



European Federation of Hard of Hearing People



# **THE WORLD REPORT ON HEARING: AN ADVOCACY TOOL FOR HARD OF HEARING PEOPLE**

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## INTRODUCTION

The first ever World Report on Hearing, released by WHO on the 3<sup>rd</sup> of March 2021, is a seminal report on hearing healthcare. It outlines the current status of hearing across the life course, discussing barriers and solutions to improving the quality of life of persons with hearing loss. A public health framework for ear and hearing care is articulated with a series of recommendations for action by governments, policymakers, professionals, and persons with hearing loss.

The Report was a response to the mandate given WHO by the World Health Assembly which adopted resolution WHA7013 in 2017, urging governments to integrate ear and hearing care into their national health system framework.

The Report and its messages may continue to serve as powerful tools for hearing healthcare advocacy by the hard of hearing community. Organizations of persons with hearing loss and other organizations have an opportunity to use the evidence of the World Report on Hearing in their advocacy work with governments.

This document is developed as a tool for you to use the report in your advocacy work. This document distils messages from the Report into components using the framework of H.E.A.R.I.N.G. from the World Report. It is up to you to decide on which component is a priority for your country or jurisdiction. As noted in the Report, “Each country must determine which H.E.A.R.I.N.G. interventions best suit its needs through an evidence-based consultative prioritization exercise. Implementation must occur through an IPC-EHC approach and ensure that people receive a continuum of EHC services across the life course, delivered through a strengthened health system” (WHR, 202).

H.E.A.R.I.N.G. stands for:

**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

Essential is that H.E.A.R.I.N.G. interventions are part of the overall health system of a country and that hearing health is part of a universal health system which “emphasizes the importance of access both to quality health services and to health information as a basic human right” (WRH, 204).

In the pages that follow, key points from the World Report on each selected topic is articulated. This document is prepared by the International Federation of Hard of Hearing People with the International Federation of Hard of Hearing Young People, and the European Federation of Hard of Hearing People. Authors are Lidia Best, Bowen Tang, Ruth Warick and Carole Willans. To contact us, email [info@ifhoh.org](mailto:info@ifhoh.org)



## HEARING SCREENING AND INTERVENTION

The World Report on Hearing calls for the timely detection of hearing loss and the provision of interventions for newborns and infants; pre-school and school-age children; adults at higher risk of hearing loss (e.g., those who have exposure to noise or ototoxic chemicals or medicines), and older adults.

Screening in hospitals and schools is recommended for newborns, infants and then children. For adults, screening should be part of healthcare checkups and hearing healthcare as well as undertaken in workplaces where workers are exposed to noise. There are now many tools for conducting screening: mobile-based software applications, automated hearing screening, booth-less audiometry, telemedicine options. As well, there are Smartphone applications such as one developed by WHO will is available to anyone at no charge to do their own quick preliminary screening. The intent is for persons who do not pass the screening to then seek professional diagnostic testing.

Screening and early detection of hearing loss results in cost-savings in later services required. In newborns and infants, early detection of hearing loss leads to improved language and cognitive development. In older adults, hearing screening, followed by prompt hearing aid provision, is associated with significant improvements in hearing-related health outcomes, according to WHO (p. 91). In all cases, screening must be followed up by rehabilitation services.

### Key Advocacy Points

- Highlight the cost-savings of screening programs to governments
- Promote universal newborn screening but do not stop there; screening should take place at all ages in schools, the workplace, nursing homes.
- Screening alone is not enough; it needs to be followed up by rehabilitation and services, including the provision of hearing aids and cochlear implants.



## EAR DISEASE PREVENTION AND MANAGEMENT

The reasons for someone's experiencing a hearing loss are varied, from genetic, medical treatment ( e.g., ototoxic drugs) to noise exposure. Often those factors causing onset of hearing loss can be undertaken by the individuals as well as part of public health actions. Early intervention and seeking timely medical care can help prevent or identify ear and hearing problems which also need confirmation by a trained health care provider.

### Key Advocacy Points:

- Highlight the need to prevent and treat ear diseases at every stage at community and primary levels through trained workforce to avoid associated hearing loss and other complications.
- Highlight, how the use of hearing aids and cochlear implants improves listening abilities and quality of life
- For children, timely intervention with hearing aids and implants leads to better hearing, spoken communication and quality of life, which further translates into better educational outcomes



## ACCESS TO TECHNOLOGIES

Hearing technology such as hearing aids and cochlear implants are important part of hearing rehabilitation and interventions. Technology enables users improved access to sound and communication. The use of these devices is shown to be cost-effective in different economic settings. Although technology is a key part of rehabilitation, it is essential to note that it forms only one part of a rehabilitation strategy.

Whatever the technology used, complementary measures are necessary to ensure that these devices and implants benefit their users, this is achieved through a person-centered approach to hearing care. In addition, the provision of training in the use of hearing devices and assistive listening devices increases the possibility of a positive outcome from their use.

### Key Advocacy points

- Promote access to affordable, high-quality hearing aids and cochlear implants, along with batteries and services for maintenance.
- Highlight cost-effectiveness of the hearing technologies in different economic settings
- Promote availability of hearing assistive technologies ( e.g.: loop systems in public venues and schools) enhances participation and inclusion



## REHABILITATION SERVICES

Rehabilitation services is essential in maximizing the effectiveness of hearing assistive technology utilized by the person with hearing loss. The services aim to “optimize everyday functioning of those with hearing loss to ensure that the person reaches the best quality of life at a physical, functional, social, emotional and economical level” (WHR, 96). The main concern relating to hearing rehabilitation for infants and children with hearing loss is ensuring the timely development of language (WHR, 107); therefore, rehabilitation services are required in children aged 0 to 15 years. The same is true for adults aged 60 and above as they are prone to an increased risk of dementia when hearing loss is unaddressed (WHR, 46).

Contextual factors that amplify the impact of hearing loss, such as communication needs and preferences, environmental factors, and access to rehabilitation, should be considered when adopting a person-centred approach to the rehabilitation services (WHR, 95).

### Key Advocacy Points

- Promote multidisciplinary, family-centred hearing and speech rehabilitation services for children with hearing loss; and
- Provide counselling and auditory rehabilitation for adults with hearing loss, especially older adults.



## IMPROVED COMMUNICATION

While access to technology and rehabilitation services contribute to the success of ear and hearing care for persons with hearing loss, it is important to keep in mind that neither do not restore full access to auditory information. Extra energy and effort are expended on the person’s part to process the auditory information, causing listening fatigue. Therefore, alternative methods of communication must be put in place “to facilitate participation in all activities relevant to people with hearing loss of all ages” with ease of access (WHR, 210).

These methods are especially useful for people with dual sensory loss such as deaf-blindness, where access to communication is further challenged (WHR, 108). Such methods include signing, finger spelling, braille, and tadoma.

Other common forms of communication access are sign language and captioning services.

### Key Advocacy Points

- sign language learning and interpretation services, especially in educational and health-care settings; and
- captioning services in professional and recreational settings as a means of improving access to audio content for those with hearing loss.



## NOISE REDUCTION

The WRH objective on noise reduction is “to ensure that no individual faces the risk of hearing loss due to loud sounds” (WRH, 210). Noise is an important public health issue and carries environmental risk (WRH, 20, 64, 74-79). As well, it has far-reaching effects on hearing and on other aspects of health.

### Key Advocacy Points

- Develop programmes for the reduction of noise in the workplace
- Adopt the global standard for safe listening devices (ITU-T H.870) as a national standard
- Implement regulations for safe listening venues; and
- Establish programmes to change listening behaviours among pre-adolescents and adolescents



## GREATER COMMUNITY ENGAGEMENT

This WRH objective seeks “to change behaviours and attitudes towards hearing loss and its causes.” (WRH, 211). Stigma associated with hearing loss, the related communication difficulties, and the use of hearing devices, is perhaps the most critical impediment to hearing care (WRH, 151). As a result, it is important for organizations and associations representing hard of hearing people to be strong and supported in their advocacy efforts.

### Key Advocacy Points

- Develop a multi-pronged communication strategy to increase awareness and engagement for promoting:
  - healthy Ear and Hearing Care (EHC) practices
  - safe listening
  - early identification of hearing loss, and early EHC interventions
- Create or strengthen organizations and associations representing hard of hearing people, and empower these groups to become active and efficient stakeholders
- Collaborate with all stakeholders, including hard of hearing people, to identify and deal with the causes of stigma associated with hearing loss.

## CONCLUSION

This document summarizes key advocacy issues and recommendations using the WHO World Report on Hearing's framework of H.E.A.R.I.N.G. This framework covers Hearing Screening and Intervention, Ear Disease Prevention and Management, Access to Technologies, Rehabilitation Services, Improved Communications, Noise Reduction, and Greater Community Engagement. Each of us is urged to develop select issues for priority attention and advocacy work drawing from the World Report on Hearing. The evidence-based report is a tool for our advocacy; let's use it to its fullest to improve hearing access and healthcare for the millions of persons in the world with hearing loss.



### References

Guidelines for safe listening devices/systems. Geneva: International Telecommunications Union; 2018. [www.itu.int/rec/T-REC-H.870-201808-I/en](http://www.itu.int/rec/T-REC-H.870-201808-I/en)

World Report on Hearing. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

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