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EIGHTH GENERAL PROGRAMME OF WORK
COVERING THE PERIOD 1990-1995

Global Medium-Term Programme

Programme 13.15*

(b) DEAFNESS

This document outlines the Medium-Term Programme (MTP) for the prevention of deafness and hearing impairment (PDH), to be carried out during the period 1990-95. It is based on the guiding principles of the Eighth General Programme of Work and the policy decisions by the World Health Assembly in 1987.

Programme activities will aim at promoting and coordinating research into the epidemiology of deafness and hearing impairment in developing countries. Research activities to evaluate the effectiveness of established and innovative technologies will be undertaken. Such research will start with what may be considered appropriate for application in the context of primary and district health care. Encouragement will be given to action to initiate the formulation of national guidelines for programmes on prevention of deafness and hearing impairment. The target for the programme includes the implementation of deafness and hearing impairment prevention and provision of essential care of the ear as part of primary health care services in 20 developing countries by the year 1995.

PDH is a new programme and this MTP should be seen as tentative and flexible. As new approaches evolve the exact medium-term programming can be formulated in a more precise way.

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*Programme 13.15 comprises (a) blindness and (b) deafness. The Medium-Term Programme for Blindness is presented in document PBD/MTP/88.1(a).

1. INTRODUCTION AND POLICY BASIS

Policy decisions and resolutions relevant to the new programme on Prevention of Deafness and Hearing Impairment, are WHA38.19 and a decision on the PDH Programme taken by WHA 40.

WHA38.19 requests the Director-General to submit a report assessing the extent, causes and consequences of deafness and hearing impairment and to make proposals for strengthening services for prevention and treatment. This report (EB79/10) was considered by WHA 40 and approved as the basis of WHO action.

2. SITUATION ANALYSIS

Deafness and hearing impairment are common throughout the world. There are at present no detailed studies of the epidemiology of hearing impairment, but based on surveys in some industrialized countries one may estimate that there are at least 42 million people (over the age of three years) with profound, severe or moderate hearing impairment (hearing loss corresponding to 41 db or more). However, if people with a slighter degree of hearing impairment are included (e.g. hearing loss corresponding to 26 db or more), the total number affected will increase several fold.

Deafness and hearing impairment are caused by many factors; the most important ones are:

- (a) genetic factors, which might cause symptoms to appear at birth or later in life. It is generally assumed that about half of all deafness among children is of genetic origin;
- (b) diseases of the mother during the pregnancy, e.g. rubella, cytomegalovirus;
- (c) perinatal factors such as anoxia, traumatic brain damage, jaundice, rhesus incompatibility, prematurity;
- (d) otitis media, which is common in children, especially before school age in the developing countries. Some children acquire a bilateral otitis which may become chronic, causing hearing impairment;
- (e) other infectious diseases, e.g. meningitis, measles, viral encephalitides, mumps, malaria, herpes type 2 virus and cytomegalovirus infections;
- (f) excessive noise, over extended periods of time;
- (g) aging; among elderly people there is a slow increase of hearing impairment. One does not know if this is because of specific aging factors or an accumulation of various contributing factors during the lifetime;
- (h) ototoxic drugs, e.g. antibiotics, analgesics, antipyretics, diuretics, quinine.

Measures to prevent deafness and hearing impairment may be classified as:

Primary prevention includes action aimed at preventing the impairment from occurring (e.g., immunization against rubella and other preventable diseases, genetic counselling, accident prevention, hearing conservation programme in the workplace, etc.).

Secondary prevention includes action to be taken once the impairment is present, either to cure a disease (e.g., otitis media) or to stop its progress (e.g., streptomycin-induced hearing impairment) or to reverse the damage to hearing (e.g., by ear surgery) or to compensate for a hearing impairment (e.g., by a hearing aid or sound amplification in rooms, etc.).

Tertiary prevention includes rehabilitation, which is an area covered by the Rehabilitation Programme.

Preventive action to eliminate risk factors or decrease their impact has been taken in industrialized countries but services in developing countries are insufficient.

It may be estimated that as much as 50% of the current incidence of deafness and hearing impairment in the developing countries could be totally avoided or the consequences of the condition significantly reduced by the application of appropriate means for the primary and secondary prevention.

Such preventive measures should, wherever feasible and appropriate, be introduced as an integral part of the health services to be implemented in the context of the strategy of health for all.

The main difficulty to overcome before an effective preventive programme can be implemented is that of insufficient information on causes of deafness and hearing impairment and on the cost effectiveness and possible side effects of various alternative preventive measures. Priority should be given to develop the means to obtain this information in the countries concerned. When sufficient and reliable information is available, countries will be able to design and implement appropriate national programmes for the prevention of deafness and hearing impairment.

3. OBJECTIVES

3.1 Objective 13 of the Eighth General Programme of Work

"To prevent and control major communicable and noncommunicable diseases."

3.2 Specific objectives for Programme 13.15 (b) - Deafness

To promote the development of technology, the education for protection of hearing and the strengthening of services, aimed at prevention of deafness and hearing impairment and appropriate in the context of individual national health care systems.

4. TARGETS

The general target for the Programme is the fostering of national and international action so that, by 1995, activities for the prevention of deafness and hearing impairment and provision of essential care of the ear will be implemented as part of primary health care in at least 20 countries. Specific targets are listed under 6.

5. APPROACHES

At the country level WHO will assist in the assessment of the incidence, prevalence and causes of deafness and hearing impairment. Based on such information, WHO will advocate national deafness and hearing impairment prevention activities, particularly relating to factors such as otitis media, communicable diseases, use of ototoxic drugs, nutritional factors, noise, etc. and will provide support for their implementation. WHO will collaborate in the planning and strengthening of intersectorial cooperation for appropriate detection and essential care for those who are deaf or have hearing impairment.

At the regional level WHO will assist in the collection and dissemination of information on the causes of deafness and hearing impairment and in technology developments related to primary and secondary prevention, and will establish collaborative activities among countries, including operational research and training schemes for health personnel at all levels.

At the global level WHO will advocate and support policy development, and coordinate research activities aimed at establishing reliable data on frequency, distribution and causes of deafness and hearing impairment, as well as studies on the feasibility of alternative approaches to primary and secondary prevention.

6. ACTIVITIES

The main activities in relation to specific targets foreseen at present are shown in the following tables:

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Target 1:

Promoting and supporting research studies and collection of data aimed at assessing the causes of deafness and hearing impairment, so that by 1995 the epidemiology of these causes can be assessed in at least 20 countries.

Activities	1990-1991	1992-1993	1994-1995	Linkages ¹
1. Promoting, supporting and coordinating epidemiological research and studies.	Regions and HQ			ARI*, COR*, EPI, HEE*, MCH*, OCH*, PBL*, RHB*, NGOs*, <u>Collaborating Centres*</u>
2. Support to analyse national data on deafness and hearing impairment and their utilisation in programme planning.	HQ and Regions			
3. Development of terminology and a consensus grading system for hearing impairment.	Regions and HQ			

Target 2:

Promoting and supporting research to assess the effectiveness of various interventions to prevent deafness and hearing impairment so that by 1995 a consensus can be reached regarding effective technologies to be implemented by appropriate health personnel at all levels.

Activities	1990-1991	1992-1993	1994-1995	Linkages ¹
1. Studies on otitis media, especially chronic complications with consequences for the hearing.	HQ and Regions <u>Two countries in each Region</u>			ARI*, NGOs*, <u>Collaborating Centres*</u>
2. Studies on noise especially industrial and in early infancy.	Regions and HQ <u>Two countries in each Region</u>			MCH*, OCH*, NGOs* <u>Collaborating Centres*</u>
3. Studies on infective diseases causing deafness and hearing impairment.	HQ and Regions <u>Two countries in each Region</u>			EPI*, MCH*, NGOs*, <u>Collaborating Centres*</u>
4. Studies on other causes of deafness and hearing impairment (including genetics and ototoxic drugs).	Regions and HQ <u>Two countries in each Region</u>			NCD, NUT, PHA*, NGOs*, <u>Collaborating Centres*</u>
5. Support to the development of essential ear care at the primary and district health care levels.	HQ and Regions <u>Two countries in each Region</u>			ARI*, MCH, PHC*, NGOs*, <u>Collaborating Centres*</u>
6. Promotion and development of appropriate technology related to diagnostic tools and hearing aids.	Regions and HQ			RHB*
7. Formulation of model training schemes for health personnel at all levels.	HQ and Regions			HMD*

¹ Jointly planned activities are marked with an asterisk (*); those jointly budgeted are underlined.

Target 3:

Implementation by 1995, in at least 20 countries, of preventive activities including the provision of essential ear care as part of primary and district health care.

Activities	1990-1991	1992-1993	1994-1995	Linkages ¹
1. National and regional seminars/workshops to formulate appropriate programmes, including technical guidelines for prevention, detection and treatment of deafness and hearing impairment and providing essential ear care as part of primary and district health care systems, including information on consensus technology and model training schemes for health personnel at all levels.	All Regions			ARI*, EPI*, HMD*, MCH*, OCH*, PHC* NGOs*, <u>Collaborating Centres*</u>
	One regional and two country workshops in each region			
2. Mobilisation of possible external resources in the strengthening of programmes.	Regions and HQ			COR*, NGOs*, Donors
3. Technical support to the implementation and evaluation of national programmes.	At least 4 countries in each of			<u>Collaborating Centres*</u>
	AFRO, AMRO, EMRO, SEARO and WPRO			

Target 4:

Promoting national, regional and global collection and exchange of information so that by 1995 a comprehensive information system is available.

Activities	1990-1991	1992-1993	1994-1995	Linkages ¹
1. Collection, consolidation and dissemination of research data.	HQ and Regions			ARI*, HST*, IEH*, MCH*, OCH*, PHA*, <u>IMPACT, Collaborating Centres*</u>
	Regions and HQ			
2. Exchange of information regarding national programmes.	HQ and Regions			
3. Promotion of the programme by means of educating the public.	HQ and Regions			

¹ Jointly planned action is marked with an asterisk (*); those jointly budgeted are underlined.

7. PROGRAMME MANAGEMENT AND RESOURCES

PDH is a new programme for WHO. The implementation of the targets and activities described depends on the availability of staff at HQ, and regional offices and the capacity for absorbing activities at the country level. Because of WHO's budgetary constraints, efforts are needed to mobilize extrabudgetary resources to support the activities. The modest targets set up will require such funds as well as national resources in the countries at the national, regional and global levels.

Some of the research can be carried out jointly with collaborating centres. Other activities may be undertaken in the countries with support of NGOs and donor agencies.

An Advisory Group on Prevention of Deafness and Hearing Impairment should preferably convene at least every two years. Existing organizations of the deaf and/or hearing impairment should be invited to join.

8. MONITORING, EVALUATION AND INDICATORS

In the first phase, monitoring activities should include an assessment of the extent of the problem and an account of the operations set up in developing countries. Later the progress made in the control of conditions causing deafness and hearing impairment should be measured at the national level. Finally, real progress should result in a measurable reduction of the incidence of deafness and hearing impairment.

The following specific indicators will be considered in the period 1990-95:

- the number of national plans for prevention of deafness and hearing impairment;
- the number of developing countries initiating a programme and the population coverage in each country.

Later on when the development and resources allow, one might add:

- an assessment of the reduction of the incidence of deafness and hearing impairment by various preventive measures taken against certain causative factors.

9. LINKAGES

As loss of hearing is caused by many disorders, the Programme will establish and maintain linkages with several other WHO programmes. These include: ARI, COR, EPI, HMD, HST, IEH, MCH, NCD, NUT, OCH, PEL, PHA, PHC, and RHB.

Collaboration will be sought with other UN agencies including UNICEF and UNDP. Links will be established with the IMPACT programme (a joint UNDP-UNICEF-WHO programme for prevention of disability).

Numerous non-governmental organisations are active in the field of deafness, hearing impairment and the prevention of these conditions. Their active participation will be sought.