



MULTI-COUNTRY WHO WORKSHOP ON EAR AND HEARING CARE IN SOUTH EAST ASIA REGION, NEW DELHI, INDIA HELD ON 3RD TO 4TH OCTOBER, 2018

Organizers:

Department of Community Medicine, Maulana Azad Medical College and Associated Hospitals, New Delhi in collaboration with World Health Organization and Sound Hearing 2030 and Ministry of Health and Family Welfare, Government of India

Venue: Maulana Azad Medical College, New Delhi.

Total participants: 60

The meeting on 3rd and 4th Oct 2018 involved the country representatives from Ministries of Health of SEAR, country experts of SEAR, representatives from Sound Hearing 2030, representatives from NGOs, experts from different parts of India.

Day 1 (3rd Oct 2018)

The programme started with the traditional auspicious lamp lightening ceremony by Dr S. Venkatesh (DDG Health, Ministry of Health and Family Welfare), Dr. Patanjali Dev Nayar (Regional Advisor, Disability, Injury prevention and Rehabilitation, WHO), Dr Shelly Chadha (Technical advisor, Prevention of Deafness and Hearing loss, WHO HQ), Dr. S. Ramji (Dean, MAMC), Dr A K Agarwal (Former Dean, MAMC) and Dr. Suneela Garg (Director Professor and Head, Department of Community Medicine, MAMC and Secretary General, Society of Sound Hearing).

Dr. Suneela Garg welcomed the international and national delegates to the WHO workshop on ear and hearing care in South East Asia Region and stressed on the objectives and importance of carrying out this workshop. The purpose of the workshop included importance of promoting EHC in SEAR, sensitizing participants about EHC in global and regional perspective and role of

World Hearing Forum and SH 2030 in strengthening EHC. She also emphasized on role of strengthening health care systems to promote EHC.

Dr S. Venkatesh stressed on the importance of hearing in good language development and the overall personality development of an individual in life course. In the absence of timely redressal, hearing impairment and deafness could profoundly both the affected person and his family. It hampers education, employment, emotional and overall development. The global burden of hearing loss is at 14th rank in terms of DALYs and 2nd rank among causes for YLDs globally and contributed an estimated \$750 billion loss in 2015. The DG also elaborated on the risk factors of hearing loss like noise, persistence of untreated ear infections, complications at birth, chronic ear infections and use of ototoxic drugs and reminded that most of which could be prevented.

- He further informed that globally 1 in 3 people aged more than 65 years experience disabling hearing loss which could be managed effectively by the correct use of hearing aids and other accessories. He also stressed that our public health strategies should inculcate prevention of hearing impairment and thrown light on the need of healthy public health policies.
- He visualized the workshop as an exciting platform for sharing the experiences across SEAR countries and to share learnings from sustainable initiatives and the identification of unmet needs. He informed that India had become 71st country in the world to launch a National Health Programme for Prevention of Hearing Loss. He further mentioned that hearing care services were included under the Ayushman Bharat program of the Government of India. Nearly 150,000 health and wellness centers are to be set up in India of which over 3,000 are already functional.
- The PM's Jan Arogya Yojana (National Health Protection Program) would provide insurance cover to 500 million people who were most vulnerable to out of pocket expenses involved in in-patient and hospital care.

Dr S. Ramji emphasized on the challenges in early detection and prevention of hearing loss and in the rehabilitation of people with hearing loss. He focussed on the role of health care functionaries for early detection of Hearing Loss and he expected that the deafness control programmes run by the countries in the SEAR region will be able to delineate opportunities and

pathways for other countries in preventing and reducing hearing loss. As a paediatrician he stressed on the challenges encountered for universal hearing screening.

Dr Patanjali Dev Nayar stressed on the need of skills, values and research needed for the prevention of deafness and hearing impairment. Dr. Nayar focused on the role of Governments in push hearing programs which can improve the lives of people across SEAR with its diversity in population and resources; need for strengthening deafness control activities in SEAR and WHO's requirement of partners, NGOs, activists, parent groups and effective strategies with appropriate implementation and actionable points required to be derived from this meeting.

Dr. A K Agarwal remarked that the workshop would promote the sharing of experiences from all countries in the SEAR to understand challenges before us, list best practices, learn sustainable initiatives, reach underserved groups, fill gaps in evidence, comprehensive hearing services, from promotion of ear care and rehabilitation. He also emphasized on the role of Sound Hearing 2030 for strengthening ear and hearing care in the region.

Dr. Suneela Garg gave vote of thanks during which she stressed upon the need of building healthy public health policies across SEAR and to adhere to a life-course approach towards hearing health.

The technical sessions started with presentation by Dr. Shelly Chadha who deliberated on global perspective of ear and hearing care and expressed her concern on the growing prevalence of hearing impairment as statistics have shown that according to current trend, there would be around 600 million people with disabling hearing loss by end of 2030. Dr. Chadha also mentioned that over a billion of young people are at risk of hearing loss due to use of ear phones and discussed potential solutions to prevent the disabling hearing loss.

- Dr. Chadha told that WHA (World Health Assembly) 2017 has adopted a resolution on the issue of hearing loss and its abiding relevance in furthering the global quest for protecting hearing health. She explained the WHO dual approach in preventing hearing loss which includes advocacy regarding development of National Programmes for Prevention and Control of Hearing Loss and capacity development in terms of human resource, equipments and infrastructures.

- Dr. Chadha also told that WHO advocates the member states to observe World Hearing Day on 3rd of March every year. She informed about World Report on Hearing to be launched on 3rd March 2020. She also told the WHO has initiated the “Make listening safe initiative” with a vision to ensure people of all ages can enjoy listening to music with full protection of their hearing. She mentioned about the strategies undertaken by WHO in addressing the burden of HL.

Dr. Agarwal commented on this that every possible action should be undertaken in order to address this huge unaddressed burden of HL.

Dr. Patanjali Dev Nayar talked on the theme relating to ear and hearing care: regional perspective. He expressed concern that there are very less number of ENT specialists available in SEAR countries along with inadequate availability of equipment, infrastructure and speech therapists.

- He explained about the impact of hearing loss in terms of monetary loss, emotional trauma and suffering of the family members of person with hearing loss. He explained about the barriers in ear and hearing care like lack of awareness, poor availability of trained human resource, non-availability of training for primary level service providers and higher cost of hearing aids.
- He highlighted the need to augment healthcare resources including human resource, equipment and rehabilitative services and need for innovation in strengthening services and elimination of barriers.
- He focussed on strategic use of resources will go a long way in addressing this problem.

Dr. Suneela Garg discussed the importance of promoting ear and hearing care (EHC) in this region for attaining universal health coverage (UHC). She told that not only the number of services but also the quality of services are important to justify UHC which requires upholding the three pillars of health equity, good quality services and financial protection.

- She expressed concern on the growing burden of hearing loss and deafness globally since an estimated 900 million people will be having hearing loss by 2050 which would

exponentially increase the economic burden of hearing loss and hinder overall global development. She indicated the need for identifying the priority areas.

- She also outlined the measures to improve the EHC in SEAR. She recommended integration of eye and ear care in order to achieve effective utilisation of available human resources. She also explained about the importance of IEC activities in strengthening of the current programme.
- She also explained about the effect of ototoxic drugs and the need for surveillance. She concluded with the statement that no programme is successful until it includes periodic monitoring.

Dr Mohan Kameswaran from Tamil Nadu, India spoke on the programme implementation in Tamil Nadu and India. He started with prominent sentence that blindness isolates people from objects while deafness isolates people from people. He explained that cochlear implant is a scientific miracle in treatment of people with deafness.

- He also expressed his concern about the effect of consanguineous marriage, which is more prevalent in Tamil Nadu and other parts of southern India, on increasing the prevalence of hearing loss and deafness. He further explained various measures taken for prevention and treatment of deafness under CM's comprehensive health scheme.
- He explained about the Hub and Spoke model of rehabilitation. He also informed about the various fellowships in relation to otology and rehabilitation of people with hearing loss which helps to capacity building of human resources.
- He illustrated the role of satellite centres in reducing the barrier of distance to enhance utilization of health services in case of hearing loss and deafness. He elaborated on the **Vision 2025: Deafness Free Tamil Nadu Initiative**. He informed that Tamil Nadu is the only region in the world to provide free brain stem implants. He hoped that the lessons learnt from India would be useful to other developing countries with similar problems.

Commenting on the above, Dr AK Agarwal told that after Tamil Nadu many other states in India have started their own programmes for prevention and control of hearing loss and management of deafness. The role of RBSK (Rashtriya Bal Swasthya Karyakram) was also discussed during the session.

Dr. Bulantrisna talked about the project Sound Hearing 2030 as a community based approach for sound hearing. She explained the goal and mission of the Society for Sound Hearing International, development and evolution of the organization and the various activities carried out by it.

Dr. M. Meghachandra Singh elaborated on the key Sound Hearing 2030 activities. This included the development of training modules for all levels of health care workers in collaboration with Ministry of Health and Family Welfare, India. He also supported promoting partnerships with national and international NGOs/DPOs and various MoUs being executed with Vision 2020 and Global Coalition. He also mentioned that Sound Hearing India has developed lot of IEC materials (charts, posters, flipcharts, pamphlets, radio jingles, short videos etc.). These posters were extensively utilized by the SEAR countries as well as other regions.

Dr. A K Agarwal spoke on World Hearing Forum (WHF) which was established in July 2018 and delineated its various roles and responsibilities.

Presentations on Status of ear and hearing in countries of SE Asia were made by the MoH representatives from following countries.

1. Bangladesh by Dr. Mahmudul Hassan: He emphasized on the huge burden of 9.6% of the disabling HL. There is availability of EHC services at community, primary, secondary and tertiary levels (including cochlear implant at tertiary level). He elaborated on hearing workforce in terms of ENT specialist (604), audiologist (10), audiometrician (250), speech therapist (145) and sign language interpreters (200). He mentioned that the country has strategy in place. The country plans to incorporate Primary Ear and Hearing Care (PEHC) in the existing primary health care services, develop a standard manual for the treatment of ear diseases and hearing loss for primary health care providers, conduct survey through community clinics and build efficient referral linkage by increasing production of skilled human resources. He concluded by saying that the challenges are many but these could be overcome.

2. Bhutan by Dr. Roma Karki: She said that Bhutan does not have a structured Ear and Hearing Programme in their country. The services are very scanty and manpower is very limited in terms of only 5 ENT surgeons, 2 audiologist and 1 speech therapist. She said that Bhutan plans to

develop training manual/modules, provide training on ear care, early identification and rehabilitation for PHC workers; develop hearing guidelines for distributions of aids and start Cochlear implant service in 12th five year plan.

The country's priorities are to strengthen primary ear care services for prevention of hearing loss with early detection and hearing rehabilitation of children with hearing problems with aids or cochlear implants. However, challenges of limited financial and human resources exist in the country.

3. Indonesia by Dr. Damayanti Soetjipto: She highlighted the prevalence of HL to be 16.8% and deafness 0.4%. She also enumerated all the main causes of HL and their prevalence in the country. She focussed on leadership and governance in Indonesia through Ministerial level National Committee for HL. The Committee was also helping in strengthening MR immunization programme.

She mentioned that Indonesia had targets for 2018-19 to be achieved in form of availability of data on the prevalence of hearing loss, implementation of Hearing Loss Management Program and planning sustainability of the Hearing Loss Work Program. Socio-cultural factors impeding immunization have been overcome successfully in the country.

4. India by Dr. Sangeeta Abrol: She mentioned that India had adopted the following strategies as part of National Programme for Prevention and Control of Deafness which was initiated as pilot project in Jan 2007 and is currently functional in over 400 districts.

- Strengthening service delivery for ear care
- Developing human resource for ear care service
- Increasing awareness through IEC.
- Developing service capacity of district hospitals, CHCs and PHCs selected under the programme.

A seven level training program consists of:

Level-1 Sensitization Training of ENT Surgeons / Audiologists of Medical Colleges (1 day)

Level-2 Skill based training of ENT Surgeons & Audiologists of District Hospital level (3 days/2 days)

Level-3 Training of Obstetricians/Pediatricians of CHCs /District Hospitals (1 day)

Level-4 Training of Medical Officers of PHC & CHC (2 days)

Level-5 Training of CDPO/AWS/MPW (1 day)

Level-6 Training of AWW/ASHA (1 days)

Level-7 Training of Teachers/Parents (1 day)

She also highlighted that the States are also involved in monitoring and supervision which needs to be strengthened further.

5. Maldives by Ms. Aminath Samahath Shareef: She said that Maldives lacked baseline data relating to ear and hearing care. She highlighted that there was no hearing care National Committee for HL. The manpower was scanty with only 2 ENT specialists, 3 audiologists, 4 speech therapists and 4 sign language interpreter. A child screening program was on the anvil although there were challenges encountered from lack of awareness and health financing. NGOs were playing important role in providing EHC.

6. Nepal by Dr. Dhundi Raj Paudel: He said that Nepal was planning expansion and strengthening of PEHC at all level with early detection and primary treatment at community level. He mentioned that EHC services in Nepal are provided by both public and private sector and also through partnerships. Nepal did not have a national strategy but EHC services were funded by Government, Non-Government, Insurance and self funding. Medical products and health technology barring loop system were available. He mentioned number of ENT surgeons (163), audiologist and speech therapist (85), sign language interpreters (30) and ratio of ENT specialist and population was 178000. Nepal had a national sign language and efforts were being made to promote accessibility of information to people with HL. He also mentioned long and short term plans in promoting EHC through policy, national surveys, screening and expansion and advancement.

7. Thailand by Dr. Manus Potaporn: He highlighted on the hearing disability ranged from 2.99% in age less than 15 years to 57.1% in age more than 60 years. He mentioned that Chronic Otitis Media (24.7%) was very common as per data in 1995. Thailand has a National ENT Committee and National Newborn Hearing Screening was launched on 08 August 2018. He highlighted that human resources were quiet good with 1441 ENT specialists, 225 audiologists, 188 audiological technician, 1200 teachers for deaf and 194 speech therapists. He also mentioned that Thailand

was planning to achieve universal screening for EHC as opposed to high risk screening prevalent at the moment. The building blocks of EHC were leadership and governance, service delivery, health workforce for hearing care, medical products health technology, health financing complimented by health information and research.

8. Timor Leste did not make any presentation.

9. Vietnam by Dr. Lai Thu Ha: She mentioned that the prevalence of HL from 0-6 years old in 3-4%. Vietnam does not have a National Committee or policy/programme related to HL. He mentioned that EHC services in Vietnam are provided by both public and private sector. He said that no data for ENT surgeons, audiologists, audiometricians, sign language interpreters and teachers of the deaf was available. He also mentioned that Vietnam is planning a hearing Screening programme for new born babies and young children with high risk of hearing loss.

Dr Nandini Sharma (Director Professor, Dept. of Community Medicine, MAMC) moderated the session and expressed hope that operational research carried out by Indonesia to overcome socio-cultural resistance against immunization of children could be utilized in countries encountering similar challenges.

Group work

The assignment included all the participants divided into three groups, to conduct selected exercises. These exercises involved bringing out the key challenges and issues regarding prevention and control of hearing loss and deafness in the SEAR. They also assessed the strengths and weaknesses of current situations in the SEAR countries.

Day 2: 4th October 2018

Day began with recap by Dr. Shelly Chadha and Dr. Suneela Garg. Dr. Shelly Chadha apprised the participants about WHO tools and discussed the need for ear and hearing care and promotion of healthy hearing. Dr. Chadha highlighted about the similarities of issues related to hearing health and diversities in availability of resources and services across SEAR.

Session: Addressing hearing loss through a health systems approach: Dr. Patanjali Dev Nayar

Health system include conglomeration of all the pieces towards improved healthcare delivery. An ideal health system should be dynamic while current health system with respect to hearing care is overall patchy with variations exist across different countries. He sensitized towards the need for adopting a systems approach towards hearing and health which enabled logistics, research, finances and human resources required for successful delivery of health services. He also cautioned that the public have higher expectations due to availability of health information from across the globe towards state of the art standards of care that are not in sync with existing health infrastructure of that parent country.

Dr. Suneela Garg and Dr. Patanjali summarized the discussion on ‘An introduction to WHO tools for EHC’. They emphasized on the importance of the hearing tools and also spoke about inter-sectoral coordination for digitization, audiology and community participation.

The session was followed by session on Planning and Promoting EHC using WHO tools by Dr. Shelly Chadha. She said that there were no easy solutions to the problems. Screening, early interventions and cost effective aids are need of the hour while acknowledging the issue and pursuing a solution centric approach. There was need for learning from other models to reduce the prevalence of hearing loss. She emphasized the need to make service delivery people-centric by adopting WHO tools which are geared towards implementing ear and hearing care delivery.

- She expressed the need for glamorizing public health and pushing the boundaries and engaging with stakeholders across the board from physicians, specialists, civil society and community representation. The ultimate objective was to effectively advocate health

policy makers by creating health demands by the community and generation of rigorous scientific evidence which needed suitable packaging and presentation. She mooted the requirements of hearing aids and ensuring their availability, adoption, utilization by end users.

- She also mentioned about barriers and challenges and highlighted that integration is the need of the hour.

Dr. Shelly also discussed ‘WHO Make Listening Safe Initiative’ with focus on the problem of hearing loss especially among the youth due to the excessive use of headphones/earphones and concerts. 50% of the hearing loss is due to listening devices and 40% from the noise generated at venues. She also talked about safe listening practices for prevention of noise induced hearing loss through awareness and information. Safe listening has to be made an acceptable norm which has to be a responsibility of policy makers. In this awareness generation the use of technology will play a major role.

- Standards have to be developed for the use of safe listening devices including monitoring of the volume and time, informing the consumers about the ‘sound allowance’ and guides about the warning and suggestions and these standards needs to be recognized on international level. IEC Material needs to be developed, pretested, validated and disseminated for awareness generation which will include a variety of artwork, GIFs, mobile applications, videos etc.
- The present need of the hour was awareness generation towards the actual burden through school programmes, advocacy and research. The impact of different listening like gaming devices and movie devices required further assessment. She also urged the GoI for regulation regarding the manufacture and setting the volume limits on the listening devices. She projected the dangerous decibels initiative being run in schools that involves peer education through older school children motivating younger students for safer listening habits.

World Report on Hearing (WRH):

Dr Suneela Garg mentioned about the scope and purpose of WRH. She explained how the development of the WRH would be beneficial to stakeholders and service providers by

prioritizing ear and hearing health as a public health issue. The report structure consists of a Foreword, Executive summary, Introduction and 4 Chapters/Sections. The outlines of these chapters are presented in terms of Rationale, Key issue and key stats. The 4 chapters are 1) Define issue 2) Address issue 3) Tackle challenges 4) Develop vision of way forward. The WRH would consist of 120 pages of full report including an executive summary and a pictographic 2 page report for policymakers. It would introduce a new life course approach to healthcare, country specific identification of priority and was oriented towards strengthening fresh advocacy in the field.

Dr. Shelly Chadha asked the audience to contribute towards the making of the WHR by providing feedback relating to:

- Who can do what for ear and hearing health: Define job responsibilities, field work etc.
- Experiences from different nations.
- How WHO will support the areas in need.
- Evidence based interventions: both clinical and public health perspective.
- Assess the debate on tranquility as an individual right? Dr. Shelly spoke about no evidence that links environmental noise with hearing loss and more research was still required.
- Positive narratives were requested from audience to share country/area wise positive examples at all levels: policy, advocacy, personal, country, grassroots etc.

Dr. Chadha informed that WHO published a list of essential devices of which 7 were related to hearing and specifications related to the devices are currently under development.

Group Work:

The objective of the group work was to identify needs and priorities in the region, determine ways and means for collaboration and actions to be taken at country level. The group work also involved identifying lead persons, partners, timelines, preconditions and possible sources of funding.

The group work also to authenticate the data related to hearing impairment, increased awareness at all levels in policy making and communicating. Resource training, policy development and use of current technologies were some of the main highlights.

The groups focussed on creation of National plans, adoption of WHO guidelines and manuals, advocate countries to use WHO guidelines and manuals, inclusion of hearing hygiene through life skills education programme and availability of policies, early intervention immediately after detection of hearing loss, universal screening of newborns, hearing screening in schools and monitoring noise level in community etc.

During the group work, Dr. Suneela Garg, discussed about the systematic approach for formulations of the national programmes related to hearing loss. She emphasized on the need for programme monitoring and situational analysis. She spoke about the planning of the programmes as per the need of people and resources keeping in mind the feasibility so that the prevalence of ear problems can be brought down and it no more remains a public health problem.

Dr. MM Singh discussed to look for the barriers and challenges in the implementation of the programmes for hearing loss.

Dr. Pankaja Raghav, Professor and Head Department of Community Medicine, AIIMS, Jodhpur, discussed about the rapid search for cases of hearing impaired at the community level.

Dr. Sunita Sarkar discussed about the awareness campaigns and quality of training related to hearing loss.

Dr. Asha Yathiraj, Professor of Audiology, All India Institute of Speech and Hearing, Mysore, spoke on the Kerala Model of hearing loss where the young nurses are being trained for screening purposes of hearing disability. She also urged other parts of the country to follow such model for early detection of the hearing disability.

Group work presentations on country actions

Overall, the group work focused on the concrete actions to be undertaken in next 2-5 years, key partners, time frame, lead partners and coordinators in promoting EHC in SEAR.

Dr. Dhundi Raj Paudel (Head ENT, Bir Hospital, Member Secretary National Committee on Prevention of Deafness, Nepal) spoke about the problems faced by hearing loss patients especially the lack of financial support. He emphasized the need for training of healthcare workers for early detection of cases of hearing loss. He mentioned about availability of clear cut policy on prevention and control of deafness and also on the need for creating awareness.

Dr. Roma Karki (Department of Public Health, Ministry of Health, Bhutan) discussed the higher incidences of decreased hearing loss among youths due to excessive use of earphones. She also emphasized on the control of decibels in earphone devices. She mentioned about training and development of human resources.

Dr. Tikaram Ram Adhikari (Head, Department of ENT- Head and Neck Surgery, Jigme Dorji Wangchuk National Referral Hospital, Thimpu, Bhutan) spoke on initiating early and appropriate interventions in cases of hearing loss and suitable policy planning in this regard.

Dr. Naseema Akhtar (Professor, ENT, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh) spoke on the need for dedicated personals in the field due to large population in Bangladesh. She spoke about an initiative '360 Community' in her country which focusses on the training of the health workers for the assessment of the hearing loss in newborns. She informed that since 2010 the scenario has significantly improved in the field of ear and hearing care awareness and also the training of the health workers.

Dr. Mahmudul Hassan (Director, National Institute of ENT and Apex Body Sound Hearing by 2030, Tejgaon, Dhaka, Bangladesh) spoke about sign language programmes where medical officers, staff nurses and medical assistants are being trained for the early detection of hearing loss in newborns. Training is also being provided for ear examination. He spoke about the issue of rehabilitation, its affordability and the role of private sector. School health medical officers are being trained for detection of the problem in school going children.

Dr. Fikry Hamdan Yasin (Dr. Fikry Hamdan Yasin WHO collaborating centre, Jakarta, Indonesia) discussed about inter and intra-sectoral coordination and cooperation to develop policy frameworks in the field of hearing loss.

Dr. Edgar Jose Soares Morato (ENT specialist, National Hospital Guido Valadares, Ministry of Health, Timor-Leste) spoke on the training of midwives and strengthening of the referral services.

Mr. Madhizhagan (Senior Programme Offices, CBM) spoke on the need for looking beyond the capacity building of health workers and stressed on the need for training community level volunteers instead and issue guidelines for such courses.

Dr. Lai Thu Ha (Vice Director of Audiology and Speech Language therapy Centre, Vietnam) gave thrust on the newborn hearing care and working on youth population and find solutions. He spoke about the universal neonatal screening for hearing loss and discussed how most of the pediatricians are unaware of the issues of hearing loss, missed diagnosis and expansive treatment of the problems of hearing loss.

Dr. A. K. Agarwal spoke on achieving balance between technology and affordability in relation to patient's satisfaction. He advocated continuing dialogue with industries to render hearing aids affordable for all and highlighted the importance of monitoring and feedback from existing hearing aid users.

At the end of group work, Dr. Patanjali Dev Nayar announced about the creation of Regional Technical Advisory Group to strengthen EHC in SEAR. This was a welcome move and appreciated by all. The proceedings of 2 days were summarized and the meeting was concluded by Dr. A. K. Agarwal, Dr. Suneela Garg and Dr. Shelly Chadha.

The efforts of all participants and contributions were laudable.

Meeting on 5th October 2018

The meeting on 3rd day comprised of all the experts from the region, representatives of different states of India and representatives from ALPS Foundation and Medtronics.

The objectives of the meeting focused on the following:-

- a) Importance of World Hearing Day
- b) Strengthening EHC in SEAR
- c) Role of IEC in EHC

Dr. Shelly Chadha told the audience that by 2050, 1 out of 8 people will be suffering from hearing disability. She stressed on the role of WHO in providing:

- Initiatives and their community level implementation
- Advocacy enabler by developing materials such as brochures, posters, banners.
- Technical support.
- Rehabilitative services, screening services.
- Observing World Hearing Day on March 3.
- Coordinating with ground level stakeholders.

This was followed by short film on World Hearing Day (3rd March) and the role of countries in promoting EHC. Dr. Shelly emphasized on the countries registering for the World Hearing Day event on WHO website.

Subsequently, a film on rehabilitation of hearing impaired children which was also shown in WHO stakeholders meeting was screened.

The technical session started with the presentation by Dr. Amit Goyal. Dr. Goyal spoke on developing screening programmes for early identification of hearing loss in children and older adults. Screening for congenital hearing loss, in school goes, for adults was required for which modalities pertaining to methodology and location need to be addressed. Dr Goyal reminded that 'Hearing loss is a race against time and Ear is the last organ to develop in the evolution process'.

Dr. Rakesh Shrivastava (Nepal) presented a model for HR development by describing in brief about DLO, MS & BSLP programmes which were started in 1990,1998 and 2008 respectively. Concept of CMA (Community Medical Auxillaries)- after 10th trained in EHC. Dr. Shrivastava mentioned that CMA had the ability to create public awareness, removing ear wax, draining ear abscess, etc. Dr. Chadha also asked whether there existed any evaluation of these skills. Internal evaluation has been conducted but not external evolution. Dr. Suneela Garg mentioned that this model was evaluated by CBM and it was a very cost effective model as the specialists are not available. Therefore, primary ear care workers and ontological assistants are a feasible option.

Dr. Sangeeta Abrol provided updates on National plan: EHC in India- A Case Study.

NPPCD: goal to prevent and control major causes of hearing impairment and deafness amongst children. The objectives of the NPPCD were early diagnosis and treatment, preventing avoidable hearing loss due to disease and/or injury, Rehabilitation of persons suffering from hearing impairment, developing institutional capacity for ear care services, strengthening inter-sectoral linkages for rehabilitation.

Activities at different level :State includes training, monitoring, supervision;

District/CHC/PHC Concerns and issues :Non submission of utilisation certificate, progress report by states etc .

Mr. Anup Narang(ALPS Director) presented on the application of affordable hearing technology in the community with innovative hearing solutions like rapid fit automatic digital hearing aid, mega power hearing aid,

Mr. Kaustubh Bhatnagar (Medtronics company) made a case for harnessing the role of technology in hearing care known as teleotology. It would be useful due to the huge gap who needed ear and hearing care (75 million patients) while for service delivery there were only 20000 ENT doctors and 2500 audiologists in India. The SHRUTI (2013) community based ear care model had potential to create awareness, help in diagnosis and treatment of chronic ear disease and preventable hearing loss among underserved patients in India and Bangladesh

The session on Updates by State SNOs was moderated by Dr. G S Meena (Director-Professor, Dept. of Community Medicine, MAMC) and Dr. M. Meghachandra Singh.

Dr. Bhupen Nath (SNO, NPPCD, Assam) expressed concerns about funding, infrastructure, manpower and training. The DDG asked the number of people that have been screened and supplied by hearing aids. However, the SNO replied that in the absence of baseline data, statistics had been compiled from district hospital data only.

Dr. Pekba Ringu(SNO,NPPCD, Arunachal Pradesh)raised concerns regarding the lack of regular ENT specialists, more trainings required at periphery and developing a specific fund for programme management.

Dr. K S Baghotia (SNO, NPPCD, Delhi) informed that the Delhi Govt would extend eye and ear care services through its network polyclinics, AAMCs, residential colonies in all districts of the state. Schools will be providing ear screening to the students and it is being implemented.

The state of Haryana was striving towards providing ENT surgeons, audiologists and infrastructure in all its districts. However, there were existing challenges relating to non-availability of surgical instruments, lack of training modules and paucity of human resources.

In Himachal Pradesh, the challenges were pertaining to provision of cochlear implants to children which were not covered under any program, non availability of audiologists and audiometric assistants that are not authorized to give BERA Machines reporting.

Tamil Nadu recommended inclusion of cochlear implant in NPPCD, empowerment of medical colleges by providing them equipment and audiologists.

The National plan for Ear and Hearing Care has planned (2017-18) upgradation of ENT Department in Medical Colleges for temporal bone stations, service delivery to be started in new districts while existing activities to be continued in the districts. There existed concerns due to

non submission of Utilization Certificate in the prescribed GFR 19 along with audited statement of accounts in relation to the funds released and the non-submission of progress report by states.

Dr. A K Agarwal mentioned about the case study of India as a unique model with a potential to provide leads to other countries. The challenges of creation of human resources are being addressed though not at the pace required. The development of audiological manpower through e-DHLS course was also discussed.

WHO REGIONAL TECHNICAL ADVISORY GROUP MEETING: 5th October 2018

Regional Technical Advisory Group meeting was held on 5th of October 2018 in Maulana Azad Medical College, New Delhi. The people who attended this meeting were Dr. Tika Ram Adhikai, Dr. Nasima Akhtar, Dr. Rakesh Prasad Srivatsav, Dr. Pankaja Raghav, Dr. Arun Agarwal, Dr. Patanjali Dev Nayar, Dr. Shelly Chadha, Dr. Suneela Garg, Dr. Bulantrisa D and Dr. Amit Goyal.

It was proposed in the meeting that Dr. Arun Agarwal was nominated as the chairperson and team headed by Dr. Suneela Garg to coordinate with WHO and collaborate with partners to promote EHC activities.

Different ways of capacity building for Ear and Hearing Care (EHC) were discussed. Members expressed situational analysis needs to be done for all the regions focusing on specific infrastructure availability of the region. EHC program needs to be strengthened at primary health care centre level. Micro planning of Primary Hearing Care needs to be done which should be country specific. It is proposed to conduct virtual group meetings using ECHO (Extended Community Health Outreach) or Webex to discuss various issues related to EHC.

It was proposed that a World Hearing Forum will be created and hosted by WHO whose main priority will be advocacy related activities. Rapid assessment protocol tools of WHO can be used for advocacy and fund raising. Stigma related to hearing loss also needs to be addressed. There was the need to stop discrimination with hard of hearing. Dr. Shelly Chadha mentioned that the appropriate technical term used is hard of hearing instead of hearing impaired. Various models for EHC need to be found based on the current practices of each country. General public and stake holders need to be sensitised about the burden of hearing loss through newspaper articles frequently. Validated IEC materials are available in WHO and Sound Hearing 2030 which can

be translated and used by the countries in their country specific language as it has worked well for Bangladesh and Indonesia. Funding issue for RTAG meeting and collaborations were also discussed. It was proposed to conduct a follow up RTAG meeting 1 day before the 2nd World Congress in Bali in Feb 2019.