



POLICY BRIEF

INTEGRATED PEOPLE-CENTRED EAR AND HEARING CARE

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Design by Inis Communication

Hearing is the sense that allows us to perceive the sounds around us and, through these sounds, engage with our environment. It is the medium through which we most commonly communicate with others, express our thoughts, gain education and engage socially throughout the course of our lives. Globally more than 1.5 billion people experience some decline in their hearing capacity during their life course, while many more are at risk of hearing loss due to avoidable causes. To address the needs of people living with, and at risk of, hearing loss and related ear diseases, WHO proposes an integrated people-centred approach to ear and hearing care service provision.

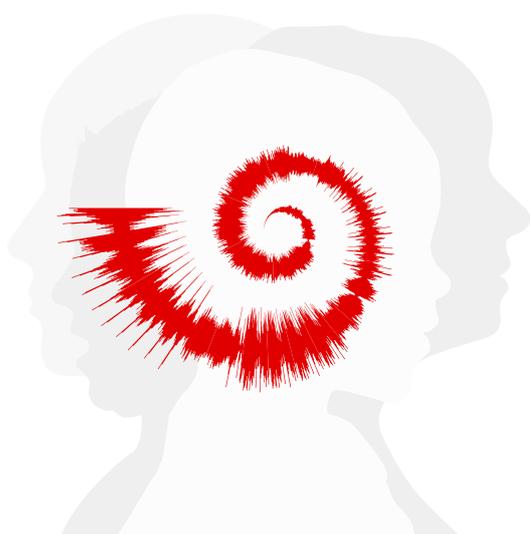
WHAT IS THE WHO VISION OF IPC-EHC?

Through IPC-EHC, WHO envisions all people having equal access to quality ear and hearing care as part of health services that meet their needs across their life course. An IPC-EHC approach respects social preferences; is coordinated across the continuum of care; is comprehensive, safe, effective, timely, efficient and acceptable; and has a motivated, skilled workforce that operates in a supportive environment.

WHAT DOES THIS MEAN?

Adopting an IPC-EHC approach to care means that people with or at risk of hearing loss or ear disease will receive improved services that:

- include health promotion, prevention, identification, management and rehabilitation services;
- are delivered through a strengthened health system;
- are made accessible through a reoriented model of care that prioritizes service provision at primary and community levels, and that are coordinated through efficient referral pathways;
- do not pose undue financial hardships to the people in need of services;
- are supported by suitable policies and governance mechanisms;
- address the barrier of knowledge and empower individuals and communities; and
- include links across health programmes and with non-health sectors.



WHY IS IPC-EHC IMPORTANT?

Governments should consider including IPC-EHC in their national health care programmes and policies for several reasons:

- without IPC-EHC, governments will be failing all those with hearing loss and related ear conditions by depriving them of the right to achieve the highest possible standard of health, functioning and well-being; and of the possibility of communicating optimally with others;
- hearing loss, when unaddressed, impacts many aspects of life: communication is challenging; language and speech development in children is hampered; and cognition, education, employment, mental health, and interpersonal relationships can all be negatively affected;
- the need for ear and hearing care is increasing. Currently, more than 430 million people worldwide require management and rehabilitation services, while more than 1 billion are at risk of developing hearing loss due to avoidable risk factors. It is projected that by 2050, more than 700 million people will need hearing rehabilitation services;
- many common causes of hearing loss, such as ear infections, noise exposure, unsafe listening, rubella and meningitis are preventable. An estimated 60% of hearing loss in children can be avoided through public health measures. Action is urgently required to address these causes to curtail the growing need for ear and hearing care in the coming decades;
- innovative solutions, are available, including those that are clinically, technologically and environmentally cost-effective, that can benefit most people with hearing loss and provide opportunities for them to achieve their full potential;
- despite recent advances in hearing care and technology, only 17% of those in need currently benefit from services, thereby indicating a substantial gap in service provision;
- governments must ensure that everyone in need can benefit from technological and clinical advances in ear and hearing care. This can be achieved through implementing sound public health strategies which expand the reach of these advantages to all, especially those in underserved and remote parts of the world;
- scaling up ear and hearing care services across the life course is a good financial investment which can benefit nearly 1.5 billion people globally and bring a return of nearly US\$ 16 for each dollar invested during the next 10 years.

HOW CAN COUNTRIES REALIZE THE VISION OF IPC-EHC?

Countries can deliver IPC-EHC throughout the life course of all those in need by ensuring access to evidence-based interventions that are delivered through a strengthened health system. The *World report on hearing* proposes such a package of interventions (using the acronym H.E.A.R.I.N.G.), which countries should consider in their national health programme or health service policies when working towards universal health coverage.

Each country must determine which of the H.E.A.R.I.N.G. interventions best suit its needs. This can be achieved through an evidence-based consultative prioritization exercise that considers, among other things, cost-effectiveness, equity and financial risk protection.

The H.E.A.R.I.N.G. package of ear and hearing care interventions



HEARING SCREENING & INTERVENTION

Includes hearing screening and early intervention programmes targeting:

- newborns and infants;
- pre-school children and children in school;
- those exposed to noise or receiving ototoxic medicines; and
- older adults.



EAR DISEASE PREVENTION & MANAGEMENT

Includes addressing common ear diseases (e.g. otitis media) through:

- prevention;
- early identification at community/primary level; and
- medical and surgical management.



ACCESS TO TECHNOLOGIES

Includes:

- access to affordable, high-quality hearing aids and cochlear implants, along with batteries and services for maintenance; and
- availability of hearing assistive technologies (e.g. loop systems).



REHABILITATION SERVICES

Includes:

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



IMPROVED COMMUNICATION

Includes:

- sign language learning and interpretation services, especially in educational and health-care settings; and
- captioning services in professional and recreational settings.



NOISE REDUCTION

Includes:

- occupational hearing conservation programmes in the workplace;
- adoption of the global standard for safe listening devices (ITU-T H.870¹) as a national standard;
- regulations for safe listening venues; and
- targeted programmes to change listening behaviours among adolescents.



GREATER COMMUNITY ENGAGEMENT

Includes:

- a multipronged communication strategy promoting healthy ear and hearing care practices, and early intervention for hearing loss;
- strengthening organizations and associations that represent those who are deaf and hard of hearing;
- collaborating with all stakeholders to identify and address the causes of stigma associated with ear conditions and hearing loss.

1 See: <https://www.itu.int/rec/T-REC-H.870-201808-I>

KEY CONSIDERATIONS FOR STRENGTHENING HEALTH SYSTEMS TO DELIVER IPC-EHC

Countries must assess and, where necessary, strengthen the capacity of their health systems in order to integrate H.E.A.R.I.N.G. interventions and deliver them in an equitable manner across the life course. The most relevant factors to be considered include:

- determining population needs, assessing health system capacity, and setting priorities and goals;
- setting realistic, relevant and time-bound targets, aligned with the global target;
- integrating ear and hearing care services across all service delivery platforms. Services must be supported by evidence-based policies and relevant regulations;
- assigning adequate financial resources so that those in need of ear and hearing care do not face impoverishment when paying for the services;
- scaling up and financing education programmes to increase the numbers and skills of the ear and hearing care workforce;
- implementing “task-sharing” through training and supporting non-ear and hearing care cadres of health workers to deliver ear and hearing care services across the different levels of care;
- using, where appropriate, telemedicine and innovative technologies to promote access to quality services;
- promoting access to affordable, high-quality hearing technologies, with an appropriate service delivery model, accompanied by rehabilitation and maintenance services;
- ensuring availability of required medicines, vaccines and equipment for ear and hearing care;
- integrating indicators for ear and hearing care within national health information systems. Monitoring these and reporting progress towards targets; and
- undertaking implementation and public health research to strengthen the effective provision of evidence-based ear and hearing care services.

TARGET TO BE ACHIEVED

The global target outlined by WHO is an overall 20% relative increase in the effective coverage of ear and hearing care services by 2030 measured as:

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

RECOMMENDATIONS FOR POLICY-MAKERS

Ear and hearing care interventions should be systematically integrated into national health care plans, with consideration of the needs and priorities of each country, by:

- including people-centred ear and hearing care in universal health coverage;
- strengthening health systems to deliver IPC-EHC at all levels of care;
- undertaking awareness campaigns that address attitudes towards, and stigma related to, ear diseases and hearing loss;
- determining targets, monitoring national trends, evaluating and reporting progress; and
- promoting high-quality public health research on ear and hearing care.



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