

## **Report of the workshop on Health Promotion for Hearing Care In School Of South East Asian Region 8<sup>th</sup> and 9<sup>th</sup> November 2019**

The WHO workshop was hosted at Maulana Azad Medical College, New Delhi, India by Sound Hearing 2030 in collaboration with Ministry of Health and Family Welfare, GoI. Dr. Nidhi Bhatnagar, Asst. Prof and facilitator welcomed all the dignitaries; Dr Sanjay Tyagi DGHS, GoI, Dr Thakasphon Thamarangsi, Director NDEH, WHO RO SEAR, Dr Sushil Kumar, Dean MAMC, Dr Arun Aggarwal, President SSH 2030 and Dr Shelly Chaddha, Technical officer, WHO and Dr Patanjali Nayar, Consultant WHO, participants across South East Asia (Indonesia, Nepal, Bangladesh, Bhutan, Maldives, India), Indian experts, nodal officers and representatives from Maulana Azad Medical College, New Delhi, India. All the chief guests were welcomed with bouquets followed by lamp lightening. Welcome remarks were given by Dr. Suneela Garg, Hon Sec Gen SH2030 and Director Prof.





### **Session :Welcome, intro and opening remarks**

Introductory session was started by Dr. Suneela Garg expressing her gratitude to all the delegates and explaining the agenda of meeting. Dr. Garg emphasized about importance of addressing ear care and hearing problems in school. This workshop was a valuable platform to discuss the various aspects of promotion of EHC in schools as the delegates were representatives from SEAR region, WHO, Health Ministries, directorates along with other experts in ear and hearing care of South East Asia Region.

Dr Suneela Garg mentioned that more than 5% of the world's population has disabling hearing loss (432 million adults and 34 million children). It is estimated that by 2050 over 900 million people – or one in every ten people – will have disabling hearing loss. 1.1 billion young people (aged between 12–35 years) are at risk of hearing loss due to exposure to noise in recreational setting. Unaddressed hearing loss poses an annual global cost of US\$ 750 billion. Interventions to prevent, identify and address hearing loss are cost-effective and can bring great benefit to individuals. Children with hearing loss can benefit from early identification; use of hearing aids, cochlear implants and other assistive devices; captioning and sign language; and other forms of educational and social support. <sup>1</sup>

The objectives as mentioned by her were:

1. To assess the status of health promotion in school children regarding hearing care in SEAR countries.
2. To identify gaps in implementing health promotion in school children regarding hearing care in SEAR countries.
3. To sensitize the participants regarding WHO teachers' basic manual for hearing care
4. To develop guidelines for health promotion of Hearing care in schools



5.

**Dr. Sanjay Tyagi from DGHS** emphasized about the importance of ear and hearing care. Govt. of India have eradicated Polio from the country and now next focus is on eradicating measles, mumps, and rubella, from this country. Similarly Govt is committed to in addressing the issues of ear and hearing care through national program for prevention and control of deafness. He urged SEAR member representatives for a close cooperation, inter-sectoral coordination and support in this program in the South-east Asia region.



**Dr. Sushil Kumar, Dean of Maulana Azad Medical College, Delhi, India** welcomed the delegates and stated that the topic is specific and promotion of hearing care is need of the hour. Due to environment and listening high music it is very important to focus on this agenda of recreational noise as well. He gave emphasis on screening of children at birth for hearing. Most of the causes (60-70%) of hearing loss could be prevented.



**Dr. Thakopson (Mek) Director, NDEH, WHO, RO, SEAR** mentioned that SEAR is the capital of children with hearing problems in the world. Therefore if the problem is not addressed here we cannot solve the global problem. He mentioned that there is huge burden of hearing loss globally and in children the trend was on rise.

Hearing care should be an agenda for the education system. Recreational hearing loss is a rising problem as many kids use headphones very commonly even on the streets for

recreational purpose. He also acquainted everyone with the app called “hearWHO” to check hearing.

His second message was to have a paradigm shift, to these neglected areas of significance. So that whenever we see a kid with hearing loss necessary steps can be taken for awareness and capacity building. In South Asia hearing care can go from 75% to 100% preventable if efforts are made in the right direction.



**Dr. Shelly Chadha** gave a brief history about the adoption of WHO resolution taken by World Health Assembly in 2017 on prevention of deafness and hearing loss. The focus of this resolution is prevention, addressing early detection and treatment. The key components were early identification of hearing problems in neonatal period and detection of ear and hearing problems in schools.



**Dr. Patanjali Nayar** mentioned about the conceptualization of the program. He also stated about how WHO is pushing the agenda and giving support to this issue. He stressed that no country or state can make progress unless there are few champions who are ready to address this cause and make a difference. Children are the ones we should focus for prevention and management resulting in much reduction of DALYs and burden of deafness. Hearing loss should be addressed with passion and personal commitment and joining hands with multiple stakeholders.



**Presidential address and vote of thanks was given by Dr. Arun Kumar Agarwal.**

He narrated the journey of Sound hearing 2030 in a synopsis. From 2003 when the group of countries started efforts for the prevention of hearing loss and discussed about how to address the issue of hearing loss and approached SEAR office and expressed the idea. The initial idea was to create a dedicated deafness cell but due to their limitations they could not, but created a society, Sound Hearing. In 2005-06 Society Sound Hearing 2030 was created and the MOU (with international bodies) was launched in the presence of the Health Minister and Dr Poonam Khetarpal, Director SEAR. The main focus of this organization is to prevent and rehabilitate people with hearing loss at the primary, secondary and tertiary care levels and to achieve the goal to eliminate preventable hearing loss by 2030.

He ended his speech with narrating the importance of ear health as it affects the learning ability of an individual and effects the society and nation at large.



### **Session 1: Global and Regional status of Hearing care**

**Speaker :Dr. Patanjali Nayar**

**Chair person for the session : Dr. A.K.Agarwal, Dr Sanjay Rai**

Dr. Patanjali mentioned that 34 million children in the world live with disabling hearing loss and over 90% of them are in low and middle income countries. He explained WHO's understanding of disability and ear diseases in children. While talking about Unsafe listening he stated that above the age of 12 years, children often listen to music at loud levels that is likely to damage their hearing and lead to hearing loss. Nearly, 50% put themselves at risk of hearing loss through unsafe listening. The impact of hearing loss would lead to:

- Difficulties in and delayed language development.
- Educational and academic challenges.
- Children with unaddressed hearing loss have poorer academic outcomes than others.
- Exclusion from communication causes feelings of loneliness, isolation, and frustration.
- Untreated ear infections can lead to life-threatening complications such as meningitis and brain abscess.

He also mentioned that 60% of childhood hearing loss could be prevented through public health strategies e.g. identification and management of ear infections among children; immunization against rubella and meningitis; reduction of noise exposure.

Those who have ear diseases or hearing loss can achieve their full potential through:

- Early identification
- Treatment
- Rehabilitation and use of hearing devices
- Education

He gave the data regarding number of ENT specialists in SEA region countries, followed by number of Audiologists and Audiometricians in SEA Region countries.

Health promoting schools are very important platforms for promotion activities as health promotion through schools could be comprehensive and holistic. Schools have captive population to work, so that focus is maintained on the issue of ear and hearing care. Safe and user-friendly environment in schools could be used for psycho-social development of children. School health policies could address discipline, equity practices, regulations regarding safety, substance use etc. Teachers in school have to be educated, as they are the change makers. Children's need have to be determined in school according to which promotional activities can be planned and knowledge can be imparted to children. Session ended with emphasis on appropriate use of resources keeping in mind Equality, Equity and Innovation .



**Session1; Talk 2: Promoting EHC in ear incorporating in school Health, an example from India.**

**Speaker : Indhu S., Manager Rashtriya Bal Swasthya Karyakram (RBSK), GoI**

The program emphasizes on the role of family in screening. RBSK program-caters to children at community level in Anganwadi center and at school level. For hearing-new born screening was being done. Program involves team of health workers; ASHAs, Anganwadi workers, teachers, Allopathic and AYUSH doctors along with the para medical staff. Screening for identified congenital deformities, delays, disease and deficiency was done for new born, pre school children and school going children through a structured protocol.

At community level in India (Anganwadi), service delivery is for 0-6 yrs age where a structured tool is used for screening children. Mobile van with a team of health workers goes in community and schools to screen the children. First Referral Point is the District Early Intervention Centre (DEIC) thereafter the child is referred to Secondary/ Tertiary Health Facilities. Referral card is provided to Teachers. 140 Fully fledged DEICs are there under the program. (District Early Intervention Centre).

Program has collaboration with Ministry of Human Resource Development, Ministry of Education and Ministry of Women & Child Development dept, Ministry of Social Justice and MoU with private providers. Out of the identified conditions for screening under RBSK hearing loss is addressed in a major way. Treatment is provided free of cost to the child. 67000 children have been identified Pan India with some hearing problem. Few details shared were; Congenital Deafness-23000, otitis media-7 lakh out of which 85000 were provided treatment.



## **Session 1; Talk 3: Common ear and hearing problems encountered in School Children**

**Speaker: Dr.Suneela Garg, Director Professor, MAMC**

Dr. Garg started her session detailing the global scenario of hearing problems stating that 28 million have moderate or higher level of hearing loss (*WHO 2018*). Otitis media is the leading cause for health care visits , especially in children and accounts for 4.68 million years lived with disability. Nearly, 50% of adolescents are at risk of hearing loss due to unsafe listening .

Common ear problems in children are; pain, discharge, Heaviness/Blockage, Itching and Hearing loss. Various challenges faced by the school children with hearing loss were highlighted as follows:

- Communication barriers – students with hearing impairment face many communication barriers, this ineffective/impaired communication becomes frustrating for both student and teacher.
- Common interaction and activities of school like permission for entering class become more tedious.
- Physical/ Environment barriers- Noise and seating arrangement in mainstream classroom create significant barriers for inclusive learning of children.

She mentioned that possible actions for strengthening Primary Ear and Hearing Care programs (PEHC) should be based on the principles of raising awareness at all levels visa community, health system, schools and political system. Within school framework efforts should be made to improve access to ear and hearing care services, including medical and surgical management, hearing devices, rehabilitation, and sign language education. Strong referral chain is an important step in the PEHC program.

Schools are the best platforms where large number of children can be targeted, loss of DALYs can be avoided, scanty infrastructure can be revived making students messengers of information and education. Saying NO TO CRACKERS is a very Important successful initiative for addressing noise induced hearing loss in India. The session was concluded with way forward ideas of incorporating promotion activities in school health program. Mahatma Gandhi has Quoted “If we wish to create a lasting peace we must begin with the children”.

So promoting ear health can begin with children catching them young. Children have to be seen as vision of change in this inclusive society.



#### **Session 1 Talk 4 :Sound Hearing 2030: past actions for EHC and current Activities.**

**Speaker : Dr M. Megachandra Singh, Director Professor MAMC**

Dr.Singh started with the introduction, vision, mission and objectives of Society for Sound Hearing 2030. SH 2030 is also a member of World Hearing Forum. He detailed on the activities and programs undertaken by the society ie. Developing strategies, promoting partnership, developing publicity material.

Initially established as South East Asia forum for sound hearing in 2006. Sound hearing was developed to eliminate avoidable hearing loss in the South East Asia region. Indian office was set up in 2006 in Maulana Azad Medical College, New Delhi. Initially 11 countries were involved with efforts to incorporate all countries of Asia and globe. He also introduced future plan for National Strategy for Myanmar and Vietnam in collaboration with MoHFW India and development of NPPCD.

SH 2030 developed publicity materials in local language like posters and charts for ear and hearing care in collaboration with Community Medicine, MAMC and other alliances.

Evaluation of different projects in India, Nepal, Bangladesh related to Ear and hearing care have been undertaken.



### **Session 1 Talk 5: Role of NCERT in promoting ear and hearing care in schools.**

**Speaker : Saroj Bala, Professor and Dean NCERT**

School infrastructure in India has 1.5 million schools, more than 9 million teachers and 300 million students.

Under National Population Education Project focus was on population control,. Subsequently emphasis shifted for comprehensive school program. Thereafter Adolescent Education Program was started. In 2018 flexi program Ayushman Bharat, included education and health together under Ministry of Education and Ministry of Health and family welfare. NCERT was made Coordinating agency to take care of health in school settings.

School health focuses on different aspects of health like building relationship, growing up healthy, values and citizenship, gender equality, HIV, Reproductive health, promoting healthy lifestyle and safe use of internet. For school health, schools will generate awareness by including content and process of school education with screening done by health sector.

National health and family welfare institute, state institute of health and family welfare, RBSK and RKSK will join and work together to identify the issue with education sector boosting the learning part.

NCERT has also initiated a huge program of training 4.2 million teachers through NISHTHA. (class 1 to class 8) A separate department in NCERT attempts to develop various materials for children with special needs. Focus is on hearing, vision, disabled children. This attempts to integrate the children with mainstream education. Developed Barkha series of books for children with brail and the normal print material.

Developed Handbook for teachers of primary and upper primary stage which included chapters for hearing impairment through which teachers learn how to deal with students of hearing and visual impairment.

Talking books, material, films and other activities are there for students with hearing impairment.

E pathshala mobile app- material is available {sign language, video program, tactile maps, handbook for teachers, audio books (for class 1 to 12)}.

We are trying to make classroom inclusive with new education policy.

New text books can be developed by NCERT under Ministry of Education on the basis of the suggestion of Health Ministry.



### **Country Experiences:**

#### **India: Dr. Anil Kumar**

Dr Kumar mentioned that National Sample Survey 58<sup>th</sup> round (2002) found hearing disability as 2<sup>nd</sup> most common disability. Population-based surveys in 2003 in India using the WHO protocol estimated the prevalence of hearing impairment to be 6.3%. Estimated number of persons with hearing impairment in India could be around 86 million. The estimated prevalence of adult onset deafness in India was found to be 7.6% and childhood onset deafness to be 2%. The prevalence of sensorineural hearing loss (SNHL) is 2-3 per 1000 live births in India\*. He introduced The National Program for Prevention and Control of Deafness (NPPCD) that was launched on a pilot basis from August 2006. Program is initiated in 25 districts over 10 states now. The program aims for; Early identification, diagnosis and

treatment of ear problems responsible for hearing loss and deafness. The key objectives for the program were;

- Preventing avoidable hearing loss on account of disease or injury
- Rehabilitation of persons of all age groups suffering with Hearing Impairment
- Developing institutional capacity for ear care services by providing support for equipment, material and trained manpower
- Strengthening inter-sectoral linkages for rehabilitation

He detailed on the service delivery under the program and current challenges and way forward for the deafness program in India.



## Session 2 Speaker 2

### Bangladesh: Professor Kamrul Hassan Tarafder and Professor Nasima Akhtar

Speakers detailed about the fundamentals of school program in Bangladesh. They mentioned that the program focuses on personal and environmental health, alongwith early detection, correction, prevention of disease, disability and abuse from which school children suffer.

School health program situation in Bangladesh mentions that, **15%** of school children in Bangladesh live with **chronic medical conditions** such as bronchial asthma, allergies, anemia, epilepsy, congenital diseases and cancer. Approx. **10% to 25%** of injuries to children occur in school time. Nearly, **85%** of infections are transmitted in school settings. **15%** of school children suffer from emotional or behavioral problem. He also commented on the current situation of school health clinics in the country. Services for ear care available in the country

were detailed in the presentation. Statistics of professionals deployed in ear and hearing care was presented. Epidemiology of hearing loss and ear disease in the country, medical products available for hearing, health technology and health financing was mentioned. The session ended with future plans and challenges faced for promotion of EHC .

### Session 2 Speaker 3

#### **Bhutan: Dr. Pelden Wangchuk (Audiologist):**

Gave a brief introduction about the country's demography and the challenges demography has for the health system. He detailed on the epidemiology of hearing loss and ear disease: Total of 15,758 persons have some difficulty in hearing, 3,650 persons have a lot of difficulty and 1,344 persons cannot hear at all. Prevalence of communication disability: In communication, 3,693 persons have some difficulty, 1,296 persons have a lot of difficulty, and 1,289 persons cannot communicate at all. The health system attempts early identification of hearing impairment at an early age. Agencies involved in ear and hearing care were; Ministry of Health (lead agency); Ministry of education (at educational setting)

Ear and hearing care services are provided by public sector under which the awareness regarding the hearing care is present at all three levels. Health workforce available for hearing care in the country were enumerated

➤ <b>ENT Surgeon</b>
➤ Audiologist and speech Therapist
➤ Audio-metrician
➤ Sign Language interpreter
➤ Teachers of deaf
➤ Hearing aid technician
➤ Note taker (know basic sign)
➤ Educational facilities in the country

Government funds ear and hearing care services and all services are free of cost. Hearing aids in Bhutanese sign language is being developed. No other captioning services being used. Future plans detailed by the country were:

- Develop high risk neonatal hearing screening program initiated in all three referral hospitals . Plans to extend to district hospitals.
- Develop manual and provide training to community health workers on primary ear and hearing care.
- Develop Ear mould lab
- Start BAHA/ ADHEAR Aids and high end hearing aids.
- Start Cochlear implant service in 12th plan

Challenges mentioned were; Financial shortage, Human Resource and Geographical constraints.



## Session 2 Speaker 4 : Dr. Ratna Aggraeni and Dr. Nyilo Purnami

### Indonesia

The delegates from Indonesia began with Country Information which mentioned about population by age group. The epidemiology of hearing loss and ear disease was explained in detail. The prevalence of hearing loss in the population in Indonesia was 16.8% (44930.352) and Deafness is 0.4% (1.069.770) (Source is survey of eye and ear health, 1997).

## Main causes of hearing loss and their prevalence

1.Impacted cerumen	18.7% (50.011.750) 27% x30M (8,100.000)	School Children 5-9 yo
2.Chronic Otitis Media	5.4% (14.441.895) 0.38-10.85%	Ear screening in school children (6-10 yo)
3.Presbycusis no.3	10.3 % (27,546,579)	Survey of Eye & Ear Health, 1997
4.Ototoxicity no.4	0.3% (802,327)	Survey of Eye & Ear Health, 1997
5.Perinatal factors	0.1 % Congenital Deafness (267,443)	Survey of Eye & Ear Health, 1997
6.NIHL	NA 36.7% → 6.3% →	Survey Vocational School's Students in 13 Provinces by Komnas PGPKT (N=638) Cipto Mangunkusumo Hospital (1995-96) (N=884 adults)
Low birth weight Meningitis Mumps/measles, Rubella, Post traumatic perforation	No data	

They were working on Health System leadership for service delivery in the area of ear and hearing care. They are developing the health workforce for hearing care too. This was followed by details about professional working in the fields of sound and hearing care.

The future plans included prioritization of congenital deafness, middle ear deafness, and noise hazard awareness. They are working on the National strategy or policies relating to hearing care under the Ministry of Health .



## Session 2 Speaker 5 : Mr. Hussain Rasheed Moosa

### Maldives:

Mr. Moosa began with country information and demographics of Maldives. It is actually a group of islands together so geographical barriers were more. Regarding epidemiology of hearing loss and Ear disease no data was available, (even WHO mentioned that there is no data available)

He mentioned very few agencies are involved in Ear and Hearing care in Maldives. A special mention was done about no committee currently working on hearing care in Maldives but he also assured that after the workshop he would be taking steps in this direction.

There is a Primary care clinics in every island. (Nearly 200 islands in Maldives). There is lack of human resource especially for hearing care i.e Only 18 ENT specialists are available. Integrated health screening program available for schools in Maldives. Teachers information Center will be made where the teachers can be trained for the hearing problems, speech therapy and hearing aids for hearing loss in children island schools.



## Session 2 Speaker 6 : Dr. Prakash Budhathok (Nepal)

Dr. Prakash started the session with the diverse geographic variations in Nepal which are posing a challenge to the promotional health activities. Epidemiology of hearing loss and ear diseases was explained in brief. Prevalence of hearing loss in Nepal above 60 years is almost 50 percent. He mentioned that there are **No Horn Zones** in the country.

Regarding the health system, there is a ministry-level committee chaired by Health Secretary. There is just one health policy i.e “National Health Policy 2074”

In the service delivery, geographic challenges are the most important. But still preventive and curative services are being provided where ever possible with the help of agencies. Health workforce for hearing care is limited in Nepal and aggregated in urban and developed areas. (The registered ENT surgeons are 176 and 20 unregistered. Practitioners). Every municipality in Nepal has ENT program. For the school children ear care is included in the school curriculum. The para-medicals are also trained by training programs on regular intervals.



### **Session 3, Speaker 1: Primary Ear care management in schools**

#### **Speaker: Dr Nitin Nagarkar (Director and CEO, AIIMS Raipur)**

Dr Nitin began the session with the causes of deafness and hearing impairment which now also includes noise created by transport especially in cities.

He mentioned the need of screening program in school as it is a best place where target, captive population is available in large numbers. Purpose of screening in schools was early intervention, ear hygiene promotion etc. These can be conducted by AYUSH professionals, trained volunteer, professionals or teachers. He also mentioned about Mitantin (ASHA workers called as Mitantin in Chhattisgarh, one of the states in India) and ANMs with the help of whom screening programs can be conducted. Protocol should be developed on program delivery. There should be availability of equipments like audiometer and tuning

fork at various levels for the screening in ear and hearing care. To create an environment where these tests can be done and notify after completion and refer to a tertiary hospital if required. There should be a watch list created for teachers wherein teachers are made aware to observe the same in students.

The session was concluded by showing the pictures of activities done by his team with the collaboration of ICMR in school of Chhattisgarh.



**Session 3 Speaker 2 : Promoting EHC in Schools within NPPCD**

**Speaker : Dr A K Agarwal (President SSH)**

Dr A K Agarwal began with involvement of Ear and Hearing care in National Program of Prevention and Control of Deafness and briefed the origin and concept of Ear and Hearing Care. The NPPCD program has dedicated module for training of school teacher designed by WHO in 2004-05 adopted for Indian Version in 2007 and now in the process of revision by WHO. MBBS students and nurses should be given formal training for removal of wax. He informed that South Africa has given training of wax removal therefore making it legal and authorized. Congenital Deafness needs to be focused in the program and measures adopted to address the same. Program should be inclusive with concern towards ear and hearing care in elderly also. This will make it inclusive and comprehensive.

**Session 3 Speaker 3: Role of private sector in providing and strengthening Ear and Hearing care services in school.**

**Speaker : Dr Anirban Biswas (Consultant Neurotologist, Vertigo& Deafness Clinic, Kolkata)**

- Dr Anirban Biswas started this session by explaining the scope of action and the magnitude of the problem in the world SEAR and India. Data showed by him showed the age wise distribution of children with hearing impairment. He talked about hearing products made available and affordable in India and how practical and viable it is for private sector to identify the causes of hearing loss in a child as it does not require much but an instrument and teacher only. He emphasized on Central Deafness that is missing by different on going schemes, and has a prevalence about 2% of the normal population.

He emphasized on the role of Private sector in managing the problem of hearing loss in school children. Suggestions were made to involve private sector in preventive, promotive, diagnostic and therapeutic services involved in ear and hearing care.



### **Session 3 Speaker 4: Experience of AIISH Mysore in field of hearing care promotion in school**

**Speaker : Dr Prawin Kumar (Associate Professor, AIISH, Mysore)**

Dr Prawin Kumar talked about his experience about screening and diagnostic evaluation of ear and hearing care program which is running for last 8 years with objectives working in vertical direction. The program is not only being implemented in Mysore but also in Ajmer, Lucknow, Bhagalpur, Jabalpur, Ranchi, Cuttack and Imphal and in villages in south Karnataka. This programs aims for sensitization and awareness, early detection and rehabilitation in which multidisciplinary professionals are linked.

The screening program by Dr Prawin Kumar is running among under 5 and going to the elderly people, including School children as well. New born screening emphasizes on congenital deafness, speech and language problem which as indicated by statistics is usually missed.

Analysis of the data from govt and private school in urban and rural areas, 2011-2019 covering 210 schools showed that 24507 children had been screened out of which 46.12% had Communication Disorder and presence of speech and language disorder was the highest and then 43.92% had ear issues. Dr Prawin concluded with the glimpse of the activities in Schools and data shown by slides demands the need for school screening for early identification and rehabilitation of such disorders.



**Group Discussion:**

Topic-

- Current status of EHC in schools of SEAR.
- Gaps in Ear and Hearing Care promotion in Schools.
- Sustainable strategies for promoting EHC.
- Barriers and Challenges in ear care in school.

The delegates were divided in Two groups as follows and the discussion was started within the groups by the moderators of each group;

<b>Group I (International Delegates)</b>	<b>Group II (Indian Delegates)</b>
<b>Participants</b>	
Dr.A.K.Agarwal	Dr.Saurbh Varshney
Dr.Nyilo Purnami	Dr.Pankaja Raghav
Dr.Ratna Aggraeni	Dr.Anil Kumar
Dr.Kamarul Hassan	Dr.Shema Shirodkar
Dr.Nasima Akhtar	Dr.Fareedaz Zafar

Dr.Pema Chodan	Mr.Abhishek Uniyal
Dr.Palden Wangchuk	Dr.Manoj Nair
Dr.Hussain Rasheed Moosa	Dr.Praveen Pai
Dr. Prakash Budhathoky	Dr.Roshni
Dr. Deepti	Dr.Anirban Biswas
Dr. Pravin Kumar	Dr.Baljit Kaur
	Ms.Shilpi Narang
<b>Moderators</b>	
Dr .Ritesh Siingh	Dr.G.S.Meena
Dr. Amod Borle	Dr.M.M.Singh
Dr. Chetana Deshmukh	Dr.Yamini M



## Day 2 : Saturday (09/11/2019)

### Group Work Presentation

The second day started with the group presentations of both the groups regarding Current status, gaps, sustainable strategies, barriers and challenges in Ear care in schools in south East Asia region.

<b>Group I (International Delegates)</b>	<b>Group II (Indian Delegates)</b>
<b>Participants</b>	
Dr.A.K.Agarwal	Dr.Saurbh Varshney
Dr.Nyilo Purnami	Dr.Pankaja Raghav
Dr.Ratna Aggraeni	Dr.Anil Kumar
Dr.Kamarul Hassan	Dr.Shema Shirodkar
Dr.Nasima Akhtar	Dr.Fareedaz Zafar
Dr.Pema Chodan	Mr.Abhishek Uniyal
Dr.Palden Wangchuk	Dr.Manoj Nair
Dr.Hussain Rasheed Moosa	Dr.Praveen Pai
Dr. Prakash Budhathoky	Dr.Roshni
Dr. Deepti	Dr.Anirban Biswas
Dr. Pravin Kumar	Dr.Baljit Kaur
	Ms.Shilpi Narang
<b>Moderators</b>	
Dr .Ritesh Siingh	Dr.G.S.Meena
Dr. Amod Borle	Dr.M.M.Singh
Dr. Chetana Deshmukh	Dr.Yamini M

Presentation of group work done by Group I was presented By Dr.Deepti, Nodal Officer from Chattisgarh. After through discussion the group concluded that :

#### Priority areas :

- Prevention of deafness should be first priority

- National level data of prevalence of hearing loss in school children (for individual countries)
- Creating awareness in ear care.

**Challenges and Barriers :**

- Lack of awareness at the grass root level regarding prevention, early detection and referral if required as early as possible for hearing problems.
- Lack of manpower for implementation of program implementation.
- Lack of diagnostic services/equipment testing hearing loss.
- Taboos regarding hearing problems eg.ear wax can be treated by putting hot oil drops in ear.
- Lack of follow up regarding reliability, Effectiveness, Efficacy, accessibility, affordability, impact of program.
- To practically implement the program at grass root level is big task.
- Various aspects of implementation of program like training, research, prevalence data, etc should be looked upon for improvement and success of the program
- Geographical barriers faced by various countries are important hurdle in successful service delivery.

**Strategies for promotion of EHC :**

- To develop national school policy for ear and health care, awareness with different ways of media and also by sharing experiences of parents and teachers.
- Universal screening should be a part of School Health program.
- Develop proper guidelines for administration of hearing tests by non-professionals also.
- Teachers should talk about ear care during their parent-teachers meeting.
- Training of Teachers should be done for ear health as well as hearing problems.
- Proper monitoring and evaluation system for hearing problems
- Survey, research and review of the data collected should be accurate and recommendations should be given based on the gaps identified.

Dr. Saurabh Varshney, Professor and Head, Dept of ENT from AIIMS ,Rishikesh presented the group work done by Group II .The highlights are as follows:

**Priorities and challenges:**

- Lack of Awareness about ear and hearing care.
- No proper tool for promotion of EHC.

- Training of teachers is lacking for promotion of EHC.
- Parents are unaware about Ear Care and Hearing problems.
- Screening, Diagnosis and management of central deafness is getting neglected
- Health workers and grass root level workers are not trained for promotion of EHC
- School textbook should do not include EHC promotion in curriculum
- Lack of awareness about hearing problems and ear care in schools.

**Sustainable Actions need to be taken :**

- Use of media for promotion of EHC.
- IEC in mass media
- Ambassadors, politicians and general public contribution for promotion of EHC
- Funding and proper budgeting for training, Screening, Diagnosis, equipment, incentives for teachers and management of hearing problems for smooth working of the programme.
- Success stories should be shared.
- Involvement of parents and teachers in promotion of EHC
- Private schools should be included in RBSK/NPPCD
- Integration of EHC with Rashtriya Bal Swastha Karykram for screening of hearing problems.
- AYUSH/Allopathic doctors training should be there and incorporate them for promotion of EHC

Over all these discussions, **Dr. M.M. Singh** suggested that after the school session starts, a month or a week should be dedicated or celebrated as the school health month/week in every country and states in India so that every country can stand on the same platform and celebrate at the same time and all kind of health check-up should be done during that.

**Dr .Palden** from Bhutan talked about the scenario in Bhutan where Budget and Clinician are less and therefore it is not possible to go house to house for the Survey. Also some countries have geographical barriers, so sometimes it becomes difficult to manage situations and continue with the promotion activities. . So, it is better to create awareness in such a way that people should come to the professionals and resources can be use and conserved at the same time and utilised in a better way.

**Session : WHO tools for promotion of EHC in schools including training modules**

**Speaker: Dr. Shelly Chadha.**

**Chair Person for session : Dr.Patanjali Nayar, Dr.Suneela Garg**

**Planning and promotion ear and hearing care**

The session began with the sensitization about WHO in terms of validated tools and resources. Dr.Shelly emphasized the importance of targeting schools for ear and hearing care because in schools hearing and communication is extremely essential for learning, thus making the schools excellent platform for promotion, prevention, early diagnosis and referral for ear and hearing care.

Ear diseases affect children and it has impact on their academic outcomes, language outcomes, social personality (isolation)along with few of them resulting in life threatening complications if not taken care properly in time.

It is also seen that the hearing loss commonly remains undetected in early life especially in the absence of screening programs and lack of awareness in parents regarding the same. But also there are reasons for congenital and central hearing loss like Rubella and birth Defects.

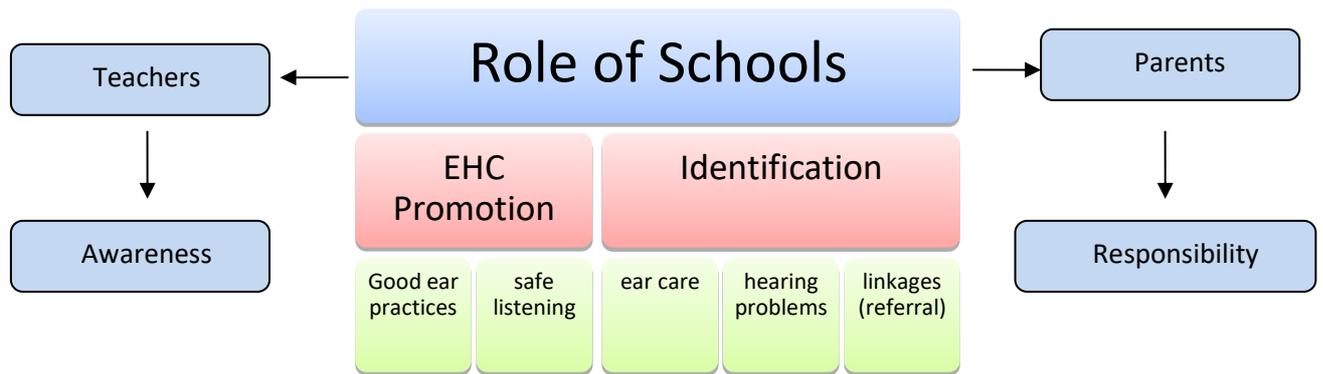
**Rising risk factor for ear and hearing problems:**

Dr.Shelly commented that this is an upcoming unseen epidemic covering over a billion people. Exposure to loud sounds through unsafe listening is rising. Changing lifestyle, invention of new gadgets for music and gradual progress of symptoms of hearing loss are few risk factors for rising hearing problems. This risk factor can be prevented through safe listening practices and awareness regarding ear and hearing care.

The school is access to the population which comes in high risk group for hearing loss and school is the best time to inculcate correct values and platform for behavior change communication for ear health and safe listening.

She suggested that following few thing can help

- Promotion of healthy habits and behavior: safe listening
- Screening programs in schools for ear and hearing problems and linkage with referral, diagnostic and treatment services
- People involved: school students, teachers,parents and health staff.



### Tools for promotion of EHC

Dr. Shelly described about various tools made available by WHO for promotion of ear and Hearing Care. They were made available in few languages like English, Spanish, Chinese and French. But she ensured that WHO would definitely look forward to give technical help required in translating them to country specific local languages as and when required. The main tools by WHO for promotion of EHC are as follows :

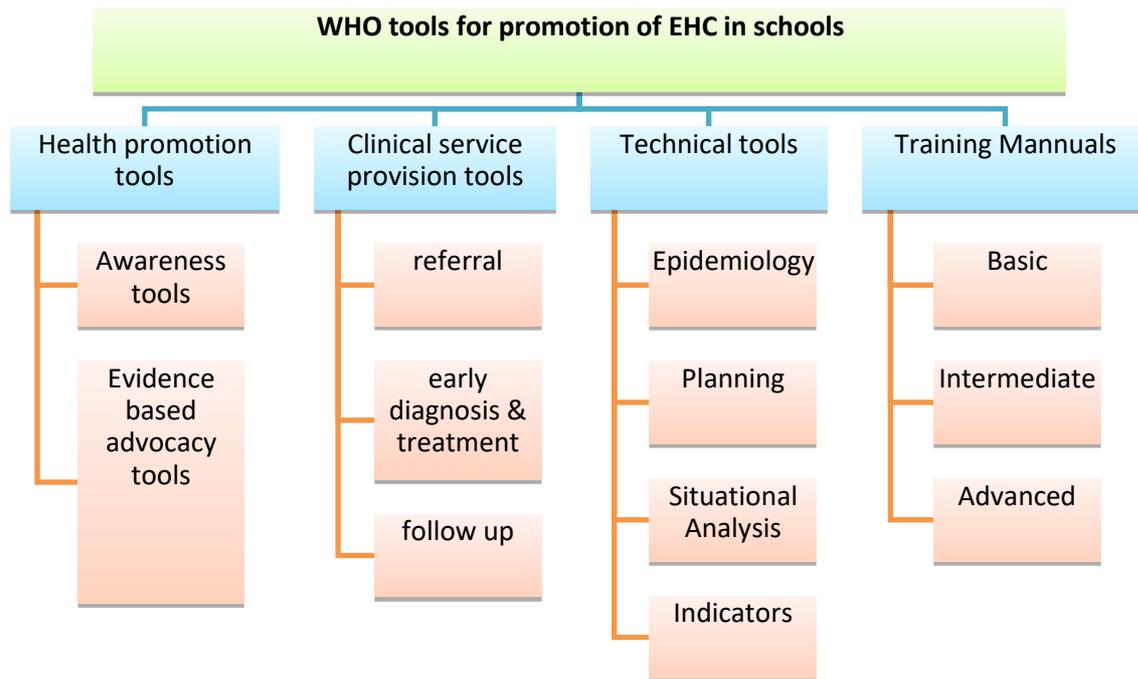
1. Health promotion tools
2. Clinical service provision tools
3. Technical tools
4. Training Manuals

Health promotion mainly included awareness creation, evidence based advocacy material which is locally sensitive and locally applicable as per specific to every country. Info graphics plays an important role in promotion of EHC as correct key material is to be packaged in correct frame. Awareness campaigns should be conducted in school along with integration of EHC in school health program.

### **World hearing day is celebrated on 3<sup>rd</sup> March every year.**

It started in 2015 and continued thereafter. WHO announces the theme every year for the same and it is like lead to be followed and worked upon for the whole year to achieve required standards. This year in 2019, the theme was “**check your hearing**” and for 2020 the theme was going to be “**Hearing for life**” don’t let Hearing loss impact you.

The innovative idea of keeping WHO Day theme of promotion of EHC in School was also acknowledged by Dr. Shelly for raising awareness in schools and assured that efforts would be encouraged in same direction.



**Aw**

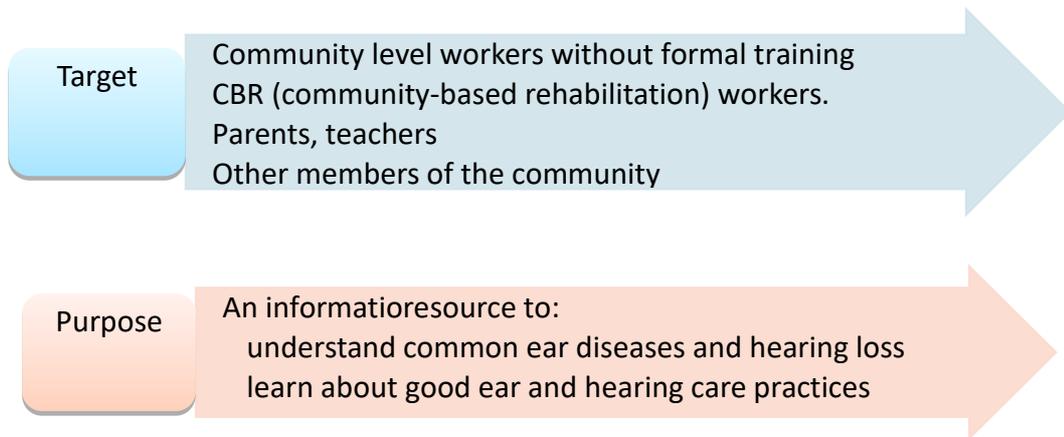
**areness tools:**

- Handouts: can be given for safe listening
- Posters: can be used for the prevention and promotion of hearing loss
- Frequently asked questions
- Social media material: this could be among teenage population especially
- Videos: related to why hearing is important

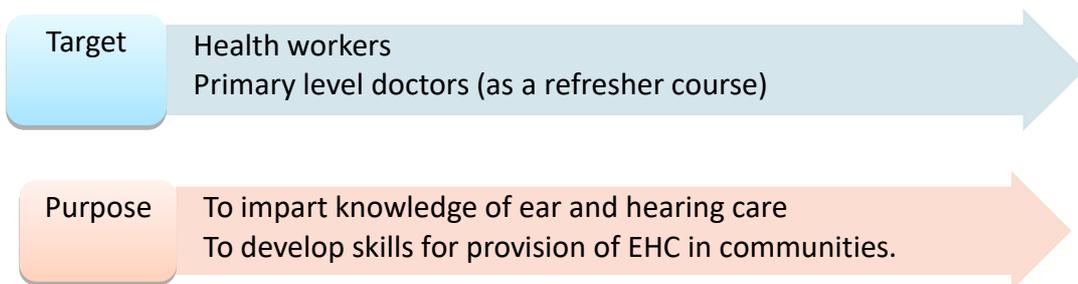
**Evidence- based Advocacy tools:**

- Prevalence of HL
- Impact of HL: there was a data stating the financial loss due to HL
- Prevention and intervention strategie

### Basic Training Module:



### Intermediate training Module:



**World Report on Hearing by WHO** will be launched in May 2020. Highlights of the same are as follows:

- Definition of **life-course approach** to hearing health
- **Preventative actions** at all stages of life can reduce prevalence of hearing loss
- **Existing interventions** can reduce the impact and improve quality of life in those who have hearing loss
- Investment in hearing health care and reduction of communication barriers is **cost-effective at all stages of life** for individual, family, society, and governments

The session ended with a discussion on validation of data and methods to collect data followed by famous quote of MK Gandhi “whatever we do may seem insignificant, but it is very important that we do it, and do it well”.

### **Documentary film : Sound of Silence**

There was a documentary film prepared by undergraduate students of Maulana Azad Medical College on safe listening and ill effects of loud noise. The two stories in the film were enacted, filmed and edited by the by undergraduate students of MAMC only. Dr. A. K Agarwal and Dr.Shelly Chadha appreciated the efforts of the students and as a token of gratitude the students were given T shirts with a logo of sound Hearing 2030 by them. This was ended with a group photograph of students and delegates together.



**Session : Presentation by states on Ear and Hearing Care in school**

**Speaker : Dr Deepti (Chhattisgarh)**

**Chair person for the session : Dr.Anil Kumar**

Dr Deepti began the session with showing the demography of the state Chhattisgarh where the current total population was 29936631 and the health manpower working in every district of Chhattisgarh. Then she mentioned the various ear and hearing problems in various age groups and prevalence for the same. She specifically mentioned the challenges they were facing during the practical Implementation of the program in the field. Few of them are mentioned below :

- Audiologists are over burden due to lack of staff.
- Unavailability of enough ENT specialists in blocks.
- IEC is lacking in almost all the districts.
- Lack of awareness in community especially in rural and tribal areas
- Existence of Taboos and cultural practices for ear problems

NPPCD program has been implemented in 27 districts in Chhattisgarh. A short SWOT Analysis was also showed by her over the current scenario of NPPCD programme in Chhattisgarh where

manpower is lacking in the state and low salary to the doctors and other medical staff is the problem she mentioned.

Dr. Deepti also mentioned about the program called **SWASTHAANG** which tells the level of monitoring of programs running in the state including non-communicable diseases too. She explained the action plan where state review meeting was completed and the future plan was to train the professionals and recruitment of ENT surgeons and other professionals in all the districts. Her session ended with a glimpse of NPPCD activities conducted in Chhattisgarh.

**Session : Safe listening for school children: importance and means**

**Speaker :Dr. Shelly Chadha**

**Chair person for the session : Dr. Suneela Garg**

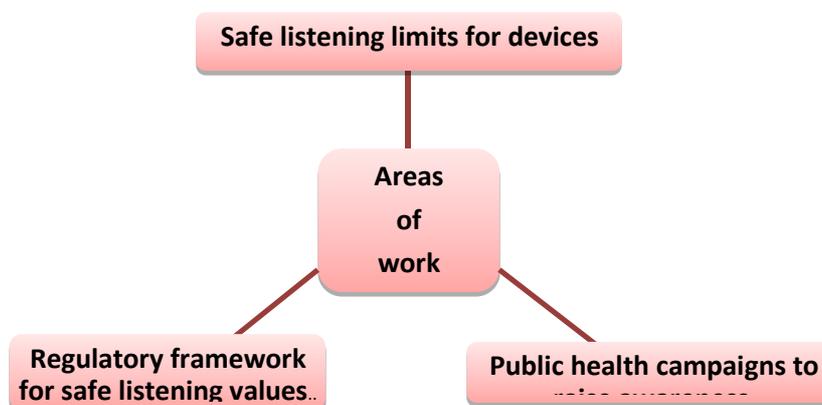
Dr. Shelly expressed her concern on Hearing loss which is on rise and expected that by 2050, 900 million people would be presenting with hearing impairment and Noise is a key contributor in hearing loss. She explained the meaning and importance of safe listening but also mentioned that ultimately the choice lies with the users. Her rationale was to

Make listening Safe as Hearing loss is preventable ,government and civil society plays an important role in its prevention and last but not the least that technology, changing lifestyle and electronic gadgets are posing a threat as risk factor for hearing loss.

The Vision of safe hearing is not to cut down anyone’s entertainment but people of all ages should be able to listen safely at all levels without putting their hearing at risk. The best approach for safe listening were mentioned as :

1. To raise awareness at all the levels
2. Provide suitable products, regulations and applications to facilitate safe listening.

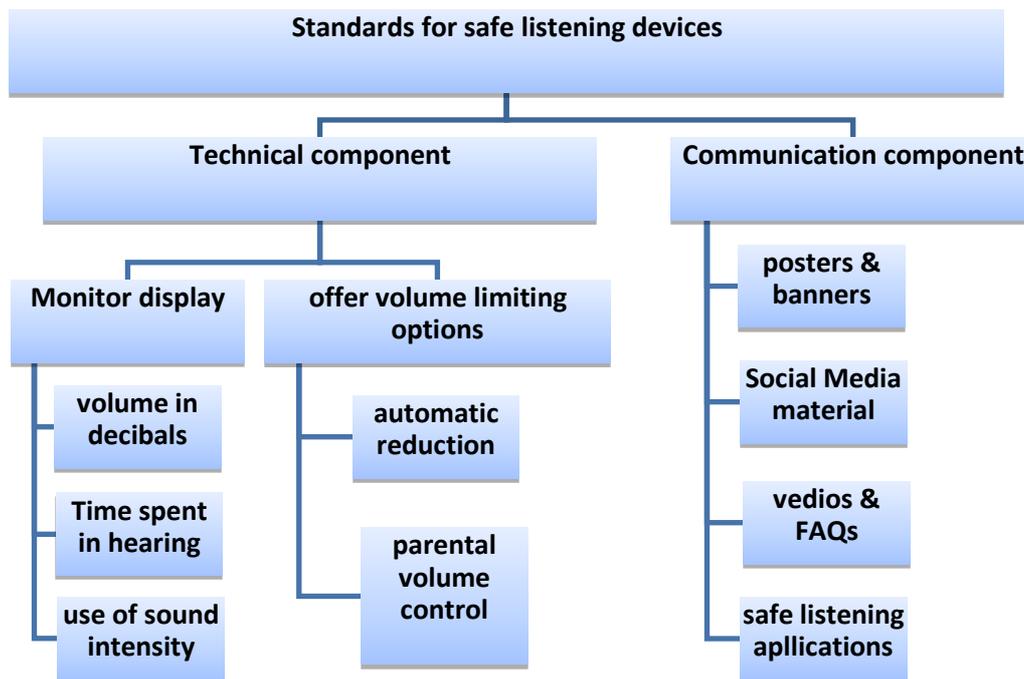
Behavior Change Communication is the final aim but for that appropriate tools should be available. People should know the correct limits of hearing and turning down the volume to what exact level so that it is no more harmful to the ear.



## Global standard for safe listening especially for electronic devices (launched in February, 2019)

Apply to personal audio systems including smartphones, MP3 players and headphones in which limits of safe hearing are mentioned for various electronic devices including smart phones too.

### Recommendations:



### Toolkits:

- Provides rationale for action
- Proposes actions and steps
- Lists relevant partners
- Offers practical tools

### School based campaigns :

Dr.Shelly commented that schools are one of the important place to initiate behavior change and develop the habits of safe listening. School based awareness system should be set up for effective promotion of safe hearing, for example :

- Inform and educate school children about good listening practices
- Teach them tips and tricks to practice safe listening
- Peer-based education targeting pre-teens is an effective means

- Existing programmes can be adopted e.g. Dangerous Decibels programme; Listen to your buds

**Regulatory framework for safe listening** is an upcoming work by WHO expected to be completed by 2021 which will have instructions for :

- sound levels and acoustics for concerts, discs etc
- rest zones
- earplugs
- information and announcements

Dr. Shelly also mentioned that research should be encouraged in this direction but for that the study protocol should have ;

- Assessment of permanent hearing loss
- Uniform methodology
- Comparable results
- Better estimation of effect and impact

Steps for promotion of safe listening following steps were suggested:

- Advocate for implementation of the global safe listening standards by
  - Governments
  - Industry
- Appropriate sensitization and Awareness campaign on safe listening
- School program for promotion of safe listening
- Use the awareness materials in appropriate manner with appropriate age-group
- Research to be promoted

She concluded the session with few words expressing the importance of safe listening and preventing the future generation from such exposure.

**Session : Recreating sounds of Life :Success and challenges of working with hearing impaired children**

**Speaker : Ms. Shilpi narang**

**Chair person for the session : Dr. M.M.Singh**

Ms Shilpi shared her vast experience of working with hearing impaired children in brief and started with the challenges she faced during her work with hearing impaired children especially during her speech therapies and school visits. She found that in schools sometimes the hearing aids were not working, so there was no amplification of sound and the student could not hear but it was not even pointed out by the student as well as the teacher. So lack of awareness and concern regarding hearing problems, hearing aids, their maintenance and action to be taken at proper age of child for all-round growth and development of the child as hearing, speech development and education goes hand in hand during the growth of any child. Few challenges in handling hearing impaired school children mentioned by Ms Shilpi were:

- Age of the student
- Distance travelled by hearing impaired students
- Teachers prospective and priorities
- Individual hearing aids by students
- Frequency of using those aids
- Language problems
- Speech therapy
- Social concern
- Lack of resources

She also shared the videos of two success stories of hearing impaired children and their parents. The first story was of 7 months old child who was having hearing impairment and her parents were not able to diagnose it till 7 months of her life. But after diagnosis and with the help of hearing aid now the development of child is just like other child in school. The second story was of girl who stopped using hearing aid after education. But when she had a baby she was not talking to the baby as she could not hear even if the baby was crying. Then after counseling she started wearing hearing aid now the baby was also speaking as mother speaks to him now and then.

Dr.A.K.Agarwal suggested after this session that actions should be taken by Ministry of Social Welfare to develop guidelines for deaf and dumb people along with Ministry of Health and Family Welfare for awareness, hearing aid usage and benefits.

### **Group work Topic :**

- 1. Modality of Integration of WHO Teacher's manual as part of school health promotion activities in school country wide strategies**
- 2. Steps to promote Ear Strategies in School**

The delegates were divided in two groups for the discussion on the above topic followed by presentation of group work done by individual group.

<b>Group I (International Delegates)</b>	<b>Group II (Indian Delegates)</b>
<b>Participants</b>	
Dr.A.K.Agarwal	Dr.Saurbh Varshney
Dr.Nyilo Purnami	Dr.Pankaja Raghav
Dr.Ratna Aggraeni	Dr.Anil Kumar
Dr.Kamarul Hassan	Dr.Shema Shirodkar
Dr.Nasima Akhtar	Dr.Fareedaz Zafar
Dr.Pema Chodan	Mr.Abhishek Uniyal
Dr.Palden Wangchuk	Dr.Manoj Nair
Dr.Hussain Rasheed Moosa	Dr.Praveen Pai
Dr. Prakash Budhathoky	Dr.Roshni
Dr. Deepti	Dr.Anirban Biswas
Dr. Pravin Kumar	Dr.Baljit Kaur
	Ms.Shilpi Narang
<b>Moderators</b>	
Dr.G.S.Meena	Dr.M.M.Singh
Dr. Amod Borle	Dr.Ritesh Singh
Dr. Chetana Deshmukh	Dr.Yamini M

## **Presentation of group Work by Group I**

Dr.Palden and Dr.Hussain,Delegates from Bhutan and Maldives respectively presented in brief the points of discussion of group.

### **Teachers role in identification**

- Training of teachers on
- When to suspect hearing problems
- Discussion for the referral
- Ear health and hearing loss
- Translation of the manual in native language
- How teachers can help the child with hearing loss
- Assure proper sitting arrangement
- Monitor proper use of hearing Aids

### **Teachers for Advocacy**

- Educating the family and care givers
- Dos and Don'ts
- Monitoring of students with hearing problems
- Behaviour change communication
- Supporting and academic attention to the students with hearing loss

### **Actions needed to integrate teachers**

- Awareness programs and sensitization for teachers
- Training of trainers-
- Using of validate questionnaire and tool
- Reinforcement and motivation of the teachers



## **Presentation of group Work by Group II**

Dr.Roshni and Ms Shilpi presented in brief the points of discussion of group.

### **Modality of integration of WHO for Teachers**

- Awareness: regarding Why hearing is important?
- RBSK officers can go and train the school teachers- if the children use hearing aids, then it must be taken care of and check if the hearing aid is working or not and the teachers should be familiar with such devices.
- Instead of the manual, video demonstration is better.
- Handouts in library which the children can further refer to and spread the knowledge
- Kerala Model as an example: There should be one-day training program by NHM and IAP and NSS for teachers on holistic approach in which ear is covered, and funded by NHM
- Assign this job to the special educators in the school.
- Involve the special educators and train them or spread the word
- NCERT can assign or dedicate a class on this
- To incorporate teaching and training: pediatric illness and poor performance identification (including hearing) in B.Ed. and subsequent refreshers course to be done for the educators who have already passed.
- NCERT: has the resource book and page numbers are marked, so this can be used further for promotion of awareness.
- Parents must take the marks card/ report cards seriously and should be maintained by the school.
- If a teacher suspects some issues and the authorized teacher can inform according to the hierarchy, so that the channel can help the person to get into what they want and the teacher will not be handed with multiple tasks but it will go to the required department.
- There should be a place, where people can seek the advice and intervention.
- Language: The tool will be made available in different languages by WHO and anybody can write to the organization to translate it in any language of their interest.
- Also the group requested the WHO team to make a short video demonstrating, how to put drops on ear, how to clean, who to go for check and how to check the hearing aid and there should be a universal technology solution, in short.



**Session : Next steps**

**Speaker : Dr.Suneela Garg,Dr.A.K.Agarwal,Dr.Patanjali Nayar and Dr.Shelly Chadha**

Dr. Suneela Garg started the session with encouraging words towards all the delegates regarding promotion of EHC in schools. She enlisted the following steps to be taken in future for promotion of EHC in schools :

1. Situational analysis of ear and hearing care is the need of time. A dialogue between education Department and Health Department is necessary to incorporate ear health in school health program.
2. Strategies should be planned for training of teachers for promotion of ear health. Action plan should be made and accordingly it should be decided who should be trained to meet the demand generation.
3. It should be clear what tests for hearing problems should be performed by whom and correct diagnosis, referral and management of the student should be done accordingly.
4. It should be looked upon the various ways in which government and private sector would be working together for promotion of EHC. Also sustainable options should be looked for the same.

**Dr. Patanjali Nayar** , appreciated the simple, doable and aspirational group presentations done by both the groups. All the recommendations done were at a broader level so it should be narrowed down as per the requirement of every country at the national level.He also suggested to find a way to work hand in hand with the government for better implementation of program. The teacher's manual should be focused and steps should be taken for its use in school curriculum. Also the data of services available and situational analysis of the same is recommended for promotion of EHC in schools.

**Dr.Shelly Chadha** took note of all concrete outcomes which came from two days of workshop and requested the delegates from various countries to provide minimum two action points against which progress can be measured in each country for success of promotion of EHC in schools. Also she assured that WHO would provide all required technical guidance for customization of the resources eg. training manuals in local languages as and when required for promotion activities.

She also announced that WHO has launched World Hearing Forum- WHO alliance, a platform for advocacy and networking and interested candidates should share their emails for updates.

**Dr.G.S.Meena** suggested that short videos and clips are good idea for promotion of EHC in schools in which WHO should help for accuracy, effectiveness and accountability of the contents of videos. Also to avoid language barriers across world the subtitles can be translated to local language of these videos with same content.

Delegates from Indonesia suggested that there should be target oriented approach for promotion. Also a pilot project can be run in various schools from different countries to assess the promotional activities and their impact on students, teachers and parents.



At the end, **Dr.A.K.Agarwal** gave vote of thanks and summarized the whole workshop in brief. He was happy that it was a focused discussion with lot of final outcome. The draft of the same will be circulated to all delegates soon and the inputs from all would be welcomed. The final draft made after this would be circulated to all countries as well as WHO for implementation.

He also mentioned that school health after all is sensitive area so acceptance by students as well as parents is very important step in successful promotion of EHC in schools. Sometimes parents might ask what actions are being taken for student after diagnosis of hearing problem so appropriate referral pathway should be ready beforehand for better outcome. He also thanked WHO for the training manual.

**Dr.Suneela Garg** thus ended the two days of workshop with a happy note and wonderful message that this is just a beginning and many more things are to be done along with use of technology for better life.

