

Summary report on the

Regional workshop on strengthening and integrating the ear and hearing care programme within primary health care and health systems

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Doha, Qatar
18–20 November 2013



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

The WHO Regional Office for the Eastern Mediterranean, in collaboration with the Supreme Council for Health, Qatar, organized a regional workshop on strengthening and integrating ear and hearing care programmes within primary health care and health systems, from 18 to 20 November 2013 in Doha, Qatar. The objective of the workshop was to improve the ear and hearing health activities in the Region under the renewal of primary health care reform as recommended in the World Health Report 2008. The workshop was organized as a follow up to the regional workshop for the integration of ear and hearing care in primary health care in Riyadh in December 2011. The workshop was inaugurated by Dr Salih Ali Al-Marri, General Secretary Assistant for Medical Affairs, Supreme Council of Health, Qatar.

In the opening session, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean noted that about 40 million people in Region had disabling hearing loss, and that one in three persons above the age of 65 years lived with some form of hearing impairment. A major step in minimizing the burden of hearing impairment was ensuring early detection in babies, infants and children, within the framework of primary health care. He emphasized that early detection and treatment of common diseases causing hearing impairment through school, the community and primary health care within the health system could have a tremendous impact on improving ear and hearing care in the Region. At least half of all cases of hearing loss were easily preventable.

The opening recalled the World Health Assembly resolution WHA48.9 (1995) on prevention of hearing impairment and deafness, urging Member States to prepare national plans for the prevention and control of major causes of avoidable hearing loss, and for early

detection in babies, toddlers, and children, as well as in the elderly, within the framework of primary health care. However, despite significant progress in the area of ear and hearing health care, there are still many countries and communities where the prevalence of avoidable hearing loss is unacceptably high.

The workshop was attended by 53 participants including representatives from Member States and other technical experts. Representatives of professional associations and nongovernmental organizations, which included the Arab Academy of Audiology, IMPACT Foundation, CBM, Asia Pacific Federation of Hard of Hearing and Deafened, Worldwide Hearing, Hearing Conservation Council, International Centre for Evidence on Disability, International Society of Audiology, American Academy of Otolaryngology and Global Coalition for Hearing Health, also participated in the workshop.

Dr Khalid Abdul Hadi (Qatar) was elected as Chair. Dr Abdul Hanan Choudhury, Dr Shelly Chadha and Dr Haroon Awan served as Rapporteurs.

2. Conclusions

There is a paucity of population-based data on the burden of ear disorders and prevalence of disabling hearing loss in most countries in the Region. A few countries have developed national programmes for prevention and control of hearing impairment and are collecting data on hearing indicators. However, there does not seem to be a standardized reporting system for ear and hearing health indicators across the Region, and in only a few cases are these integrated within the national health information system. Very few countries

are reporting any ear and hearing health indicators at the primary health care level.

Service delivery is impeded by limited health awareness about ear and hearing health, inadequate health facilities and shortage of trained health staff, high indirect costs and un-affordability of the health care services. Most ear and hearing health care services are delivered at the tertiary level, while delivery through secondary level services (district) and primary health care remains limited.

The participants identified that the key knowledge and skills required by school health staff for ear and hearing health include ear and hearing health promotion, good ear and hearing practices, prevention of noise induced hearing loss, prevention of otitis media, prevention of ototoxicity, and counselling skills. A curriculum for school health is not uniformly available for all cadres and all school health programmes. It was however noted that WHO has developed learning resources for primary ear and hearing care and an Arabic version of these was now available.

Newborn screening for hearing loss has been instituted in a few countries, especially at neonatal and maternity units. One of the constraints identified was the high cost of hearing aids, and shortage of operational maintenance support for these aids.

Most Member States do not have an ear and hearing health component in the primary health care programme. There is insufficient material on ear and hearing health in the current curriculum for primary health care in most countries.

The participants also noted that there is a general shortage of audiologists, speech and language therapists, and audiology and

audiometric technicians in the Region, which hampers the coverage and outreach of primary ear and hearing care.

It was noted that most countries in the Region do not have functional national committees for ear and hearing health, and that there is little collaboration with the primary health care programmes. It was also apparent that the ear and hearing health programmes, where established, have not been sufficiently oriented about the new WHO health systems framework and primary health care reforms.

3. Recommendations

To Member States

1. Develop national plans based on a health systems framework to achieve universal ear and hearing health.
2. Integrate ear and hearing health in primary health care and school health in the context of country-specific operating models and customize for maximum synergy depending on level of development and health needs.
3. Establish national committees for ear and hearing health and appoint focal persons, where not already done.
4. Develop key performance indicators and monitoring and evaluation framework for the national ear and hearing health plan for periodic review and information sharing and learning.
5. Develop minimum service delivery standards for primary ear and hearing health, secondary level care and tertiary services, which are comprehensive and inclusive to the extent possible.
6. Initiate programmes for screening of newborns for hearing loss in countries where such programmes do not exist.
7. Address technology gaps at primary, secondary and tertiary level ear and hearing care services.

8. Promote access to good quality and affordable hearing devices, in line with the WHO hearing aid and services guidelines.
9. Initiate training programmes for promoting primary ear and hearing health, using WHO training resources, for strengthening the capacities of the primary health care workforce.
10. Identify ear and hearing health workforce needs and integrate planning into health workforce national plans.
11. Identify ear and hearing health information needs and integrate primary ear and hearing health information in the national health information system.
12. Conduct a situation analysis of ear and hearing health services and facilities, human resources and service providers.
13. Undertake population-based epidemiological assessment of hearing loss and its causes to determine the prevalence of disabling hearing loss and burden of disease.
14. Raise the issue of ear and hearing health at the Regional Committee with the intention of facilitating the implementation of the provisions of resolution WHA48.9 (1995) on prevention of hearing impairment and deafness.
15. Observe International Ear Care Day on 3 March in collaboration with WHO and other national and international partners.
16. Develop and launch a campaign to raise awareness about ear and hearing health in the community.

To partners, professional associations, nongovernmental organizations and collaborating centres

17. Provide support in training and development of an ear and hearing health workforce.
18. Assist and support countries in improving access to hearing aids.
19. Support operational research related to ear and hearing health.

20. Provide academic support to conferences on ear and hearing health in the Region and promote information sharing with governments and nongovernmental organizations.

To WHO

21. Undertake a situation analysis of the current status of ear and hearing health in the Region.
22. Provide necessary technical support and information on magnitude and burden of hearing loss to Member States in development and implementation of their primary ear and hearing health programmes.
23. Monitor progress of Member States in implementing ear and hearing health programmes, through identified indicators.
24. Facilitate a regional coordination group for promoting ear and hearing health in the Region (the participants proposed the representative of Qatar to lead this initiative).
25. Organize a regional follow-up meeting to assess progress and help intensify efforts to prevent disabling hearing loss.



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