

WHO's mandate is to provide technical leadership and coordination to the international efforts aiming to eliminate trachoma as a public health problem. The recommended elimination strategy, known as "SAFE", was adopted by WHO in 1996, and is a combination of interventions implemented as an integrated approach. SAFE is an acronym for:

- **Surgery for *trachomatous trichiasis***
- **Antibiotics to clear ocular *C. trachomatis* infection**
- **Facial cleanliness to reduce transmission of ocular *C. trachomatis***
- **Environmental improvement, particularly improved access to water and sanitation.**

The summaries on this page are related to **Facial cleanliness to reduce transmission of ocular *C. trachomatis***

Titles included in this document:

1. Interventions to maximize facial cleanliness and achieve environmental improvement for trachoma elimination: A review of the grey literature

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PLoS Negl Trop Dis 2018 12(1): e0006178.

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AUTHOR SYNOPSIS

The international trachoma community is intensifying efforts to scale-up the facial cleanliness and environmental improvement (F&E) components of the WHO-endorsed SAFE strategy for elimination of trachoma as a public health problem. With a short time remaining before the 2020 target date, this is an opportune moment to examine intervention content and delivery, and to consider intervention refinement.

What we know from previous experience & evaluation: F&E interventions seek to sustainably improve social norms and individual and household-level behaviors. We know that interventions are likely to be more effective if they target context-specific determinants of initial behavior change as well as factors that support the maintenance of improved practices. It is important to use results from formative work, along with theory, to design programs that will address factors most influential in the uptake and maintenance of improved practices.

What our review explored: The purpose of this review was to gather and summarize information regarding previous F&E intervention attributes, to inform policy and program refinement, implementation, and evaluation. We systematically searched for relevant grey literature published from January 1965 through August 2016. After identifying and screening documents, we categorized attributes of F&E interventions endorsed in the documents that we found. We then used three behavior change frameworks to identify potential intervention gaps.

What our review revealed: With the exception of some recent programming, F&E program components have largely addressed determinants of behavior that are quite close in the behavior decision-making pathway to the actual behavior itself. Such things include information-based interventions (health and hygiene education) and the provision of water and sanitation facilities. These interventions address factors that are not believed to be influential in sustainably improving F&E behaviors and practices. No reviewed documents endorsed the inclusion of intervention components related to behavioral maintenance or resilience – factors critical for sustaining improved behaviors. In summary, our findings indicate that, until recently, major limitations of F&E programming included a lack of behavior-centered F&E content and delivery, and more broadly, insufficient integration of behavior change theory and evidence into the design and implementation of related interventions.

Recommendations: If left unaddressed, identified gaps may continue to limit the uptake and sustainability of improved F&E behaviors. Stakeholders designing and implementing trachoma elimination programs should review their F&E intervention content and delivery approaches. F&E interventions should move beyond information dissemination, and appropriately employ a variety of behavior change intervention techniques to address more influential factors of change and maintenance. Content and delivery should leverage motives beyond those related to health.