with various agencies indicate that PEPFAR manages WASH in HCF programming. PEPFAR's focus on WASH in HCF seems to have increased as part of its role in response to the COVID-19 pandemic, but we were not able to secure an interview with a PEPFAR representative to gather further details.[15] Technical guidance issued by PEPFAR during the pandemic refers to the importance of and the need for robust implementation of IPC, including explicit mention of hand hygiene, at PEPFAR-supported health facilities.[16] In addition, new IPC standards were added to PEPFAR's monitoring tool for PEPFAR-supported health sites for FY 2023, with the standards now including both waste management (2015 standards) and environmental cleaning (2023 standards) indicators.

In addition, PEPFAR's funding includes the US Government contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The US contribution represents nearly a third of Global Fund's total budget. The Global Fund is currently the largest multilateral provider of grants for strengthening health systems, investing $1.5 billion a year in formal and community health systems. While not direct US Government investments, these activities are worth noting as potential indirect investments in WASH in HCF by the US Government through Global Fund programs.

[14] KFF. July 26, 2023. "The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)". Available here.

[15] Of note, PEPFAR investments in WASH in HCF may also be in part captured under the "Water" code in PEPFAR's "Cross-Cutting Attributions" budget code list, though there is not disaggregation to the level of water-related investments in HCF.

[16] PEPFAR. 2022. "Leveraging American Rescue Plan Act Funding to Support HIV and COVID-19 Responses". Available here.

## CDC and CDC Foundation

Mary Khobiri, 34, nurse and midwife, washing her hands at Mangamba Health Centre, Machinga, Malawi, April, 2019. WaterAid/ Dennis Lupenga

The CDC is one of the major operating components of the Department of Health and Human Services.[17] Its mandate is to protect the health and safety of the American people and serve as the lead technical global public health agency for the US. The majority of the CDC's core public health program budget is for domestic facing programs. Less than 1% of the CDC's enacted FY 2023 budget of $9.3 billion was allocated toward the "Global Health" line item.[18]

The CDC's global-facing work primarily involves providing technical assistance to ministries of health and other partners. The CDC provides support for global WASH activities for disease prevention, WASH-related disease surveillance and response, environmental microbiological laboratory support for WASH-related diseases, and other technical assistance to partners.[19]

WASH at the CDC is seen as a crosscutting issue for public health programs, and there is no water- or WASH-focused office within the agency. The CDC has historically only received significant amounts of funding for global WASH in HCF programming in response to global disease outbreaks like Ebola and the COVID-19 pandemic, and these funding streams have been for time-limited and short-term responses.[20]

The primary groups at the CDC that work on WASH in HCF are within the GHC and the NCEZID.[21] GHC houses the Division of Global Health Protection (DGHP). DGHP responds to global health crises, including Ebola and COVID-19, and supports the CDC's broader efforts to strengthen other countries' public health emergency management capacity. It includes the Emergency Response and Recovery Branch (ERRB), which provides urgent response support, i.e., ensuring access to things like safe water after emergencies, as well as assessments and guidance related to WASH, including cholera control.

NCEZID houses the Division of Foodborne, Waterborne, and Environmental Diseases – Enteric Diseases Epidemiology Branch and Division of Healthcare Quality Promotion (DHQP), which includes the International Infection Control Program (IICP). IICP works to protect patients and healthcare personnel globally, supporting sustainable solutions to infectious disease threats in healthcare delivery including healthcare-associated infections, antimicrobial resistance, and infectious disease outbreaks. The Enteric Diseases Epidemiology Branch and IICP have engaged in work toward WASH in HCF.

Both GHC and NCEZID received emergency supplemental funding[22] to respond to the COVID-19 pandemic. Their response efforts included programmatic support to CDC country offices and CDC partner agencies, as well as assessments of and support (in partnership with USAID) for strengthening WASH in HCF and other institutions such as schools.

In addition to the COVID-19 response, the Enteric Diseases Epidemiology Branch has provided WASH-focused support to close to 1,000 HCF since 2005, primarily in Africa (*Figure 4*).[23] According to interviewees, this work was largely supported by private funding channeled through the CDC Foundation and included assessments of small, remote facilities with identification of gaps, recommendations for improvements, and follow-up evaluations. Findings from these assessments were shared with ministries of health and other government partners to drive capacity building and investments in WASH.

[17] Within HHS, we also examined the Office of Global Affairs, but were not able to find detailed information on their engagement in US Government programs in WASH in HCF.

[18] CRS. 2023. Centers for Disease Control and Prevention (CDC) Funding Overview. Available here.

[19] The CDC also provides support for global WASH activities by partnering with other US Government agencies, international organizations, and non-governmental organizations to provide targeted technical support, specifically the transfer of skills and knowledge, over an extended period of time. Other agencies (e.g., USAID) are primarily responsible for providing support for WASH infrastructure, such as handwashing stations.

[20] The CDC does not receive congressionally directed funds for global WASH and allocates funding for WASH programming from NCEZID and GHC. Because there is no annual funding for global WASH, there is no reporting against that target. During a health emergency, global WASH programs can be supplemented from emergency funding.

[21] In February 2023, the CDC announced "CDC Moving Forward", a process "to transform how the agency operates by refining and modernizing its structures, systems, and processes to address longstanding challenges and strengthen its ability to deliver on its core mission." Under this restructuring, the Center for Global Health was renamed the Global Health Center, and global WASH was integrated more closely under NCEZID.

[22] The US enacted six emergency supplemental funding bills in 2020 and 2021 that provided $4.6 trillion for COVID-19 pandemic response and recovery. Interviewees confirmed that supplemental funding received by the CDC went toward WASH in HCF, but the figures provided were tracked with the use of isolated and internal spreadsheets and were not verifiable in public documents.

[23] CDC Global WASH Where We Work web page. Available here.

| Summary of Information from the CDC's WASH in HCF "Where We Work" Overview | |
|---|---|
| **Country** | **Number of Facilities Supported Through WASH in HCF Program** |
| **Burkina Faso** | 17 |
| **Cameroon** | 24 |
| **Ethiopia** | 58 |
| **Ghana** | 30 |
| **Haiti** | 34 |
| **Kenya** | 344 |
| **Mali** | 65 |
| **Niger** | 15 |
| **Tanzania** | 103 |
| **Uganda** | 133 |
| **Zambia** | 150 |

**Figure 4:** List of countries and number of HCF supported by the CDC's Enteric Diseases Branch (formerly the Waterborne Disease Prevention Branch). There are no detailed descriptions of these programs and no associated budgets, but interviews confirmed that this work mostly consisted of assessments and guidance for small, remote facilities, and that funding for this work totaled around $2 million.

The CDC Foundation is an independent nonprofit and the sole entity created by Congress to mobilize philanthropic and private-sector resources to support the CDC. The CDC Foundation has received funding for WASH in HCF activities, which has been largely used to support the aforementioned CDC-led facility assessments.

## Supplemental Funding for WASH in HCF

US Government efforts to monitor and respond to infectious disease outbreaks are conducted through multiple departments and agencies that oversee both ongoing and emergency programs in both domestic and international settings. Ongoing programs receive funding each year from Congress through the annual appropriations process to monitor and respond to emergencies. Separately, Congress can also provide supplemental funding to respond to significant health emergencies, such as COVID-19 and the West Africa Ebola outbreak.

We heard from interviewees that funding from supplemental bills enacted to respond to both the COVID-19 pandemic and the 2014 West Africa Ebola outbreak was directed toward WASH in HCF activities across multiple departments and agencies, often under the umbrella of IPC. While some estimates were provided by interviewees, we were not able to verify these or find aggregated financial flows in any public documents. We were also not able to verify whether the WASH in HCF investments made in response to the 2014 West Africa Ebola outbreak had any support for continuity.

# Key Reports and Websites Reviewed

- Water, sanitation, hygiene, waste, and electricity services in healthcare facilities: progress on the fundamentals. 2023 global report. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2023. Available **here**.
- Progress on WASH in healthcare facilities 2000–2021: special focus on WASH and infection prevention and control (IPC). Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2022. Available **here**.
- Chaitkin M, McCormick S, Alvarez-Sala Torreano J, Amongin I, Gaya S, Hanssen ON, et al. Estimating the cost of achieving basic water, sanitation, hygiene, and waste management services in public healthcare facilities in the 46 UN-designated least-developed countries. Lancet Glob Health. 2022;10(6):E840–9. Doi:10.1016/S2214-109X(22)00099-7.
- Congressional Research Service. 2023. Centers for Disease Control and Prevention (CDC) Funding Overview. Available **here**.
- Government Accountability Office COVID-19 Relief: Funding and Spending as of Jan. 31, 2023. Available **here**.
- KFF. US Global Health Budget Tracker. Available **here**.
- KFF. July 26, 2023. "The US President's Emergency Plan for AIDS Relief (PEPFAR)." Available **here**.
- KFF. 2021. Global Funding Across US COVID-19 Supplemental Funding Bills. Available **here**.
- PEPFAR. 2022. "Leveraging American Rescue Plan Act Funding to Support HIV and COVID-19 Responses." Available **here**.
- PEPFAR. Technical Guidance in Context of COVID-19 Pandemic. Available **here**.
- PEPFAR Panorama Spotlight. Available **here**.
- PEPFAR 2023 Country and Regional Operational Plan (COP/ROP) Guidance for all PEPFAR-Supported Countries. Available **here**.
- USAID. 2021. WASH in HCF for Quality Health Systems technical brief. Available **here**.
- US Department of State Foreign Assistance Resource Library. Available **here**.
- US Government websites: **CDC.gov**, **ForeignAssistance.gov**, **Globalwaters.org**, **HHS.gov**, **Performance.gov**, **State.gov**, **USAID.gov**, **USAIDlearninglab.org**, **USAIDmomentum.org**, **USASpsending.gov**