

Warm congratulations on the successful opening of the Philippines' Science Policy and Information Forum on Program Development for Hearing Health !

2022.3.1. online

**Brief introduction of the importance of hearing surveillance,
hearing loss prevention and early intervention**

(Based on WHO. World Report on Hearing)

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TODAY,

1

IN

5

**PEOPLE
WORLDWIDE
LIVE WITH
HEARING LOSS**

BY 2050,

1

IN

4

**PEOPLE ARE
PROJECTED TO HAVE
PROBLEMS WITH
THEIR HEARING**

Hearing loss is on the rise

1.5 billion people experience hearing loss, of which at least **430 million** require rehabilitation services. This need is likely to rise to over **700 million** by 2050. Nearly 80% of those with hearing loss live in low- and middle-income countries, where services for ear and hearing care are commonly lacking.

The age ranges used in the WRH:

perinatal period: 0–4 years; **childhood and adolescence:** 5–17 years; **adulthood:** 18–64 years; **older adults:** 65 years and above.

Many more are at risk due to avoidable causes

200 MILLION



people, mainly

children suffer with

middle ear infections

that can be prevented

and treated.

Main other causes of HL in childhood and adolescence



MENINGITIS AND OTHER INFECTIONS: Such as measles, mumps etc.



CERUMEN IMPACTION : May lead to shifts (5–10 dB) in the HThearing.



TRAUMA TO THE EAR OR HEAD



OTOTOXIC MEDICINES: More than 600 categories



CONGENITAL AND DELAYED ONSET OR PROGRESSIVE GENETIC HL:
Syndromes and non-syndrome HL. (partially avoidable)

Many more are at risk due to avoidable causes

1.1 BILLION

young people are at risk of permanent hearing loss due to recreational listening at loud volumes.

Among young people aged 12-35 years:



1 in 2 young people listen to unsafe levels of sound through personal audio devices, such as smartphones, MP3 players and others.



40% are exposed to potentially damaging levels of sound in entertainment venues such as nightclubs, bars and sporting arenas.

When unaddressed, hearing loss impacts many aspects of life:

- Listening and communication
- Language and speech development
- Cognition
- Education
- Employment and financial wellbeing
- Social isolation and loneliness
- Mental health
- Interpersonal relationships
- Identity and stigma



Cost of unaddressed hearing loss

Annually, **980 billion\$** are lost, mainly due to loss of productivity and social isolation attributed to unaddressed hearing loss.



US\$



980 billion

Although hearing loss is highly prevalent and seriously affected

Hearing across the life course is possible through *public health action*

1. Prevention

2. Early identification



3. Care and Rehabilitation

1. Preventive action

- Effective public health strategies and clinical interventions can, in many cases, PREVENT the occurrence or progression of hearing loss.
- In adults, most common causes of hearing loss, such as exposure to loud sounds and ototoxic medicines, are preventable.
- In children, 60% of hearing loss is due to preventable causes.

PRENATAL AND PERINATAL PERIODS



Immunization in girls and women



Maternal and neonatal care



Genetic counselling

CHILDHOOD AND ADOLESCENCE



Immunization (children)



Otitis media: early identification and treatment



ACROSS THE LIFE COURSE



Safe listening practices in recreational settings



Noise control in entertainment venues

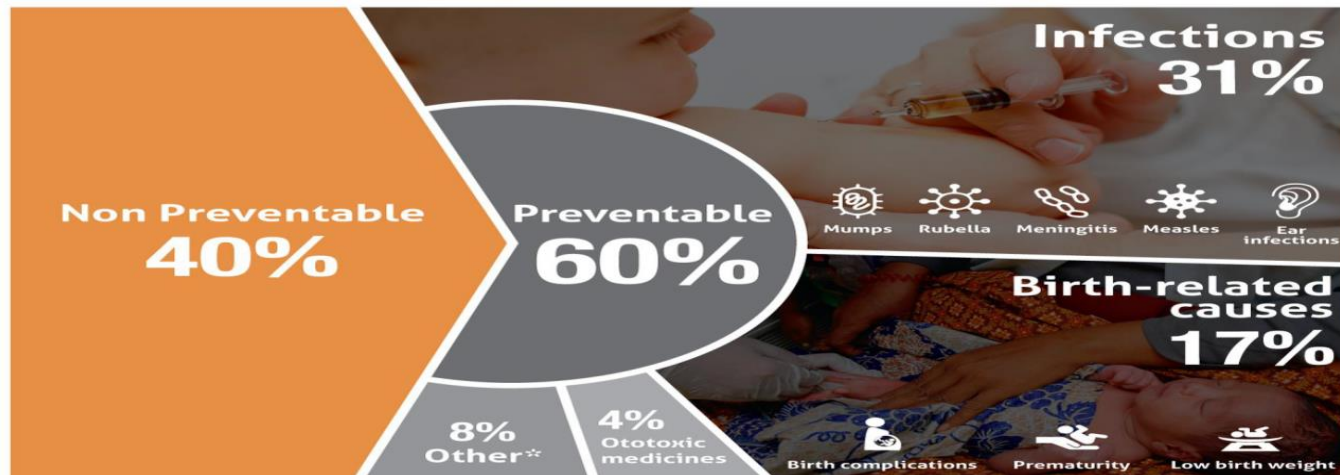


Ototoxicity prevention

ADULTHOOD



Occupational noise control



2. Early identification

- Early identification is the key to successful outcomes in people with hearing loss.
- Advancements in technology provide tools that can identify hearing loss at any age.
- To facilitate this process, it is important to implement programmes that target:



ACROSS THE LIFE COURSE:

ing

> Symptomatic testing

NEWBORN:

Newborn hearing screening

CHILDREN:

Pre-school and school ear and hearing checks

ADULTS:

Hearing screening in noisy occupations

OLDER ADULTS:

Regular hearing screening

Innovative screening solutions

Teleaudiology-Telemedicine

HEARING SCREENING AND SURVEILLANCE



HEARING SCREENING CONSIDERATIONS FOR IMPLEMENTATION

Box 1.1 The 1-3-6 principle


**SCREEN BY
1 MONTH OF AGE**


**DIAGNOSE BY
3 MONTHS OF AGE**


**INTERVENE BY
6 MONTHS OF AGE**

Since hearing loss is invisible. For this reason, it is important that special measures are put in place to screen for hearing loss at different stages across the life course .

Those most likely at risk include:

1. HEARING SCREENING IN NEWBORNS AND INFANTS

2. SCHOOL-BASED EAR AND HEARING SCREENING

3. HEARING SCREENING IN OLDER PEOPLE



ACROSS THE LIFE COURSE:

Screening for hearing loss > Symptomatic testing

NEWBORN:

Newborn hearing screening

CHILDREN:

Pre-school and school ear and hearing checks

ADULTS:

Hearing screening in high risk occupations

OLDER ADULTS:

Regular hearing screening

For more details refer to: <https://www.who.int/health-topics/hearing-loss>

3. Appropriate and timely care and rehabilitation

Hearing loss can be addressed through a holistic approach that considers the person's clinical profile, communication needs, preferences, environment, and fits the resources available.



CLINICAL PROFILE - WHICH INCLUDES:

Otological status

Audiological profile: degree; type; age of onset

Other functional limitations such as visual impairment; developmental disabilities e.g. autism

COMMUNICATION NEEDS - WHICH INCLUDE:

Hearing difficulties experienced

Communication requirements

COMMUNICATION PREFERENCES - SUCH AS:

Oral-aural

Visual/tactile

AVAILABLE RESOURCES

What resources are possible given the environment, health infrastructure and clinical services available



HEARING TECHNOLOGY

Hearing aids

Cochlear implants

Implantable aids



SIGN LANGUAGE AND SENSORY SUBSTITUTION

Sign language

Other means of communication



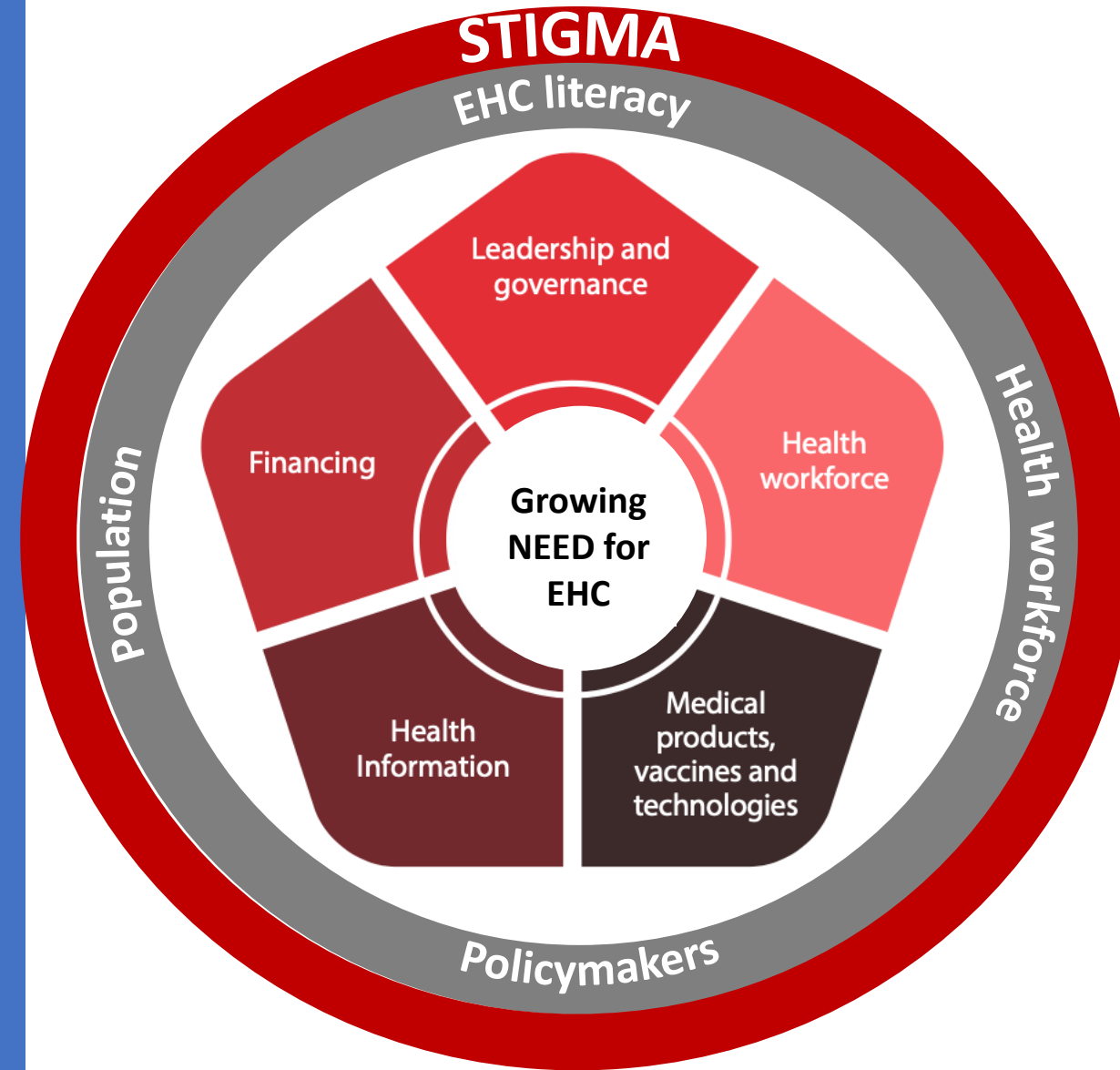
REHABILITATIVE THERAPY

Total communication

Hearing and speech therapy

We face challenges

“Challenges in the field of ear and hearing care can be addressed !”



Way forward

Integrated people-centered ear and hearing care(PCEHC)

implemented through a strengthened health systems can overcome the challenges faced.

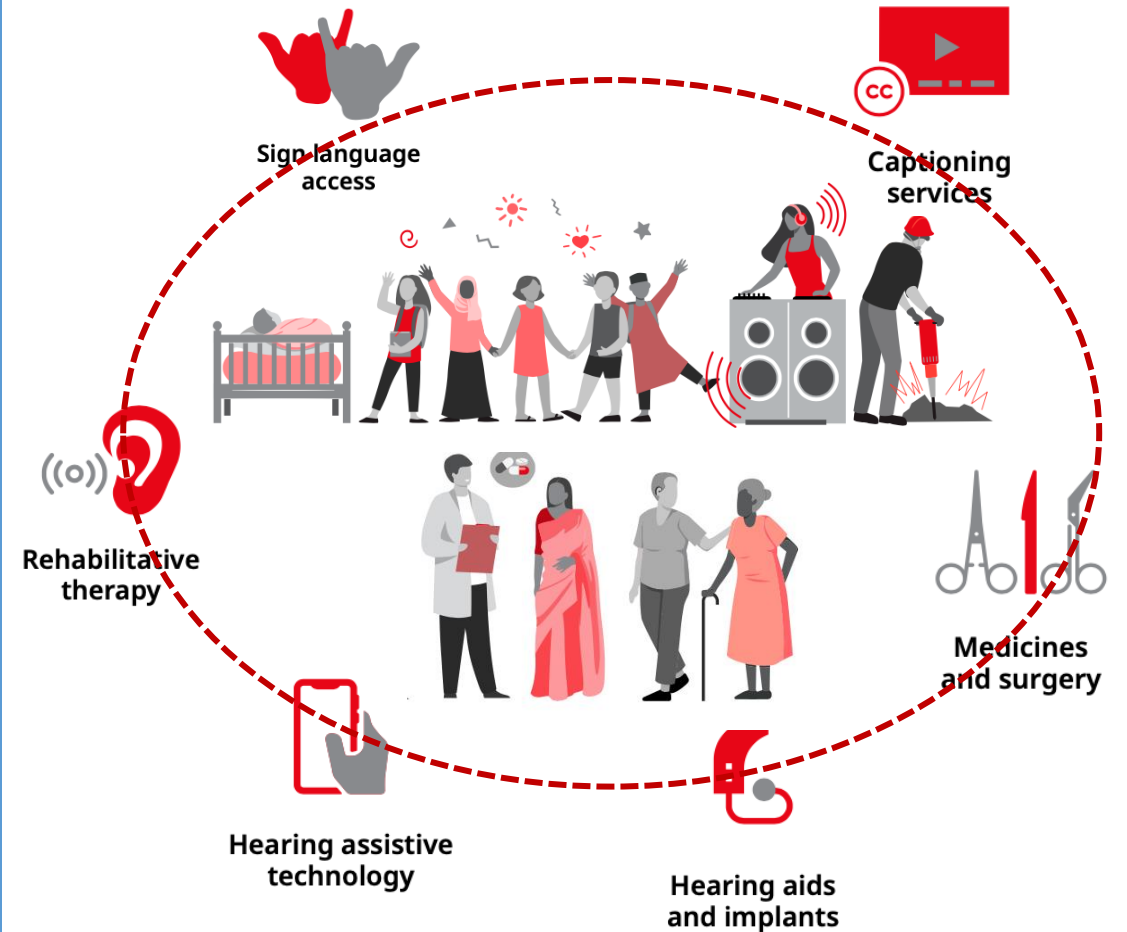


“All people have equal access to quality EHC services in a supportive environment.”

How to Integrate PCEHC ?

1. Set up priorities of PCEHC:
H.E.A.R.I.N.G.

2. Delivery through
strengthened health
systems



Integrated PCEHC

- **Integration of prioritized H.E.A.R.I.N.G. interventions**
- Delivered through strengthened health systems

H HEARING SCREENING AND INTERVENTION

E EAR DISEASE PREVENTION AND MANAGEMENT

A ACCESS TO TECHNOLOGIES

R REHABILITATION SERVICES

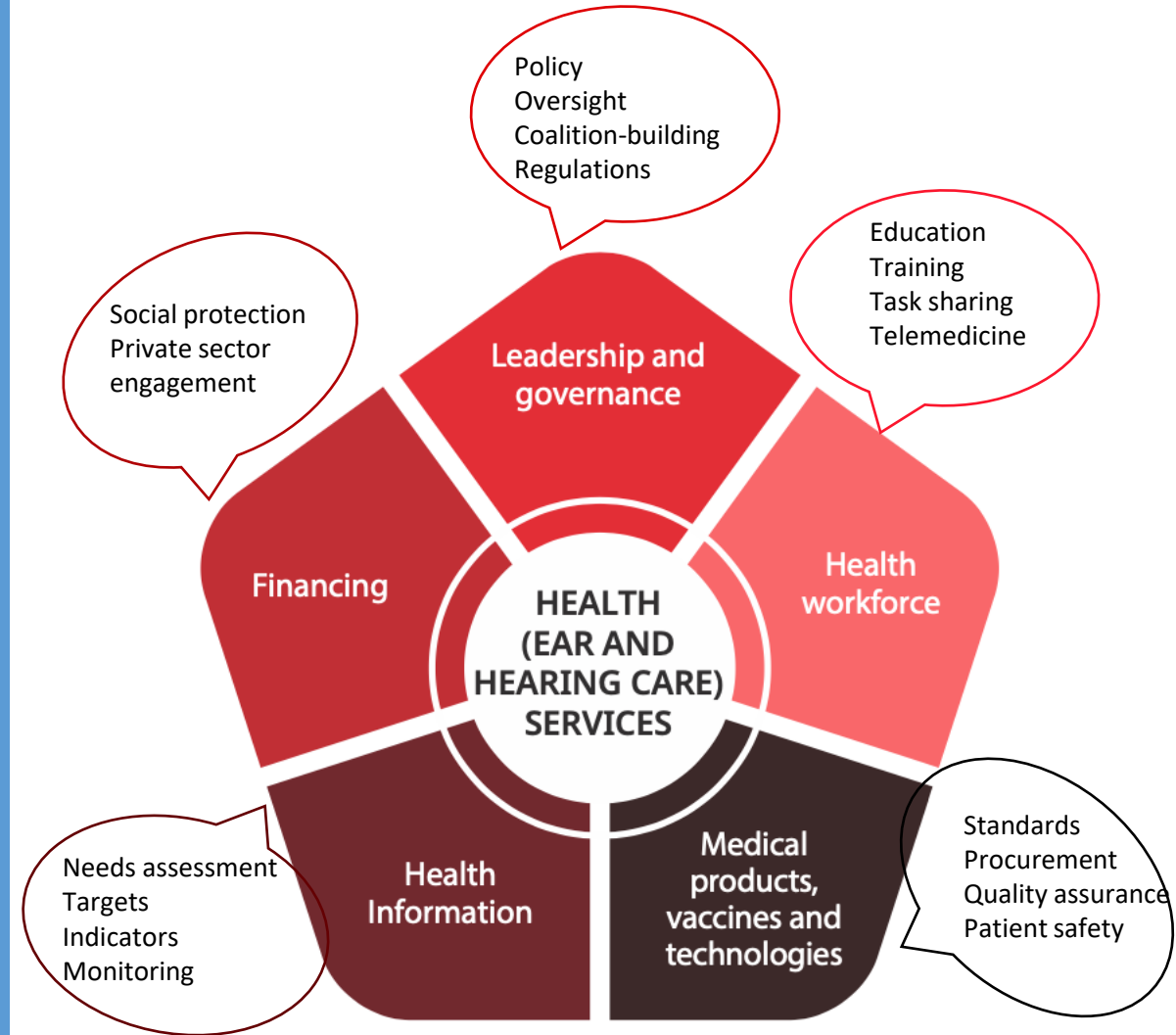
I IMPROVED COMMUNICATION

N NOISE REDUCTION

G GREATER COMMUNITY ENGAGEMENT

Integrated PCEHC

- Integration of prioritized H.E.A.R.I.N.G. interventions
- **Delivered through strengthened health systems**



20% 

**relative increase
in the effective
coverage of
newborn hearing
screening services**

20% 

**relative increase
in the effective
coverage of adults
with hearing loss
that use hearing
technology**
(i.e. hearing aids
and implants)

20% 

**relative reduction
in the prevalence of
chronic ear diseases
and unaddressed
hearing loss in
school-age children,
aged 5–9 years**

The World Report on Hearing calls upon WHO Member States to work towards the achievement of global targets for ear and hearing care by 2030



MINISTRIES OF HEALTH

1. Include people-centred ear and hearing care in universal health coverage.
2. Strengthen health systems to deliver IPC-EHC at all levels of care.
3. Undertake awareness campaigns that address attitudes towards, and stigma, related to ear diseases and hearing loss.
4. Determine targets, monitor national trends and evaluate progress.
5. Promote high-quality public health research on ear and hearing care.



INTERNATIONAL AND NONGOVERNMENTAL ORGANIZATIONS

1. Align with WHO's global targets for ear and hearing care and support their monitoring.
2. Take steps to improve knowledge, attitude and practices with respect to ear and hearing care.
3. Stimulate generation and dissemination of knowledge on ear and hearing care.
4. Participate actively in global action for ear and hearing care.



STAKEHOLDERS IN EAR AND HEARING CARE, INCLUDING PROFESSIONAL GROUPS, CIVIL SOCIETY AND PRIVATE SECTOR ENTITIES

1. Support national governments and WHO in the provision and monitoring of ear and hearing care.
2. Contribute to the generation of knowledge regarding the public health aspects of ear diseases and hearing loss.
3. Collaborate to ensure that all stakeholders can contribute to, and have a common vision of, ear and hearing care.
4. Highlight the importance, need, and means for ear and hearing care and advocate for its prioritization.

What we can do ? Recommendations from WHO

This webinar is a Science Policy and Information Forum

The meeting focuses on :

1. Congenital Hearing Loss
2. Hearing Conservation Programs for Noise Exposed Workers
3. Harnessing Technology for Hearing Health: The HeLe Project

Topics are very positive responses to the WHO call and in line with the theme of WHD 2022 - **To hear for life , Listen with care!**

To hear for life,
listen with care!



World Hearing Day
3 March 2022

To hear for life,
listen with care!



Hearing loss due
to loud sounds can
be prevented

#worldhearingday | #hearingcare | #safelisting



Make Listening Safe



**Loud sounds at work
and leisure can damage
your hearing**

To make listening safe:

Keep the
volume down

Use earplugs
in noisy
surroundings

Limit
time spent
engaged in
noisy
activities

Use
smartphone
apps to
monitor sound
levels

Get regular
hearing
check-ups



Once you lose your hearing,
it won't come back!

#safelisting



Learn more



Make Listening Safe



Work together - Hearing care for All !

THANK YOU FOR YOUR ATTENTION !