THE NEWSPAPER Nº 308 - October 2026

Sentinelles



Noma

A holistic approach to a long-term fight

Noma-Aid-Switzerland

After 20 years of action, the commitment continues with Sentinelles

Interview with Sandra and Yves Vontobel

Niger, Nigeria, Chad

Building expertise in noma reconstructive surgery

Editorial

Joining forces to erase the scars of noma

Noma does not merely leave its mark on people's faces. It also marks a turning point in the lives of those it affects. Beyond the medical emergency, survivors face a major social ordeal. Stigma, which is often persistent, can hinder access to education, isolate children within their own communities and limit their future prospects. The journey through the healthcare system, where accessible, is akin to a gruelling marathon, the endurance of which is measured in months, or even several years. We must accept that surgical reconstruction, functional rehabilitation and psychosocial support take a long time.

Faced with such a challenge, joining forces is essential. It is this conviction that has led to a pivotal milestone in the fight against noma: after 20 years of commitment, the Noma-Aid-Switzerland association has chosen Sentinelles to take over its activities. This decision is clearly not a withdrawal. On the contrary, it reflects both the strength of a fruitful collaboration to limit the impact of noma and the determination to ensure the continuation of an integrated approach that combines prevention, care and support. In this issue, you will read a deeply moving account from Sandra and Yves Vontobel, who have both embodied this cause. Their reflections shed a rare and insightful light on the progress made over the past two decades and the development towards a stronger alliance between our two organisations.

This synergy is also evident in our collaboration with long-standing partners to train local surgeons. Beyond the development of technical skills, this project fully incorporates the dimension of social support, an essential pillar of our holistic approach.

We would like to express our deep gratitude to Noma-Aid-Switzerland. Its steadfast commitment has been crucial in halting the spread of noma. Today, by building the future on a foundation of shared values, we are stepping up our efforts to ensure that this devastating disease is brought out of the shadows once and for all.

Thank you for standing by our side as we work to eradicate this scourge.





Marlyse Morard
Director

NOMA-AID-SWITZERLAND

Sentinelles

Cover photo: Sometimes numerous reconstructive surgeries are needed to restore a smile to a child who has survived noma.

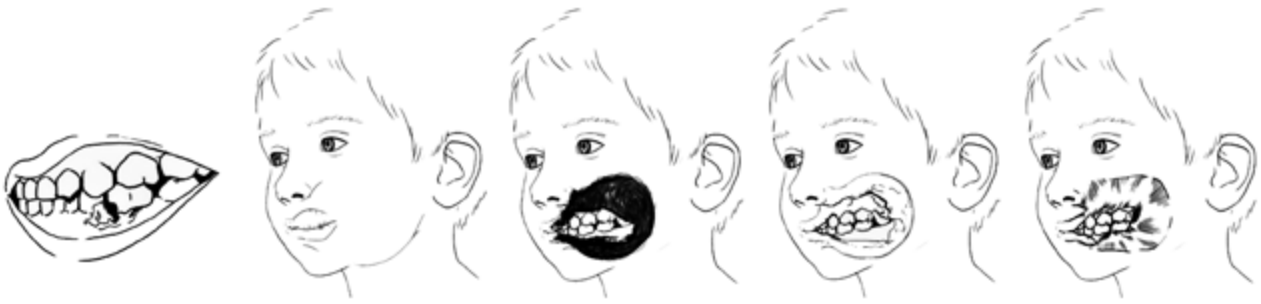
NOMA, THE FACE OF EXTREME POVERTY

Noma is a very rapidly progressing gangrenous disease of the mouth and face. It mainly affects young children whose immune systems are weakened by the poor living conditions prevalent in countries with high rates of extreme poverty, primarily in the Sahel region. At present, the exact cause of noma is unknown, although the main predisposing factors are: severe malnutrition, poor oral hygiene, the presence of an infectious disease and a weakened immune system. In children, the disease peaks in incidence between the ages of two and six. Although non-contagious, the disease progresses rapidly – likely due to the immune deficiency in these children – and swiftly destroys the soft tissues and bones of the face, leading to a high mortality rate[1].

According to the WHO, noma is fatal in 90 per cent of cases if left untreated. If detected early, it can be easily treated with simple hygiene measures and a course of antibiotics. There are thought to be around 140,000 new cases each year. There are few reliable figures on prevalence and incidence, but a recent study states that the majority of cases detected over the last 10 years have been in West Africa[2]. Niger is particularly affected, and many children are diagnosed with the condition in the country every year.

Noma develops in five stages. It begins inside the mouth as simple gingivitis (initial stage), which progresses to acute necrotising gingivitis (stage 1). From stage 2 onwards, noma is a complication of gingivitis, manifesting as a high fever, foul-smelling breath and facial oedema. The gums begin to be eroded, revealing areas of bone sequestration. If no action is taken at this stage, the disease progresses rapidly to visible lesions: **it can take as little as 72 hours for a child to progress from oedema to necrosis** (stage 3), characterised by a black scab that eventually falls off. It is between stages 2 and 3 that the majority of deaths are thought to occur. Once the necrotic area has fallen off, the flesh is raw and the healing phase begins (stage 4), eventually leaving a permanent disfigurement on the child's face (stage 5). Survivors may be left with severe functional impairments, particularly affecting their ability to speak, swallow, breathe or see.

The progression of noma through 5 stages



Stage 1 Stage 2 Stage 3 Stage 4 Stage 5

Illustrations : © Chloé Fournier/Inediz (Montandon et al. 1991; WHO AFRO 2017).

[1] Baratti-Mayer D., Pittet B., Montandon D. et al., for the Geneva Study Group on Noma (2003), Noma: an "infectious" disease of unknown aetiology. The Lancet Infectious Diseases.

[2] Galli A., Brugger C., Fürst T., Monnier N., Winkler M. S., & Steinmann P. (2022), Prevalence, incidence, and reported global distribution of noma: a systematic literature review. The Lancet Infectious Diseases.

Noma is a disease associated with extreme poverty. In 1994, the WHO declared it a public health problem, and programmes to combat oral diseases and noma began to emerge in several West African countries. Unfortunately, few resources are allocated to these programmes, which means that governments are unable to provide a genuine response to the disease. Generally speaking, the disease attracts little interest and few funds are allocated to research, even though the damage it inflicts on the lives and families of those affected is considerable, both physiologically and socially. **In December 2023, noma was finally included on the WHO's list of neglected tropical diseases. Although this represents a further step towards recognition, the funding provided by the WHO is currently struggling to keep pace, and living conditions in the two countries where we operate continue to deteriorate. The practical response to the problem of noma relies primarily on a handful of NGOs, of which Sentinelles is one.**

The Sentinelles Programme to combat noma: care, prevention and self-reliance

An integrated programme that rehabilitates, supports and reintegrates children who have survived noma, whilst strengthening the prevention and early detection of the disease.

Launched in 1990 in Burkina Faso and in 1992 in Niger, our programme supports children suffering from this disease, who often have no access to healthcare. Our centres offer them comprehensive medical care, from initial treatment through to rehabilitation. Psychosocial support enables them to access their fundamental rights.

Furthermore, prevention and early detection form an integral part of our activities within local communities and health systems. As a result, hundreds of children have been treated and supported in a holistic manner and have regained their independence.

This support is provided over many years, sometimes into adulthood, from the acute phase of the illness through to social reintegration.

Prevent · Detect · Treat · Reconstruct · Rehabilitate

Help us fight noma!
Every contribution, large or small, makes a real difference.

Your commitment changes lives. Thank you.
(Scan the QR code with your banking app.)



Child survivors of noma during a Sentinelles mission in Niger (2019)

The journey of the noma patient and survivor

Detection and referral

It is vital that cases of noma are detected at an early stage in order to limit the damage caused by the disease, as these stages are reversible and leave no lasting effects once treated.

As this rapidly progressing disease develops over a period of a few days to a few weeks, it is essential that detection and management at local health centres are carried out swiftly and appropriately. A misdiagnosis can allow the disease to progress to stages where it constitutes a life-threatening emergency and will result in lifelong complications. It is a matter of days.

Medical care during the acute phase

Care during the acute phase lasts several weeks in hospital or in specialist centres. It is worth noting that all acute cases are treated with antibiotics; surgery forms part of the reconstructive phase and is not a treatment for the disease in itself. Nutritional rehabilitation is provided for malnourished children suffering from noma or other conditions. Children suffering from simple gingivitis or ulcerative necrotising gingivitis – a condition identified as the underlying cause of noma – are also admitted and treated.

Care and reconstruction during the sequelae phase

The full healing process takes months. It then takes years – whilst the children grow up – before functional and cosmetic facial reconstruction operations can be considered; these are often carried out in several stages. However, surgical reconstruction cannot exactly restore the face to its pre-illness state. This treatment therefore generally spans several years.

Combating stigmatisation and social reintegration

The after-effects of noma on survivors are permanent. From both a functional and aesthetic perspective, these have profound consequences for their integration into family and social life, with a significant risk of stigmatisation and isolation.

This has naturally led to the adoption of a holistic approach to intervention, with the need to support children and their families over the long term in order to promote their social and family integration.

Psychosocial support is of paramount importance here, not only to enable the child to access their fundamental rights – particularly to education and vocational training – but also to boost their self-esteem. This support will continue for years, sometimes into adulthood.

Prevention work

The awareness-raising component aims to inform the public and train healthcare staff in order to prevent the disease and promote its early detection.

Awareness-raising efforts carried out at all levels of the information chain (the general public, religious and traditional leaders, community representatives, health workers, students at health colleges, and traditional healers) will ultimately not only enable informed communities to visit the nearest health centre as soon as possible, whilst developing basic hygiene practices that can eliminate the risks associated with poor oral and personal hygiene, but also ensure that healthcare staff are able to detect the disease at an early stage, provide appropriate treatment and refer cases in the acute phase or with sequelae to hospitals equipped to treat patients. This is a long-term endeavour.

Synergy in the fight against noma and networking

Sentinelles has been a pioneer in the fight against noma since the 1990s. The work carried out by local teams in the countries where the organisation operates is conducted within the framework of partnerships and close collaboration with ministries of health, relevant government departments, hospitals and various organisations working in this field.

Convinced of the need to join forces and create synergies to raise awareness of and combat this neglected disease, Sentinelles has been an active member of the International Noma Federation since its creation in 2003.

Sentinelles is currently a member of the committee that has contributed to its structural and communications overhaul since 2025. Today, the Federation has nearly 30 members who work together to develop local and international synergies by promoting shared values of humanity and solidarity. These organisations are based in Africa, Europe and the Americas and operate in 21 African countries. Expertise and commitment are essential to making progress in the field of noma, a complex and multifactorial disease.

Valérie Elsig

Further reading:

International Noma Federation

WHO information sheet on noma

WHO (2026), *Ending the neglect to attain the sustainable development goals: noma control: technical brief.*



TOGETHER FOR A STRONG FUTURE IN THE FIGHT AGAINST NOMA

Conversation with Yves and Sandra Vontobel to mark the transfer of Noma-Aid-Switzerland activities to Sentinelles

After 20 years' involvement, the members of Noma-Aid-Switzerland decided to transfer the association's activities to Fondation Sentinelles. Lacking its own operational projects and having no on-the-ground presence, Noma-Aid-Switzerland has increasingly come up against structural limits, at the same time as the requirement for professional, lasting and well-coordinated aid has continued to grow. **In the following conversation, Yves Vontobel, President of Noma-Aid-Switzerland, and Sandra Vontobel, Director of the Association, look back over 2 decades of the association's history, recall the real challenges in the fight against noma, and explain why this move will lead to enduring reinforcement of the help to affected families and children.**

Review of 20 years' involvement by Noma-Aid-Switzerland

Mr. Vontobel, the Association was founded in 2005 when Yves Schumacher returned from a trip to Sokoto in Nigeria where he witnessed the fate of children suffering from noma. You have been a committee member since 2015 – what led you to get involved with this cause?

Yves Schumacher brought back awful pictures of what he had seen in Sokoto. He spoke about this to Peter Junker, with whom he grew up in Winterthur, and was thus moved to set up Noma-Aid-Switzerland. Peter Junker, Yves Schumacher and Ernst Notz founded the association. Other people, notably Bertrand Piccard and Remo Santi, joined in with them and contributed to its development.

From your point of view, what have been the stages and major successes of the last 20 years?

YV: Two projects clearly illustrate the significant contribution that Noma-Aid-Switzerland, despite its small size, has been able to make towards positive changes. We co-financed the global study on the prevalence of noma carried out by the Swiss Network for International Studies (2019-2022). This study, for the first time, established scientifically the global prevalence of noma, highlighted the urgency of the problem and opened a path to recognition of the disease as a "neglected tropical disease".

SV: The Persis Centre at Ouahigouya was equally a key project in the fight against noma. It was founded in 2004 by Dr Lassara Zala with 12 beds. Noma-Aid-Switzerland was involved in the development of the hospital throughout the years and has been able, along with other partner organisations and thanks to significant donations, to give regular support, especially in the organisation and execution of information and awareness campaigns, and with on-the-ground surgical missions. The Association has contributed substantially to the financing of extensions to the hospital. The opening of the obstetrics/gynecology and the maternity services in 2018 provided for the first time a complete coverage of delivery and new-borns – a major advance for the region. With the opening of the neonatology service and the auditorium in 2022, a new milestone was reached.

Mrs. Vontobel, as the Director, what has been your experience of the progress of the Association and its projects over recent years?

Noma-Aid-Switzerland is a small association with limited means. Despite this, each year we have been able to convince donors to support the cause. Even with our modest structures, we have been able to make a real difference. For various reasons, in recent years it has become more complicated to guide our own projects on the spot. It has thus become equally difficult to generate significant donations. The long-term partnership with Sentinelles and the centres it runs in Niger and Burkina Faso has been a great help in this respect.

Have there been encounters or events which you found particularly touching?

SV: The life path and personal experiences of our long-term committee member, Fidel Strub, who has himself been infected with noma, touch me deeply. The suffering he has endured leaves us speechless and somewhat helpless. Presenting the consequences of the disease and the distress of people affected with respect and empathy is a real challenge for me.

Noma, a disease neglected for too long

At the end of 2023, the World Health Organisation officially recognised noma as a neglected tropical disease. What does this recognition mean for affected people and for the international fight against noma?

YV: It is above all an entry point: it gives greater visibility to noma at the international level, facilitates access to research funding and puts this disease on the agendas of governments and health organisations which have scarcely been aware of noma until now. For affected people themselves, this recognition changes nothing in and of itself.

Without treatment, noma is fatal in most cases, and survivors suffer sequelae for life. How large is the problem still today?

YV: It is still difficult to measure because numerous cases are never recorded in remote regions, especially in Africa. **Noma is not a problem restricted to a specific region, but a structural problem linked to poverty – the disease can appear wherever good diet, hygiene and health care are lacking.**

Why are awareness, early detection, and fast antibiotic treatment decisive in saving lives?

YV: **Noma develops extremely fast. In just a few days, simple gingivitis leads to tissue destruction which is potentially fatal. When the disease is detected at an early stage, simple and cheap antibiotics, and improvement of diet are sufficient to check it.** This is precisely the point at which things often go wrong. Many families in affected regions don't know the first symptoms of the disease or don't have access to a health centre. For this reason, awareness in the villages and the training of local health care staff who can recognise noma at an early stage are essential.

A Step towards the Future: transfer to Fondation Sentinelles

Mr. Vontobel, why did the committee recommend to the membership to dissolve the association and to transfer its assets to Fondation Sentinelles?

As an association without its own operational projects and having no on-the-ground presence, we came up against increasing structural limits. At the same time the requirement for professional, lasting and well-coordinated aid was growing. We chose this approach because it will allow us to reinforce the impact of donations and to ensure the future of the fight against noma on a permanent basis.

Mrs. Vontobel, in practical terms what does this step mean for the donors to Noma-Aid-Switzerland? Will their contributions be used differently?

In principle, nothing changes. Donations will continue to reach where they are required, that is, on the ground especially in the Sentinelles centres of the fight against noma in Niger and Burkina Faso. Instead of passing through the intermediary of a small association without its own projects, funds will henceforth be made available directly to an organisation with its own medical teams and several decades of frontline experience. **The allocation of donations to the fight against noma remains guaranteed.**

Why do you consider Sentinelles as the ideal partner for the future of the fight against noma?

Sentinelles has been a pioneer in this area and since the 1990s has managed its own centres in Niger and Burkina Faso with local medical teams. Noma-Aid-Switzerland is well established in German-speaking Switzerland, whilst Sentinelles is so in Francophone Switzerland. Merging Sentinelles and Noma-Aid-Switzerland will allow the creation of a movement against noma at the level of the whole of Switzerland – one with much greater reach, far more efficiency and greater impact.

What will become of the knowledge, contacts and networks that Noma-Aid-Switzerland has developed over its 20 years?

YV: We are happy to transfer to Sentinelles everything it might need. Since May 2026, Sandra Vontobel has also been a member of the Council of Fondation Sentinelles. In this position, she oversees the use of the transferred assets in accordance with the rules and supports the local team during the transition phase. The Noma-Aid-Switzerland committee will also be available to give support however required.

Continuing to work together: a call to our present and future donors

Today, why is it especially worth supporting the fight against noma with a donation?

YV: Recognition of noma as a neglected tropical disease is certainly an important advance, but it doesn't prevent the appearance of new cases. It is essential to profit from this process and put in place or develop good frontline structures.

The global approach runs from awareness and transfer of knowledge right through to follow-up. It is essential that this includes the creation of favorable conditions most especially for job training for the young and the possibility of generating an income. To this must be added another central issue: the training of frontline medical staff.

How can local government, the churches, businesses, NGOs, associations and individuals tangibly continue to help support?

SV: If the readers of this newsletter are asking themselves how they can help, here are several ideas of what different groups can do concretely, aside from monetary donations:

- Make premises and locations (e.g. local government or businesses) available free of charge or at reduced cost for events, conferences, exhibitions etc. relating to noma
- Publicise the cause in the local government newsletter, the local paper or other communication channels
- Organise charitable events
- Suggest conferences or lectures
- Make a donation in kind or offer volunteer services (e.g. graphic design, translation, logistics etc.)
- Sponsor a practical project
- Make a donation in place of a personal gift (birthday, death etc.)

In conclusion: what would you like to say to those who have supported the fight against noma for a long time – and to those who are looking to join in now?

YV: Twenty years ago, noma was barely known outside Africa. It had no lobby group nor media headlines – merely **a conviction that we should help those people whose faces had been disfigured by this disease. Our faithful donors have enabled us to offer this help for two decades, even without any public interest. They have saved the lives of numerous children and adults and given back to them the joy of life and dignity.** The knowledge and the structures available to us today would not have seen the light of day without them. They didn't wait for the ideal moment to help – they were simply there, year after year. For this, they deserve not only our gratitude but also all our respect!

SV: It was only in 2023 that noma was officially recognised as a neglected tropical disease. It is thus a movement which is only just beginning to gain strength – and a contribution, however modest it may seem, encounters particularly fertile soil. **Every donation, every invitation, every conversation that we have about noma contributes to drawing this disease out of the shadows. Every person who lends support to this movement contributes to giving a voice to the poorest of the poor, most often the children, so that they can be heard.**

Timo Knöpfli



The Mother and Child University Hospital of N'Djamena, Chad

RECONSTRUCTING FACES IN THE COUNTRIES WHERE WE WORK

Proposed by three organisations, including Sentinelles, the first training course in reconstructive surgery for noma-related disfigurements began this year. A completely new initiative, it aims to provide surgeons practising in noma-endemic areas with the basics of facial reconstruction, in order to bolster the ranks of those capable of operating on such disfigurements – a very small number of surgeons, mainly from Europe.

Long sought after by many in the noma community, the training programme was launched in April 2026 thanks to an admirable collective effort that proves the adage 'alone we go faster, together we go further'. Following a selection process led by a group of surgeons specialising in noma, 10 trainees were chosen to undertake this two-year course. Each will have the opportunity to visit, on several occasions, the three noma treatment centres currently located in Niger, Nigeria and Chad to operate alongside their expert peer trainers in this highly complex surgical procedure.

The power of community

This initiative came about thanks to the vision and determination of two women. The first, Ute Winkler Stumpf, founder of Hilfsaktion Noma e.V., our long-standing German partner, has always dreamt of training surgeons so that children suffering from noma can receive prompt treatment. She passed this dream on to her son, who is currently the association's president and is determined to make it a reality. The second is Sentinelles' lead surgeon and president of the AEMV (Association for the Mutual Aid of People with Facial Mutilations), Professor Brigitte Pittet, who has been operating on children with noma for over 35 years in Geneva, Niger and Burkina Faso. Although she has long been training Swiss and African surgeons in this complex procedure, there was a pressing need that could only be met by a larger-scale project. At present, there are very few specialist African surgeons, and the security situation in the countries where Sentinelles and Hilfsaktion Noma e.V. operate is deteriorating year on year, which will soon make it impossible for European doctors to travel to these countries. This realisation, coupled with increased collaboration between the AEMV, Sentinelles and Hilfsaktion Noma e.V., has enabled the training programme to be launched.

High-quality applications

We received 21 high-quality applications from eight countries



Surgeons are trained through surgical missions in different countries.

in West and Central Africa, and seven male surgeons and three female surgeons from Mali, Burkina Faso, Niger, Nigeria, Chad and Madagascar were selected. Noma is present in all these countries, and patients are awaiting treatment. However, geographical location was not the only selection criterion. Current involvement in the treatment of noma and the individual skills of each candidate were also taken into account. Notably, of the 21 applications received, only 3 were from plastic surgeons, even though they are usually the ones who carry out reconstructive surgery. This is due to the very recent development of this specialty on the continent. In French-speaking West Africa, only Senegal offers a Postgraduate Diploma in Plastic Surgery, forcing those aspiring to become plastic surgeons to seek training abroad.

Theoretical courses open to all

Surgeons are invited to operate during campaigns carried out in Niger, Nigeria and Chad. Their travel expenses are fully covered by the training organisers. At the same time, they must complete an online programme of theoretical courses, which was developed thanks to the commitment of numerous specialists in noma. As surgery is just one link in the wider chain of holistic care required to improve the quality of life of noma survivors, it is essential that the surgeons involved familiarise themselves with all the implications of patient care. These courses therefore cover cross-cutting aspects such as detection, awareness-raising, a holistic approach and rehabilitation, in addition to more surgical topics. With between 40 and 90 participants joining the first sessions, we saw a strong turnout from the noma community and healthcare professionals for these online courses, which were ultimately opened up to anyone interested.

Passing on skills to ensure the continuity of our work

It is with conviction and a determination to ensure the long-term sustainability of its work that Sentinelles is helping to organise this training course. Children suffering from noma continue to arrive in Niger, and a new noma care project is currently being launched in Chad. **Helping to ensure the next generation of noma surgeons is not only important for the smooth running of our activities, but is also an integral part of Sentinelles' values of solidarity and commitment.**

Caroline Hostettler

BURKINA FASO

Possibo is back in Burkina Faso with a new prosthesis!

In the April newsletter, we asked for your support to help cover the cost of Possibo's trip to Switzerland to have her tibial prosthesis replaced. We are delighted to share some good news with you today.

Possibo did indeed travel to Switzerland in the spring. She was able to have her prosthesis completely replaced at Orthethic in Lausanne. Once the prosthetist had carefully carried out the adjustments and checks, she was able to return home to Burkina Faso. Having arrived just in time for the start of the rainy season and the sowing season, she is delighted to share photos of her field and to express her thanks to everyone who supported her. We wish her an excellent harvest. Our warmest thanks go to Joël from Orthethic, Michèle and everyone who made the replacement of her prosthesis possible.

Valérie Elsig



Possibo in her field with her family

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Circulation: 18'000 copies (fr/de/eng)
Subscription: CHF 20.–/year, six editions
Publisher: Sentinelles

© Texts/photos: Sentinelles, unless otherwise stated

Layout: Katarina Simmer
Editorial Secretary: Lidiane Quaglia
Newspaper Coordinator: Nicole Emonet
Translations: Volunteers
Printing: PCL Print Conseil Logistique SA