



**INTERCOUNTRY WORKSHOP ON
THE REGIONAL NOMA CONTROL
PROGRAMME, ABUJA, NIGERIA,
20–22 NOVEMBER 2019**



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

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**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA
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Intercountry workshop on the Regional Noma Control Programme, Abuja, Nigeria, 20-22 November 2019

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Executive summary

WHO AFRO organizes its Intercountry Workshop on the Regional Noma Control Programme (RNCP) annually, bringing together key stakeholders from noma priority countries to discuss challenges, lessons learned and best practices for scaling up context-appropriate noma interventions in line with the RNCP. In 2019, the Intercountry Workshop on the Regional Noma Control Programme was held in Abuja, on 20–22 November. More than 30 participants from the Ministry of Health (MoH) and World Health Organization (WHO) country offices, partner agencies, WHO headquarters and the WHO Regional Office for Africa (AFRO) attended the workshop. Their goal was to share recommendations from the external evaluation of the RNCP conducted in 2018 and to discuss ways of improving both the RNCP and National Noma Control Programmes (NNCPs) efficiently by focusing on enhancing multi/intersectoral collaboration and strengthening reporting and the monitoring and evaluation system.

The workshop was organized into the following sessions: Report on the RNCP external evaluation in 2018; country presentations on progress since last year's intercountry workshop; enhancing multi/intersectoral collaboration and research; integration of noma prevention and control into existing projects in WHO; and ways of making the RNCP and NNCPs more results-based, including group work.

Based on the external evaluation and the country presentations, it was acknowledged that while various activities had been conducted in each country to fight against noma, the following issues needed to be addressed:

- coverage of communities where trained primary health-care workers were assigned was still low;
- the NNCPs were focused more on activity rather than results-based work;
- lack of a framework for programme implementation and monitoring and evaluation made it difficult to implement the NNCPs using a multi/intersectoral approach;
- delays in the transmission of the budget owing to miscommunication among the MoH, WHO country offices and AFRO.

At the end of the workshop, it was resolved that the following ideas, reflecting all the workshop's components, should be used in the fight against noma:

- considering noma's characteristics, including the fact that it is a social disease, it is important to strengthen multi/intersectoral collaboration in addressing the disease, while controlling its risk factors and the social determinants that influence them;
- priority should be given to oral health promotion, prevention and early detection of noma, as well as strengthening the approach to noma management.

To implement the RNCP and NNCPs more efficiently, participants confirmed the need to:

- rebuild the impact framework to make the RNCP and NNCPs more results-oriented;
- strengthen reporting and the monitoring and evaluation system;
- utilize an innovative approach, such as mHealth interventions, to make the project more efficient and gather accurate data regularly;
- build the capacity of focal points in the MoH for programme management;
- improve collaboration among Member States and WHO through communication and idea sharing on the content of modules/implementation plans.

1. Background

Noma is a necrotizing disease that destroys the mouth and face. It affects mostly children between the ages of two and six years, who suffer from malnutrition and live in extreme poverty. The acute phase of noma is devastating. Without treatment, 90% of patients die within two weeks of the onset of the disease. Even survivors of the acute phase present severe facial disfigurement, and have difficulty eating and speaking. They also face social stigma and isolation. Most affected communities in Africa are situated in peri-urban and rural areas where traditional beliefs and stigma are prevalent, and early diagnosis, detection and access to care are not always available.

To help bridge the knowledge gap on noma and improve early diagnosis, detection and management of cases at the primary care level, the WHO Regional Office for Africa set up the Regional Noma Control Programme (RNCP) in 2001. In the RNCP framework, 10 selected noma-priority countries¹ have implemented their National Noma Control Programme (NNCP) through the development of three-year national plans, with financial support from a German NGO, Hilfsaktion Noma e.V., since 2013.

These three-year national plans of action in each country have the following specific objectives:

- strengthening and developing the capacities of social actors and health staff at the community level
- undertaking awareness-raising and social mobilization
- developing aids for training, education, and awareness-raising
- monitoring and evaluation
- programme coordination and leadership

In 2018, in reviewing the past phases and implementation process of the RNCP and NNCPs to inform mid-course corrections towards newer phases of the programme implementation, AFRO conducted an external evaluation of the RNCP. According to the evaluation, some progress was made between 2013 and 2017, such as the development of action plans and the implementation of various disease-prevention activities in noma-priority countries. However, the evaluation shows that the RNCP should further

¹ Benin, Burkina Faso, Côte d'Ivoire, Democratic Republic of Congo, Guinea-Bissau, Mali, Niger, Nigeria, Senegal and Togo

encourage actors to: rebuild the RNCP impact framework; strengthen reporting and the monitoring and evaluation system; and enhance multi/intersectoral collaboration within WHO and among countries.

AFRO organizes annual intercountry workshops on the RNCP for key stakeholders from 10 noma-priority countries to discuss challenges, lessons learned and best practices for scaling up context-appropriate noma interventions in line with the RNCP. In 2019, delegates from nine noma-priority countries² from the Ministry of Health and WHO country offices, two potential new priority countries,³ donors and partners participated in the workshop to share the recommendations following the evaluation of the RNCP, and discuss how to improve the RNCP and NNCPs. Participants focused on two recommended points: enhance intersectoral collaboration; and strengthen reporting and the monitoring and evaluation system.

1.1 Objectives

Overall objective

- Reduce the burden of populations affected by noma.

General objective

- Improve the RNCP and NNCPs.

Specific objectives

- present and discuss key findings and recommendations from the evaluation of the RNCP;
- present: (1) the main achievements and lessons learned from the NNCPs in 2018; and (2) progress made since the 2018 intercountry workshop based on the recommended action points for countries;
- identify ways to enhance collaboration, based on suggestions by other programmes closely linked with noma prevention and control, and discuss lessons learned from global, regional and other countries' experiences;
- improve coordination of the RNCP and NNCPs (including reporting and monitoring and evaluation).

² Benin, Burkina Faso, Côte d'Ivoire, Democratic Republic of the Congo, Guinea-Bissau, Niger, Nigeria, Senegal, Togo

³ Madagascar, Mozambique

1.2 Expected outcomes

- Participants can share their experiences and lessons learned to improve the NNCPs and reflect on progress since the last intercountry workshop;
- Participants can identify important lessons from the evaluation of the RNCP and make actionable recommendations for the implementation of the RNCP and NNCPs moving forward;
- Participants can identify ways to enhance multi/intersectoral collaboration under each context;
- Participants can strengthen their capacity to coordinate the RNCP and NNCPs (including reporting and monitoring and evaluation) more efficiently.

2. Summary of proceedings

The meeting was officially opened by Dr Rex Gadama Mpanzanje, Project Manager, WHO Country Office in Nigeria. He said that Member States had recognized noma as a major public health problem, by virtue of its inclusion in “Regional oral health strategy 2016-2025: addressing oral diseases as part of noncommunicable diseases”. He also described how noma prevention and control was important to achieving the Sustainable Development Goals (SDGs) and the WHO Thirteenth General Programme of Work (GPW 13), and thereby contributing to reducing the childhood mortality rate by strengthening the health system that delivers noma prevention and control as part of universal health coverage (UHC). This includes addressing its risk factors and the social determinants that influence them. Lastly, on behalf of WHO, he expressed appreciation to Hilfsaktion Noma e.V for their continued support in the fight against noma in the African Region.

After the speech by Mr Mathis Winkler of Hilfsaktion Noma e.V and the introduction of the participants, the overview and objectives of the workshop were presented.

The workshop was organized into the following sessions:

- Report from the RNCP external evaluation in 2018
- Country presentation on the progress from the 2018 intercountry workshop
- Enhancement of multi/intersectoral collaboration and research
- Integration of noma prevention and control into existing projects in WHO
- Modifying the RNCP and NNCPs to make them more results-based

2.1 Report from the Regional Noma Control Programme external evaluation in 2018

An officer from the AFRO Planning, Budgeting, Monitoring and Evaluation team made the presentation on the results and recommendations of the RNCP external evaluation.⁴

The purpose of this external evaluation was to review the past phases of the noma programme and the implementation process of the noma project (2013–2017) to inform mid-course corrections towards newer phases of the programme implementation.

The RNCP enabled noma-priority countries to develop action plans and implement various disease prevention activities using the strategy to improve knowledge about noma and awareness-raising including behaviour change communication among health workers, community health workers and community actors. The following evaluations were shared:

- Monitoring of the action plan implementation needs to be made rigorous and systematic, not only at the country level but also at the regional level to provide the programme with up-to-date, valid and reliable data for reporting and decision-making.
- Awareness should be raised among decision-makers to ensure political commitment to noma, while the idea of integrating the disease into the Neglected Tropical Diseases (NTDs) list should be explored.
- Priority should be given to oral health promotion and noma prevention; and the approach to noma management should also be strengthened.
- Considering that noma is a social disease, multi/intersectoral collaboration within and beyond the health sector (nutrition, maternal and child health programme, water, sanitation and hygiene (WASH) etc.) is key to preventing and controlling the disease.
- Utilizing the annual intercountry workshop to provide programme management skills training would help to improve the skills of the MoH focal points.
- WHO's internal coordination mechanism may hinder the process of money transfer.

⁴ Evaluation of the WHO Africa Regional Programme on Noma Control (2013 - 2017) <https://www.afro.who.int/publications/evaluation-who-africa-regional-programme-noma-control-2013-2017>

Recommendations to improve the RNCP and NNCPs

- Rebuild the impact framework of the RNCP and NNCPs (high-level goals, strategic objectives, indicators)
- Strengthen reporting and the monitoring and evaluation system
- Enhance multi/intersectoral collaboration at different levels
- Promote research and gather more data on noma
- Build the capacity of programme management and domestic resource mobilization among NNCP focal points in each country
- Enhance mutual collaboration among noma-priority countries, including organizing study tours
- Improve communication among the MoH, WHO country offices and AFRO to avoid delays in the programme

2.2 Country presentations

The participants from the nine noma-priority countries made country presentations, which touched on the following points:

- Current activities and reference indicators related to the NNCPs⁵
- The main achievement – lessons learned from the NNCPs in the previous year, based on specific objective areas:
 - Build the capacities of social action and the health staff at the community level
 - Undertake awareness-raising and social mobilization
 - Develop aids and materials for training, education and awareness-raising
 - Strengthen monitoring and evaluation
 - Improve coordination and leadership

⁵ The reference indicators include: The number of health workers trained in early detection and management of noma; national coverage in terms of number of health centres with a trained agent in all health facilities; national coverage in terms of the number of community agents or community health workers trained, out of the total number of areas with a community worker in the country; the number of noma trainers trained at the health district level in the country; the number of beginning noma cases detected and managed; the total number of noma cases detected; and the percentage of people who are aware of the risk factors and early signs of noma.

- Progress made since the 2018 intercountry workshop based on that year's action points:
 - noma prevention and control integrated into other programmes, such as nutrition and vaccination
 - other actors at the country level mobilized for noma prevention and control
 - noma surveillance included in the Health Management Information System (HMIS)

The presentation summary and discussion points are presented below.

Capacity building of primary care staff

- Most countries conducted health worker training that included integration of noma into the curriculum. However, national coverage (in percentage terms), for example, of communities where at least one community health worker was allocated to raise awareness about noma and/or to detect and manage noma as part of the community outreach programme was still low or was not reported.

Awareness raising

- Most countries conduct activities such as National Noma Day (Nigeria), Parliament Day (Niger) and Oral Health Day (Senegal) or mass media campaign through radio and social media, to raise awareness among the general population and key policy-makers. However, it is difficult to measure or monitor the effect of these activities – for instance, measuring the percentage of people who are aware of risk factors and early signs of noma.

Community mobilization and social reintegration of noma patients

- While priority should be on oral health promotion and noma prevention, it is also important to consider ways of managing noma and supporting the families of noma patients living away from hospitals in underprivileged conditions. The Democratic Republic Congo supported income-generating activities for affected or at-risk families, by introducing small businesses. However, at the same time, several families stopped participating due to their lack of understanding of the advantages of income-generating activities.

Integration of noma surveillance into the existing surveillance system

- Many countries reported integrating noma surveillance into their existing surveillance systems, such as the Integrated Disease Surveillance and Response (IDSR: Benin, Burkina Faso, Guinea-Bissau, Nigeria and Senegal); the District Health

Information System 2 (DHIS2: Burkina Faso, Democratic Republic of the Congo, Guinea-Bissau and Senegal) and the Sentinel Surveillance System (Democratic Republic of Congo).

- Noma has become a mandatory reported disease in Burkina Faso and Senegal. In the Democratic Republic of the Congo and Togo, noma was registered as a mandatory reported disease; however, due to lack of data on the disease, it was removed from the reported disease list in the Democratic Republic of the Congo. In Togo, the noma notification rate is low.
- Reported noma cases varied depending on the country, with less than 10 cases per year in four countries to more than 10 cases per year in one country; in two countries, between 30 to 50 noma cases were reported, and one country reported more than 100 cases. It is not clear whether the reporting of only a few cases by one country was indicative of the real situation, or if cases were underreported due to the weakness of the surveillance. In addition, where the reported cases were low, one suggestion was to focus on a more specific/targeted area to ensure a more cost-effective implementation of the NNCPs.

Coordination/leadership

- The appointment of regional coordinators and the existence of regional and subregional focal points were great assets in the implementation of decentralized activities (regions and districts to be covered) (Niger, Senegal).

Monitoring and evaluation

- The lack of a framework for programme implementation and monitoring and evaluation made it difficult to implement the NNCPs in collaboration with other sectors.

Multi/intersectoral collaboration

- Many countries reported integrating noma activities into other areas of work, such as nutrition (Benin, Guinea-Bissau) and HIV (Benin, Guinea-Bissau).
- To enhance multi/intersectoral collaboration, some countries developed technical working groups for noma prevention and control that brought together stakeholders from immunization, nutrition, disease control, child health and health information systems (Democratic Republic of the Congo, Nigeria).

- In 2020, to accelerate the integration of noma prevention and control into PEN⁶ and the STEPS survey,⁷ Niger will work closely with civil society organizations within the framework of a multisectoral approach to the prevention and control of NCDs.

Programme management

- There was a delay in the transmission of the budget due to miscommunication among the MoH, WHO country offices and AFRO. The step-by-step guide to enhancing better communication between countries, WHO country offices and AFRO would be helpful in solving this problem.
- If the MoH and WHO country offices do not submit their activity proposals and/or execute the allocated budget in a timely manner, the funds should be reallocated to other priority countries with special requests related to their NNCPs.

2.3 Presentations by nongovernment organizations – enhancing multi/intersectoral collaboration and research

To enhance multi/intersectoral collaboration, two nongovernmental organizations, Médecins Sans Frontières (MSF) and Hilfsaktion Noma e.V, made presentations during this session on the following topics: (1) current initiatives; (2) barriers and enabling factors to implementing multi/intersectoral collaboration; and (3) lessons learned. Afterwards, representatives from the Regional Centre for Oral Health Research and Training Initiatives (RCORTI), the University of Geneva and the University of Oxford reported on current research initiatives related to noma prevention and control.

Below is a summary of the presentations.

MSF

MSF has developed multi/intersectoral collaboration in the areas of patient management, surveillance and awareness-raising. Collaboration activities include organizing the National Noma Day, training of primary care workers and operational

⁶ The WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN): https://www.who.int/ncds/management/pen_tools/en/

⁷ STEPwise approach to surveillance (STEPS): <https://www.who.int/ncds/surveillance/steps/en/>

research in collaboration with the MoH, hospitals, research institutions and WHO in Nigeria.

Drivers for enhancing the multi/intersectoral approach included common goal setting, the existence of political will and commitment, setting clear mandates and media engagement.

According to MSF, enhancing multi/intersectoral collaboration to accelerate noma prevention and control would entail considering the following steps:

- conduct stakeholder analysis (mapping) as early as possible
- communicate as clearly and openly as possible with collaborators
- set common indicators among collaborators to monitor and evaluate the programme
- integrate noma into the NTD list to raise awareness among political decision-makers

Hilfsaktion Noma e.V

Hilfsaktion has contributed to the fight against noma in the following ways:

- financial support to conduct research, including in epigenetics and the social determinants of noma
- working on the RNCP in cooperation with WHO
- carrying out activities independent of the RNCP, including establishing care centres and child homes, providing surgery for noma patients and building the capacities of local specialists to treat noma patients in Niger, Nigeria, Burkina Faso and Guinea-Bissau

According to Hilfsaktion, political commitment, setting common goals among all stakeholders and prioritizing the prevention and early detection of noma would be the keys to successful noma prevention and control through the utilization of the inter/multisectoral approach.

Regional Centre for Oral Health Research and Training Initiatives (RCORTI)

RCORTI supports countries to improve communal oral health and hygiene by promoting research and training for oral health professionals in collaboration with the Federal MoH and WHO in Nigeria.

Current research topics include:

- Descriptive epidemiology and survival rates of patients treated for Cancrum Oris (noma) in the Noma Children Hospital Sokoto, North-western Nigeria
- Understanding the etiology of noma

The Noma Project – Geneva University

The Noma Project is an international research consortium that consists of various organizations, including governments, nongovernmental organizations, research institutions, hospitals and international organizations.

Current research topics include:

- Describing the experiences of at-risk individuals and survivors of noma disease
- Estimating the economic and social costs of noma
- Analysing noma from the perspective of human rights and neglected tropical diseases

To impact public health more sustainably, the following points should be considered:

- Focus on research on the social, economic and cultural determinants of noma
- Develop stimulating and supporting research at local universities
- Translate results of research into political and social actions

University of Oxford

In collaboration with WHO and the Infectious Disease Data Observatory (IDDO), the University of Oxford conducted a systematic review to answer the following questions:

- What are the evidence-based risk factors of noma?
- What are the prevention and treatment modalities associated with noma reported in the literature?
- What literature exists to support the calculation of an estimate of the global burden of noma?

During the presentation, a report on the progress of the systematic review included:

- Spatial distribution of noma studies: 1839–2019
- Number of publications by country
- Total number of patients reported/enrolled per country

Based on this information, there is a possibility of developing the estimation model for noma, which may support countries to make projections for the elimination of noma within a country in a given time frame (5, 10, 15 years).

Salient point of the discussion

After all the presentations, some Member States and partners mentioned the importance of integrating noma into the NTD list to raise awareness of the disease, especially among policy-makers. According to the WHO Strategic and Technical Advisory Group for NTDs, there are concerns about the increasing number of diseases proposed for inclusion in the NTD portfolio that are unaccompanied by funded mandates. Resource mobilization, research and advocacy should be encouraged for any condition proposed for inclusion, especially for those that lack adequate information on their epidemiology and burden.⁸

2.4 Integration of noma prevention and control into existing WHO projects

The Dental Officer (headquarters) and Polio Geographic Information Surveillance (GIS) Officer (AFRO) provided information on integrating noma prevention and control into existing projects in WHO.

mOral Health Programme

The WHO Oral Health Programme has been developing the mOral Health Programme as part of the BE HE@LTHY BE MOBILE initiative, which is a Joint UN programme between WHO and the International Telecommunication Union (ITU) to build country capacity for the prevention and control of NCDs with the use of mobile health interventions. The BE HE@LTHY BE MOBILE initiative, which includes mTobacco cessation, cervical cancer and diabetes has already been introduced in 11 countries.

⁸ Report of the Twelfth Meeting of the WHO Strategic and Technical Advisory Group for Neglected Tropical Diseases https://www.who.int/neglected_diseases/NTD_STAG_report_2019.pdf?ua=1

mOral Health components to be included:

- **mOral Health Literacy** to improve the oral health literacy of communities and policy-makers;
- **mOral Health Training** to increase oral health knowledge and the skills of frontline health workers;
- **mOral Health Early Detection** to provide early detection of oral diseases such as noma and oral cancer;
- **mOral Health Surveillance** to strengthen the integrated oral health surveillance system.

The mOral Health Early Detection component may contribute to promoting early diagnosis of noma, which can break down the barriers faced by the at-risk populations. These include: (1) behavioural barriers – poor health-seeking behaviour; (2) financial barriers to accessing diagnostic services; and (3) logistical barriers to access diagnostic expertise.

At this stage, the challenges of mOral Health Early Detection and the key solutions are listed in the chart:

	<i>Challenges</i>	<i>Solutions</i>
Cost of technology	<ul style="list-style-type: none"> • Relatively high with per-patient subscription models/high internet costs 	<ul style="list-style-type: none"> • Create innovative pricing around technology • Innovate with medical insurance and incentivize insurance-seeking behaviours
Acceptability	<ul style="list-style-type: none"> • At-risk populations and clinicians suspicious of utilizing new approach 	<ul style="list-style-type: none"> • Use community champions to influence adoption and acceptance
Network of experts	<ul style="list-style-type: none"> • Expertise not enough or not available to sustain on-demand teleconsultation 	<ul style="list-style-type: none"> • Adopt artificial intelligence and machine learning tools to improve accuracy of diagnosis and predict occurrences under a limited number of available experts • Decentralize diagnosis so that anyone with a phone can participate in it
Flexible imaging	<ul style="list-style-type: none"> • Difficult to capture proper images of the whole mouth 	<ul style="list-style-type: none"> • Update current imaging technology to include flexible material that increases the number of angles at which images can be captured in the mouth

The mOral Health handbook, which is a template for implementing mOral Health Programmes at the country level, has been under development and is ready to be disseminated in Member States in 2020.

Polio GIS

The AFRO Polio GIS team has recorded significant success in mHealth interventions that focus on community-based surveillance and surveillance at health facilities, which are designed to put unrelenting focus on smaller areas to improve routine immunization and disease surveillance.

The mHealth interventions consist of three components:

Auto-Visual AFP Detection and Reporting (AVADAR) – This is a mobile sms-based software application designed to improve the detection and reporting of acute flaccid paralysis (AFP) cases by health workers and key community informants.

Integrated-Supportive Supervision (ISS) – This integrated electronic checklist is used for supervision during active case search and routine immunization. Supportive supervision remains the bedrock for highlighting good surveillance and routine immunization practices through systematic visits to priority sites for assessment, evaluation and on-the-job training for health workers and entire health systems.

eSURV (electronic surveillance) – This is an ODK electronic⁹ checklist used to conduct active case searches. It emphasizes closer scrutiny of systematic visits by health workers and key community informants, where people seek help for health issues. It enables countries to identify and target high-burden areas. It goes beyond health facility visits to focus on sites such as traditional healers, bone setters and patent medicine vendors.

These mHealth interventions have been introduced in 44 of the 47 Member States in the African Region and provide expanded real-time surveillance reporting of other priority diseases and risk factors.

⁹ ODK Collect: This is a widely used, free, open-source application for electronic data collection.

This system may provide opportunities with the RNCP and NNCPs to strengthen the surveillance system and boost efficiency by:

- improving and strengthening noma surveillance, using the polio GIS platform
- supporting active case finding that can contribute to early detection of noma cases
- reducing the training of community health workers (If the protocol includes photos of noma cases provided through a mobile phone, community health workers may be able to identify noma cases without intensive training)
- aggregating data from each country into one Africa Regional dashboard of charts and maps

2.5 How to modify regional and national noma control programmes to make them more results-based

Noma-priority countries have developed three-year national plans of action following “the step-by-step guide for preparing a three-year national plan of action for noma prevention and control” (AFRO, 2013), which provides guidance on how to develop national plans based on specific objectives.

The step-by-step guide also provides the performance framework and key performance indicators. However, one feedback from the RNCP external evaluation was that the current performance framework and key performance indicators focused more on activities than on impact. One key recommendation from the external evaluation, therefore, was to rebuild the impact framework of the RNCP and NNCPs and strengthen reporting and monitoring and evaluation systems.

To this end, this meeting was formulated to help the NNCP focal points change their processes from being activities-based to results-based, to fight against noma. It was divided into three sessions: (1) preliminary presentation to understand results-based management, (2) group work to provide feedback on the current performance framework and key performance indicators of RNCP and NNCPs, and (3) exercise to develop the results framework.

A. Understanding results-based management

The officer from the Planning, Budgeting, Monitoring and Evaluation team (AFRO) made a presentation on results-based management, which is a programming approach that focuses less on activities and more on results.

The results-based management approach consists of strategic planning, implementation, monitoring and evaluation and reporting.

Strategic planning to implementation

Strategic planning is a disciplined approach that develops a multiyear vision of specific results to be achieved and how they will be achieved. For this planning, it is very important to:

- understand the causes of deprivations/problems and prioritize issues to be addressed by our actions
- establish a theory of change for the problem or deprivation

In this process, it is helpful to conduct a causality analysis and develop problem trees.

After identifying and prioritizing the problems, they should be translated into the results framework by using the same hierarchies used in causality analysis. When developing the results framework, it is important to rephrase the identified causes into solutions.

A result should make a measurable or describable change arising from a cause and effect relationship. Results have three levels: impact, outcome and output.

- **Impact:** Long-term change
- **Outcome:** Changes in behaviour or performance of targeted individuals or institutions, quality and coverage of services
- **Output:** Operational skills/abilities, capacities, new products and services

For the results framework, it is important to consider "indicators", "baselines", "targets" and "Means of verification (data sources)" by each level of results (impact, outcome and output).

Monitoring and evaluation and reporting

In line with the results framework, monitoring and evaluation plans should be established as a basis for yearly monitoring of programme activities. The expected results and their indicators should be the starting point for developing monitoring plans. Afterwards, where and how data will be accessed to report on progress on the indicators should be considered.

B. Group work to provide feedback on the current performance framework and key performance indicators of the RNCP and NNCPs

Participants were divided into three groups to review and provide feedback on the current monitoring and evaluation framework. The groups' key questions were:

- What are the challenges you face when completing "the monitoring and follow-up for a noma action plan" framework?
- Can you make suggestions for the current tool, to make it more user-friendly than its current form?

After the group work, the feedback included the fact that:

- some people did not know about the existence of monitoring and evaluation framework – communication is critical between WHO and the MoH. In addition, formal guidance from WHO relating to the use of monitoring and evaluation is very important;
- some indicators are difficult to understand, so they should be clearly defined;
- the frequency of report submission should be every six months;
- the performance framework and its indicators should be harmonized for easy coordination by AFRO and for comparison of results. However, the specific characteristics of individual countries must be taken into consideration to identify/select the indicators.

C. Exercise to develop the results framework

Each country developed the results framework of its NNCP by taking the steps below:

- Step 1: Develop the problem/causality tree of noma in your country
- Step 2: Prioritize the problems
- Step 3: List strategies to solve prioritized problems
- Step 4: Develop the results framework

After this exercise, each country presented its draft results framework.

3. Conclusion and next steps

At the end of the intercountry workshop, the following steps, which reflect all the components of the workshop, were established as the way forward in the fight against noma:

- Mindful of the characteristics of noma as a social disease, it is important to strengthen multi/intersectoral collaboration that addresses and controls its risk factors and the social determinants that influence them.
- The priority should be oral health promotion, noma prevention and early detection of noma. However, strengthening the approach to noma management should also be addressed.

To implement the RNCP and NNCPs more efficiently:

- rebuild the impact framework of the RNCP and NNCPs (high-level goals, strategic objectives and indicators) to make the RNCP and NNCPs more results-oriented;
- strengthen reporting and the monitoring and evaluation system;
- utilize the innovative approach (such as mHealth interventions) to make the project more efficient and gather accurate data regularly;
- improve collaboration among Member States through communication and idea sharing on the content of modules/implementation plans;
- build the capacity of focal points at the MoH for programme management.

To solve these issues, AFRO will commit to:

- developing the platform to share the information (including each country's three-year national plan of action for noma prevention and control) among Member States;
- developing the step-by-step guide to strengthen communication between countries, WHO country offices and AFRO, to aid WHO in the prompt allocation of budget/funds to countries;
- updating the step-by-step guide to prepare three-year national plans for noma prevention and control including the results framework;
- facilitating the integration of noma into the polio GIS.

Member States will commit to:

- submitting required materials, such as country activity reports and biennium proposals in a timely manner;
- implementing their NNCP in line with the results-based national action plan.

When general comments on the workshop were taken, participants expressed their satisfaction at how the workshop was organized. In addition, they confirmed their plans to take prompt action to implement their action points.

Following a brief ballot vote, the Republic of Benin was selected to host the next Intercountry Workshop on the Regional Noma Control Programme in 2020.

Annex 1: List of participants

No	Name	Affiliation	Country
1	Telesphore Houansou	WHO Country Office (WCO)	Benin
2	Adjalla Jean Guy	The Ministry of Health (MoH)	Benin
3	Rose Drabo	MoH	Burkina Faso
4	Sarassoro Angèle Gnahoui	MoH	Cote d'Ivoire
5	Angeline Razanatsoa	WCO	Madagascar
6	Samoela Heredia Razafindramboho Ep Tida	MoH	Madagascar
7	Aichatou Diawara Gbaguidi	WCO	Niger
8	Assoumane Baya	MoH	Niger
9	Codou Mane	MoH	Senegal
10	Kpakpo-Adaba Adole	MoH	Togo
11	Marie-José Kikoo Bora	WCO	Democratic Republic of the Congo
12	Marie Louise Nyarwaya	MoH	Democratic Republic of the Congo
13	Boladale Alonge	MoH	Nigeria
14	Gloria Uzoigwe	MoH	Nigeria
15	Alberto Luis Papique	MoH	Guinea-Bissau
16	Amalia Mepatia	MoH	Mozambique
17	Mathis Winkler	Hilfsaktion Noma e.V.	Germany
18	Petra Raschkewitz	Hilfsaktion Noma e.V.	Germany
19	Florian Gehre	Hilfsaktion Noma e.V.	United Republic of Tanzania
20	Modupe Olufunmilayo Ashiwaju	International Association for Dental Research (IADR) Nigerian Division and the University of Lagos Faculty of Dental Sciences	Nigeria
21	Eshikena Omoshibo Evelyn	FDI World Dental Federation	Nigeria
22	Adolphe Fotso	MSF Nigeria	Nigeria
23	Simba Tirima	MSF Nigeria	Nigeria
24	Balarabe A. Sani	Regional Centre for Oral Health Research & Training Initiatives (RCORTI)	Nigeria
25	Awa Mangie Achu Samba	AFRO	Congo
26	Godwin Akpan	AFRO	Congo
Secretariat			
1	Marie Dewan	WCO	Nigeria
2	Bridget Akudo Nwagbara	WCO	Nigeria
3	Benoit Varenne	WHO HQ	Switzerland
4	Prebo Brango	AFRO Intercountry Support Team (IST)	Zimbabwe
5	Patrick Chrisogone Williams Ouamanegba Kabore	AFRO IST	Gabon
6	Yuka Makino	AFRO	Congo

Annex 2: Agenda

Wednesday, 20 November 2019		
Time	Agenda	Responsible
08:30–10:00 Session 1	WHO staff meeting and preparation	WHO Secretariat
	Official opening of the workshop	WHO Secretariat
	<ul style="list-style-type: none"> Welcome remarks by WHO representative from WCO Nigeria Speech by guests Mr Mathis Winkler, Hilfsaktion Noma e.V. Group photo 	
10:00–10:25		
10:25–10:50	Health break	
Session 2 10:50–11:10	Objectives and working methodology	WHO Secretariat
	<ul style="list-style-type: none"> Introduction of participants, reminder, objectives, expected results and schedule Administrative information and safety briefing Each participant to write 3 points which should be achieved during the workshop 	Introduction: Yuka Makino (NCD/WHO AFRO)
Session 3 11:10–11:30	Introduction of collaboration activities in WHO Nigeria Country Office towards noma prevention and control	
	<ul style="list-style-type: none"> Brief introduction of current initiatives of each area of work (NCD, NTD, MCH, HSS, Nutrition) Existing joint activities in the fight against noma in WHO Nigeria Future opportunities to integrate noma prevention and control into other initiatives Recommendation for other Member States on how to enhance multi/intersectoral collaboration for fight against noma 	Speech: Rex Gadama Mpazanje (WHO Nigeria)
Session 3 11:30–12:30	Report from RNCP evaluation	
	Plenary presentation: Feedback and suggestion to improve the Regional and National Noma Control Programmes based on the external evaluation (30-minute presentation)	Presentation: Awa Mangie Achu Samba (PBM/WHO AFRO)
	Discussion and Q and A session	

	Enhance multi/intersectoral collaboration 1: future opportunities to integrate noma prevention and control into other programmes	
Session 4 12:30–13:00	<p>Plenary presentation: mOral Health Initiative (15-minute presentation)</p> <p>The presentation will inform: (1) the current mOral Health initiative; (2) opportunities to integrate noma into the mOral Health initiative</p> <p>Result of the systematic review of noma prevention and control by the University of Oxford (5- minute presentation)</p> <p>Discussion and Q and A session</p>	<p>Presentation: Benoit Varenne (Oral Health Programme/WHO headquarters)</p>
13:00–14:00	Lunch break	
	Progress from last year’s intercountry workshop 1	Member States
Session 5 14:00–15:15	<p>Four countries to present on the points below:</p> <ul style="list-style-type: none"> • Epidemiological information and current ongoing activities related to NNCPs • The main achievement, lessons learned (barriers and enabling factors) of NNCPs from last year • Progress made since last year’s intercountry workshop, especially based on action points which were recommended last year: • Integrate the fight against noma in other programmes such as nutrition and vaccination • Mobilize other actors at country level for the fight against noma • Integrate noma surveillance into the HMIS • (Each country 15 minutes, including Q and A) 	<p>Facilitator Patrick Kabore (NCD/AFRO)</p> <p>Presentation: Benin Burkina Faso Cote d’Ivoire DRC Congo</p>
15:15–15:30	Health break	

Session 6 15:30–16:45	Progress from last year's intercountry workshop 2	Member States
	<p>Five countries to present on the points below:</p> <ul style="list-style-type: none"> • Epidemiological information and current ongoing activities related to NNCPs • The main achievement, lessons learned (barriers and enabling factors) of NNCPs from last year • Progress made since last year's intercountry workshop, especially based on action points which were made last year: <ul style="list-style-type: none"> ▪ Integrate the fight against noma in other programmes such as nutrition and vaccination ▪ Mobilize other actors at country level for the fight against noma ▪ Integrate noma surveillance into the HMIS <p>(Each country 15 mins including Q and A)</p>	<p>Facilitator Prebo Barango (NCD/AFRO)</p> <p>Presentation: Guinea Bissau Nigeria Niger Senegal Togo</p>
16:45–17:00	Wrap-up of day 1 - programme day 2	WHO Secretariat

Thursday, 21 November 2019

Session 7 9:00–10:30	Enhance multi/intersectoral collaboration 2: Introduction of current collaboration activities for noma prevention and control	WHO Secretariat
	<p>Plenary presentations:</p> <ul style="list-style-type: none"> • Introduction of collaboration activities in Nigeria <ul style="list-style-type: none"> ▪ Regional Centre for Oral Health Research & Training Initiatives (RCORTI) ▪ Médecins Sans Frontières (MSF) • Introduction of collaboration activities in the African Region <ul style="list-style-type: none"> ▪ Hilfsaktion Noma e.V. • Introduction of "The Noma Project" <p>The presentation will inform: (1) current initiatives; (2) barriers and enabling factors to implement multi/intersectoral collaboration; (3) lessons learned (each presentation 15 mins)</p> <p>Discussion and Q and A session</p>	<p>Presentation: Balarabe A. Sani (RCORTI) Adolphe Fotso (MSF) Mathis Winkler (Hilfsaktion Noma e.V.) Emmanuel Kabengele Mpinga (University of Geneva)</p>
10:30–10:45	Health break	

Session 8 10:45–11:45	Enhance multi/intersectoral collaboration 3: Integration of noma prevention control into other initiatives	External experts, partners
	Plenary presentations: <ul style="list-style-type: none"> WHO polio GIS programme (20 mins) The presentation will inform: (1) current initiatives in their areas of work; and (2) opportunities to integrate noma into their areas Discussion and Q and A session	Presentation: Godwin Akpan (Polio GIS/WHO AFRO)
13:05–14:00	Lunch break	
Session 9 14:30–15:30	How to modify the National Noma Control Programme to make it more results-based	WHO Secretariat
	<ul style="list-style-type: none"> AFRO’s plan for fighting against noma in the next biennium (5 mins) How to modify the National Noma Control Programme to make it more results-based, including the explanation of the results framework, theory of change (20 mins presentation and 15 mins Q and A and discussion) 	Presentation: Yuka Makino (NCD/AFRO) Awa Mangie ACHU SAMBA (PBM/AFRO)
Session 10 15:30–17:00	Group discussion including health break	Member States
	<ul style="list-style-type: none"> Group work: Develop three groups, with each group discussing how to improve the current results framework of the National Noma Control Programme. 	Group 1: Facilitator Prebo Barango (NCD/AFRO) Guinea-Bissau, Mozambique, Nigeria Group 2: Facilitator Patrick Kabore (NCD/AFRO) Burkina Faso, Côte d’Ivoire, DRC, Congo, Niger Group 3: Facilitator Awa Mangie Achu Samba (PBM/AFRO) Benin, Madagascar, Senegal, Togo

Friday, 22 November 2019

<p>Session 11 09:00–11:00</p>	<p>Group presentation: Monitoring and evaluation framework and results framework</p> <ul style="list-style-type: none"> • Group presentation: The feedback and recommendation for the monitoring and evaluation form for the National Noma Control Programme • Country presentation: Results framework (each country, 5 mins) 	<p>Member States</p> <p>Facilitator: Patrick Kabore (NCD/AFRO)</p>
<p>11:00–11:20</p>	<p>Health break</p>	
<p>Session 12 11:20–12:30</p>	<p>General discussion</p> <ul style="list-style-type: none"> • The way forward in the fight against noma – recommendation for countries, WHO • General comments for the workshop • Next intercountry workshop on the Regional Noma Control Programme 	<p>Member States</p> <p>Facilitator: Benin</p>
<p>Session 13 12:30–13:30</p>	<p>Closing session</p> <ul style="list-style-type: none"> • General comments for the workshop • Closing speech (Mr Mathis Winkler (Hilfsaktion Noma e.V.)) 	<p>WHO Secretariat</p>