DON'T LET HEARING LOSS LIMIT YOU

Hearing for life

World Health Organization

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5% or more of the population has hearing loss

83% of those 'in need' of hearing aids do not use one

All would benefit from hearing rehabilitation

59% of the disability attributed to hearing loss could be reduced if every individual in need uses a hearing device

Hearing rehabilitation

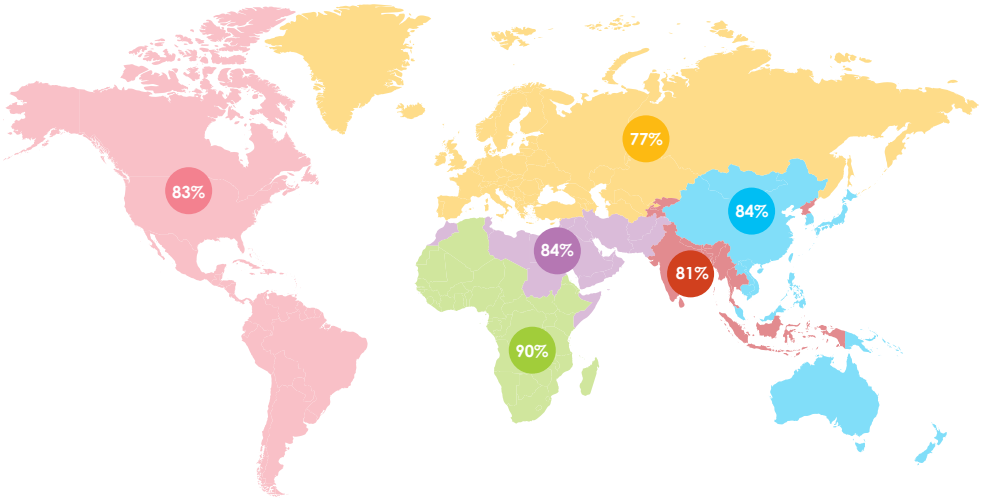
- Hearing aids and cochlear implants
- Auditory and speech rehabilitation
- Sign language and communication
- Assistive technologies and services

Benefits of hearing rehabilitation

- Increased access to education
- Greater employability and earnings which benefit the economy
- Lower costs related to depression and cognitive decline
- An integrated society

Current gap in the use of hearing aids in WHO regions

GLOBAL 83%



Region of the Americas | European Region | Eastern Mediterranean Region | South East Asia Region | African Region | Western Pacific

Why the unmet need?

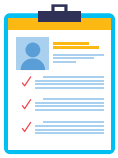
- High cost of hearing aids and cochlear implants, batteries and care
- Lack of human resources and services
- Low awareness on the benefits of hearing rehabilitation
- Stigma of hearing loss and hearing devices

How can this gap be bridged?

Develop and implement policies that ensure easy access to high-quality, affordable and safe technologies and services.

Adopt affordable, high-quality products which comply with WHO's recommendations.

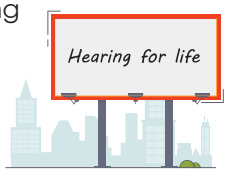
Refer to the WHO preferred profile for hearing-aid technology suitable for low- and middle-income countries for hearing aids. https://bit.ly/2tlQIHx



Provide hearing aids and cochlear implants as part of government-led health services. Include these in the list of assistive products made available within the country.

Test and implement effective service delivery models that do not rely exclusively on highly trained professionals e.g. tele-audiology; use of trainable hearing aids; direct-to-customer services; use of e- and m-health platforms; training of locally available manpower. Such service delivery models should be adapted to the needs and health system of the country.

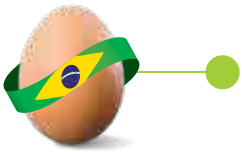
Launch a communication campaign to de-stigmatize hearing loss through accurate and accessible information.
Empower persons with hearing loss and strengthen their associations and activities.



Reduce costs by measures like waving import duties or taxes, pooled procurement, use of solar-powered batteries and locally-sourced materials.

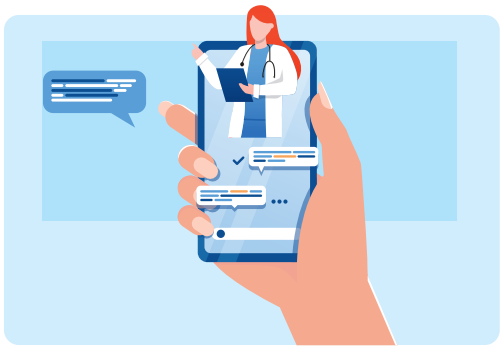
Encourage research and innovation in design and delivery of hearing aids and cochlear implants within the country.

Examples:



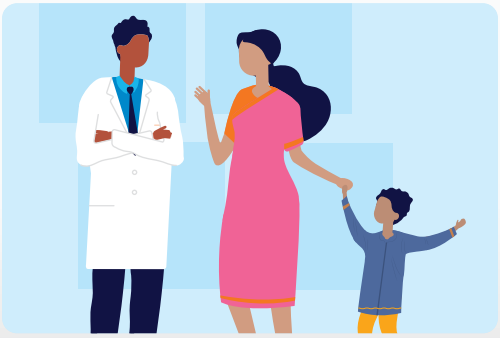
Brazil

In Brazil, tele-audiology is recognized and legislated by the Federal Council of Speech-Language Pathology and Audiology. Trials showed that persons receiving remote fitting and counselling services had similar audiological outcomes and hearing aid use as those fitted through face-to-face consultations *(Campos and Ferrari 2012).*



United States

In 2017, the United States' Congress approved the OTC Hearing Aid Act, that makes it possible for people to purchase hearing aids over-the-counter by end of 2020. When tested against an 'audiology best-practice' model, this model had almost similar results, showing the potential of the OTC model in increasing accessibility and affordability of hearing aids.

India

In Tamil Nadu, a southern State of India, the government has included free cochlear implantation for children up to the age of six years. To provide follow-up and services to families staying in rural parts of the state, it has created a unique 'hub and spoke' model with establishment of satellite service centres in these underserved areas. Support in these centres is provided by trained workforce as well as remotely through telemedicine. As a result of this, follow-up rates among implanted patients have jumped from 50% to 90%.*(Kumar 2018 and Report of the Standing Committee of the Ministry of Social Justice and Empowerment, Government of India)*