

Summary report on the

Consultation on the world report on hearing: implications for the WHO Eastern Mediterranean Region

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Virtual meeting
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1. Introduction

Globally, nearly 450 million people live with disabling hearing loss, the overwhelming majority of which reside in low- and middle-income countries. In the Eastern Mediterranean Region of the World Health Organization (WHO) there are currently 22.1 million people with disabling hearing loss, a number that is likely to grow to over 52 million by 2050. It is estimated that nearly 80% of people with hearing loss in the Region live in low- and middle-income countries, with most of them lacking access to the required interventions.

To address the growing challenge of ear and hearing care, WHO developed the *World report on hearing*, as requested by World Health Assembly resolution WHA70.13 in 2017. The global report outlines concrete steps to be taken for scaling up the provision of integrated people-centred ear and hearing care in countries. It proposes a package of evidence-based ear and hearing care interventions and steps for building health systems' capacity to enable their provision. The launch of the *World report on hearing* in March 2021 provided an opportunity to revive and revisit previously agreed actions and build on the report findings to resume efforts for advancing inclusion of ear and hearing care as an inherent component of universal health coverage based on a more integrated operational approach. Against this backdrop, the Virtual consultation on the World report on hearing: implications for the WHO Eastern Mediterranean Region was held on 6–7 July 2021. The objectives of the meeting were to:

- present an overview of the global and regional findings of the *World report on hearing* and support WHO tools, resources and initiatives;
- review the situation of ear and hearing care and ongoing efforts for integration into health systems in the Region; and
- develop consensus on concrete steps to make best use of the *World report on hearing* in strengthening ear and hearing care in the

Region, drawing on WHA70.13 and the recommendations of the 2019 Regional expert consultation for promoting ear and hearing care.

The regional consultation was a collaborative effort across the three levels of WHO and included regional and global experts, participants from WHO headquarters, the Regional Office and selected country offices, as well as key partners and organizations. The meeting was attended by experts from nine Member States of the Region.

The meeting built on a previous regional expert consultation organized by WHO in November 2019, which brought together experts from 10 Member States of the Eastern Mediterranean Region and from two other WHO regions. During the previous consultation, participating experts provided feedback and inputs on the outline of the *World report on hearing* and its dissemination plan. The next steps were then agreed to advocate for and strengthen integration of ear and hearing care into universal health coverage in the Region. However, due to the onset of the COVID-19 pandemic, the implementation of the agreed actions was put on hold.

The meeting was inaugurated H.E. Dr Hussain Abdul Rahman Al Rand, Assistant Undersecretary for Health Centers and Clinics and Public Health, Ministry of Health and Prevention, United Arab of Emirates, and President of the Emirates Otorhinolaryngology Head and Neck Society, who underlined the country's experience especially in mandatory ear and hearing care screening of all newborns. Opening remarks from Dr Maha El-Adawy, Director, Department of Healthier Populations, WHO Regional Office for the Eastern Mediterranean Region, were delivered by Dr Hala Sakr, Regional Advisor for Violence, Injury Prevention and Disabilities. Dr El-Adawy's message recognized that of 430 million people living with significant hearing

loss globally, 78 million live in the Eastern Mediterranean Region, with this number projected to reach 194 million by 2050. The message highlighted the challenges that the Region faced, such as the limited availability of ear and hearing care professionals and specialists, who were generally unavailable at primary and secondary health care levels, making it difficult for people to access care and guidance. Many of the challenges facing ear and hearing care had been augmented due to the COVID-19 pandemic, as health systems and resources were being greatly diverted to addressing and controlling COVID-19. The message concluded by highlighting WHO's responsibility to ensure that all people have access to the health services they need within the vision of universal health coverage, which formed the basis of the *World report on hearing* launched by WHO last March.

2. Summary of discussions

Updates from the World report on hearing

Dr Shelly Chadha, WHO Technical Officer, Prevention of Deafness and Hearing Loss, gave a presentation on the findings of the *World report on hearing*. The presentation highlighted the main causes of hearing loss, which include preventable infectious diseases such as meningitis, measles, mumps and rubella. Other common causes include exposure to excessive noise, ototoxic medications, ageing and ear or head injuries. Chronic otitis media is also a leading cause of hearing loss among children. Regarding the adult population, Dr Chadha noted that nearly one in three people aged above 65 years suffers from disabling hearing loss.

Many factors that cause hearing loss are avoidable through primary prevention; moreover, most people who develop hearing loss can benefit from early diagnosis and appropriate interventions. Hearing loss can often be managed medically, surgically or through other means,

such as hearing aids, assistive devices and cochlear implants. Despite these possibilities, currently only 16% of those in need of hearing technologies in the Eastern Mediterranean Region have access.

Ear and hearing care status in the Eastern Mediterranean Region

An overview on the status of ear and hearing care in the Eastern Mediterranean Region was delivered by the WHO Collaborating Centre for Ear and Hearing Care Research and Education in Tehran, Islamic Republic of Iran. The overview discussed the growing prevalence of hearing loss in the Region, with the number of persons with hearing loss expected to reach 194 million people in 2050. In terms of the causes, the three main risk factors for hearing loss in the Region are consanguinity, followed by otitis media and noise-induced hearing loss.

The overview also highlighted the gaps in ear and hearing care in the Region, based on recently conducted desk reviews, and presented recommendations to address the challenges. One of the main messages was that data quality monitoring and surveillance system evaluation for ear and hearing care is a necessity to achieve the goals of the *World report on hearing*. The wide heterogeneity and lack of information on ear and hearing care indicators and the need to systematically integrate ear and hearing care interventions in primary health care systems in the Region were discussed.

Country efforts

Member State representatives provided brief presentations on the situation of ear and hearing care in their respective countries.

Djibouti's national programme for ear and hearing care has progressed, including the advancement of early childhood screening for hearing

loss and the required training for doctors and midwives to conduct such screening. There has also been improvements in advocacy and partnership building to distribute hearing aids and equipment to underprivileged populations in the country.

The Islamic Republic of Iran outlined its recent efforts in ear and hearing care and shared the alternative modalities that had been implemented to address the challenges posed by the COVID-19 pandemic. Implementation of neonatal hearing screening, development of educational materials for health care workers in sign language and appointing of translators for people with hearing disabilities in referral health centres for COVID-19 had been carried out.

In Egypt, the Ministry of Health and Population has expanded its ear and hearing care programme and improved its neonatal screening programmes for hearing loss in primary health care units. The recently established independent health procurement agency helps to provide the needed technologies for hearing loss. One promising effort in Egypt is the newly decreed Karama law, in collaboration with the Ministry of Social Solidarity. Under the Karama law, people with hearing loss, as part of the larger population of persons with disabilities, have access to several benefits provided by the country, such as specialized pension schemes, prioritization of persons living with hearing loss (as part of the larger population of persons with disabilities) for civil jobs and access to tax- and custom-exempted cars.

Oman discussed the impact of the pandemic on ear and hearing care in the country and the consequent halt in normal public health activities (which restarted in July 2020). The pandemic situation stimulated the need for virtual and remote ear and hearing care services, which are currently being successfully implemented. Other efforts included the publishing of the 3rd edition of the manual for ear health in June 2020,

developing sign language courses for health care workers, as well as mass dissemination of educational videos on COVID-19 for persons with disabilities and their care givers.

Pakistan's efforts to improve ear and hearing care included the creation of audiologist positions at district level hospitals, development of school curricula in sign language for all grades, provision of offline low-cost ed-tech learning resources, and hosting of online sign language educational courses targeting the whole country. In addition, guidelines on how to prevent COVID-19 for persons with disabilities were developed, including those with hearing loss.

Saudi Arabia's discussed efforts taken by the Government in advancing ear and hearing care since the 2019 consultation. Neonatal hearing screening had recently been mandated across the country, including in the private medical sector, which was coupled with development of workforce capacity and sustainable financing modalities to ensure service continuation. Concrete steps have been taken to insure access of persons with hearing loss to media messages on all national channels. To aid in information accessibility, Saudi Arabia also recently launched a mobile application, "Eshraa", which provides 24/7 services to answer all relevant questions in sign language. Remote ear and hearing care services, such as remote programming of hearing aids, were provided to mitigate the impact of the COVID-19 pandemic. Currently, all audio therapy sessions are conducted online through video, telemedicine and virtual clinic modalities, while medications are being dispatched online. Other services such as maintenance and spare parts of products were also provided to users at their homes, when possible.

Yemen's presentation shed light on the recent conflicts that have greatly worsened the status of ear and hearing care in the country, especially due to the destruction of many of health facilities.

Dr Patanjali Dev Nayar, Regional Adviser, Disability, Injury Prevention and Rehabilitation, WHO Regional Office for South-East Asia, presented on the experience of ear and hearing care programmes and initiatives in South-East Asia. Ear and hearing care experiences from India, Maldives, Myanmar, Sri Lanka and Thailand were shared, followed by a discussion on how WHO worked with these countries to support their efforts.

Discussion

Following a presentation on the different tools and methods that WHO is providing and supporting in the area of ear and hearing care, attendees were divided into three working groups to discuss ear and hearing care priorities for their respective countries, the next steps and the expected support needed from WHO.

The first group included representatives from Oman, Saudi Arabia and the United Arab Emirates. The group agreed that implementation of neonatal hearing screening, school-entry screening, and delivery of hearing aids and cochlear implants are the main priorities for ear and hearing care in their countries. Participants proposed a set of actions with the aim of addressing these agreed priorities, including: ensuring the inclusion of ear and hearing care in health ministry plans, streamlining the provision of hearing aids, and increasing public and professional awareness of ear and hearing care, among others.

The second group, which included representatives from Djibouti, the Islamic Republic of Iran and Pakistan, developed an extensive list of priorities that should be addressed in their countries. The main priorities were: forming multidisciplinary teams at the national level to identify required areas of work in ear and hearing care; building capacity for ear and hearing care services; improving stakeholder engagement and

advocacy for ear and hearing care; implementing neonatal and school hearing screening; developing a national data repository; and strengthening health care systems for people with disabling hearing loss. Regarding proposed actions, the representatives agreed on the necessity of capacity-building of the health workforce to address ear and hearing care needs, the need to update existing situational analyses, and the need to increase screening capacities in health facilities, among others.

The third group, composed of representatives from Egypt, Tunisia and Yemen, agreed on the need to expand neonatal screening, implement sustainable financing modalities for hearing aids and strengthen ear and hearing care awareness campaigns as priorities in their countries. To address these priorities, the group listed the expected next steps which included: forming national committees and developing strategies for ear and hearing care; establishing dedicated ear and hearing care and cochlear implant programmes in the ministries of health; and evaluating the situation of hearing loss through national surveys.

As part of the groupwork discussions, the participants proposed a list of areas where WHO support was requested, including: the provision of technical support and normative guidance for the development of national ear and hearing care plans; facilitating the exchange of experiences across different countries; sustainable ear and hearing care programme funding modalities; workforce capacity-building; and conducting population surveys, among others.

3. Conclusion

As a conclusion to the virtual consultation, participants were asked to complete a survey on the recommendations of the 2019 consultation and to share their feedback on whether the previous recommendations were still applicable as current priorities for ear and hearing care in the

Region. Eleven responses were recorded for the survey, giving almost unanimous agreement on the continued validity of all the recommendations. Based on the recommendations and on discussions during the consultation, a list of next steps for WHO was also agreed.

4. Recommendations

1. Set up national committees and develop/update national strategies to facilitate provision of ear and hearing care through universal health coverage.
2. Include ear and hearing care in essential service packages being developed for universal health coverage.
3. Adapt WHO materials and resources to the country context.
4. Raise awareness at all levels on hearing loss and hearing care.
5. Strengthen engagement of ear and hearing care professionals through sessions on ear and hearing care and the *World report on hearing* in national and regional professional conferences.
6. Ensure that hearing screening is integrated into child health services (for example, through inclusion on vaccination cards) and school health services.
7. Include indicators for ear and hearing care (including screening) in national health information systems.
8. Initiate actions to address the risk of hearing loss due to environmental, occupational and recreational noise, including the Make Listening Safe initiative.
9. Advocate for the importance of pre-employment tests for people constantly exposed to occupational noise.
10. Identify research priorities and develop multi-country collaborations for research.
11. Map the available resources/expertise/opportunities and needs to maximize mutual benefit across countries, including setting up of a shared platform for resource sharing.

12. Take steps to integrate ear and hearing care into programmes for care of older people.
13. Train health workers, nurses, general practitioners and other relevant cadres in ear and hearing care.
14. Undertake national-level prevalence surveys and situation analysis.
15. Strengthen regional collaboration for sharing of experiences and cross-fertilization of ideas.

5. Next steps

- Develop a regional position paper and engage in political advocacy through a request for a side event in the Regional Committee.
- WHO to organize a webinar on one of the regional ear and hearing care priorities, possibly on “newborn hearing screening in the Region”, to foster sharing of experiences and to explore technology and industry advances.
- Create a platform for countries to share and exchange documents, tools, efforts and experiences on different aspects of ear and hearing care.



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