Background

Noma is an infectious orofacial gangrene, a disease of unknown etiology.

Results in severe tissue destruction affecting malnourished children.

Mainly observed in tropical countries:
• “noma belt” a region that stretches from Senegal to Ethiopia, with highest incidence/prevalence in Nigeria.

Estimated annual incidence of 140,000 and worldwide prevalence estimated at 700,000 cases:
• may severely underestimate actual figures as its believed that fewer than 15% of acute cases present for care.

Extreme poverty amplifies the risk:
• other risk factors include malnutrition, poor oral hygiene, and co-morbidities - such as leukemia, HIV/AIDS, malaria, or measles.

If untreated, noma has a 90% mortality rate.
If treated, with antibiotics and nutritional support prior to the gangrenous phase, the mortality rate decreases to less than 10%.

Objective & Aims

Demonstrate that noma meets the adoption criteria for classifying a condition as a Neglected Tropical Disease (NTD) by the World Health Organization (WHO) Strategic Technical Advisory Group (STAG).

• Provide justification for STAG consideration.
• Demonstrate the impact of NTD categorization.
• Contribute to developing knowledge.
• Offer recommendations and next steps.

Process

Performed a comprehensive literature review of the available resources on this topic.

Prioritized literature related to noma & the NTD adoption criteria outlined by the WHO STAG.

Conducted a comparative review and analysis of literature against NTD adoption criteria.

Established justification for WHO consideration.

Developed recommendations and next steps based on analysis and understanding of WHO processes.

Discussion

Disproportionately affects impoverished, no known cases in citizens of high income countries.

Primarily affects populations in tropical areas with highest incidence/prevalence in the “noma belt”.

Preventable and amenable to control and elimination through advocacy, education, and timely use of antibiotics and nutritional support.

Neglected by research, evidenced by outdated epidemiological data, unknown causative agents, and exclusion from reporting (e.g. global burden).

Global response and international efforts are justified because noma meets the NTD adoption criteria yet remains a preventable scourge affecting the most vulnerable of populations.

Recommendations

Explore opportunities for corporate partnerships.

Secure funding for research on disease etiology & studies to estimate disease burden.

Prepare dossier of evidence (including peer-reviewed scientific publications) to support request.

Solicit member state support and secure statement of public health significance of noma.

Submit request for inclusion at the 14th meeting of WHO STAG for NTDs (~April 2021).

Conclusion

The WHO has made progress combatting NTDs. Since 2012, 31 countries eliminated an NTD and 300 million fewer people require treatment in 2017.

The public/private collaboration in the fight against NTDs has saved millions from disability and poverty and has proved to be one of the most effective global partnerships in public health.

Noma would benefit from all available resources resulting from NTD categorization, including efforts underway toward reaching UN Sustainable Development Goal 3.3 which calls for the end of NTDs by 2030.