

CGHH REPORT

Society for Sound Hearing International formalized the alliance with Global Coalition for Hearing Health for which a MoU was executed. The tentative terms were included:-

1. Sharing of best practices.
2. By becoming mutual members of each other's organizations.
3. Sharing of IEC material.
4. By participating in each other's Annual conferences and important meetings.

The 7th Annual Conference on the Coalition for Global Hearing was held in collaboration with Society for Sound Hearing on October 23rd -25th, 2016 in campus of the University of Santo Tomas in Manila, Philippines to achieve the mission of the Coalition: **To promote and enhance hearing health services in low-resource communities.**

Abstracts for the Coalition for Global Hearing Health 7th Annual Conference were submitted in one of the tracks indicated below.

1. Best Practices (recommended practices for education and habilitation services, guidelines for humanitarian/outreach trips, recent advances in providing high quality care in low-resource settings)
2. Technology (e.g., enhancing hearing health through better use of current technology and preparing for what's next in areas such as affordable hearing aids, using donated equipment, telehealth, smart-phone technology, etc.)
3. Advocacy/Community Engagement (e.g., epidemiological data, societal and/or economic impact of hearing loss, enhancing public awareness through traditional or social media, collaborating with governmental organizations, etc.)
4. Empowering Families (e.g., promoting a family and community- centered approach to hearing loss, improving services via parent groups, community -based habilitation programs, involving families in government organizations and professional societies, resources and materials that equip and empower families, etc).
5. Training/Education (e.g., effectiveness of online or university-based education and training opportunities for hearing health professionals, innovative ways of training and supporting

people to deliver services in low-resource settings, characteristics of effective training, etc.)

The Board Directors of Society for Sound Hearing International Dr. A.K. Agarwal and Dr. Suneela Garg presented poster and presentation. The poster was presented by Dr. A.K. Agarwal, President Sound Hearing 2030, Ex Dean Maulana Azad Medical College, Ex Additional Director General Health Services, Ministry of Health and Family Welfare, India on the topic titled “Action towards Better Hearing- a Sound Hearing 2030 Initiative”. The poster included details on Society for Sound Hearing International & Hearing International. The Vision of Society for Sound Hearing International & Hearing International is to improve the quality of life in the Asian Region by including in developmental programs the ‘RIGHT TO BETTER HEARING’. The Mission of Society for Sound Hearing International & Hearing International is to eliminate avoidable hearing impairment by the year 2030 through development of sustainable and inclusive ear and hearing care systems. The details of Founder Members and Board of Directors were also included. The milestones included development of National strategy for Ear & Hearing Health Care for India, Indonesia and Sri Lanka; a dynamic and accessible website; prototype and field tested IEC material; recommendations for “Healthy Ear Districts” and “Less Noise Cities” drive; Inclusion Guidelines for Children with Hearing Impairment; Guiding Principles for Infant Hearing Screening and adaptation of the WHO Community Ear and Hearing Care training modules for four levels of trainings globally and seven levels of trainings in India. The First World Congress on Ear & Hearing Care on theme titled ‘Action towards better hearing’ was a landmark event organized by Sound Hearing 2030 under the aegis of Society for Sound Hearing in collaboration with CBM, Ministry of Health & Family Welfare Government of India, Ministry of Culture and Tourism Government of India, World Health Organization and Indian Council of Medical Research, New Delhi, India was organized at the India Habitat Centre, New Delhi, India from 12th-14th Feb 2015. Details of symposia, meetings and research projects were also included. World Hearing Day was celebrated on 3rd March in India and other countries. Pilot projects were undertaken to develop a replicable model of integration of ear & hearing care services with existing eye care services carried out in India, Nepal and Bangladesh.

Dr. Suneela Garg, Director Professor and Head, Department of Community Medicine, Maulana Azad Medical College, New Delhi presented on the Role of Ear and Hearing Care Situational Analysis Tool in Assessment of Countries with Hearing Loss. Dr. Garg focused on the fact that millions of people are living with disabling hearing loss, of which most causes of hearing loss are preventable. For the countries to assess status of ear and hearing care, there is a need to

objectively formulate an assessment tool which will enable them to provide comprehensive care with evidence-based interventions. This tool will also facilitate the countries to develop dedicated policies and programmes with a vision and mission to address the hearing loss problem. The comprehensive Ear and Hearing Care Situation Analysis Tool (EHCSAT) developed by WHO provides lead to countries to facilitate planning and implementation of ear and hearing care services at national/ sub-national level. The aim of developing EHCSAT is to assess the available direct and indirect policies, services and human resources for ear and hearing care. EHCSAT covers general information of the country, health system capacity and stakeholder's analysis. EHCSAT information will be collected based on interviews with relevant stakeholders and desk-based data collection facilitated and supervised by WHO. The desk based data collection will be demand driven and aim at collecting structured information with focus on ownership by countries and will use six building blocks of health systems viz health services, health workforce, HMIS, equitable access, health financing, leadership and governance. Grading questions will be included at end of each section which will help to record progress of country in different aspects of ear and hearing care services. EHCSAT has been pretested in Egypt, Fiji, India, Kenya and New Zealand and has been revised with inputs from stakeholders across the globe. EHCSAT will facilitate review of EHC services; highlight gaps and needs for provision of integrated EHC services and give empowerment and flexibility to member countries to be adopted to their local situation. The information compiled from EHCSAT can be used for advocacy and development of new/ update existing strategic plan of EHC. Dr. Garg concluded the presentation by saying that the creation of EHCSAT will be helpful in reviewing ear and hearing care services and also address problem of avoidable hearing loss in developing countries; describe the framework and functioning of the health care system, in context of ear and hearing care, within the country; assess the need for ear and hearing care services and identify available opportunities for promoting and sustaining integrated ear and hearing care along the continuum of care, across all levels within the health system using universal health coverage.

Dr. Suneela Garg also presented on the Need for Skilled Primary Ear-Care Workers in Developing Countries. She said that globally, about 360 million people (5.3% of total population) suffer from disabling hearing loss and the prevalence is greatest in South Asia, Asia Pacific and Sub-Saharan Africa. This high rate of prevalence can be attributed to lack of awareness regarding importance of ear care and inadequate resources for addressing these issues. The doctor-to-population ratio is less than the WHO recommendation of one doctor per 1000 persons. The ratio is worse for ENT specialists. As a result, there was a need to develop a cadre of skill-based

primary ear-care workers for delivering essential ear-care services. A skilled primary ear-care worker can perform certain clinical and administrative duties and play a significant role right from early identification, awareness generation, screening, and making adequate referrals. Dr. Garg focused on the activities which will be carried out by the primary ear-care worker- obtain and record the history of patients having ear morbidities, including family history of ear diseases, social history, exposure to industrial or occupational hazards, trauma, and any surgical procedures; carry out basic examination to screen and recognize patients with common ear diseases (e.g., wax, simple foreign body, discharging ear etc.); counsel and refer patients requiring further medical/surgical care; carrying out hearing assessment and counseling of patients using an audiometer or voice tests; promotion of ear health by creating awareness through community based actions; regarding the rehabilitative aspect, he/she would be responsible for informing the populace about available options for inclusion and integration of people with hearing loss in the community. She concluded the presentation by highlighting that creation of a cadre of skilled primary ear-care workers would not only reduce the burden on the scarce ENT specialists but also help address the problem of avoidable hearing loss in developing countries.