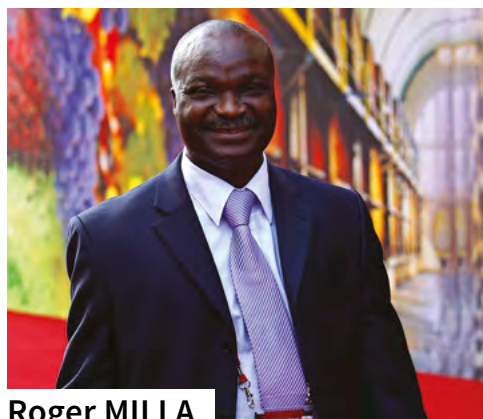


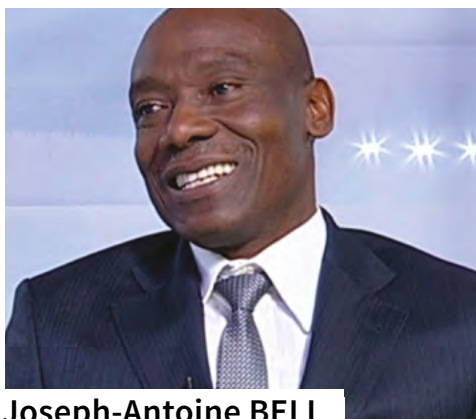


NOMA FUND

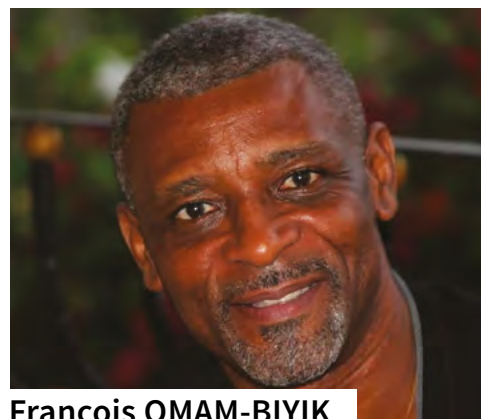
TOGETHER,
LET US SAVE THE CHILDREN VICTIMS OF NOMA



Roger MILLA



Joseph-Antoine BELL



François OMAM-BIYIK



« ACTION PLAN 2021-2030 »





1 Noma fund

by its president **Roger Milla**



Summary

1	Noma Fund by its president Roger Milla	P-3
2	They are committed against Noma Roger Milla, Joseph-Antoine Bell, François Omam-Biyik et Patrick Mboma	P-4-5
3	Noma Fund association	P-7
4	Action plan	P-8-11
5	The support of the local actors	P-12-13

I am Albert Roger Milla, former international footballer for the Cameroon team. The cause for which I am calling you is Noma, **forgotten disease of extreme poverty** that leaves children faceless. This dreadful disease, which kills almost all of its victims, spares the lives of the remaining 10% by leaving them completely disfigured, effectively condemning them to hide and aggravating their already very precarious social condition.

The project «**Acting against Noma 2021-2030**», which I have the honour to sponsor with other former football celebrities (among which the famous goalkeeper Joseph-Antoine Bell), aims at eliminating this disease by 2030 in the entire African territory. To this end, it provides for a major awareness-raising and mobilization plan, as well as the establishment of structures for the early care and reintegration of victims of Noma disease.

In the short term, we want to see the construction of an African regional hospital dedicated to severe cases of Noma. Currently, the few cases treated are being handled in specialised European hospitals at very high cost, paid by a few humanitarian organisations which occasionally help through a chain of solidarity. I therefore invite all good wills, both political and private, from governments to patrons of all kinds, to join us in this fight for the dignity of our children, so that together we can put an end to the tragedy of Noma.

You have often seen me in the past supporting many initiatives on African soil in my capacity as President of the Foundation “Coeur d’Afrique”. But this time, when I thought I had been exposed to all the suffering, I was particularly struck by the phenomenon of faceless children. That is why through this initiative I want to do even more, by committing myself more strongly to this humanitarian action, with the perspective of allowing the total eradication of this terrible childhood disease linked to extreme poverty.

Noma Fund association

Noma Fund is a non-profit association, co-founded in Paris in January 2019 by former football stars **Roger Milla and Joseph-Antoine Bell**. Its purpose: raising the international community's awareness of Noma, **a forgotten childhood disease of extreme poverty**. This gangrene, which affects each year over 140,000 children aged from 2 to 6, infects their faces and leaves them completely disfigured. With a mortality rate of 90%, Noma mainly affects people in the world's poorest areas, especially in South America, Southeast Asia and Africa.

By creating Noma Fund association, we are committed **to reducing this disease in the perspective of its complete eradication**. We have also launched the project «Acting against Noma 2021-2030», which

provides for the implementation of an action plan for the populations most likely to be affected by the disease, first in 10 target countries in Africa (Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Ivory Coast, Ghana, Equatorial Guinea, Liberia, Nigeria and Senegal), then in all areas affected by the disease, **including Africa, South America and South-East Asia**. **This plan, which integrates public authorities and all local actors** (schools, health workers, associations, etc.), aims to improve knowledge, understanding and management of the disease, both before and after its appearance.

2 They are committed against Noma

Roger Milla, Joseph-Antoine Bell, François Omam-Biyik et Patrick Mboma

Joseph-Antoine Bell

Treasurer and co-founder of Noma Fund

Former goalkeeper Joseph-Antoine Bell is also a member of Noma Fund adventure. Sensitive to humanitarian causes, he wishes to put his fame at the service of the fight against Noma.

«Noma Fund is the achievement of the expression of an injustice, and a great frustration. Noma is both a terrible and extremely «fragile» disease: terrible, because of the consequences it causes, and fragile because of the limited resources it requires to be eradicated. Indeed, a simple antibiotic treatment when the first symptoms appear is enough to fight Noma. It is therefore a scourge that can be put to an end very quickly! Given the number of deaths linked to the disease, and the serious consequences suffered by the few survivors, it is terribly frustrating. Noma Fund wants to put an end to this injustice, which has no place in our time!»



Roger Milla

President and co-founder of Noma Fund

Roger Milla, a true football legend, has left his mark on a whole generation of football players. Today, he devotes his life to humanitarian commitments of great importance to him. In 2018, he discovered Noma disease, which wreaks havoc on thousands of children among the poorest populations in South America, Southeast Asia and Africa.

«When I was first confronted with the terrible disease of Noma, I was dumbfounded. I did not think that in this day and age, when the health and well-being of our children is the norm, such a disease could persist. Noma, which kills 90% of affected children, leaves survivors permanently scarred and has a very serious impact on their social integration. It is this distress that gave birth to Noma Fund association: today, I feel entrusted with the mission of giving more visibility to this disease of extreme poverty, in order to give hope to the most disadvantaged children.»



François Omam-Biyik

Supporter of the project « Acting against Noma 2021-2030 »



François Omam-Biyik, another big figure in Cameroonian football, is also involved in Noma Fund association.

«When my fellow footballers made me aware of the cause of Noma, I quickly identified with all these children victims of the disease. I myself grew up in Africa, in very difficult conditions, and I tell myself that I could have been one of those victims.»

Patrick Mboma

Supporter of the project « Acting against Noma 2021-2030 »



Patrick Mboma has also joined the fight against Noma. By associating himself with Noma Fund, he wishes to put his fame at the service of the children victims of the disease, who each year die in the greatest indifference.

«Who are these children who have not had the chance to escape the disease? What can I do on their behalf to make a difference? Joining Noma Fund's cause and the action plan «Acting Against Noma 2021-2030» has become a self-evident matter to me.»

Noma Disease ?

INITIAL PHASE

Noma, a childhood disease that mainly affects the world's poorest areas, presents several phases. In the first phase of the disease, small lesions appear inside the mouth, quickly turning into facial edema. A fetid breath, some lymph nodes, high fever and diarrhea may also occur. Informing and sensitizing populations about this first step in the infection process is a key focus in the fight against Noma. Indeed, at this stage, the infected child can be saved with a simple drug treatment.



THE GANGRENOUS PHASE OF THE DISEASE

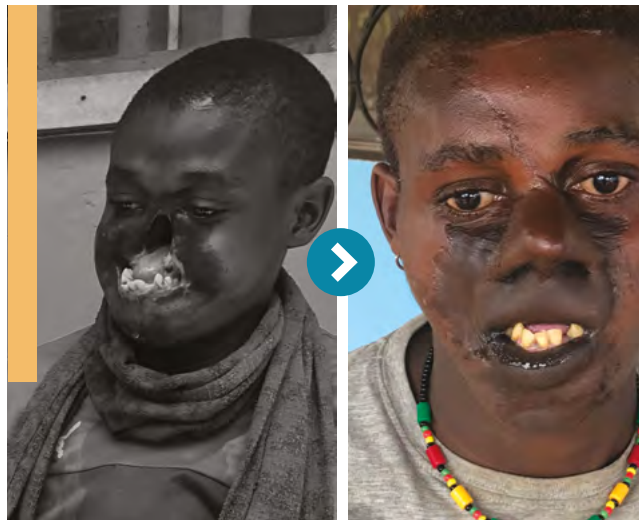
After the first phase of the disease, the evolution of Noma is dazzling. The infected area extends all around the mouth, until the face of the sick child is completely deformed. The gangrene is so severe that muscle tissues and bones are also infected. This stage of the Noma infection process ends in 90% of cases with the death of the child, victim of necrosis. The survivors present mutilating forms of their faces, and are waiting in almost total isolation. Hidden under a veil or an unhealthy cloth, they are waiting for a providential hand that can support their surgical repair treatment in specialized hospitals in Europe (cf. video of Ita's case).



AFRICA, FIRST CONCERNED

Noma affects the world's poorest populations. It is in conditions of extreme poverty, where malnutrition and lack of oral hygiene are rampant, that this childhood disease develops, affecting children between the ages of 2 and 6. Currently, the areas most affected by Noma disease are located in South America, Southeast Asia, and Africa.

It is in this latter area that Noma Fund's action is largely focused: by undertaking effective and targeted field actions throughout Africa as quickly as possible, Noma Fund members are committed to protecting children from all walks of life from this particularly devastating childhood disease, and enabling them too to live a happy and fulfilling life.



Ita before

Ita after

3 Noma fund

Noma Fund is a fundraising initiative, set up to encourage global solidarity to end one of the greatest abominations of our time, «**the faceless children**». The ultimate aim of the fund is to raise awareness, prevent the occurrence of the disease, and manage cases of complications of this disease on African territory within a hospital based in Africa, and administered by African practitioners gradually trained.

The project will be managed in each country by a local technical coordination team that will work in liaison with the managers, focal points of each phase, within the ministries involved in the project. A regional technical team based in Cameroon will

coordinate the entire project. By initiating the project «**Acting against Noma 2021-2030**», Noma Fund intends to increase awareness and prevention in favour of this disease, but also to **build a regional reference hospital** based in Cameroon (Africa), as well as **care centres** in 9 other Central and Western African countries (Ivory Coast, Ghana, Equatorial Guinea, Liberia, Nigeria, Central African Republic, Democratic Republic of the Congo, Senegal and Chad) **providing free care for children victims of Noma**, and more broadly for the taking of disfiguring maxillofacial disorders.



4 Action plan



1

Awareness-raising phase

The awareness-raising phase is the first stage of Noma Fund's action plan. This first step should lead to a better understanding of Noma disease, as well as the factors that contribute to its development.

The purpose of this first phase of the project is so to raise awareness among

AT LEAST

80%

of the community about Noma and the basic preventive measures to decrease the disease.



This purpose concerns the **10 COUNTRIES**

included in the project, and is aimed primarily at those most likely to be affected by the disease. Schools and families are at the heart of this phase, which will yield results fairly quickly.

The coordination teams of each targeted country will assist local actors in the setting up and contextual implementation of the mobilization plan. Emphasis will be placed on decentralizing interventions in order to be able to act directly and more effectively on the epicentre of the disease.

The content of the awareness messages will focus on **3 main areas** :



the promotion of good eating habits,



the promotion of body and oral hygiene,



the promotion of good practices in the event of a health problem.



2

Prevention phase

Prevention is the second phase of the Noma Fund project, and is a step towards better detection and early management of the disease.

This second step will ensure that **80%**

of children at risk are effectively covered against the main risk factors of Noma. It consists in enabling local health workers to appropriate all the tools and techniques required for the early detection of Noma disease, the early and effective management of patients as soon as the first symptoms appear, as well as the reinforcement of prevention messages.



In the long term, during the second five-year period of the project, Noma Fund expects an incidence of zero new cases of Noma patients, in order to gradually strengthen the surgical care and social reintegration of victims. The prevention phase will be carried out with the participation of local health workers, on the same decentralized and integrated model as the phase of awareness. Thanks to Noma Fund, these health professionals will benefit from a reinforcement of their technical skills and technological knowledge, to assist in screening and proximity management of Noma risk factors.

Noma Fund plans to implement screening campaigns in schools and families located in the heart of areas with high incidence of the disease. The identified risk factors will be addressed through the provision of resources, provided free of charge by the project.

These resources are made up of :



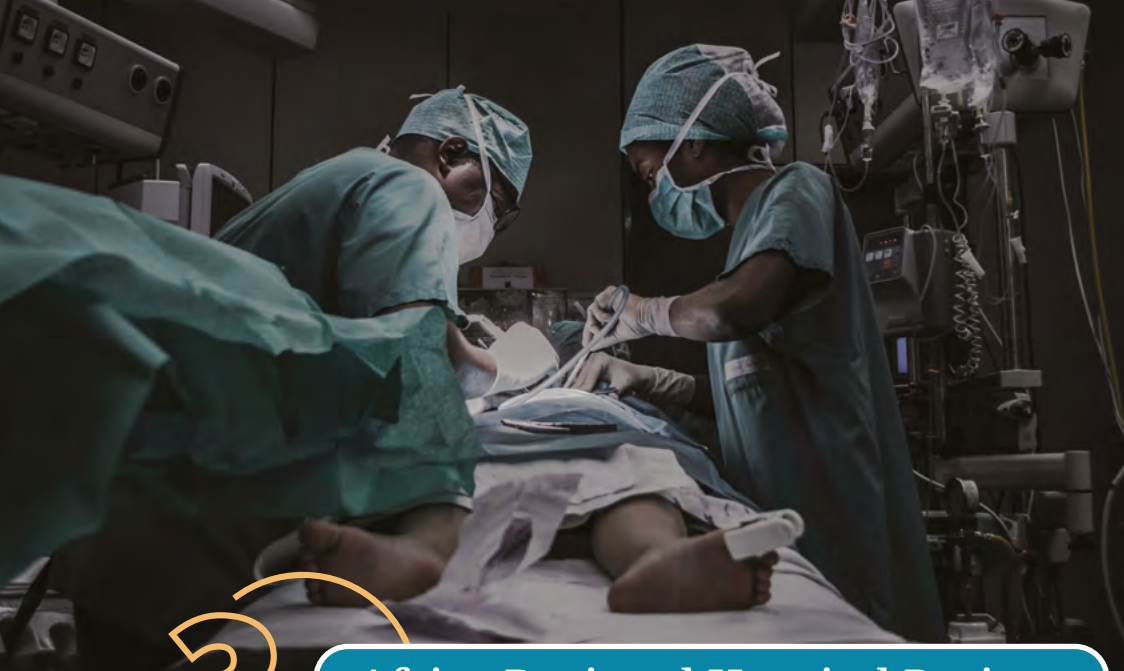
enriched food supplements to correct malnutrition,



dental hygiene kits,



antibiotics suitable for the treatment of bacterial infections of the mouth.



3 Africa Regional Hospital Project

The creation of a regional reference hospital in Africa, which will provide appropriate and autonomous care for Noma patients, represents a key step in the project led by Noma Fund.

The objective of this third phase is

to ensure the surgical management of complications of Noma patients, and the psychosocial management of 100 % of Noma victims. It provides for:

- the creation of care and rehabilitation centres,
- and the construction of the reference hospital.

Along with the awareness and prevention phases of the project,

we will start building care and rehabilitation centres in the **10 countries** of the project (**Cameroon, Ivory Coast, Equatorial Guinea, Ghana, Liberia, Nigeria, Central African Republic, Democratic Republic of the Congo, Senegal and Chad**). The technical coordination team of each target country will handle the recruitment of a multidisciplinary team on site in order to carry out a complete follow-up of the victims identified and treated in the framework of our action.

THE CARE CENTRES

The project involves the construction of care centres in each of the target countries. They will take care of Noma patients before they are admitted to hospital and after their surgery. Thus, patients will be able to benefit from preparation for care, and from a social reintegration plan afterward.



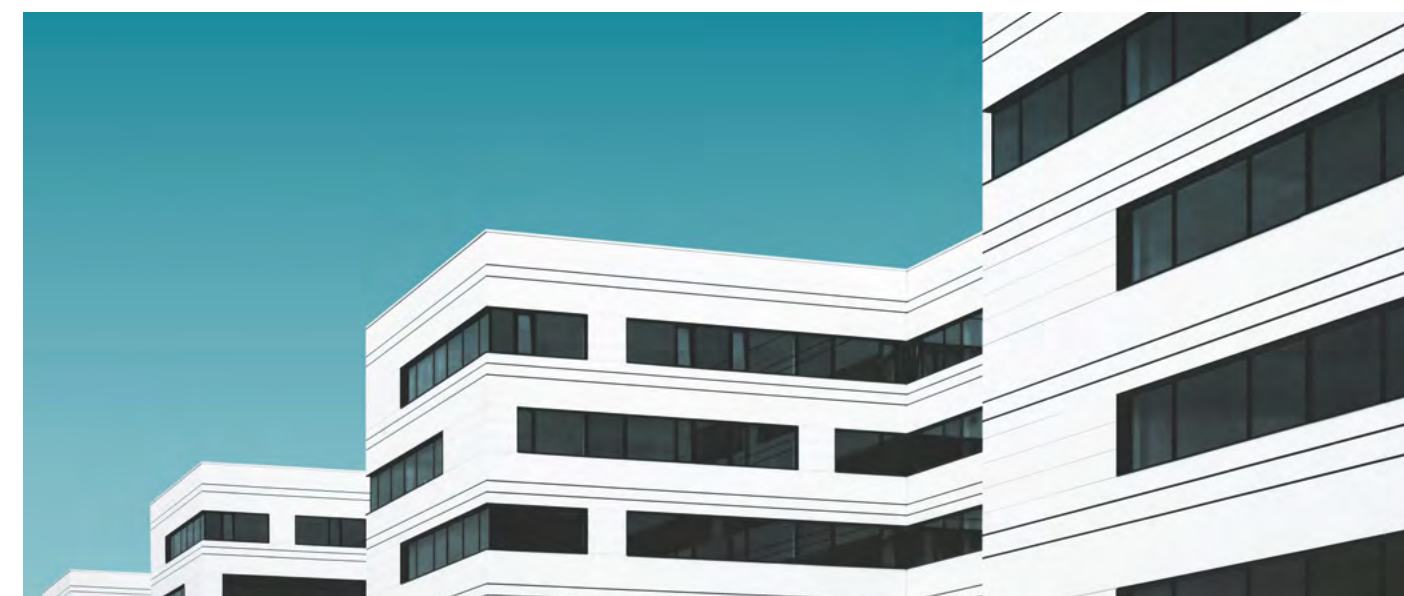
This 10,000m² plot of land located 8 minutes from Yaounde-Nsimalen airport was made available to the project by the Cameroonian government.

THE REGIONAL REFERENCE HOSPITAL IN AFRICA

The African Reference Hospital will be built simultaneously with the care centres, and will specialise in the provision of surgical and rehabilitation care. It will welcome victims of Noma complications, as well as people with all congenital or acquired facial malformations. A site near Yaounde-Nsimalen International Airport in Cameroon has already been identified for this project, in order to facilitate access to these facilities.

This project to build a referral hospital aims to ensure that any child on the waiting list of care centres receives comprehensive surgical treatment for complications of the disease and high-quality rehabilitation.

During the first years of operation, expatriate practitioners from specialized centres in Europe, America and Asia will carry out surgical operations within the Regional Reference Hospital in Africa. Gradually, a transfer of skills will make it possible to set up a team of surgeons of various African nationalities, who will take over in a sustainable and independent way. Thus, the hospital will operate autonomously during the 10 years of the project. A management transfer will be carried out gradually over the last few years until it is fully retroceded to the Ministry of Public Health of the host country at the end of the project.



5 The support of the local actors

The chances of success of the project «Acting against Noma 2021-2030», led by Noma Fund association, largely depend on the integration of local actors in the implementation of the various means of action described before, to achieve almost exclusive autonomy at the end of the project.



ALSO, NOMA FUND

plans to work in cooperation with **the governments of the 10 target countries of the project**, involving the ministries most directly concerned.

A **steering committee**, composed of project promoters and designated representatives of each government, will deliberate on the various strategic choices, as well as on the budgets dedicated to each phase of the project. This authority will meet at least twice a year, and will act as a board of directors for the project. The project governance rules, as well as all other procedural manuals related to the project, will be validated within this steering committee.

In addition, **local health workers** will be integrated into the project very quickly. They are the ones who, on the field, will gradually be called upon to take charge of the screening of the disease, and the administration of first aid. Similarly, **African medical teams** will gradually take on the integral management of patients, both within the care centres planned as part of the project, as well as in the regional reference hospital in Africa.

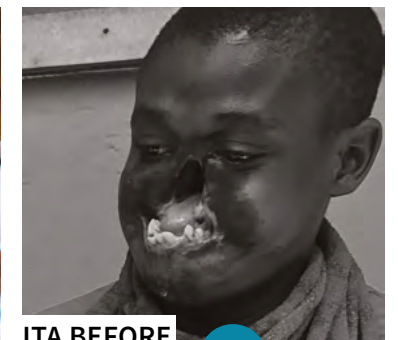
To do so, they will be entrusted with all the advanced equipment required for the management of patients, and will benefit, if necessary, from appropriate technical training.

Roger Milla visits the Weccare Foundation (Yaoundé) where Ita, a Noma patient, was followed as part of his care.

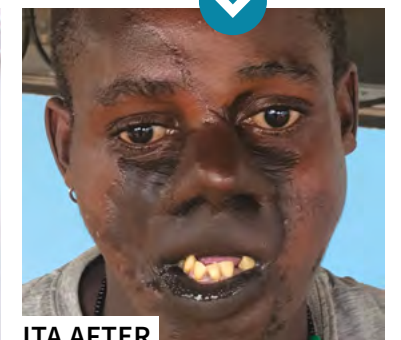


Roger
Milla's visit

June 12, 2019



ITA BEFORE



ITA AFTER



140 000
children victims of
Noma every year





NOMA FUND MAJOR EVENTS 2020

INAUGURATION OF THE PROJECT
«ACTING AGAINST NOMA 2021-2030»

5 MARCH 2020 IN PARIS

PARIS 2020 INTERNATIONAL CONFERENCE FOR
THE IMPLEMENTATION OF THE PROJECT
«ACTING AGAINST NOMA 2021-2030»

DECEMBER 2020

CONTACT

NOMA FUND
10, avenue George V
75008 Paris
+ 33 1 88 61 80 60

56, rue des Colonies
1000 Brussels
Belgium
+32 22 808 87 28

www.noma-fund.org



Roger Milla

President & General Coordinator of the project
«Acting against Noma 2021-2030»

roger.milla@noma-fund.org

Joseph-Antoine Bell

Vice-President & Treasurer

ja.bell@noma-fund.org

Dr Georges Barthélémy Nko'Ayissi

General Secretary & Technical Coordinator

gb.nko@noma-fund.org

