

Developing better understanding of hygiene - is key to developing effective hygiene behaviour that meets future needs and challenges.

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The International Scientific Forum on Home Hygiene (IFH)

Established 1997: not-for profit, non-commercial, non-government organisation.

Primary objectives: Developing and promoting hygiene in home and everyday life settings based on scientific evidence

Target audience:

- Gvt Health agencies, scientists, opinion formers, health professionals, media, private sector
- IFH does not communicate directly with public – we support those who do

IFH Website offers: Scientific reviews, guidelines, training resources, fact/advice sheets

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The International Scientific Forum (IFH) was established in 1997 to develop and promote hygiene in home and everyday life settings based on sound scientific principles.

Find a broad range of up to date information on home and everyday life hygiene including scientific reviews, guidelines, training resources and factsheets etc here. There are materials produced by IFH and materials from other respected sources.

Developing and promoting hygiene in home and everyday life to meet 21st Century needs

In recent years, fundamental changes have occurred which highlight the importance of hygiene in our homes and everyday lives in public places. Lessons learned from the COVID-19 pandemic indicate the need for a radical reformulation of frontline hygiene advice - and how it is delivered to the public - to address the infectious disease issues we currently face, not only COVID-19 but also the global issue of antimicrobial resistance (AMR) and the ever-growing vulnerable population who have to protect themselves against infection. Central to our work is a new approach to hygiene, based on principles of risk management, which has come to be known as **Targeted Hygiene**. This forms the basis for developing frontline hygiene policy which meets C21st needs, including the need for sustainable use of the resources needed to deliver hygiene.

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Fundamental changes in the past 50 y that have brought frontline hygiene back up health agenda

1980s Rising levels of foodborne illness



1990s Concerns about antibiotic resistance



2000 SARS prompted need - pandemic preparedness plans



2020 The global COVID-19 pandemic



Concern future pandemics/need to be better prepared



Increasing numbers of people in community at greater ID risk (1 in 5)



Changes require a fundamental rethink to develop public hygiene appropriate to C21st needs




If we think back to hygiene practices in the 20th century

- Largely concerned with washing hands and keeping our homes clean
- “dirt” regarded as a/the main source of harmful microbes.

#HealthyBuildings

HEALTHY BUILDINGS
FOR HEALTH HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH



“Cleanliness, **fresh air from open windows**, are the only defence a true nurse either asks or needs.”

*I have seen to be most effectual: **open air** during the greater part of the day... [and] **bedroom ventilation** at night.”*

- Florence Nightingale (1860)

What is needed is an approach that is more focussed - and sustainable



If COVID has taught us anything, it's that public perceptions of hygiene are still rooted in the C20th?

Media images of
Spraying, fogging
rituals that public
health departments
believe make us safe

Lack of understanding
that COVID is about
person-to-person
spread



A team disinfecting the Qintai Grand Theatre in Wuhan, China, in January. Credit: Xia Junjun/Vi



he workers douse the streets with disinfectant after the region was placed into lockdown on

In this presentation:

- IFH polling work to evaluate public understanding of hygiene
- Developing a risk management approach to hygiene to meet C21st needs
- Need to develop public hygiene resilience and how risk management approach could meet this need



Public understanding of hygiene



Public understanding of Hygiene

- Online polls in UK and 25 European countries, 2018, 2020 and 2022:
 - Although public are concerned about hygiene,
 - limited understanding of what hygiene is, how it works, how it differs from cleanliness
 - Important barrier to practicing effective behaviours
- In April 2022 - online poll 1700 people in England
 - What did they understand about hygiene to prevent spread of COVID?
 - What actions did they take?



Poll showed public have high awareness of importance of hygiene

	Net agree
Covid-19 has shown me why practising good hygiene in my home is important to protect against infectious disease	79%
I intend to/ will continue to make greater effort to practise good hygiene in my home	77%
It is as important to change our behaviours to prevent the spread of infectious diseases as it is to prevent climate change	70%

How do I become infected with COVID-19?

I can become infected with COVID if : (% agree)

Someone coughs or sneezes near me	I touch surfaces that are touched by others	I touch my nose, mouth, eyes with virus-contaminated hands	I touch food with virus contaminated fingers and then eat it	COVID-19 virus on my hands can get through my skin and infect me
87%	87%	75 – 85%%	70%	31%

59% said wearing gloves was important to prevent spread of COVID-19



To what extent do you agree that the below are important moments to wash/sanitize hands (% agree)

	After coughing or sneezing into my hands	After touching surfaces frequently touched by other people	Before eating food with my fingers	When arriving home from work, school, shopping etc.	After handling raw meat and poultry	After using the toilet	After touching my pets
To prevent spread of any infection	84%	89%	85%	84%	88%	89%	59%
To prevent spread of COVID	90%	86%	89%	86%	84%	90%	56%

Myths & misunderstandings about hygiene and cleanliness

To prevent spread of COVID-19 infection:

Correctly:

86 to 90% identified important moments for handwashing:

- after coughing/sneezing etc,
- after touching surfaces touched by others,
- when returning home,
- before eating food with fingers,

But - additionally:

57% said 'If someone in my home has COVID-19, the house should be deep cleaned to get rid of the virus'

49% said "Since the pandemic I have started to use antibacterial cleaner when cleaning my home".

Insufficient CAPABILITY to interpret UK messages during COVID

Reasonably good **recall** of key moments to practise hygiene

Disconnect between 'understanding' and 'practice'

Failed to **apply understanding of** transmission routes

Actions still prompted by instinct to **"eliminate virus"** through cleaning and disinfection

Developing hygiene that meets C21st needs

What the polling data indicates is that we need an approach that communicates **effective hygiene practice** - but in a way that also builds **conceptual understanding** of how hygiene works.

If we adopt a risk assessment/ risk management approach to hygiene this enables us to build a framework for hygiene behaviour which meets this requirement.

This framework is **applicable to all hygiene-related infections** – RT, GI, foodborne, skin, eye etc

It is appropriate because it is aimed at **reducing POPULATION risk in the community** - as opposed to specific clinical risks - as in healthcare settings



Risk Management: a “gold standard” approach since 1950s

To assure microbial quality of food and other manufactured products

- Foods, cosmetics, pharmaceuticals

To reduce risks of exposure to environmental hazards

- Potentially hazardous chemicals, toxins, allergens, Novichok Salisbury poisoning – equally applicable to microbial contamination

Reducing population infections risk by preventing pathogen exposure – if you are not exposed you cannot become infected

The basic principles of Risk Management

HAZARD (probability of occurrence of infectious microbes)

X

EXPOSURE (probability of exposure to the microbes)

=

Risk of infection

- Pathogens on floors, walls etc mostly considered low risk because we are unlikely to be exposed
- Pathogens on frequent hand contacts surfaces - the opposite applies

What is Targeted Hygiene?

Targeted Hygiene means focusing hygiene practices **at the times (key moments) and the places (critical points)** that matter to break the chain of infection transmission

Not about discreet interventions, it's about multibarrier interventions aimed at halting movement of pathogens - to reduce **risk of exposure and infection** of susceptible host

It's about **reducing population exposure risk to "acceptable level"** (rather than eliminating hazard)

The chain of infection - “journey of the germ” in home settings

Main sources of infection

People

Foods

Domestic animals



- During our daily lives we perform actions that cause harmful microbes to be spread from these sources - in a way that we become exposed to them through mouth, nose, etc
- Targeted Hygiene is about acting at these “moments” to prevent spread of infection



Portals of entry –
mouth, nose, eyes,
wounds



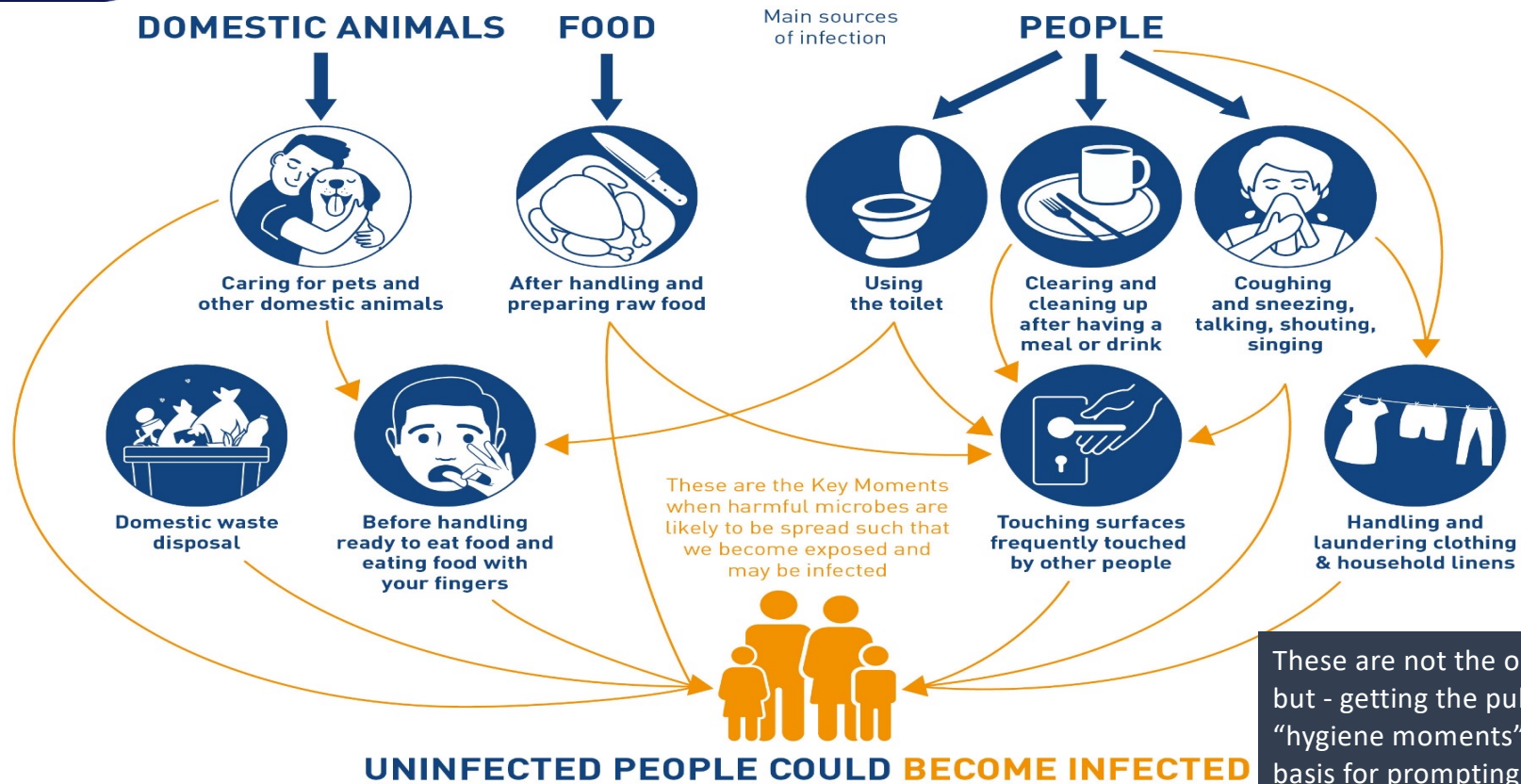
If we are not exposed to harmful microbes, we cannot become infected!

To carry out a risk assessment for the home involved:

1. Assessing people's actions and behaviours through daily life at home
2. Retrieving and assessing published data on sources, surface/hand/aerial transmission rates, portals of entry, infectious dose

Data is then combined to Identify critical moments for spread of pathogens leading to population exposure

The 9 key moments in our daily lives when hygiene really matters



These are not the only moments - but - getting the public to visualize "hygiene moments" provides sound basis for prompting action when needed.

Targeted/moments approach looks at hygiene as the public see it – as a story



Using the toilet



Eating food with your fingers



Caring for pets and other domestic animals



Surfaces which are frequently touched by other people



Handling and laundering clothing & household linens



Domestic waste disposal



Coughing and sneezing



WHEN do I need to practise hygiene - 9 key moments



WHERE to practise hygiene at each moment - hands, contact surfaces, cleaning cloths



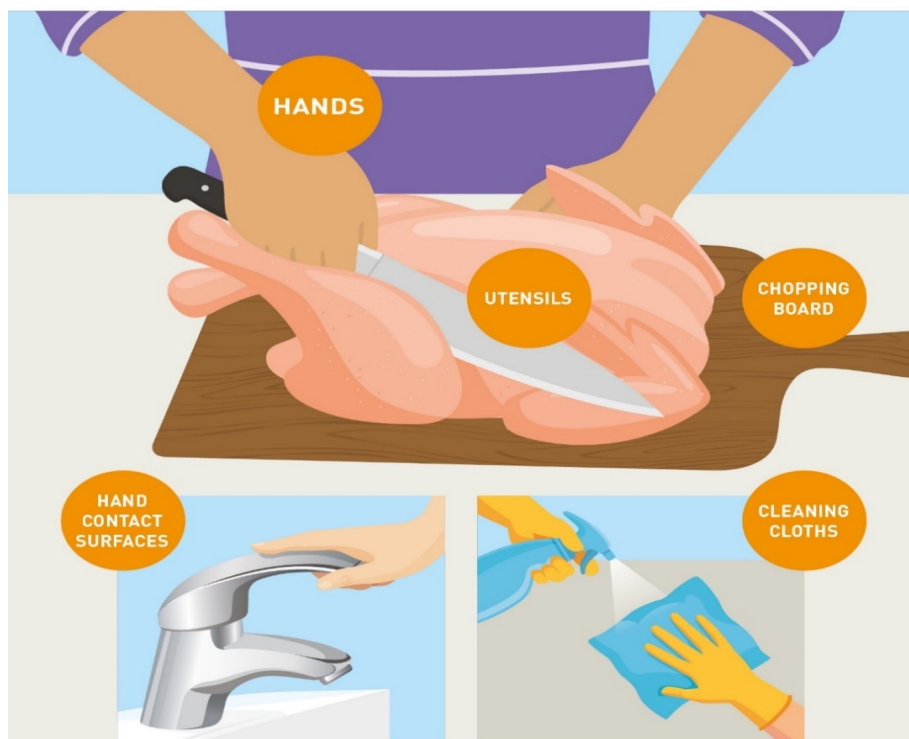
HOW to practise hygiene - handwashing/sanitizer, decontaminating contact surfaces, laundering, masks



Handling and preparing raw food



Key Moment 3: After handling and preparing raw foods



Checklist for cleaning or intervention

Decontaminate by*

Hands	 Handwashing with soap, followed by thorough rinsing under running water
Chopping board	 Clean with a cloth in hot soapy water, apply disinfectant as directed, rinse and dry
Kitchen utensils	 Machine dishwash, or clean with a cloth in hot soapy water, then rinse under clean running water
Surfaces touched by unwashed hands during food preparation e.g taps or cupboard door handles	 Clean with detergent, then disinfect as directed or use a disinfectant cleaner
Cleaning cloths and equipment	 Rinse in hot soapy water, disinfect as directed and dry thoroughly, or use a disposable cloth

Notes:

1. By cleaning up immediately after preparing the food, the risk is contained and there is no need to clean the rest of the kitchen – that is what Targeted Hygiene means.
2. Hygiene on its own cannot make food safe to eat, food safety also depends on safe cooking and safe storage of foods.*

What is happening? How do infections spread when handling raw meat, poultry, fish, vegetables and fruit?

Harmful microbes will be spread to any surface that comes into contact with the food, or is touched by our hands during the preparation process. These can be spread from our hands by touching our mouth or handling ready to eat foods.

* For further details go to Home Hygiene: Prevention of infection at home and in everyday life: a learning and training resource (2018)





Key Moment 1: Coughing and sneezing, talking, shouting, singing



Checklist for cleaning or intervention

Decontaminate by*

Hands		Handwashing with soap, followed by thorough rinsing under running water or use alcohol hand sanitizer if there is no access to handwashing facilities
Surfaces touched by hands		Clean with detergent, then disinfect as directed, or use a disinfectant cleaner
Cleaning cloths		Rinse in hot soapy water, disinfect as directed and dry thoroughly
Air	Social distancing	 Keep 2 metres apart from other people or meet outdoors
	Mask wearing	 Wear a well fitting mask, which has at least 3 layers of material
	Ventilation	 Make sure enclosed spaces are well ventilated

Notes:

Obviously, in daily life – it is not feasible to decontaminate contact surfaces every time we touch them. However, just knowing these surfaces contribute to spreading infection act as a prompt to practise good hand hygiene, to ensure you do not pass infection to others, or they to you.

What is happening - How do respiratory infections spread?

If someone has a respiratory infection, virus particles will be spread from their mouth or nose when they cough, talk loudly etc. This involves large droplets of infected mucous which travel only short distances, or tiny aerosol particles that can travel distances greater than 2-3 metres. Particles can also get onto the persons hands or settle onto surfaces. We become infected either by inhaling airborne particles or touching the mouth, eyes or lining of the nose with contaminated hands from touching surfaces etc.

* For further details go to Home Hygiene: Prevention of infection at home and in everyday life: a learning and training resource (2018)









Key Moment 2: Using the toilet



Checklist for cleaning or intervention

Decontaminate by*

Hands	 Handwashing with soap, followed by thorough rinsing under running water or use alcohol hand sanitizer if there is no access to handwashing facilities
Surfaces touched by hands	 Clean with detergent, then disinfect as directed, or use a disinfectant cleaner
Hand Towel	 Launder at 60°C, or at 40°C with a detergent that contains an active oxygen bleaching agent
Cleaning cloths and equipment	 Rinse in hot soapy water, disinfect as directed and dry thoroughly
Cleaning the toilet	 Flush the toilet after use with the lid closed. Clean and descale toilet bowl, regularly. Clean and disinfectant toilet hand touch surfaces

What is happening? - How do infections spread when using the toilet?










Washing hands after using the toilet prevents spread of gut infections via the hands and contact surfaces. If someone has diarrhoea, splashes and aerosols generated by toilet flushing can contaminate contact surfaces and be spread via hands. Because everyone in the family uses the toilet, other infections e.g respiratory infections can be spread via surfaces frequently touched by all family members. If someone in the household is infected, it is advisable that everyone washes or sanitizes their hands BEFORE using the toilet area.

* For further details go to Home Hygiene: Prevention of infection at home and in everyday life: a learning and training resource (2018)

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Where to practise hygiene at each of the Key Moments

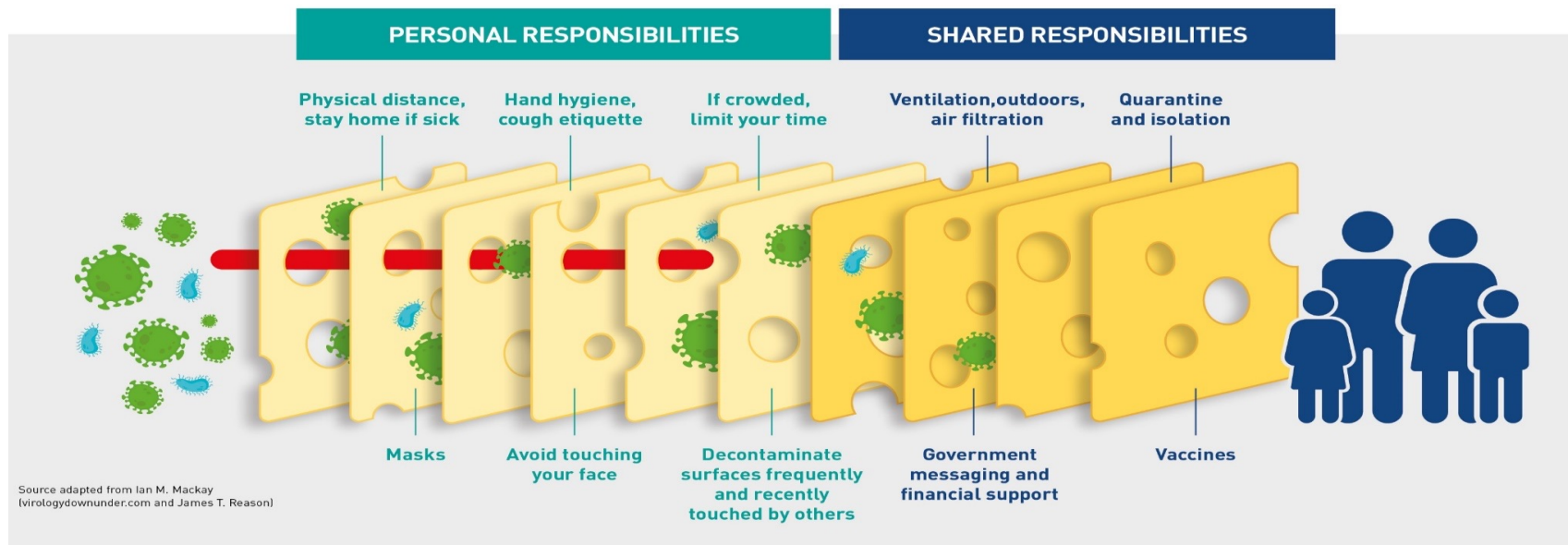
CONTROL POINTS FOR ACTION		 Coughing and sneezing, talking, shouting, singing	 Using the toilet	 After handling and preparing raw food	 Before handling ready to eat food and eating food with your fingers	 Clearing and cleaning up after having a meal or drink	 Touching surfaces frequently touched by other people	 Handling and laundering clothing & household linens	 Caring for pets and other domestic animals	 Domestic waste disposal
Hand hygiene		✓	✓	✓	✓	✓	✓	✓	✓	✓
Hand contact surface hygiene		✓	✓	✓			✓	✓	✓	✓
Food contact surface hygiene				✓	✓					
Cooking, eating and drinking utensils				✓	✓	✓			✓	
Cleaning equipment hygiene		✓	✓	✓	✓	✓			✓	✓
Laundry hygiene								✓	✓	
Air hygiene	Social distancing	✓								
	Mask wearing	✓								
	Ventilation	✓								
Others	Cleaning the toilet		✓							

50% of 1700 people polled in 2022 wrongly believed that “deep cleaning” or using an antibacterial cleaner for routine home cleaning was needed to protect them from infection

The Swiss Cheese Model

Preventing the spread of respiratory infection

A core principle of targeted Hygiene is that – although hand hygiene is central to all key moments, it must be combined with other practices to maximise risk reduction



The slices of cheese represent the various barriers of protection

The holes illustrate none of these barriers are 100% effective

The model shows how barriers work together to minimise the risk of spread of infection in a population

This is despite the fact that some interventions may have a greater impact than others

Intervention study data is a barrier to behaviour change?

- During COVID, Swiss cheese model proved to be an effective way to communicate the need for multiple interventions (bundles?)
- Undermined by public media coverage of clinical studies and conflicting expert opinions
 - May 2020 Daily Mail “*clinical evidence for mask-wearing “not very strong either direction”*’
 - FT Aug 2021 ‘*We need to double down on handwashing, everything else is irrelevant”*’
 - Daily Mail July 2021 “*Why I’m cutting back on handwashing, but keeping my mask on*”
- Prioritizing some actions as MORE important caused public confusion, undermined trust
- Clinicians (and policy makers they advise) don’t recognise that wearing a 75% efficient mask, or that hand transfer associated with “only” 1 in 10 COVID infections exerts a significant impact on transmission in a population of 65 million people



Why could the 9 moments form a basis for building understanding of hygiene practice within the context of halting the journey of the germ?

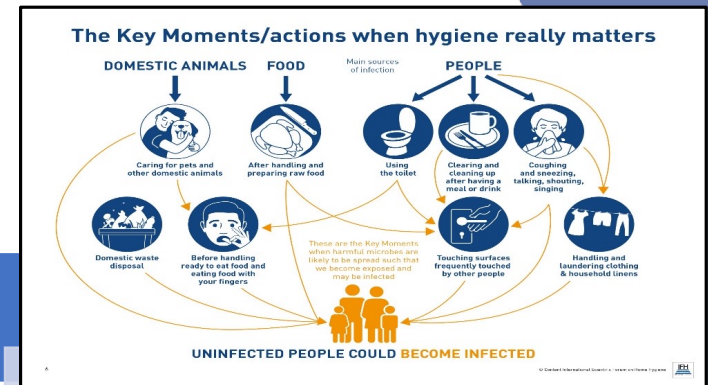
Communicates hygiene as a story relevant to their daily lives

Communicates the story through visualized prompts, graphics, animations, glo germ games

All 9 moments are based on a single scientific “story” (i.e. the journey of the germ)

Doesn't require memorizing lists of actions.

Consistent “e.g. how to wash hands is same regardless of moment at which it is practiced



Document to support policy makers etc to understand how Targeted Hygiene works

Not a one size fits all – intended as a framework

Breaking The Chain Of Infection in our homes and our everyday lives

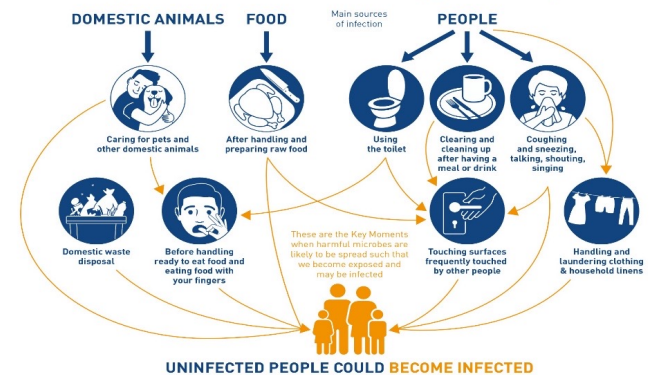
a practical approach to encourage
effective Targeted Hygiene behaviour



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The Key Moments/actions when hygiene really matters



Targeted Hygiene in workplaces and public spaces

COVID highlighted importance of hygiene behaviour in public spaces

- After lockdown, offices, restaurants, supermarkets etc had to implement strategies to make facilities so-called “COVID secure”.
- Strategies illustrate ongoing belief that untargeted, “deep cleaning” can make a public space “COVID secure”.
- Replaced by awareness - facility managers dependent on the public to “keep facilities COVID-19 secure”
not only by “cleaning” facility, but also “enabling public to practice effective Hygiene”
- But also indicates - need to engage the public to share responsibility by adopting effective behaviours in public spaces

*Gyms, restaurants etc saying:
“there’s no surface we won’t
sanitize, no item we won’t scrub”*

*Keep your business premises germ & virus
free. We can help with our special Covid-
19 Deep Cleaning and Fogging services.*

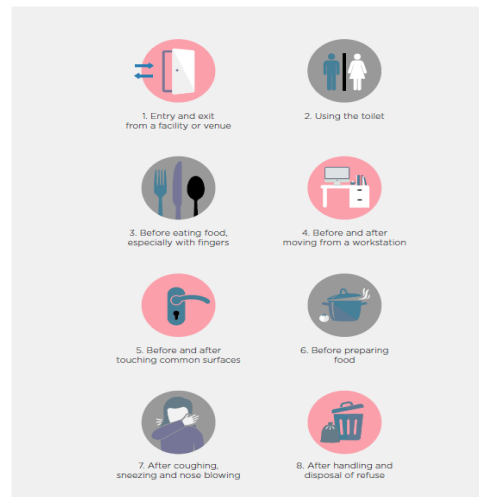
*New York City shutting its subway every
night to blast seats, walls, poles with
disinfectant sprays.*

Implementation of Targeted Hygiene in work and public spaces

- Risk assessment of e.g. office, social, travel spaces to identify risk moments (**WHEN**) by:
- Identify (**WHERE, HOW**) intervention needed at each risk moment to break the chain of infection

8-Moments for Targeted Hygiene

Breaking the Chain of Infection



WHEN

Your Checklist: Implementing the 8 Moments Approach

Listed below are the moments alongside suggested actions individuals should take and critically the responsibilities of facility managers to provide appropriate infrastructure (products plus education) to enable these actions.

Risk Moments	Purpose	Actions for Facility Managers	Education for Individuals
Entering the facility.	To prevent you contaminating the work environment; to protect you from contamination from others via surfaces.	Ensure access to hand washing facilities or hand sanitizer on entry and exit points.	Wash hands with soap & water or use a suitable hand sanitizer if washing facilities are not available.
Exiting the facility.	To prevent you contaminating the environment; to protect you from contamination from others via surfaces.	Ensure access to hand sanitizer at all workstations.	Sanitize your hands before leaving your workstation.
Before leaving your workstation.	To prevent you from spreading infection to others; to protect you from getting infected.	Ensure access to hand sanitizer at internal doors, lifts, staircase lifts and other identified common touch points.	Avoid touching common surfaces where possible. Wash hands with soap and water or use a suitable hand sanitizer immediately after touching.
Touching surfaces frequently touched by other people (e.g. lift buttons, stair rails, grab handles, handrails, barriers, ticket machines, etc.).	To prevent you from spreading infection to others; to protect you from getting infected.	Ensure access to correctly placed hand washing facilities or hand sanitizer.	Wash with soap and water if hands are visibly dirty or use a suitable hand sanitizer immediately after handling the food.
Food preparation for employees in food service establishments.	To protect food from contamination; to protect food from infection.	Ensure food preparation areas and utensils are frequently disinfected.	Sanitize All food contact surfaces after preparing the food and before 'preparing' food in hot foods (e.g. sandwiches, pizzas and cooking oils) are also critical surfaces at this moment.
Before eating food, especially with fingers.	To protect you from infection.	Ensure hand washing facilities with reminders for users; Ensure that food is consumed in a safe area and that there is access to hand sanitizer.	Wash hands with soap and water if hands are visibly dirty or use a suitable hand sanitizer immediately before eating.
Using the toilet.	To prevent self-infection and re-infection from you to others who use the toilet facilities.	Ensure hand washing facilities with reminders for users; Frequently disinfect hand contact surfaces.	Wash hands with soap and water immediately after using the toilet; Disinfect hand contact surfaces using disinfectant wipes.
Coughing, sneezing, nose and face touching.	To prevent transmission of infection from you to others.	Ensure access to hand sanitizer or disinfectants; Ensure safe disposal facilities and remove safely from workplace.	Cough or sneeze into a tissue or fold of your arm; Wash hands with soap and water if hands are visibly dirty or use a suitable hand sanitizer immediately after coughing, sneezing or blowing your nose; Dispose of tissues in a suitable refuse container.
Handling and disposing of refuse.	To prevent transmission of infection from refuse to you and other surfaces.	Ensure hand washing facilities with reminders for users.	Wash hands with soap and water if hands are visibly dirty or use a suitable hand sanitizer immediately after handling refuse.

WHERE, HOW

Targeted Hygiene intervention in a large residential conference setting in 2020



- Large-scale intervention implemented during the 2020 UN Climate Change Conference (COP26) in Glasgow at the height of the COVID-19 pandemic
- Detailed risk assessment of public spaces to identify critical moments/control points for hand and surface hygiene during sessions



Conference delivered without COVID-19 outbreak

Where is your evidence base for clinical efficacy of Targeted Hygiene ?

Quantitative Microbial Risk Assessment: a means to quantify impact of hygiene interventions



Multibarrier risk management approaches fundamentally unsuited to evaluation by intervention studies – difficulties in control of variables

QMRA - Scientifically validated approach - **quantify impact of interventions (including multibarrier) on infection rates** – by mathematical modelling of published data on sources/survival/transfer & exposure rates/infectious dose

Validity of estimate depends on quality of data. As availability of data increases, validity of “quantitative risk reduction estimate” increases

Targeted Hygiene: a sustainable approach



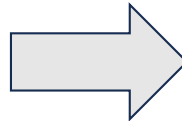
Sustainable use of “resources”

Resources used to practice hygiene include heat, water, detergents, mechanical action, disinfectants

Targeted Hygiene promotes sustainable use – i.e. use in targeted manner

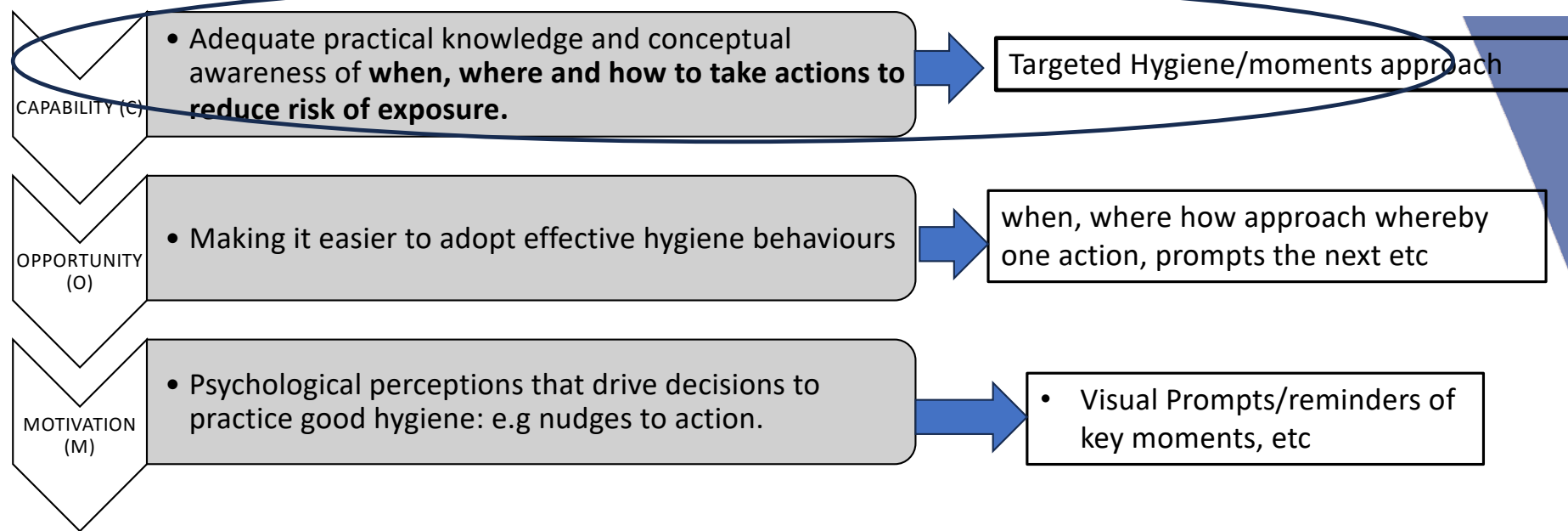
QMRA enables us to tailor resource usage to meet different “risk reduction specifications” as needed- avoids “over use”

What is Targeted Hygiene?



How could we build Targeted Hygiene into policies to promote effective and resilient hygiene behaviour?

Developing the COM-B model for changing hygiene behaviours



Targeted Hygiene provides a practical framework which, when included within this model ensures the multi-barrier behaviours that are adopted are effective against exposure to infection.

Building global hygiene resilience to meet C21st needs

Since 2020/2021, in direct response to COVID, we have seen commitment by national, international gvt agencies and NGOs (WHO, UK, CDC) to “building health resilience” to meet future health threats/challenges

includes building “Hygiene Resilience” – ability to understand, adapt and rapidly respond to future infectious disease threats

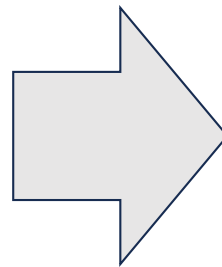
CDC 2023: “The COVID-19 pandemic has demonstrated that health systems worldwide are challenged by daily needs for safety and are unprepared to respond to the emergence of a new infectious disease”.

Vaccines “within 100 days” but frontline hygiene remains vital first line of defense within this critical early period

Proposal for strategy to build public hygiene resilience against GLOBAL challenges based on Targeted Hygiene

Aim	Action:	Objective	Outcome: Global challenge addressed
STAGE 1	Build basic framework of understanding		
Develop public understanding of Targeted Hygiene as part of routine daily life behaviour	<ul style="list-style-type: none"> • Key moments - When, Where, How • Multibarrier approach - Swiss cheese model • Conceptual + practice understanding 	“Comprehensive“ reduction “endemic“ ID burden – including GI, RT, skin etc infections circulating in community and healthcare settings	<ol style="list-style-type: none"> 1. Reducing “endemic” global ID burden on health, prosperity etc 2. Tackling AMR by reducing: <ul style="list-style-type: none"> • Community antibiotic prescribing • Spread in communities, hospitals, water supplies, food etc
STAGE 2	Building hygiene resilience		
Sustain conceptual/practical understanding as basis for building hygiene resilience	Adaptation of TH to identify to effective response new challenges as they arise.	<ul style="list-style-type: none"> • Vulnerable in community – TH remains same - but failure to comply → higher risk of (serious) infection • TH augmented, intensified, to target specific local/global challenges 	<ol style="list-style-type: none"> 3. Protecting vulnerable individuals living in the community 4. Preparedness for outbreaks, epidemics, pandemics etc

To what extent could a risk management framework be used **globally** for developing hygiene resilience?



Require extensive local adaptation to address disease priorities, access to water and sanitation, educational status, etc.

Given that the basic scientific principles of spread of hygiene-related infections are the same globally, it ought to be possible?

**Is cleanliness important?
(i.e. absence of dirt)**

EU study – 25 countries 2021: variable understanding of difference between cleaning and hygiene

55-68%

- **Hygiene** is more than cleaning, it's about protecting

15-20%

- **Cleaning** and **hygiene** are the same thing – if a surface is clean it's also hygienic

16-28%

- **Cleaning** means using a cleaning product, **hygiene** means using a disinfectant

Since cleaning professionals move between work & home lives, these misconceptions likely impact on how they interpret Cleaning & Hygiene guidelines?.

Cleaning expert said **“If someone asks me to clean that table...I don’t know what to do unless I know what that table will be used for.”**

Guidelines for hygiene and cleaning in hospitals/public spaces do not mention this concept – elephant in the room?

Environmental cleaning has **2 fundamentally different functions** - both are important

We **have to** accept and openly address this in cleaning guidelines and training modules?

1. **Hygiene practices** aimed at reducing exposure to pathogenic microbes
2. **Visible cleanliness** vital to building and sustaining public confidence, that high quality care is being delivered/ safe food is being served etc.

Conclusions – action points

Public hygiene understanding & resilience is vital to addressing hygiene-related disease challenges we currently face. Not only in relation to our everyday lives but for working to sustain microbial safety in healthcare settings, food, hospitality and many other professions

IFH working for change:

1. Gain acceptance that building public hygiene resilience will only be possible if we also build conceptual understanding to overcome barriers to change
2. Gain acceptance that risk management approaches offer a means to achieve this
3. Lobby for change at gvt & public health policy level:
 - Elements of hygiene - food safety, healthcare, AMR, pandemic preparedness - must be unified and communicated in user-centred way
 - Dedicated leadership teams within health agencies needed to co-ordinate frontline hygiene policy

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Slide No.	
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