

Summary report on the

**Regional workshop for integrating
and strengthening ear and hearing
care within primary health care**

Riyadh, Saudi Arabia
20–21 December 2011



**World Health
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1. Introduction

WHO estimates that at least 642 million people worldwide are affected by some degree of hearing loss, of whom around 278 million people are affected by moderate bilateral hearing loss or worse. There are no population-based data on hearing loss in the WHO Eastern Mediterranean Region; however, it is estimated that around 38 million people in the Region have bilateral hearing loss. Two-thirds of these people are in developing countries and most would benefit from hearing aids.

A major step towards minimizing the burden of hearing impairment is early detection in babies, toddlers, and children, within the framework of primary health care. Early identification of hearing impairment through provision of diagnostic procedures, supplemented by affordable hearing aid services and appropriate professional education, is the most effective and cost-effective way of making a major reduction to the burden of hearing impairment.

In order to strengthen the ear and hearing care activities in the Eastern Mediterranean Region under the renewal of primary health care with health system reform, the WHO Regional Office for the Eastern Mediterranean organized a regional workshop for integrating and strengthening ear and hearing care within primary health care, on 20–21 December 2011 in Riyadh, Saudi Arabia. The workshop was organized in collaboration with King Saud University, Saudi Arabia.

The objectives of the workshop were to:

- assess the current situation of ear and hearing care services especially in the primary health care level in the Region;

- strengthen the ear and hearing care programme in the health care system;
- establish a training programme for primary health care workers on ear and hearing impairment
- establish early detection of hearing loss by encouraging screening programme; and
- establish partnerships with organizations working in ear and hearing impairment programme.

Participants from 10 Member States attended the workshop: Bahrain, Egypt, Jordan, Kuwait, Morocco, Oman, Qatar, Saudi Arabia and United Arab Emirates. Also in attendance were regional experts and representatives from nongovernmental organizations such as CHEF (Comprehensive Health and Education Forum) International.

Dr Mostafa Tyane, WHO Representative to Saudi Arabia, opened the workshop with a welcome address in which he stressed the importance of early detection and treatment of common ear and hearing problems through community and primary health care within the health system. This would have a tremendous impact on reducing the burden of hearing impairment in many Member States in the Region.

Dr Abdulrahman Hagr and Professor Siraj Zakzouk (Saudi Arabia) were elected as Chairpersons and Dr Mazin Khabori (Oman) was elected Co-chair. Dr Muhammad Shahnawaz Munami (Pakistan) and Dr Rajiv Khandekar (Oman) were appointed as Rapporteurs.

2. Conclusions

There is wide variation in the type of ear diseases experienced by people across the Region. In this regard, the reported incidence of congenital hearing loss from most countries is far higher than figures from industrialized countries, and local risk factors (such as consanguinity) may well contribute to this. Country presentations highlighted the differences among countries, with the resource-abundant countries having implemented screening programmes and cochlear implant programmes, while some countries have a notable lack of human resources. Discussions brought out the fact that resources, human and technological, are available within the Region and underlined the need for sharing of these resources for training and other purposes.

Group work focused on how integration of primary ear and hearing care can be undertaken in the Region with integration of ear and hearing care into neonatal screening, school screening and other programmes. The workshop reached the following conclusions.

- Ear diseases are a cause of significant disability because of both the effects and complications of chronic infections and the resulting hearing impairment.
- Ear diseases and their associated disabilities are potentially preventable through primary prevention, early identification and treatment of disease.
- Awareness creation and primary prevention can help in reducing the burden of ear diseases and hearing disability in the Region.
- Early identification and treatment of ear diseases and hearing impairment are most appropriately and cost-effectively undertaken as part of primary health care.

- Certain groups in the Region are at risk of inadequate access to ear care services. These include people with disabilities, of low socioeconomic strata, the elderly and those living in remote areas.
- The integration of ear care within primary health care is a cross-cutting strategy that rests within the framework of health and related public policies. It plays a key role in linking health and development.
- Integration must take into account the fact that the priorities as well as the regulatory framework for primary health care vary within countries in the Region.
- The key policies for such an initiative will include health, education, social protection, livelihood, environment, nutrition, and water and sanitation. Better coordination of such policies will help in strengthening ear health care.

3. Recommendations

To Member States

1. Plan the integration of ear and hearing care in primary health care in the context of country-specific operating models and customize for maximum synergy depending on level of development and health needs.
2. Ensure that primary health care programmes focus on:
 - Primary ear and hearing care
 - Congenital hearing loss
 - Otitis media
 - Presbycusis (age-related hearing loss)
 - Noise induced hearing loss
 - Ototoxicity.

3. Establish a coordinating committee for comprehensive national ear and hearing care comprising all stakeholders in each country with a focal person/s for ear and hearing care at the national level. A cell for primary ear and hearing care needs to be created within public health programmes of the Ministry of Health.
4. Formulate a national strategic plan for integration of primary ear and hearing care into the national primary health care model by developing an action plan, and establish a link to secondary/tertiary ear care services, rehabilitation units and other health programmes such as child health, school health, occupational health and community-based rehabilitation.
5. Initiate training programmes on primary ear care (based on WHO training modules) for primary health workers suitable for the local needs of primary health care staff, and retrain them on a regular basis as necessary.
6. Use available evidence to advocate support for the ear and hearing care programme and include the topic of hearing care in health conferences on related areas such as otolaryngology, audiology, family physicians and paediatrics (child health).
7. Encourage the planning and implementation of newborn hearing screening as part of the national neonatal screening programme
8. Include ear and hearing assessment within school health and conduct community-based surveys for common ear diseases and hearing impairment among children and the elderly.
9. Undertake advocacy campaigns to create awareness regarding the effects of noise on hearing and health and develop advocacy material as necessary and implement existing WHO guidelines regarding the use of ototoxic drugs.
10. Undertake operational research related to ear and hearing care, share best practices among countries and create a mechanism for sharing of resources among countries for the purpose of training and rehabilitation.

To partners

11. Support countries and WHO in making available hearing aids and holding workshops for maintenance and use of hearing aids within countries.
12. Support regional training centres to develop mid-level ear care providers.
13. Promote advocacy and awareness, and support operational research related to ear and hearing care.
14. Raise funds to promote ear and hearing care programmes.

To WHO

15. Assist countries in developing country-specific plans of action on the integration of ear and hearing care programmes in primary health care.
16. Provide necessary technical support and information on the magnitude and burden of hearing loss to countries periodically to advocate for the programmatic approach.
17. Encourage operational research and advocate with GCC countries and the Executive Board of the Health Ministers' Council for the Cooperation Council States for the formation of a GCC hearing committee.
18. Expedite the process of publishing primary ear care manuals in Arabic so that training can be implemented as proposed in the plan of action.
19. Monitor the progress of countries in implementing ear and hearing care programmes.
20. Strengthen collaboration with different international agencies with common goals addressing sensory impairment and its impact on human development (e.g. WWHearing).