



WHO Programme for Ear and Hearing Care

Activity Report 2018

Blindness and Deafness Prevention, Disability and Rehabilitation (BDD)

Department for Management of NCDs, Disability, Violence and Injury Prevention (NVI)



**World Health
Organization**

WHO Vision

A world in which no person experiences hearing loss due to preventable causes... and those with unavoidable hearing loss can achieve their full potential through appropriate interventions, education and empowerment.

WHO programme for prevention of deafness and hearing loss (PDH): Activity Report 2018

Despite the magnitude and impact of hearing loss across the world, ear and hearing care services remain out of reach for many who need them. The relevance of these issues and their required actions were highlighted by the World Health Assembly through its resolutions WHA48.9 of 1995 and more recently [WHA70.13](#) of 2017. These documents have called upon Member States and partners to integrate strategies for ear and hearing care within the framework of their healthcare systems, and implement actions to ensure that ear and hearing care is accessible universally to those who need it.

In the context of these resolutions, WHO's objectives are to:

- Gather and collate data to drive action for hearing loss
- Undertake effective evidence-based advocacy for prioritization of ear and hearing care
- Support strategy development and implementation in WHO Member States
- Develop and promote the 'Make Listening Safe' initiative

Programme activities in 2018

In 2018, the WHO programme for hearing made significant advances towards the implementation of the WHA70.13 resolution on prevention of deafness and hearing loss, adopted by the world Health Assembly in 2017. The highlight of 2018 was the launch of the World Hearing Forum, as a global alliance of organizations and groups working in the field of hearing.

A summary of activities undertaken by the WHO programme is provided in this report.

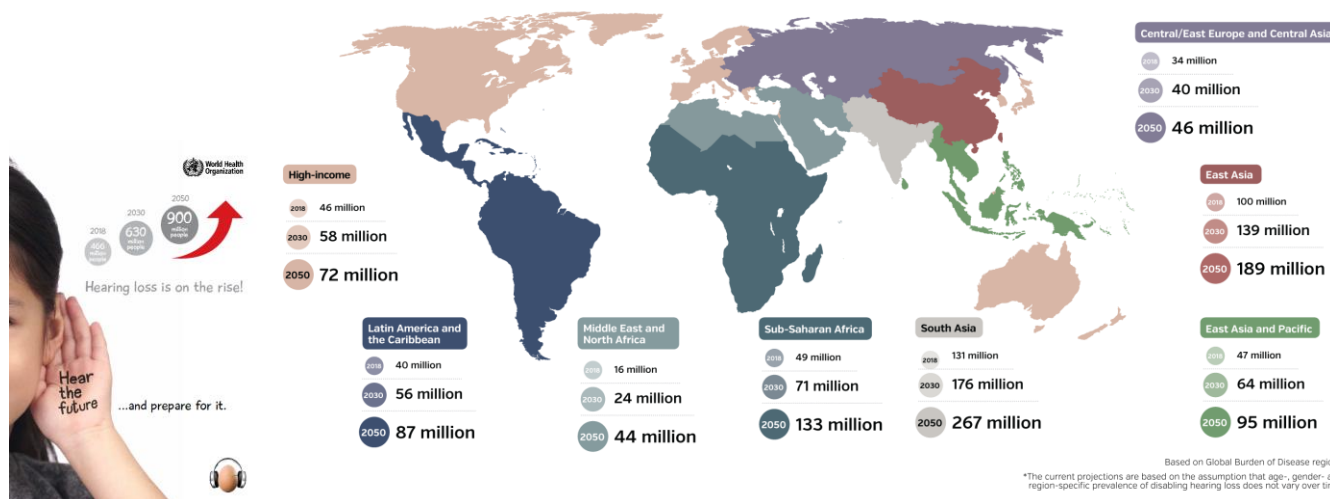


Evidence-based advocacy

World Hearing Day 2018

World Hearing Day was observed on 3 March 2018 with the theme **“Hear the future!”**. It drew attention to the rising prevalence of hearing loss globally and highlighted the fact that the number of people with unaddressed hearing loss could double by 2050, unless prompt action is taken to address this public health issue. A report titled **“[Addressing the rising prevalence of hearing loss](#)”** was released and shared widely. The report was downloaded over 4500 times during the year.

Information materials on this theme were generated including posters, banners and an infographic. These were translated into the UN languages and were widely utilized by Member States and partners. Press briefing and media outreach was undertaken by WHO and a World Hearing Day seminar was organized and webcast on 2 March 2018. Activities were organized in 67 countries across the world. A detailed report can be accessed [here](#)



International and regional advocacy events

Advocacy event in European Parliament, Brussels, Belgium

An advocacy event was organized in the European Parliament on the occasion of the World Hearing Day, hosted by members of European Parliament (MEPs). An address on 'Hear the future' was presented at the meeting which was attended by staff from the parliament and representatives of European Member States and professional and civil society organizations working in Europe.

4th International Family-Centered Early Intervention (FCEI) Congress in Bad Ischl, Austria, June 2018:

A keynote address on 'Promoting hearing care through global action' was presented at the congress, which included representatives of parents' organizations; and hard of hearing and deaf associations.

ENT-UK and BSA First Global Health meeting in London, United Kingdom, May 2018:

A keynote address on 'Global action for ear and hearing care' was presented. The inaugural conference included participation of professionals, U.K. government representatives and civil society.

9th annual Coalition for Global Hearing Health in Cape Town, South Africa, October 2018

A keynote address 'Hear the future and prepare for it' was delivered during the inaugural session. Professionals and civil society organizations from across the world participated in the conference.

34th World Congress on Audiology in Cape Town, South Africa, October 2018

A keynote address on 'Promoting global action for hearing' was delivered during the inaugural session of the congress which included participation of delegates from across the world. Professionals including audiologists and ENT specialists participated in the event. A talk was also delivered on 'equitable access to ear and hearing care'.

A booth was set up by WHO-PDH and CGHH at the conference exhibition area. The booth was provided by the ISA and showcased the activities and materials prepared by WHO.

Support strategy development and implementation in WHO Member States

Technical documents

The following documents are part of the toolkit of technical support for Member States. The documents under development or launched in 2018 include:

World Report on Hearing: the WHA resolution of 2017 calls upon WHO to prepare the World Report on Hearing, based on best available evidence. The preparation for this Report was started in 2018. Two stakeholder consultations were held to frame the structure and outline of this Report. The information requirements for writing this report were listed and at present, background papers are being developed, and literature reviews undertaken in collaboration with experts across the world. The report will be finalized in 2019, prior to its launch on 3 March 2020.

Indicators for monitoring ear and hearing care provision through health systems was finalized with inputs from experts across the world. This is expected to be launched in early 2019.

WHO ear and hearing survey handbook was finalized with inputs from experts across the world. It was field tested in December 2018 and is expected to be launched in early 2019.

Revision of the [primary ear and hearing care training resources](#) which are being advanced with support of experts from around the world. The revision process is likely to continue through 2019 followed by field testing in identified locations. The revised training resources are expected to be launched in 2020.

Technical inputs for integration of EHC into WHO resources and initiatives

WHO treatment guidelines for multidrug- and rifampicin-resistant tuberculosis were developed in 2018 by the Department for management of TB. This includes a focus on recommendation of non-ototoxic medicines for management of multi drug-resistant tuberculosis (MDR-TB), which will help to reduce the incidence of drug-induced hearing loss in persons undergoing management of MDR-TB.

Integrated care for older people: WHO guidelines on community-level interventions to manage declines in intrinsic capacity was developed in 2018 by WHO's Department of Ageing and life-course. The department is also developing the ICOPE guidance on comprehensive assessment and care pathways which will be launched in early 2019.

WHO GATE initiative: has developed a list of priority assistive products and is now undertaking a market-shaping exercise to promote access to wheelchairs and hearing aids in low- and middle-income countries.



Frequently asked questions about the implementation of the new WHO recommendation on the use of the shorter MDR-TB regimen under programmatic conditions

Version: 20 December 2016

These FAQs are to be read alongside the WHO treatment guidelines for drug-resistant tuberculosis, 2016 update (WHO/HTM/TB/2016.04) and their online annexes released by the Global TB Programme of the World Health Organization (WHO) in May 2016(1,2). The 2016 guidelines provide more background about the updated WHO recommendation on the shorter MDR-TB regimen since the previous guidelines of 2011(3).

Why are shorter MDR-TB regimens needed?

About 580,000 new cases of rifampicin-resistant (RR-TB) or multidrug-resistant (MDR-TB; RR-TB with additional resistance to isoniazid) emerge each year globally(4). RR-/MDR-TB cannot be treated with the recommended 6-month standard course of medication which is effective in most TB patients(5). Patients with MDR-TB are typically treated with more medicines and for much longer (conventionally 20 months or more)(3). Despite this, these regimens are not as effective as standard first-line regimens for drug-susceptible TB.

The duration of the longer MDR-TB treatment regimens and the toxicity of certain agents composing them discourage many patients from completing the treatment as intended. In addition, the high cost associated with the implementation of the regimens poses a significant challenge to health systems. Attempts to reduce the length of treatment and to use a combination of medicines which is more tolerable, more effective and less expensive have been ongoing for several years(6). More recently, a fairly standardised treatment regimen lasting 9-12 months has been reported to give relapse-free cure in >85% of selected MDR-TB patients, with adverse reactions typical of those expected when using these second-line TB medicines (1),(7),(8),(9).

Which is the shorter MDR-TB regimen that WHO-recommends?

The regimen recommended by WHO is the one which has been used more recently in different geographical sites and in the STREAM trial(10). The regimen contains kanamycin (an injectable agent), moxifloxacin, prothionamide, clofazimine, isoniazid, pyrazinamide and ethambutol, given together in an initial phase of 4 months (with the possibility to extend to six months if they remain sputum smear positive at the end of month 4), and followed by 5 months of treatment with four of the medicines (moxifloxacin, clofazimine, pyrazinamide, and ethambutol). Earlier cohorts used gatifloxacin instead of moxifloxacin when this medicine was still available on the market. In summary:

4-6 Km-Mfx-Pto-Cfz-Z-H_{high-dose}-E / 5 Mfx-Cfz-Z-E

What is the dosage of medicines to use in the WHO-recommended shorter MDR-TB regimen?

The recommended dosage by weight is the one which has been published earlier by the Global Drug-resistant TB Initiative (GDI) in 2015 and the STREAM trial(10),(11) (see scheme on next page). Medicines are taken once per day, all days of the week. If the intensive phase is prolonged the injectable agent is only given three times a week after the fourth month. The multicentre African cohorts supported by the UNION used a different schedule with lower dosing of moxifloxacin(12)(for paediatric doses see Annex 3 of (5)).

¹ STREAM is a clinical trial comparing outcomes in MDR-TB patients on a nine-month regimen with those of the longer treatment regimen. The first stage of the trial completed enrolment in mid-2015 (424 patients in 4 countries) and results are expected in 2018.

Regional consultations and Member States' support

2nd meeting of the East, Central and Southern Africa Regional Ear and Hearing Care Forum, Nairobi, Kenya was held on 24-25 September 2018, with participation of experts and government nominees from eleven countries of the region; and leading NGOs.

WHO Multi-country workshop on ear and hearing care in the South-East Asia Region, New Delhi, India was held on 3-4 October 2018 with participation of experts, government nominees, and civil society representatives from nine countries of the region.

WHO Multi-country workshop on ear and hearing care in the European Region, Moscow, Russian Federation was held on 16-17 October 2018 with participation of experts, government nominees, and civil society representatives from twelve countries within the region.

WHO Multi-country workshop on ear and hearing care in the Western-Pacific Region, Beijing, China was held on 11-12 December 2018 with participation of experts, government nominees, and civil society representatives from ten countries within the region.

During these workshops/meeting:

- Recommendations of the WHA resolution on prevention of deafness and hearing loss were elaborated and means to promote its implementation in Member States were discussed.
- WHO provided the outline and contents of the World Report on Hearing and gained feedback. Countries also discussed ways and means to disseminate the Report in 2020.
- Countries were sensitized to available WHO tools, documents and initiatives to raise awareness on hearing loss and to plan, implement and monitor ear and hearing care.



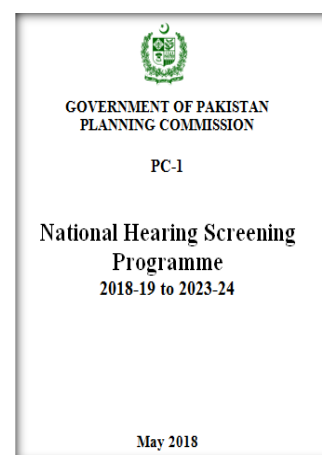
Regional consultation in
Moscow, Russian
Federation

Other Member States supported through technical inputs and online review of materials:

Pakistan: The government of Pakistan, in collaboration with WHO country office and with technical support from the WHO headquarters has launched the National Hearing Screening Program, including inclusion of cochlear implants in the Prime Minister's fund to selected individuals. Assistive Technologies (including hearing aids), as per WHO's priority list have been included in the Prime Minister National Health Insurance Program.

Philippines: Department of Health in the Philippines and WHO country office have developed a strategy for integration of ear and hearing care in primary care settings through awareness and raised political commitment. Government issued a Philhealth circular describing a benefit package for children with hearing impairment, covering services from assessment, provision of appropriate devices and habilitation/ rehabilitation, such that hearing can be preserved and rehabilitated.

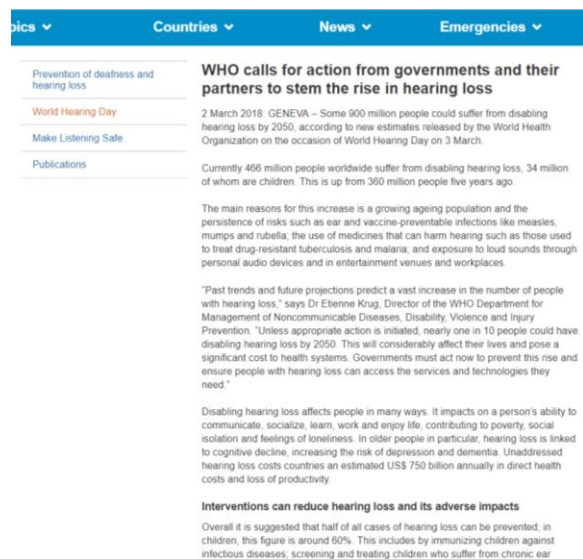
Tajikistan: The Ministry of Health, in collaboration with WHO, organized a training of trainers on eye and ear care, as a first step to providing relevant services at the community level in the country. WHO headquarters and its collaborating centre in Moscow, Russia provided technical support for conduct of trainings.



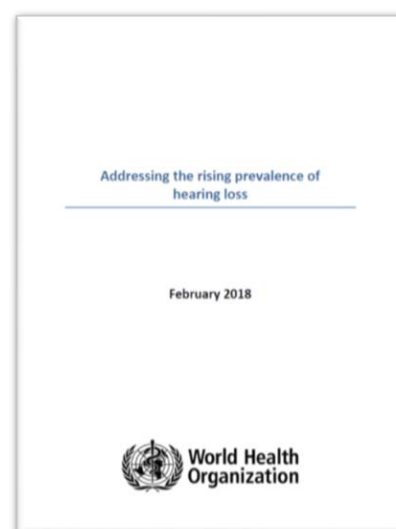
Data to drive action for hearing loss

The **WHO ear and hearing prevalence handbook** was finalized and field tested. It will be released in early 2019. The handbook will provide a consistent approach in conduct of prevalence studies for estimation of hearing loss prevalence. It also includes a chapter on rapid assessment of hearing loss (RAHL) surveys. To support the implementation of this handbook and provide easy data management options, WHO is collaborating with WWHearing in the development of a data management app for prevalence studies.

WHO updated estimates on global hearing loss prevalence and made projections regarding the possible growth in hearing loss prevalence in coming decades. The report titled '[Addressing the rising prevalence of hearing loss](#)' and related information products were launched on World Hearing Day in 2018.



The screenshot shows the WHO website's 'News' section. The article title is 'WHO calls for action from governments and their partners to stem the rise in hearing loss'. The date is 2 March 2018. The text states that some 900 million people could suffer from disabling hearing loss by 2050, according to new estimates released by the World Health Organization on the occasion of World Hearing Day on 3 March. It mentions that currently 466 million people worldwide suffer from disabling hearing loss, 34 million of whom are children. The article highlights the main reasons for this increase: a growing ageing population and the persistence of risks such as ear and vaccine-preventable infections like measles, mumps and rubella, the use of medicines that can harm hearing such as those used to treat drug-resistant tuberculosis and malaria, and exposure to loud sounds through personal audio devices and in entertainment venues and workplaces. A quote from Dr Etienne Krug, Director of the WHO Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention, states: 'Past trends and future projections predict a vast increase in the number of people with hearing loss.' The article also notes that disabling hearing loss affects people in many ways, impacting on a person's ability to communicate, socialize, learn, work and enjoy life, contributing to poverty, social isolation and feelings of loneliness. In older people in particular, hearing loss is linked to cognitive decline, increasing the risk of depression and dementia. Unaddressed hearing loss costs countries an estimated US\$ 750 billion annually in direct health costs and loss of productivity. The article concludes with the statement: 'Interventions can reduce hearing loss and its adverse impacts. Overall it is suggested that half of all cases of hearing loss can be prevented; in children, this figure is around 60%. This includes by immunizing children against infectious diseases; screening and treating children who suffer from chronic ear'.



Develop and promote the Make Listening Safe initiative

The Make Listening Safe (MLS) initiative was launched in 2015, with the objective of reducing the risk of hearing loss posed by unsafe listening. As well as development and implementation of a global standard for safe listening devices the MLS initiative is undertaking a public health campaign for safe listening. It is planned to develop a regulatory framework for the control of recreational sound exposure. The following activities were undertaken in this respect in 2018:

- a. **WHO-ITU consultation was organized in February 2018:** A consultation on this initiative was organized in collaboration with the International Telecommunications Union (ITU) at the WHO headquarters with the objectives to review progress in different areas of work as part of this initiative and to determine the next steps.
- b. **Finalization of a global standard for safe listening personal audio devices:** the standard was finalized and approved in 2018 with inputs from relevant stakeholders and will be launched in February 2019.
- c. **A toolkit to support the implementation of the global standard** has been developed in collaboration with ITU, and will also be launched in February 2019.
- d. **Development of awareness materials** to promote the global standard for safe listening have been developed.



Make Listening Safe



Partnerships to promote global action on hearing loss

[A Stakeholders' Consultation](#) for WHO's programme on hearing was organized at its headquarters in Geneva in July 2018, to discuss the implementation of the resolution WHA70.13. Over 140 participants representing professional groups, service providers, research groups, journals, nongovernmental organizations, civil society groups, WHO regional and selected country offices, selected governments, other UN agencies and industry partners debated the means to promote global action on hearing loss. At this consultation WHO announced the formation and launch of the World Hearing Forum, which is to be a membership organization for all stakeholders working in the field of hearing. At the consultation, discussions focused on World Hearing Day, the development and dissemination of the World report on Hearing and the actions to be undertaken through the Forum.

[World Hearing Forum](#): The World Hearing Forum opened for membership applications in December 2018. With inputs from stakeholders and a foundation committee, the Forum will work in the following areas: 1. World Hearing Day; 2. Monitoring of implementation of the WHA resolution and World Report on Hearing; 3. Make Listening Safe initiative; and 4. Developing champions to promote global action for hearing. All organizations and institutions working in the field of hearing care, can apply for membership through an online [application form](#).



Planned activities for 2019

- WHO-ITU consultation on Make Listening Safe will be held in Geneva, Switzerland on 13-14 February 2019, with the **launch of the global standard for safe listening personal audio devices on 14 February 2019**. A concert on ‘**Sound of life**’ will be held in WHO to mark the event.
- **World Hearing Day** will be observed with the theme ‘Check your hearing.’ An app for hearing testing based on the digits-in-noise technology ‘**hearWHO**’ will be launched.
- Promotional materials will be made available for use by all partners on the World Hearing Day [webpage](#).
- **World Report on Hearing** will be drafted and discussed with stakeholders and Member States. Two meetings of the guidance groups will be held during the year.
- Work will be started on the development of a global standard for safe listening entertainment venues.
- **Workshops on ear and hearing care** are planned to be held in the
 - Region of Americas: Cota Rica on 3-5 April 2019
 - Western Pacific Region and Eastern Mediterranean Region
- The **revision of the WHO PEHC training resources** will be advanced in 2019. The basic level training resource is expected to be finalized and the intermediate level resource ready for field testing by end of 2019.
- The following documents are expected to be **launched in 2019**:
 - i. Handbook for ear and hearing prevalence survey
 - ii. Ear and hearing care: indicators
- **Collaboration with**
 - i. WHO department for ageing and life-course to develop policy recommendations for implementation of the ICope guidelines
 - ii. WHO programme on assistive technology to improve access to hearing aid technology in WHO MS.
 - iii. WHO programme on school health to develop school health screening guidelines
 - iv. WHO department for child and adolescent health to promote integration of hearing care as part of integrated child development services
 - v. WHO programmes on disability and rehabilitation.
- Meeting of the **Network of WHO collaborating centres for prevention of deafness and hearing loss** will be held in Moscow, Russia in September 2019.
- The **First Membership Assembly of the World Hearing Forum** will be held in Geneva, Switzerland on 4-5 December 2019.

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World Health Organization, Geneva, Switzerland
<http://www.who.int/deafness/en/>