

Secretary General's Report on the 11th EC Meeting of SSH

The 11th EC Meeting of Society for Sound Hearing was held on 17th, 18th & 19th October 2013 in Hong Kong.

Participating EC Members:

1. Dr. Arun Agarwal, President
2. Ms. Silvana Mehra, Vice President
3. Dr Bulantrisna Djelantik, COO
4. Dr. Rakesh Prasad Shrivastav, Secretary General
5. Dr Suneela Garg, Treasurer
6. Dr Abul Hasnat Joarder, Joint Secretary
7. Dr Brad McPherson, Director, SSH International Ltd. & Joint Treasurer
8. Dr U Than Sein, Member
9. Dr Ronny Suwento, Member
10. Dr Shelly Chadha, Invited Expert from WHO HQ
11. Ms. Deeksha Khurana, PO at SH2030 India Office

Unfortunately Dr Madan Upadhyay, Senior Vice President and Dr Suchitra Prasansuk, Vice President could not attend the meeting due to personal reasons.

Day 1: Thursday 17th October 2013

1. Welcome Address by Dr. Arun Agarwal:

A short, sweet and warm welcome was extended by President Dr. A.K. Agarwal to all participating EC members and wished that this important EC meeting will come out with meaningful recommendations and that it will be a fruitful meeting.

2. Secretary General's Report: Dr. Rakesh Prasad Shrivastav presented the September 2012 to October 2013 SSH Activity Report. The report included:

- i. A recap of the decisions made during the 8th EC Meeting of SSH held in September 2012 in Cololmbo, Sri Lanka.
- ii. This was followed by NC Reports shared by India, Indonesia and Bangladesh.
- iii. Dr. Rakesh also informed everyone that a NC has been formed in Nepal, that it is now the 4th NC in this region and that a launch of the Nepal NC and Workshop has been planned for Nov-Dec 2013.
- iv. SSH organised and sponsored a **Poster Competition** which accompanied the WHO Symposium on "Primary Ear and Hearing Care" on 4th June 2013 during IFOS ENT World Congress held in Seoul, Korea from 1st - 5th June 2013.
- v. Also informed that CBM conducted a evaluation and gave recommendation regarding the ongoing MYP of SSH.

3. SH2030 India and Treasurer's Report was presented by Dr. Suneela Garg.

She highlighted the different activities that was carried out in India such as:

- i. Eye Ear Projects in India, Nepal and Bangladesh.
- ii. Information and dissemination of IEC materials developed by SH2030 India about ear care.
- iii. National strategy papers developed in India, Sri Lanka and also planned for Bangladesh next year.
- iv. Development of inclusion guidelines for NIHS.
- v. Building alliances with WHO and other UN agencies.
- vi. Website maintenance and
- vii. Celebration of important days related to deafness and hearing impairment in India.

Session I - Chaired by Ms. Silvana Mehra and Dr. Ronny Swento

4. Dr. Diego Santana-Hernandez (CBM Senior Advisor for Ear & Hearing Care) then presented "Feedback to SSH-EC from CBM's Evaluation 2013".

The issues raised by him were:

- i. The concepts of the perceived need for an international organisation (for the Asia region in this case), to address the existing vacuum in the field of Ear and Hearing Care (EHC) is real and urgent
- ii. The proposed type of organisation, as described by SSH in its MYP: "a Public-Private society which would raise awareness and empower National Governments to allow them to take a leading role in their respective countries", is correct.
- iii. The concept of developing National Committees and National Strategies/Plans is internationally recognised
- iv. The idea of developing a resource centre and provide technical expertise in the region is a key factor for success
- v. The need to trial pilot projects to promote change based on evidence gathered in the field is very desirable.
- vi. However he was critical of the following:
 - a. "Mission" and "Goal" of SSH was utopic
 - b. Due to the "soft" nature of the indicators, it is difficult to accurately comment on the real progress made, if only based in the log frame
 - c. Therefore, assessment done by CBM's ROs level and SSH's COO and even though the whole process has been undertaken to the best of everyone's understanding and good will, it is still a relatively subjective evaluation, based on the professional perceptions of all actors involved
 - d. Complex structure & functionality because of it's: 1. Offices in Delhi and Hong Kong, 2. CBM's official & legal partner is the "IVPSS Centre for Occupational & Environmental Health", situated at the Maulana Azad Medical College (MAMC), New Delhi, India and not SH 2030 India office because of inability of the latter to received funds from CBM directly

- e. The General Body of SSH2030 is a "floating" membership and not a fixed one
 - f. With the COO of SSH, Dr. Djelantic is also CBM Advisor and is based in Jakarta, Indonesia. It is understood that Dr Djelantic's roles as SSH's COO and CBM's Advisor, although they are complimentary in technical nature, they may create sometimes confusion and occasionally even possible conflict of interests,
 - g. Once the National Committee is formed, plans have been developed. However, budget assigned and approved by MoH is limited in most countries.
 - h. Unfortunately, SSH has not been able to sign MOU with the specific countries, therefore, the monitoring and promotion of the National Plan, falls solely on the National Committee.
 - i. However, India has a clear budget for Healthy Ear Districts (HEARD), in cooperation with the India National Committee and Indonesia provides ear health equipment to districts through its NC.
 - j. Communication between SSH and CBM is poor. No regular communications with KLT or AWG-EHC. SSH does not communicate directly with CEARO and SEAPRO routinely. There is no regular communications with CBM-Country Offices or Country Coordinators. Communication with CBM Regional Advisors is only done when approached by respective CBM-RO for specific tasks,
 - k. Although there is constant two-way communication with the SSH President and WHO HQ and there has been regular meetings and communication between SSH President and WHO SEARO, long term MOU with WHO HQ and WHO SEARO are still in process. There are no direct communications with country offices.
 - l. Similarly there has been no communication between SSH and WWH after the last minutes of meeting sent by WWH secretary to SSH COO in 2011.
- vii. Dr. Diego suggested that SSH needs to address its weaknesses and would need to review their "organizational structure, bylaws, management and networking". He further stated that SSH is aware of this and its EC is willing to change it. If they do so, they would stand on firm ground to become a leading society, which could be a model to be replicated in other geographical regions of the developing world.
- viii. Dr. Diego put forward recommendations to CBM for year 2013-2014: a. PD to consider SSH's updated Budget Application 2014 and to allocate funds to SSH, based on justifiable expenditure and joint recommendations agreed upon during the recent review of the MYP budget for 2014; b. SARO to gather pending information and to share with SSH the colour coded review of the log frame indicators (achieved vs not achieved), as a specific guidance for what is expected to be achieved by the end of year 5 of the MYP (end of 2014); c. PD to maintain the "ear-marked" funds destined for the "World EHC Congress", scheduled for February 2015, in India, as included in SSH budgets (CBM approved) for 2012, 2013 & "2014"; d. CBM-ROs (SARO, CEARO and SEAPRO) to identify a focal person to liaise with National Committees (focal person either at RO or at CO if this last one exist in any of SSH target countries); e. CBM-PD to request a second MYP proposal from SSH with adequate changes as recommended (2014).
- ix. Dr. Diego put forward recommendations to CBM for year beyond 2014: a. CBM-PD to evaluate in 2014, the request of a second MYP proposal from SSH from 2015-2019??; b. CBM to make sure the indicators for coming MYP are relevant and useful for Monitoring & Evaluation of progress; c. CBM to decide on the best approach to

accompany, monitor, evaluate and mentor SSH, whether from CBM-IO (PD) or from another CBM office/department. Involvement of AWG EHC is recommended, at least for monitoring, due to their field expertise; d. CBM to ensure that the appropriate mechanisms are in place to guarantee a bilateral, proactive, clear and constant communication SSH - CBM (PD, AWG, RO and CO if possible); e. CBM should consider if the SSH model for Asia is replicable in other regions.

- x. Dr. Diego also made recommendations for SSH for years 2013-2014: a. To accept 2014 approved budget as a sign of CBM's trust; b. To use the colour coded review of the log frame indicators (achieved vs not achieved), as a specific guidance for what is expected by the end of year 5 of the MYP (end of 2014) and to report progress by end of first quarter 2014 & end of MYP; c. To guarantee and report on the use of the "ear-marked" funds destined for "World EHC Congress", to take place in India, February 2015, as included in SSH budgets for 2012, 2013, 2014; d. To accept CBM-ROs (SARO, CEARO and SEAPRO) proposed focal persons at CBM (RO and/or CO), to liaise with National Committees & SSH's representatives in target countries; e. To present a request for second MYP proposal before June 2014.
- xi. Dr. Diego went on to make recommendations to SSH for years 2014: a. SSH to make sure that there is a close monitoring system and adherence to results' indicators, if there is CBM-SSH MYP beyond 2014; b. SSH to facilitate CBM's work in regards of its accompanying, monitoring, evaluation and mentoring roles for SSH (CBM-IO or other); c. SSH ensure that the appropriate mechanisms are in place to guarantee a bilateral, proactive, clear and constant communication between SSH and CBM (PD, AWG, RO and CO if possible); d. SSH to take into consideration the following practical points: d.1. Revision of SSH's idealistic principles ("Mission" and "Goal"), d.2. Choose strong indicators for SSH's planned results in the eventual MYP log frame, for: General Objective, Specific objective and All proposed results; d.3. Subjectivity of the evaluation: Provide CBM and other SSH partners with objective means for monitoring and evaluation of SSH's work; e. Complexity of the structure and functionality of SSH such as e.1. Offices in Delhi and Hong Kong. In addition and related to this, SSH should clarify the situation of the CBM's official and legal partner, the "IVPSS Centre for Occupational & Environmental Health", at Maulana Azad Medical College (MAMC), New Delhi, India and to clarify role of Hong Kong's office: "SSH International Limited"; e.2. General Body of SSH: Review present structure & management, to change "floating membership" status and improve credibility; e.3. Executive Committee (EC): Ensure that the discontinuity of Dr Agarwal as Dean of faculty will not affect the relationship of SSH with the University and/or Indian Government - specially working capability of SSH in India.
- xii. Dr. Diego made further recommendations to SSH beyond 2014: a. Core Group: Consider reviewing the composition of the Core Group, to introduce members of the "next generation" to prepare future leaders of SSH and a smooth transition of roles; b. Chief Operational Officer (COO): Consider how to obtain the best productivity of the COO, now and for the future: define the position (job description with a position holder's desired profile), consider how to best coordinate (and/or separate) the different competences of the COO, both as SSH COO & as CBM advisor; c. Liaison with Governments/MOHs and National Committees: d. Try and sign MOUs between SSH and MOH, so that the monitoring and promotion of the National Plans does not fall solely on the National Committee, e. Continue to promote and encourage the

development of field projects (like in India); f. Improve communications with CBM and partners at all levels: f.1. Communications with CBM: f.1.a. CBM-IO (PD, KLT and AWG); f.1.b. CBM-ROs: SARO, CEARO and SEAPRO; f.1.c. In countries where CBM has a Country Office (CBM-CO), facilitate for the National Committee to liaise & proactively communicate with CBM-CO's focal point (to be defined); f.1.d. CBM-Regional Advisors: there are not many for EHC. Within their possibilities, SSH to support the strengthening of current RAs and to help identify, train and mentor new candidates who could be considered as CBM-RAs; g. Communications with WHO: Please keep CBM-IO informed of relevant agreements or developments in Asia; g. Communications with WWHearing: Please re-explore feasibility of an open communication and coordination.

5. COO Dr. Bulantrisna then presented Activity Report including Current Status of SH International registered in Hong Kong.

The issues raised by her were:

- i. She first described in details the Job Description of the COO for period 2010-2014.
- ii. This was followed by a Activity Calendar of 2013 and COO Journal of 2013.
- iii. Then she discussed about the linkages made by SSH: a. Delhi Secretariat's MOU with WHO SEARO was in progress and that the MOU with Vision 2020 India was in place b. she mentioned that COO seeking link with UNICEF with help of CBM Bangkok ended in no result, c. that the President was trying to establish link with of Global Coalition; d. COO to restart seeking link with Asian Foundation and that COO link with Phillips Indonesia was in progress; e. she finally suggested that all EC members should be actively involved in refreshing and starting linkages in the near future and that this entire efforts should be coordinated by the President, Dr Arun Agarwal.
- iv. She then talked about future linkages with UNICEF in each Country UNICEF, broader connections with CBM (Dr Diego already advised), IAPB (Dr Shelly to advice), Japan Foundation, JICA, DEAPH, Disability and Educational Organizations?, Global and regional conferences and Workshops: Short Course on Public Health Planning in EHC, Country WHO, WHO Collaborating Centers (Dr Shelly to advice), Country MOH, National Committees, Professional bodies, ENT centers (All EC Members!), Lions Clubs and Rotary Clubs. Lastly she stressed that linkages cannot be developed in a desk top manner and that audience, lobby, socialization, face to face discussions are necessary and for this to happen funding for travels is needed.
- v. She then informed us all about the progress made in registration process of SSH International Ltd. (Hong Kong registration) in 2013: a. Documents signed for amendment of statutes, for clearance as charitable company; b. Tax exemption granted on 18th August 2013; c. Online Annual General Meeting held on 4th September 2013: resolutions signed and sent by post to be reported to the HK authorities/Company Registry; d. New Structure (3rd) in place (Dr Mani resignation); e. Auditor appointed; f. Audit for 1 April 2012 - 31 March 2013 completed; g. Lastly charity activity in Hong Kong is essential in order to retain the charity and tax exemption status of SSH International and for 2013, charity activity should be budgeted and performed before 1 April 2014. Dr McPherson suggested that SSH

International need not do this on its own and that it can work together with another implementing organization in Hong Kong.

- vi. She then on to mention some of the problems relating to SSH International: a. Organizational: New Delhi Secretariat (main) office and the Hong Kong Treasurer's (branch) office have different names: SSH versus SSH-International and that this be confusing to our links and donor; b. that the same persons in both registered organizations of India and Hong Kong, although they have very different organizational structural rules; c. It turns out that it is not practical to have too many persons in the structures because signing and sending documents by many people is a nuisance, expensive and time consuming. Therefore, perhaps it is better to minimize members and directors and whether this could be done by holding an EGM (extra ordinary general meeting); d. Different annual accounting period for CBM report and Hong Kong report, e. Different financial report format for CBM and the Hong Kong audit format, f. Extra fees for audit work, g. Next AGM (annual general meeting) should be within 15 months after the last AGM (4 Sep 13), which means before early December 2014. To avoid online meeting all the time, can put up the question whether this could be combined with a GB meeting? WHO meeting? Pre congress preparatory meeting?

Session II was chaired by Dr. Rakesh Prasad Shrivastav and Dr. U. Than Sein

6. Treasurer, Dr. Suneela Garg presented the Financial Report of SSH International Office for Jan 2012- Dec 2012 and Jan 2013- Sept 2013.

She made it clear that now that SSH International office is fully established in Hong Kong, all funds from CBM to SSH International Ltd. (except those funds needed for SSH India Office) is now being chanelised through the Hong Kong Office.

7. Joint Secretary Dr. Abul Hasnat Joarder presented the National Strategy on Prevention of Deafness and Hearing Impairment in Bangladesh : 2011-2016.

Dr. Joarder informed everyone that:

- i. Strategy document has been developed for the first time in Bangladesh by National Committee on Deafness Control (NCDC) of Director General of Health Services (DGHS) on the basis of consensus of group of broad based stakeholders through a series of exercises with help of WHO, Bangladesh Office.
- ii. Goal of the Program is "Sound Hearing by Year 2030".
- iii. Target of the Programme is "Reduction of Burden of Avoidable Deafness and HI by 90% from the existing level by 2030".
- iv. General Objective of the Programme is "To Eliminate Deafness and Hearing Impairment".

Session III was chaired by Dr. Bulantrisna and Dr. Shelly Chadha

8. SSH Membership of Instituitons, Individuals and Corporates was presented by Dr. Suneela Garg.

A lengthy discussion on membership fees, criteria for different membership and voting rights took place. Unfortunately, not much headway was made. However, there was

general consensus that SSH can only sell if it is a good quality organization that is transparent and accountable. Finally it was decided that Membership Criteria will be studied and drafted by Deeksha Khurana and COO by mid January 2014.

9. Discussion on official relationship with WHO.

This presentation was followed by discussion:

- i. There was universal agreement among the EC members that SSH should have an official relationship with WHO because it would be beneficial to SSH to be associated with such a prestigious and big organisation like WHO. It was also discussed whether SSH should be official relationship with WHO SEARO or WHO HQ. Dr. Than Sein pointed out that at the moment, WHO SEARO office is in a transition status and that no decisions will be made now regarding official relationship between SSH and WHO SEARO at this stage and we will need to wait until February 2014 when the new RD will take over.
- ii. However there was unanimous opinion that since SSH has decided to change from a regional organisation to try and achieve to be a global organisation, it would be better if SSH should have an official relation with WHO HQ instead of WHO SEARO. Dr. Shelly Chadha suggested that there is a standard legal procedure for this and kindly offered to look into this possibility and assured everyone that she would put all her efforts for this to happen.
- iii. Dr. Shelly also suggested SSH should officially write to WHO HQ for partnership and ?? technical support for the World Congress. It was also suggested that the World Congress Announcements to be put on the WHO website and again Dr. Shelly Chadha agreed to look into this possibility.

Day 3: Friday 18th October 2013 - 11th EC Meeting of SH 2030

Session IV was chaired by Ms. Silvana Mehra and Dr. Rakesh Prasad Shrivastav

10. Update on Preparation of First World Congress was presented by Dr. Suneela Garg and Ms. Deeksha Khurana

- i. Dr. Suneela Garg informed everyone that the Website was almost ready and showed it to everyone on a Power Point Presentation. Many EC members were not very happy with Web page and Ms. Silvana commented it was too crammed and old fashioned. Everyone agreed that the Website should be accessible with sharp images and maintain consistency in image that SSH wants to project itself as. It was also suggested that the website should mention that foreign delegates should register well in advance to process visa to India. Finally Dr. Arun Agarwal suggested that the responsibility of redesigning the Website should be given to Ms. Silvana Mehra, Dr. Shelly Chadha and Dr. Suneela Garg.
- ii. Dr. Suneela Garg reminded that the flyer has already been circulated/sent out to:
 - IFOS Congress at South Korea, June 2013
 - Participants attending ATA Expo at Coimbatore (5000 attendees)

- Participants attending PHPHI workshop at Hyderabad, Sept 2013 (75 attendees and organizers)
- CBM Office
- Vision 2020 Team, Sept 2013
- Team at Biratnagar Eye Hospital, Nepal Sept 2013
- Dr. Shroff's Charity Eye Hospital, New Delhi

She requested all EC members to take as many hard copies of the flyer to their respective country and distribute it to concerned people and institutions (the hard copies of the flyer were given to all EC members at the end of meeting the following day. It was unanimously agreed that All EC member should send out flyers and personal invitation to their personal contacts and that the Programme Officer Mrs. Deeksha Khurana should be copied into all these mails.

- iii. Dr. Suneela Garg informed all that compiling of email database has already started and a separate World Congress bank account should be opened and finally the shortlisting of PCO has been done. She suggested these should be finalized once the organizing committee and different committees is also finalized.
- iv. Dr. Suneela Garg informed that the venue for the World Congress provisionally selected was the Manekshaw Centre Auditorium (run by the Indian Army) as it would be cost effective to hold it there. Dr. Shelly Chadha suggested to Dr. Suneela Garg to make sure that the venue was accessible for disabled people and that the deaf and severely HOH people should have provision for loop, sign language, texting, etc. A major issue that was discussed in length was that Pakistan and Afghanistan national are not allowed in this army auditorium. However, Dr. Arun Agarwal assured everyone that he will make sure that this would not affect Pakistani participation as he could easily get permission from the Indian Army. He further assured everyone in the unlikely possibility of any Afghanistan national wanting to participate in the World Congress; he would again try to get the necessary permission.
- v. In view of the difficulty for Pakistan and Afganistan nationals refusal of entry into the auditorium, it was suggested that Dr. Suneela Garg should look into 5 stars hotels as possible venues. However, after working out the costs and comparing the costs involved in hosting the World Congress in the Manekshaw auditorium to that of a 5 star hotel, it was generally agreed that SSH could not possibly host the World Congress in a 5 star hotel.

The registration fee previously suggested by Dr. Suneela was further revised after the discussion as follows:

	Early Bird	Regular	Late/On Spot
LMIC & LIC Delegate Fees:	USD 200/100/100	300/200/150	400/300/200
HIC & HMIC Delegate Fees:	USD 400/200/200	500/300/250	600/400/300

NB. A. LMIC - Lower middle income countries and LI - Lower income countries; HIC - Higher income countries and HMIC - Higher middle income countries

B. Rates in USD: Regular delegates/Students and Postgraduate students and accompanying persons

11. Update on the current funds available for the First World Congress was presented by Dr. Bulantrisna Djelantik

She presented the savings of SSH that has been budgeted by CBM for the World Congress:

2011 - Euro 3,462

2012 - Euro 3,692

2013 - Euro 3,462

Total: Euro 10,616 (Equivalent to approximately USD 13, 800)

She also projected the expected income from registration of delegates, fund-raising (sponsorship and lunch symposiums), exhibition stands (stalls) and pre-congress workshops. She estimated that total income from all these would be USD 228,800. She further calculated that expenditure should not exceed 70% (USD 160,000) of the projected total income. Therefore, the projected savings/profit at the end of the World Congress should be USD 68,800.

12. Discussion on SSH First World Congress on Promoting Ear and Hearing Health to be held in February 2015 in New Delhi, India - aim, purpose, theme, flyer & further announcements, website, calendar of operation, possible participants, topics for keynote address, guest lectures, topics for sponsored sessions, etc.

- i. Everyone in the EC was aware that the theme of the World Congress is “Action Towards Better Hearing”, which was decided in the 10th EC Meeting in Colombo, Sri Lanka in 2012.
- ii. Dr. Suneela Garg who initiated this discussion informed all EC members regarding the Purpose of the Congress:
 - To promote sustainable community hearing care
 - To facilitate early diagnosis, management and rehabilitation of hearing loss
 - To provide a platform to bring together stakeholders from across the globe
 - To share the best practices
 - To facilitate incorporation of deliberations in policy & programmes of different countries.
- iii. The calendar for registration, submission of abstract and notification of acceptance of the presentation was prepared during this discussion and suggested as:
 - 1st Announcement: First week of January 2014
 - Early Bird Registration: until 31st June 2014
 - Regular Registration: until 31st July 2014
 - Late/On Spot Registration: from 1st February 2015 onwards

- Abstract Submission: 31st July 2014
 - Notification of Acceptance: 30th September 2014
 - Programme Publication: 15th November 2014
- iv. Possible participants, topics for keynote address, guest lectures, topics for sponsored sessions, etc. were discussed at great length but the list was becoming endless. It was therefore, left to the Organising Committee to look in to the details of the topics and to decide the speakers, who should all be distinguished people in their respective fields.
 - v. It was requested that Dr. Shelly Chadha should explore the possibility of having this World Congress as a “Joint WHO-SSH Congress” and to have it announced in WHO website.
 - vi. COO Dr. Bulantrisa suggested to General Secretary Dr. Rakesh Prasad Shrivastav to write to all National Committees about the Congress and encourage participation from the National Committees.
 - vii. It was suggested that COO Dr. Bulantrisa should draft and send letter to WWHearing, Asia Pacific Congress on Deafness, Global Alliance, PHPHI Workshops and ENT and Audiology News and Dr. Shelly Chadha to explore and help.
 - viii. Dr. Shelly Chadha suggested that a special session on “Eye Ear Care” should be incorporated in the World Congress and this should hopefully draw in more participants.
 - ix. In order to increase the number of participants for the World Congress, it was decided that SSH President should write to CBM for sponsoring participants.
 - x. It was also suggested to have one day pre-Congress Workshops on public health (PEHC), audiology, CI, Otoplasty, etc and separate registration rates (USD 150-300) should be charged from each participant.

Session V was Chaired by Dr. Arun Agarwal, Dr. Suneela Garg, Dr. Bulan, Dr. Rakesh Prasad Shrivastav

13. Discussion on the formation of First World Congress Organizing Committee and Subcommittees

After a lengthy discussion the Patron, President and Organizing Committee for the World Congress were proposed with the following members:

- Chief Patron & Chief Guest: Dr. APJ Abdul Kalam (President of India)
- Patrons: Health Minister of India, RD (WHO-SEARO), ADG of WHO-HQ, Mr. Dave McComiskey (CBM President)
- Congress President: Dr. A.K. Agarwal
- Congress Vice-Presidents: Dr. Madan Upadhaya and Dr. Bulantrisa Djelantic
- Congress Secretaries: Dr. Suneela Garg and Dr. Rakesh Prasad Shrivastav
- Congress Treasurers: Dr. MM Singh and Dr. Achal Gulati

- Congress Advisors: Dr. T.S. Sidhu, Dr. Prangopal Datta, Dr. Sara Varughese, Dr. Andrew Smith, Dr. Savitri

Mrs. Silvana Mehra suggested that Dr. Bulantrisna should write to Dr. Diego about when he will be visiting Benshiem and Dr. Shelly to also visit Benshiem at that time in order to sensitize Mr. McCominsky about SSH before sending out the invitation to him to become the Patron. Dr. Arun Agarwal volunteered to invite the Health Minister of India and RD of WHO SEARO. Dr. Shelly Chadha was requested to explore the possibility of ADG of WHO HQ as one of the Patrons.

The Proposed Committees were as follows:

- Steering Committee: Coordinators - Mrs. Silvana Mehra and Dr. Bulantrisna Djelantic
- Scientific Committee: Coordinator -Dr. Achal Gulati
 - A. Otolology: Dr. Charlotte Chiong, Dr. Abul Hasnat Joarder, Dr. Isaac Macharia
 - B. Primary Ear Care: Dr. Shelly Chadha, Dr. MM Singh, Dr. Diego Santana
 - C. Audiology: Dr. Bradley McPherson, Mrs. Seema Shah, Dr. Jackie Clark
 - D. Publication Committee: Dr. GK Ingle
 - E. Dr. MM Singh, Dr. Andrew Smith/ Dr. Norbeto M, Dr. Ronny Suwento, Deeksha Khurana
- Venue Committee: Local team
- Public Relation Committee: Coordinator - Dr. Than Sein and Members - Dr. Bu, Dr. Kim Chong, Dr. Saunders
- Registration Committee: Local team
- Catering Committee: Local team
- Social events Committee: Local Team
- Fund-raising Committee (Fund-raising, sponsorships, monitor allocation of funds): Coordinator - Dr. Mohan Kameshwaran and Members - Dr. Rakesh Prasad Shrivastav, Dr. Bulantrisna, Dr. JC Passy
- Accommodation/ Transport Committee: Local Team
- Exhibition Committee: Local Team
- Health Committee: Local Team
- Workshop Committee: Local Team

Points for Further Discussion:

1. Any further Committees needed?
2. Which Committee do EC members wish to be in?
3. Dr. Arun Agarwal suggested that the following persons and possibly others as well should be invited to the World Congress in some important capacity:
 - a. DG Health Services, New Delhi
 - b. Secretary Health, New Delhi
 - c. Dr. V.M. Katoch- Secretary to Govt. of India Department of Health Research (MOHFW) & Director General ICMR, New Delhi
 - d. Dr. Sudhansh Malhotra- Regional Adviser, WHO SEARO, New Delhi

e. Others ????

P.S.

1. Dr. Arun Agarwal took upon the responsibility of finalizing this list and also to decide their role and in what capacity they should be invited.
2. Dr. Arun Agarwal also took upon the responsibility to finalize the different committees and members keeping in view that a wider representation of resourceful, efficient and influential people from different countries are included.

14. Guidelines/Job Description of the Organizing Committees, different Sub-committees and members

As the organising committess could not be finalised and also due to time constraint this topic was not discussed much. However, Dr. Bulan offered to prepare Job Description of the Committees within 7 days and then circulate to the Secretaries and Coordinator of the Steering Committee of the World Congress.

Session VI was chaired by Dr. Suneela Garg, Dr. Bulantrisna Djelantik, Dr. Arun Agarwal

15. Discussion on plans for fund raising for the First World congress

It was generally agreed that besides the fund allocated by CBM, other sources of funds would be: a. Delegate registration fees, 2. Registration fees from pre-congress Workshops, c. Exhibition stall/stands, d. Advertisements in Congress Proceedings/Souvenir, e. Sponsorship of particular sessions, symposiums, lunch and dinner. It was left to Dr. Arun Agarwal and logical team to look at what would be appropriate rates for c., d. and e.

16. Preparations for the next GB in February 2015

After much discussion it was still not possible to decide on the date, venue and participants for the next GB Meeting. It was, therefore, left to the COO Dr. Bulantrisna to look in this issue in greater depth. CBM's decision awaited on request of funds for GB Meeting in 2014 that had been left out accidentally (this request letter was susequently sent from Hong Kong during this EC meeting).

Day 4: Saturday 19th October 2013 - 11th EC Meeting of SH2030

Session VII was chaired by Ms. Silvana Mehra, Dr. Bulantrisna Djelantik, Dr. Abul Hasnat Joarder

17. Planning and discussion on next Five Year Plan including current status of target countries

- a. The last day of the EC Meeting started of with SWOT analysis and lessons learnt so far (this has been modified from the e-mail Bulan sent out to all EC members on 25th October 2013):

- **Strength:**
 - Support of CBM IO
 - Targets of establishing 3 National Committees was met, Awareness Material, Training Materials, Website, 2 Strategic Plan Workshops, EC and GB meetings, Visibility through Alliances, Alliance with WHO, MOU with Vision 2020 in place within the time frame
 - In kind support and from Maulana Azad and WHO-SEA
 - Dedicated professionals
 - International Group of Specialists and Expertise: two recommendations for Healthy Ear Districts and Less Noise Cities, two guidelines (Infant Hearing Screening and Inclusion of Children with Hearing Impairment)
 - Timely met the targets
 - Same outlook and ideas of strategies in different countries.
 - Symposiums done
 - Good teamwork
 - Body with vision we work according to log frame/plan with activities/outputs

- **Weakness:**
 - Not enough follow up with formed National Committees
 - No MOU with WHO SEARO - very important for approaching the MoH
 - No MOU with and MoHs (although officially accepted and SH 2030 adopted in governmental strategic plan of India, Indonesia, Bangladesh, Sri Lanka).
 - MOU/Declaration with MoH is difficult, next to impossible, but interest and support is there.
 - No formal alliance with disability networks established
 - No official partnership with other Foundations / Commercial Vendors
 - Floating GB
 - No membership fees accomplished yet, although now the mechanism has more or less been agreed upon
 - Organizational concept: too broad mission and vision
 - Indicators too soft for current MYP
 - No effective coordination
 - Not enough human resources
 - Lack of accountability, no defined roles and responsibilities
 - No continued support
 - Lack of clear implementation of strategic plan
 - Lack of funding and human resources
 - No clear strategy how to promote formation of NCs
 - No importance given to ear and hearing in countries MoH, not a priority
 - No letter of agreement or letter of exchange with MoH
 - Different names, internal structure in MoH
 - Not enough documented and distributed
 - No strategy for “professional” fundraising, no one with the skills and full time to do fundraising
 - Too many doctors, no other disciplines/ scales
 - Younger generation people not included in organization

- **Opportunity**

- Enthusiastic and dedicated persons in EC, GB, National Committees
- Support from CBM focal persons
- Interest of other countries to join SSH
- A possibility of understanding through a letter of general agreement
- Website in place to put in best practices and activities
- Guidelines for country members
- The presence of Dr. Shelly Chadha in WHO HQ, and Arun Agarwal in New Delhi close to WHO SEARO
- Sustainable programs in Governments
- Opportunity to alliance with organizations, other Disciplines/ multi disciplinary
- Unique
- Regional and planning to be an international organization
- Link between countries

- **Threat**

- Global economic condition
- CBM budgetary cuts
- Rotation of Focal Persons in different country NC: change of persons and functions.
- No younger generation representation
- No strong base
- Competing interest
- Other groups in Hearing
- Funding issue, no professional fundraising
- Lack of Primary ear care interest
- No multidisciplinary approach

b. After completing the SWOT analysis, CBM Recommendations for Society for Sound Hearing for years 2013-2014 was discussed (modified from e-mail sent by Dr. Bulanrisna to all EC members on 25th October 2013):

1. SSH to produce an up to date Budget request to CBM for 2014 with justification for each item
 - Done
2. Urgent clarification and request regarding GB meeting fund which was unfortunately omitted in the budget request to CBM for 2014 through letter from President & Treasurer
 - Done
3. SSH to accept 2014 approved budget as a sign of extended trust from CBM on the possibilities of SSH.
 - Agreed
4. SSH to use the colour coded review of the log frame indicators (achieved vs not achieved), as a specific guidance for what is expected to be achieved by the end of year 5 of the MYP (end of 2014), and to report of progress by end of first quarter of 2014 and by end of MYP.
 - Still waiting for the colour coded log frame

5. SSH to guarantee and report on the use of the “year-marked” funds destined for the “World EHC Congress” to be held in India in February 2015, as included in SSH’s budgets (approved by CBM) for 2012, 2013 & 2014.
 - Predictive income and expenditures has been discussed at 11th EC meeting in Hong Kong. A summary to be sent to CBM offices
6. SSH to accept CBM-ROs (SARO, CEARO and SEAPRO) proposed focal persons at CBM (RO and/or CO), to liaise with National Committees and SSH’s representatives in their target countries.
 - Clear guidelines for the National Committees should include this issue. For instance, Ear Health day on 3rd March and Noise Awareness Week in end of April NC to always involve CBM country office participation
7. If CBM agrees to it, SSH should send out a request for a workshop to prepare second MYP proposal with adequate changes as recommended below in the “Beyond 2014” section before June 2014?
 - Request to be sent by the President of SSH accordingly. The proposed workshop on five year plan to be held with CBM mentorship

BEYOND 2014

1. **SSH to make sure that there is a close monitoring system and adherence for the results’ indicators, should there be a CBM approved MYP beyond 2014.**
 - Uniform format for indicators should be decided upon with inputs of experts and mentors..
2. **SSH to facilitate CBM’s work in regards of its accompanying, monitoring, evaluation and mentoring roles for SSH, whether directed from CBM-IO (PD) or from another CBM office/department.**
 - This is very much agreed upon and hoped for in the future.
3. **SSH to make sure that the appropriate mechanisms are in place to guarantee a bilateral, proactive, clear and constant communication between SSH and CBM (PD, AWG, RO and CO if possible)**
 - A standard procedure for communications to be an important part of the plan.
4. **SSH to take into consideration the following practical recommendations for change:**
 - a. **Revision of SSH’s idealistic principles, specially the utopic “Mission” and “Goal”**
 - b. **Choose strong indicators for SSH’s planned results in the next MYP log frame, for:**
 - i. General Objective
 - ii. Specific objective
 - iii. All proposed results
 - c. **Subjectivity of the evaluation:**
Provide CBM and all other SSH partners/associates with objective means for monitoring and evaluation of SSH’s work and its progress.

d. Complexity of the structure and functionality of SSH

- For point 4 a-d SSH need inputs from expert and mentors. EC: need “younger generation members” for continuity; GB: there should be a “fixed” GB membership, that will depend on the success of membership recruitment and membership fee payment. “Special”/ “Position” membership for governmental/ institutional representatives that will always change
- Note: Members were defined at the 11th EC meeting in Hong Kong, but how to get the payments?? It will not be easy to get timely payments. Alternative: payment for every two years or every EC period (5 years)??

e. Offices in New Delhi and Hong Kong:

- i. Clarify the situation of the CBM’s official and legal partner, the “IVPSS Centre for Occupational & Environmental Health”, at the Maulana Azad Medical College (MAMC), New Delhi, India. Find a solution for the current setting as "shadow organization" of SSH
- ii. Clarify role of Hong Kong’s office: “Society for Sound Hearing International Limited”.
 - The Financial Office in Hong Kong, as the registration of Society for Sound Hearing International Ltd., is legal charity organization and tax free
 - All finances through one door, The Hong Kong SSH International Account
 - At that time will need development of human resource in Hong Kong: addition of capable financial administration staff to assist
 - The Secretarial Office for implementation of programs in New Delhi
 - In the proposed next five year plan SSH International to go global: at least two more countries in the SEA region to have a National Committee (Myanmar, Bhutan/ Timor Leste), and include at least one more country from the Asia Pacific region (China/ Cambodia/ Philippines), one from Africa (Nigeria?) and one from Latin America (Equador?)

f. General Body of SSH:

Review the General Body of SSH’s present composition and practical management. Try to end the current state of "floating membership” to enable SSH improve its perceived credibility.

There should be a program officer overseeing membership.

g. Executive Committee (EC):

Ensure that the discontinuity of Dr Agarwal as Dean of Manulana Azad Medical College, New Delhi faculty will not affect the relationship of SSH India Office with the University and/or the Indian Government, specially the working capability of SSH in India.

h. Core Group and EC:

Consider reviewing the composition of the Core Group and EC, to introduce members of the “next generation” to be able to prepare the future leaders of SSH and a smooth transition of roles.

- i. Chief Operational Officer (COO):**
 - Consider how to obtain the best productivity of the COO, now and for the future. Define the position (maybe even a job description with a position holder's desirable profile). Think of where SSH is likely to be in 10 years' time and start planning for it.
 - Have clear roles, job descriptions for competent COO, have two competent and paid program officers with clear job descriptions.
 - Consider how to best coordinate (and/or separate), the different competences of the COO, both as SSH COO and as CBM advisor/consultant.

- j. Liaison with Governments/MOHs and National Committees:**
 - i. Try and sign MOUs between SSH and MOH so that the monitoring and promotion of the National Plans do not fall solely on the National Committees.
 - ii. Continue to promote and encourage the development of field projects (like in India)

- k. Communications with CBM: Improve communications at all levels:**
 - i. CBM-IO (PD, KLT and AWG)
 - ii. CBM-ROs: SARO, CEARO and SEAPRO
 - iii. CBM-COs: In countries where CBM has a Country Office, facilitate for the National Committee to liaise and proactively communicate with CBM-CO's focal point (to be defined).
 - iv. CBM-Regional Advisors: there are not many for EHC. Within their possibilities, SSH to support the strengthening of current RAs and to help identify, train and mentor new candidates who could be potentially considered as CBM-RAs.

- l. Communications with WHO:**

Please keep CBM-IO (at least the AWG EHC Coordinator) informed of relevant agreements, developments related to EHC, between SSH and WHO-HQ and WHO ROs or COs in Asia.

- m. Communications with World Wide Hearing Care for Developing Countries (WWWhearing):**

To reopen communication and coordination with SSH-WWH. WWH is still the "closest" option to a world-wide provision of affordable Hearing Aids in developing countries

Notes on WHO ARE WE and WHERE ARE WE GOING

Dr. Arun Agarwal:

- Advocacy group
- Continue within our region and outside our region
- With clear guidelines

Dr. Bulantrisna

- Regional, international expanding

- Develop guidelines for the national plans
- Part of advocacy and technically advisory role

Dr. Suneela Garg

- Needs assessment in place for SEA
- Revisit our objectives
- Look at all the packages of services we are doing

Mrs. Silvana Mehra

- Reluctant to see the structure of SSH
- Clarity of structure - based on what we have and make it stronger with clear vision on what this organization wants to achieve.
- Good working structure
- For instance: in 2019 every country should have a country plan
- **DREAM: "In 5 years time SSHI should be a credible, visible, transparent, efficient, self sustaining global organization"**

Shelly

- Strive for official relationship with WHO
- Stick to the name SSH International as registered in Hong Kong which is legal
- SSH International should include/induct new countries into our society
- Expand to two in regions one in Africa and one in Latin America in order to have activities in three geographical regions.

All agreed to:

- Part of activities to raise credibility
- Good management
- Good monitoring
- Internal procedures in place
- What is Hong Kong's need, maybe there should be another office personnel to help
- Name of Program: SH 2030
- Standard operating proceedings manual is needed

Persons (proosed) to represent SSHI at the CBM facilitated 5-year? MYP workshop in Delhi?:

1. Dr. Diego Santana
2. Mrs. Silvana Mehra and Fon
3. Dr. Sara Varuguese / Prog. Officer, CBM India
4. Dr. Arun Agarwal
5. Dr. Suneela Garg
6. Dr. Rakesh Prasad Shrivastav
7. Mrs. Deeksha Khurana
8. Dr. Bulantrisna
9. A DPO to be identified
10. From Education Sector - Dr Mani

Others:

WHO will be participating in two meetings in Doha, Qatar in Nov 2013 and in Colombia in Jan 2014. In view of the mandate that SSH wants to become a Global Organization, SSHI should be represented in these meetings. Dr. Shelly Chadha will represent Sound Hearing.

18. Closing Remarks

President Dr. Arun Agarwal gave the closing remarks on a very positive note saying that SSH will look positively at CBM's evaluation and recommendation of the ongoing 5 MYP when planning for the next MYP which SSH needs to submit to CBM before June 2014. He finally wished everyone a safe return journey.