

Written statement (600 words max)

Médecins Sans Frontières (MSF) welcomes the framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African region 2022–2030. It highlights that the burden of tropical and vector-borne diseases disproportionately affects the WHO African Region and the most marginalised communities. It is promising that the framework includes intensified efforts to control noma disease, in line with the Regional Oral Health Strategy 2016-2025.

Noma is a necrotising disease affecting mainly children from the poorest communities. It starts in the mouth and quickly leads to disfigurement and stigmatisation. In 1998, the WHO estimated that 140,000 new cases of noma occur each year, and that 770,000 patients who had survived the initial inflammation were living with noma sequelae. MSF welcomes the project of an updated burden estimate but bridging the knowledge gap on noma should not delay efforts to improve the early detection, diagnosis and management of cases at the primary care level.

While the aetiology of noma remains unknown, we do know that noma is preventable and treatable. If cases are detected early, it can be treated easily with a short course of antibiotics and wound dressing. Noma can also be easily prevented when communities have better access to a balanced diet, good oral hygiene, healthcare and vaccination against childhood diseases. Noma is a marker of health inequalities, and its elimination is an indicator for the realisation of the Sustainable Development Goals (SDGs).

In 2014, MSF began supporting a noma hospital in Sokoto, Nigeria. This hospital treats the acute stages of noma and provides a holistic approach including surgery, physiotherapy, mental health support, health education and nutrition to heal the scars of this debilitating disease.

As noma is easily preventable and reversible in its early stages, the costs of delayed treatment, including surgery and rehabilitation, are significantly higher than those of its prevention. Efforts at the community level to scale up preventive activities and detect people with active noma as well as noma survivors are crucial. However, the disease is unknown by many healthcare workers, even in countries with a high burden of the disease. This lack of awareness is leading to a low prioritisation in regional and national health agendas and limited support for research, prevention, and treatment programmes.

MSF recommends that the World Health Organization (WHO) recognise noma as a Neglected Tropical Disease (NTD) of highest importance. Nigeria, in collaboration with a coalition including MSF, researchers and representatives of non-governmental organisations has compiled a dossier of evidence demonstrating that noma meets all four required criteria to be listed as a category A NTD. The four criteria for diseases to be considered an NTD are that they disproportionately affect populations living in poverty and in tropical and subtropical areas, causing important morbidity and mortality, including stigma and discrimination, that they can be controlled, eliminated or eradicated by public health interventions and are relatively

neglected by research. Nigeria will be submitting a request for the addition of the disease to the NTD list of the WHO. Considering existing initiatives such as the Regional Noma Control Programme, it is crucial for Members States of the region to support this initiative.

The addition of noma to the NTD list would bring needed attention to the disease and facilitate the integration of activities against noma into other public health programmes. By realising the SDGs, the main risk factors for noma will be addressed, namely poverty and hunger eradication, access to quality healthcare, and improvement of socioeconomic status. Raising awareness by recognising noma as an NTD is the critical first step to make change happen.

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