

Unpacking the World Health Organization's *World Report on Hearing*: what does it say?

BY SHELLY CHADHA

The inaugural report on hearing from the World Health Organisation is a tool for advocacy, and for getting hearing loss on government agendas.

Nguyen Ngoc Bao Tran was 11 months old when her hearing loss was diagnosed. Despite being informed of the urgency of the situation, her parents were unable to afford the hearing devices she needed. At the age of 17 months, she was finally fitted with a pair of high-quality hearing aids and started on intensive and regular speech and language therapy. Her response was immediate and today, after six years, her family is overjoyed with her progress. Each day, Bao Tran proudly wears her hearing aids to school, where she learns to read, speak and sing. Thanks to the interventions received, Bao Tran now has the chance to achieve her full potential in life.*

Across the world, over 430 million people have disabling hearing loss as Bao Tran has; a number that, according to estimates provided in the WHO *World Report on Hearing* (WRH) [1], could reach well over 700 million by 2050 unless firm action is urgently initiated. Nearly 80% of people with hearing loss live in low- and middle-income countries where services, knowledge, health workforce, resources and policies required for ear and hearing care are commonly lacking.

Acknowledging the challenges that face this field, the WRH adopts a solution-based approach. A large portion of the cases of hearing loss are preventable. In children, for example, 60% of hearing loss is due to avoidable causes such as meningitis,

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rubella, birth complications, ear infections and noise exposure [2]. Moreover, over a billion young people face the risk of permanent, avoidable hearing loss due to the common practice of listening to music at high volumes [3]. These causes can be addressed, and failing to do so will ensure that the prevalence of hearing loss continues to grow in coming decades. The WRH outlines the possibilities for hearing loss prevention through public health action, across the course of life. It further elaborates upon technological and clinical solutions that are available for those who have hearing loss or related ear diseases, and shows the importance, effectiveness and benefits of their application.

Despite the potential for public health action and the impact this could create on the lives of those at risk of or living with hearing loss, data indicates that currently only a small percentage of those in need of ear and hearing care (EHC) access the required services. Applying a single tracer

indicator of hearing aid use, the report shows that globally, only 17% of those in need of EHC services are currently using the devices they need [4]. This massive gap can only be addressed through a multisectoral action led by departments or ministries of health which bring integrated people-centred ear and hearing care (IPC-EHC) services to people at primary and community level, in a way that does not pose undue financial burden on them, in line with the vision of universal health coverage.

Elucidated in the report and an accompanying policy brief [1], countries can deliver IPC-EHC throughout the life course to all those in need by ensuring access to evidence-based interventions that are delivered through a strengthened health system. The WRH proposes such a package of interventions which countries should consider when developing their national health policies for universal health coverage. Acronymised as H.E.A.R.I.N.G., this includes **H**earing screening and intervention; **E**ar disease prevention and management; **A**ccess to technologies; **R**ehabilitation services; **I**mproved communication; **N**oise reduction; and **G**reater community engagement. Each country must follow an evidence-based consultative prioritisation exercise to

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determine which of the H.E.A.R.I.N.G. interventions best suit its needs. They must then work to strengthen the capacity of their health systems in order to integrate the prioritised EHC interventions and deliver them in an equitable manner. The WRH showcases strategies such as task sharing, primary ear and hearing care training, use of telemedicine, and adoption of innovative technologies, which can serve the needs of health systems for delivering EHC.

The WRH presents an urgent call for action to WHO Member States, public health organisations and all stakeholders, as it makes a strong and compelling case for investment in this field. The report shows that in 2020, unaddressed hearing loss posed a global cost of over 980 billion dollars, mainly as a result of societal exclusion and productivity losses [5]. Scaling up ear and hearing care will require an annual additional per capita investment of \$1.40. Over a period of 10 years, such investment can benefit over 1.4 billion people, avert 130

million Disability-adjusted life years (DALYs) and bring a return of \$16 for every \$1 invested in this field [6].

Heeding this call is essential to ensure that the needs of children such as Boa Tran and others living with or at risk of hearing loss can be met and that they can have the opportunity to achieve their highest potential in life.

*The example of Nguyen Ngoc Bao Tran has been contributed by the Global Foundation for Children with Hearing Loss (www.childrenwithhearingloss.org) and is included in the *World Report on Hearing*.

References:

1. World Health Organization. World Report on Hearing. Geneva, Switzerland. 2021. www.who.int/publications/i/item/world-report-on-hearing
2. World Health Organization. Childhood hearing loss: strategies for prevention and care. Geneva, Switzerland. 2016. <https://apps.who.int/iris/handle/10665/204632>
3. World Health Organization. Estimation of the risk of developing hearing loss due to exposure to loud sounds in recreational settings. 2019. www.who.int/deafness/make-listening-safe/Meta-Analysis-Detailed-Report.pdf?ua=1

4. Orji A, Kamenov K, Dirac M, et al. Global and regional needs, unmet needs and access to hearing aids. *International Journal of Audiology* 2020;**59**(3):166-72.
5. McDaid D, Park A, Chadha S. Estimating the global costs of hearing loss. *International Journal of Audiology* 2021.
6. Tordrup D, Smith R, Kamenov K, et al. Global return on investment and cost-effectiveness of World Health Organization H.E.A.R. interventions. *Lancet Global Health* 2021. In review.

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