

**COR-NTD 2020**

**Virtual Meeting, November 12 – 14**

**Integrating for Impact**

### **Speeding Elimination: A vs. FE – Re-assessment of the SAFE strategy**

**Session Date:** 11/14/20

**Session Time:** 9:00 AM - 12:00 PM EST

**Session Description:** The SAFE strategy does not appear to be sufficient to eliminate trachoma in the most hyperendemic regions. The F&E recommendations in particular are based on weak evidence. This session explores whether the current SAFE strategy is sufficient, and whether stronger emphasis should be placed on F&E or on additional antibiotic treatments.

**Session Chairs:** Jeremy Keenan and Wondu Alemayehu

**Session Rapporteur:** Sarah Boyd

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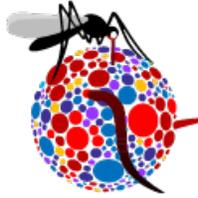
#### **KEY DISCUSSION POINTS**

*What key findings and data did the group identify via presentations? What issues were raised in discussions?*

- There has been lots of progress in the trachoma world over the past 20 years using the SAFE (Surgery for trichiasis, Antibiotics to clear ocular strains of chlamydia, Facial cleanliness, and Environmental improvements) strategy. However, the recommendations to include of facial cleanliness and environmental improvements in the strategy were mostly based on observational studies, as well as a promising result from a small cluster-randomized trial.
- Despite great successes, there are still some places that have used the SAFE strategy for decades and yet still have recalcitrant trachoma. In order to discuss whether the SAFE strategy (as currently devised) is necessary and/or sufficient for trachoma elimination, first we should review the latest randomized trial data that support the various components of the SAFE strategy.

#### **Stronger SAFE: The importance of transmission routes for designing hygiene interventions – Katie Greenland**

- This is a 5-year study focused on identifying major routes of ocular *Chlamydia trachomatis* (Ct) transmission, developing novel F&E interventions to interrupt these transmission routes, and then test the F&E intervention alongside with intensified MDA with azithromycin in rural Oromia, Ethiopia.
- Identified potential transmission routes: found ocular Ct found not only on eyes, but also on faces, clothes, and flies, demonstrating Ct presence in the environment
- Based on the results it was determined, the highest yield places to intervene and interrupt the transmission routes were face/hand washing and fly control.



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- Shown when washing soap is important for reducing ocular Ct

**The WUHA trial: first look at primary results of a cluster-randomized trial assessing the effectiveness of WASH for trachoma – Solomon Aragie**

- A two-arm cluster-randomized trial focused on seeing the outcomes of a comprehensive WASH intervention in the absence of antibiotics conducted from 2015 – 2019 in Amhara
- WASH Intervention can produce positive and sustained behaviour change, but the evidence for these changes only emerged after two years of intervention.
- No significant difference in ocular Ct found between the intervention and control communities at the end of the study.

**The TANA trials: investigating the role of antibiotic treatment frequency and targeting – Tom Lietman**

- Looking beyond annual mass azithromycin:
  - Biannual mass azithromycin may be able to reduce ocular Ct faster, but need larger studies to better demonstrate this.
  - Quarterly mass azithromycin targeted to children remains the only proven improved strategy over annual treatment

**A vs FE: what is realistic for a trachoma program? – Kadri Boubacar**

- Experiences from Niger Trachoma Program
  - Challenges of MDA: Expensive (drug and administration), accurate assessment of drug coverage, treating large geographic areas
  - Challenges of WASH: expensive, participation of entire community, coordinating with NGO partners

**KNOWLEDGE GAPS IDENTIFIED**

*What data and tools need to be generated to address the issues raised by the group?*

**Antibiotics**

- Enhanced MDA strategies are often suggested for areas of persistent trachoma, but currently there is no definition for persistent trachoma. We need to define the characteristics of a community with persistent trachoma.
- Community eligibility for enhanced MDA:
  - This shouldn't only be available to areas with persistent trachoma, but we need to determine what characteristics would allow the community to be eligible.
  - Determine populations that would receive treatment (school-age children or children and immediate caretakers).
- Enhanced MDA is expensive; it would be helpful to determine if these strategies could be integrated with other programs.
- Coverage – should this measure be changed to only include children?



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#### Facial Cleanliness and Environmental Improvements

- How do we focus “F&E” interventions (without understanding the routes of transmission)?
- Currently, there is large variation in the definitions of measurements of WASH improvements. Without these definitions - how do we guide programmatic activities and recommendations about the most effective ways to change (and measure)?
- Need tools for integration with the broader WASH sector.
- Need to focus on sustainability – how do we handover from research to programmes?
- Create “positive messaging” for facial cleanliness – making sure not to marginalize any populations.
- Is it possible to create specific guidance for environmental improvements that is not regionally specific?

#### **RECOMMENDED NEXT STEPS**

*What operational research and other actions need to be taken to address the knowledge gaps identified by the group?*

#### Antibiotics-Focused Operational Research

1. Focus on compliance over time, in particular in the potential biannual or quarterly programmes. Are we consistently missing the same people? This more granular time series would enable insights into serial non-compliance households.
2. Which MDA approach (twice, thrice, four times) accelerates disease reduction more rapidly measuring all indicators (TF, TI, Ct, F and environmental indicators)?

#### Facial Cleanliness

1. What are the best ways to enhance sustained F&E-related behaviour change through integration and mainstreaming (including cost-efficiency and effectiveness; that would include harmonising WASH and TRA indicators [with TRA focus on “clean faces”])?
2. Some qualitative and anthropological studies to identify key barriers to habit formation and help develop solutions to overcome them.
3. Determine the best way of measuring facial cleanliness.
4. How to market clean faces – how regional are effective messages about clean faces? There is some discussion about “dignity” or “beauty,” but will there be negative consequences in further marginalizing or shaming the poorest individuals.

#### Environmental Improvements

1. A RCT demonstrating impact of E on reducing trachoma/its relative contribution to achieving elimination: Which “E” interventions contribute most to achieving trachoma elimination and how best can we implement them?
2. Large, long-term RCTs with WASH and MDA together



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3. Does advocacy to governments lead to increased spending/implementation of E in trachoma endemic communities?
4. Smaller pilot studies of specific interventions looking at behavioural outcomes as the primary outcomes (as opposed to trachoma outcomes).
5. Does WASH alone maintain elimination thresholds in hypo- or meso-endemic communities?
6. What are the most effective and cost-effective strategies to behaviour change to increase uptake of latrine usage and improved hygiene?
7. Understanding barriers to long-term maintenance and accessibility of E and how that impacts sustained elimination thresholds (e.g., governance, depleting ground and surface water sources, maintenance of latrines and pumps).