

**SUMMARY OF SYMPOSIUM ON “CURRENT STATUS OF EAR AND HEARING CARE
IN SOUTH EAST ASIAN REGION” HELD ON 20th FEBRUARY, 2019**

Organizers: World Health Organization, Organising team from Bali and Sound Hearing 2030

Venue: The Stone Hotel, Bali.

Total participants in the session: 395 including 25 deaf representatives

The symposium was held on 20th February, 2019 and 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 the world.

The moderators for the symposium were:-

- a) Dr. Suneela Garg (Director Professor and Ex-Head, Department of Community Medicine, MAMC and Secretary General, Society of Sound Hearing)
- b) Dr. MM Singh (Director-Professor, Dept. of Community Medicine, MAMC, New Delhi).

Dr.Suneela Garg welcomed the international and national delegates to the **symposium sponsored by WHO on “Ear and hearing care in South East Asia Region”**. She stressed on 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.

She highlighted 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 and stressed upon the need of building healthy public health policies across SEAR and to adhere to a life-course approach towards hearing health.
- She concluded with the statement that no national programme is successful until it includes periodic monitoring.

Dr. A K Agarwal (Former Dean MAMC and President SH2030) remarked that the 2nd World Congress 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. 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 mentioned that Sound Hearing India has developed lot of IEC materials (charts, posters, flipcharts, pamphlets, radio jingles, short videos etc.) and these posters were extensively utilized by the SEAR countries as well as other regions. Dr. MM Singh also discussed to look for the barriers and challenges in the implementation of the programmes for hearing loss.

Dr. Patanjali Dev Nayar (Regional Advisor, Disability, Injury prevention and Rehabilitation, WHO) presented a session on “Ear and Hearing Care in SEAR”. He 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.

He 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.

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

1. Dr. A K Agarwal and Dr. Sangeeta Abrol (DDG, National Programme for Control of Blindness and Deafness, Ministry of Health and Family Welfare) presented on “Current Status of Prevention of Hearing Loss- National Programme in India”: The presentation highlighted 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 around 410 districts. The key strategies of the National Programme of Prevention and Control of Deafness (NPPCD) include:-

- 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 existing in India 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)

It was also highlighted that the states are also involved in monitoring and supervision which needs to be strengthened further.

2. Ms.Aminath Samahath Shareef presented on “Current Status of Ear and Hearing Care in Maldives”. She mentioned 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 interpreters. 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.

3. Presentation on “Current Situation of Ear and Hearing Care in Bangladesh”was given by Dr. NasimaAkhtar(Professor, ENT, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh).

Dr. Nasima 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). She elaborated on hearing workforce in terms of ENT specialist (604), audiologist (10), audiologists (250), speech therapist (145) and sign language interpreters (200). She mentioned that the country has strategy in place. She 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. She 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. Nasima Akhtar 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 focus 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.

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. She concluded by saying that the challenges are many but these could be overcome.

4. Presentation on “Current Situation of Ear and Hearing Care in Indonesia” was given by Dr. Damayanti Soetjipto.

Dr. Damayanti highlighted the prevalence of hearing loss to be 16.8% and deafness 0.4%. She also enumerated all the main causes of Hearing Loss and their prevalence in the country. She focussed on leadership and governance in Indonesia through Ministerial level National Committee for Hearing Loss. 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.

5. Presentation on “Current Situation of Ear and Hearing Care in Myanmar” was given by Prof. Dr. Win Htike Kyi.

Prof. Win highlighted the prevalence of deafness in Myanmar. As per 2015 deafness project report, the prevalence of deafness was 4.3% considering disabling deafness (>40 dB in better ear). The lowest prevalence was 2.2% in Falam, Chin state and Meikhtila, Mandalay state. The highest prevalence of disabling deafness was reported to be 10.9% in Kyaington town in Shan state. The common causes of deafness were: ear wax impaction (3.2%), presbycusis (3.1%), otitis media (2.6%) etc. In terms of manpower, 1 ENT surgeon was available for 340,000 population and only 150 ENT surgeons were on record in Myanmar for a population of 51 million. The other ancillary health staff available was: health assistants (2062), Lady health visitors (3467), Midwives (21435). There were 1684 rural health centres, 348 maternal and child health centres, 87 primary and secondary health centres and 80 school health teams existing in Myanmar as per 2013 report for

integration of deafness control in the health system. Myanmar has prepared manual on primary ear and hearing care for training of primary care workers. Under the prevention of deafness programme, outreach ear surgeries, audiometry were also performed in rural health settings. Tertiary care hospitals are also involved in cochlear transplant and temporal bone dissection course was organised in 2017 and 2019 for specialist doctors. Prof. Win also highlighted that there were insufficient audiologists, speech therapists, lack of OAE machines and limited supply of hearing aids in Myanmar.

Dr. Tika Ram Adhikari, Department of ENT, JDWNRH from Bhutan was Shared data on Epidemiology of hearing loss and ear disease. He talked about Hearing Loss in New Born Children with the facts of High Risk Neonatal Screening Started in JDWNRH from September 2016 which was aimed to detect hearing loss early in life and rehabilitate appropriately in order to develop normal hearing and speech and planned to expand to regional referral hospitals and then to districts. He said that Prevention of hearing loss, Early detection and rehabilitation is required for children with hearing loss for development of normal speech and hearing so that they can go to normal schools and become productive citizens.

Dr. Adhikari tell about some recent activities of developed primary ear and hearing care manual with the support from DPR program, trained primary health care workers and ENT technicians in about 11 districts so far, another 9 to go and those were taught prevention, early detection of hearing loss and treatment of common ear diseases, ENT technicians in districts taught on OAE screening and failed referred to audiologist for ABR.

He talked about Strategy of Early rehabilitation required for these children for development of normal speech and hearing and Focused for opening many deaf schools to early detection and rehabilitation to development of normal speech and hearing and to bring them to mainstream schools and to make productive citizens.

Dr. Adhikari also suggested Future Plans & Priority of High Risk Neonatal hearing screening program initiated in National Referral Hospital which can be expanded to district hospitals, Early detection and rehabilitation of children with hearing problems with aids or cochlear implants by Developing Ear mould lab, Starting BAHA/ ADHEAR Aids and Starting Cochlear implant service in 12th plan.

Dr. Adhikari talked about Service Delivery on Ear & hearing care services which is provided by only public sector and required Health workforce for hearing care.

The programme was summarised by Dr. Suneela Garg and Dr. MM Singh. They stressed on the need of identifying the gaps especially focussing on the manpower, infrastructure including equipments and strategy implementation.