Stakeholder’s Meeting on Prevention of Deafness and Hearing Loss
3-4 July 2017
WHO headquarters, Geneva, Switzerland
1 Introduction

On 3-4 July 2017, WHO organized the 2nd Stakeholders’ meeting for its programme on prevention of deafness and hearing loss. The meeting followed the adoption of the World Health Assembly resolution on prevention of deafness and hearing loss. It highlighted the need for global action on hearing loss using a multi-stakeholder approach and built upon the synergies and actions identified by partners during the 1st Stakeholders’ meeting held in July 2016.

The stakeholders’ meeting was organized with the following main objectives:

- Present the World Health Assembly Resolution on hearing loss including development of the World Report on Hearing
- Share WHO’s current activities and actions in the field of hearing
- Discuss strategies for global action for hearing loss
- Review impact and organization of the World Hearing Day

Participants at the meeting included (see Annex 1 for list of participants) representatives of:

- Academia
- WHO collaborating centers
- Government
- Journals on ear and hearing care
- NGOs involved in ear and hearing care
- Private sector
- Professional society organizations
- UN and bilateral agencies
- Civil society groups
- WHO: headquarters, regional and country offices
Participants in Numbers

Total Participants

100

Representation by stakeholder type

- Academia: 16 (16%)
- Collaborating Centers: 15 (15%)
- Government: 12 (12%)
- Journals: 7 (7%)
- NGOs: 6 (6%)
- Private Sector: 5 (5%)
- Professional Society: 3 (3%)
- UN & Bilateral Agencies: 27 (28%)
- Civil Society Groups: 6 (6%)
- WHO: 3 (3%)

Representation across WHO regions

- Africa: 16 (16%)
- Americas: 6 (6%)
- Eastern Mediterranean: 5 (5%)
- Europe: 6 (6%)
- South East Asia: 3 (3%)
- Western Pacific: 24 (24%)

NGO Stakeholders by Type

- Regional
- National
- International
2 Summary of proceedings

2.1 Opening session

The meetings was opened by Dr Etienne Krug, Director of Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention, WHO. Dr Krug welcomed participants and congratulated them on the passing of the first resolution on hearing in 20 years. He emphasized the need for strengthened collaboration and prevention efforts and discussion of next steps following this resolution.

After brief introductions, Lady Jean Wilson, Founder Trustee of Hearing Conservation Council gave a history of the evolution of global ear and hearing care. She described the journey from initial efforts in the mid-1980s to adoption of this year’s resolution.

“To secure this resolution, it has been described as reaching a summit, but it’s but a foothill on the rugged mountain if we are one day to attain universal access to ear and hearing care”
- Lady Jean Wilson

Dr Shelly Chadha, Technical Officer, Prevention of Deafness and Hearing Loss, WHO, emphasized the need for even greater advocacy and multi-stakeholder action to ensure implementation of the newly adopted resolution. She briefly summarized the function of WHO and outlined the contents of the resolution. She explained the relevance of global action for ear and hearing care around the world in terms of awareness-raising, political advocacy, and public health action. Dr Chadha identified four strategic areas of WHO’s work to implement the resolution: evidence-based advocacy; data; technical support; and the Make Listening Safe initiative.

Dr Alarcos Cieza, Coordinator of the Prevention of Blindness and Deafness, Disability and Rehabilitation Unit presented the four meeting objectives: (1) discussion of consequences and actions following the resolution, (2) dialogue about global alliance on hearing loss, (3) initial brainstorming on first world report on hearing, (4) review feedback of World Hearing Day.
Participants formed groups of three and completed an interactive exercise ranking 18 potential drivers of change in the field of hearing as either weak, moderate, or strong. A summary of the participants’ responses are compiled in the following table:

<table>
<thead>
<tr>
<th>DRIVERS OF CHANGE</th>
<th>STRONG</th>
<th>MEDIUM</th>
<th>WEAK</th>
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<tbody>
<tr>
<td>Education for all</td>
<td>22</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Economic Environment</td>
<td>17</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Growing awareness within civil society</td>
<td>14</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Increasing numbers</td>
<td>15</td>
<td>8</td>
<td>1</td>
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<tr>
<td>Focus on neglected tropical diseases</td>
<td>3</td>
<td>10</td>
<td>11</td>
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<tr>
<td>Increasing awareness about rights and privileges of workers</td>
<td>8</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Growing access to music devices</td>
<td>8</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Link of hearing loss with AIDS</td>
<td>1</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Growing number of older adults</td>
<td>14</td>
<td>9</td>
<td>1</td>
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<tr>
<td>Unaddressed ARHL and dementia</td>
<td>10</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Emerging risk factors</td>
<td>8</td>
<td>12</td>
<td>4</td>
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<tr>
<td>Rights-based approach</td>
<td>12</td>
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<td>2</td>
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<tr>
<td>Increasing prevalence of NCDs / co-morbidities</td>
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<td>13</td>
<td>11</td>
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<td>Assistive products availability</td>
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<td>Technological advancements</td>
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<tr>
<td>Hearing loss data</td>
<td>22</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Awareness among parents regarding risk of unsafe listening</td>
<td>7</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>WHA resolution and World Report on hearing</td>
<td>22</td>
<td>2</td>
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</table>

The survey found a tie between ‘education for all’, ‘data for hearing loss’, and the ‘World Health Assembly resolution and World Report on hearing’ as the strongest drivers of change. 22 out of the 24 groups rated these concepts as strong drivers of change.

Availability of assistive products and the high economic impact of hearing loss were also considered relevant aspects that can lead to prioritisation of this field in coming years. Participants also commented on additional drivers of change including: access to and quality of care; early identification and services for children; pharmacological advances; self-management services; personalized medicine; brain research; and training of health professionals.
2.2 Development of a global alliance

Dr Alarcos Cieza introduced the possibility of creating a global alliance for hearing and touched on topics such as the role of WHO, membership, funding, and strategic objectives. She then passed the floor to Ms Evelyn Murphy, Technical Officer, Unintentional Injury Prevention who spoke about the background and process of creating the alliance UN Road Safety Collaboration (UNRSC). She discussed the goals of this alliance and its membership requirements, as well as its mode of operation. Ms Murphy also spoke about the benefits and challenges of such an alliance such as the increased attention to road safety and the lack of funding. Topics of consideration included the process for membership, financing, and structure and frequency of meetings.

World Cafe

Participants walked around four rooms in the World Cafe to hear presentation about the four strategic areas of WHO’s work: (1) Data to drive action for hearing loss, (2) Evidence-based advocacy, (3) Make Listening Safe Initiative, and (4) Support strategy development in member states.

In the same four groups, participants completed group work on the development of a global alliance on hearing loss. Presentation of the group-work revealed a consensus that an alliance to promote global action on hearing loss was needed. Discussions focused on the potential purposes and actions of this alliance:

- Some recommended WHO should be the host of the alliance with funding as a key consideration; others proposed external entities such as the Coalition of Global Hearing Health, WWHearing or Sound Hearing 2030.
- The purpose of the alliance should be to support the implementation of the WHA resolution through advocacy, sharing of information, networking and fundraising.
- Suggested actions taken by the alliance include: awareness-raising; coordination of existing activities; dissemination of technical materials; conduct of meetings and setting up task forces to provide technical support to WHO PDH.
- Alliance members must bring expertise and knowledge as well as a willingness to cooperate and contribute. Such members could possibly include: international organizations, governmental agencies, non-governmental agencies, civil society
organizations and academic institutions that meet identified criteria and requirements.

2.3 Sharing of projects in the hearing field

Mr Tarik Jasarevic, Communications Officer, WHO moderated a panel discussion with the aim to share three different initiatives with the meeting participants:

La Semaine du son: Mr Christian Hugonnet, Founding President, La Semaine du son, discussed the development of the Week of Sound, a program adopted by UNESCO promoting best practices regarding sound.

Journée Nationale de l’Audition (JNA): Mr Sébastien Leroy, PR and Partnerships Director, JNA discussed the wide-range of activities coordinated by JNA in France including screenings, workshops, and other prevention efforts.

Sound Hearing 2030: Dr Arun Agarwal, President of Sound Hearing International explained the creation of Sound Hearing 2030 and its activities. Dr Agarwal also addressed how Sound Hearing 2030 could be adapted to other global regions.

2.4 World Report on Hearing

Ms Alana Officer, Senior Health Advisor, WHO shared her experiences on her involvement in the creation of the World Report on Disability and World Report on Ageing and Health. She discussed how a world report could be a major game-changer, advancing the process of generating national plans of action and building awareness. In addition to describing the context, Ms Officer explained the goals and objectives in the development of such a report, which included generating more services and technical support and encouraging research and international dialogue. She emphasized the importance of creating evidence-based reports and dissemination of this information.

Ms Megan McCoy, Technical Officer, Blindness and Deafness Prevention, WHO presented on the current development of the World report on vision. She gave a brief overview of the five phases involved in the creation of this report from planning the purpose and structure to seeking feedback through consultations to finally launching the report. She also gave an overview of the partners involved in writing and contributing to the report.
Dr Alarcos Cieza introduced the group work on the world report. Following the group discussions, each group made a brief presentation on the outcomes of their group work. Plenary discussions focused on:

- Suggestions that the world report should address the burden of deafness and hearing loss socially and economically; prevention; advocacy; access to services; populations at risk.
- Inclusion of the latest epidemiological data, special groups (such as refugees); and evidence-based solutions.
- Emerging issues like the need for early detection across the life course; scientific advancements and technology; noise-induced and preventable hearing loss.
- Use of impactful messages such as the high prevalence of hearing loss; its economic impact and effect on quality of life; comorbidities; preventability; and finally a call to action.

2.5 World Hearing Day Evaluation

Ms Elena Altieri, Communications Officer, WHO, presented preliminary data on the results of a survey evaluating the effectiveness and relevance of the WHO World Hearing Day campaign. Ms Altieri clarified the target audience and objectives of the campaign and described the methodology of the study. The data showed that over the past four years, more countries are becoming involved and organizing activities in support of the campaign. The majority of the work is done on a national level and disseminated to the population.

The survey is still ongoing and its final results will be analysed by a team of experts. The feedback received will be taken into account for future WHD campaigns. The group was informed that the survey was still open and final decisions will be based on majority opinion.

A plenary discussion on the global alliance for ear and hearing care followed, specifically focusing on the host institution for such an alliance. Many participants shared their views focusing on the benefits of WHO serving as the host as well the drawbacks related to its limited capacity and resource requirements.

Dr Alarcos Cieza closed the meeting with the proposal that the stakeholders continue the discussion following the meeting to either propose WHO as the host for such an alliance or to provide a proposal for an alternate institution that can serve in place of WHO. In case of the latter, WHO could participate as a strategic partner, if its rules and legal framework permit.
3 Conclusions and next steps:

- A global alliance and world report are needed to move forward global action for hearing loss.
- ‘Education for all’, ‘data for hearing loss’, the ‘World Health Assembly resolution’ and the proposed ‘World Report on hearing’ are the strongest drivers of change.
- The world report on hearing should address the increasing prevalence and impact of hearing loss, and focus on evidence-based strategies to prevent and address this issue.
- The World Hearing Day campaign is a key advocacy initiative that supports global efforts in this field. WHO’s materials and concepts though mostly considered effective, need to be updated in accordance with feedback received.
- The issue of global alliance and its host institution needs to be carefully considered and discussed among partners, who can propose a suitable option, based on their collective opinions.

Next steps:

- Meeting report and materials to be circulated to participants.
- Discussion will continue among groups of stakeholders regarding the objectives and actions of a global alliance.
- WHO will initiate development of the world report and seek financial resources.
- WHO will continue to compile and analyse the user views and opinions in order to make adjustments and improve effectiveness of the World Hearing Day campaign.
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ANNEX 2. AGENDA

Salle C, WHO Headquarters
Day 1: 3 July 2017

8:30  Registration and coffee

9:30  Welcome, introductions and opening remarks
      Dr Etienne Krug, Director, Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention, WHO

10:00 The climb to the resolution
      Lady Jean Wilson, Founder Trustee of Hearing Conservation Council

10:15 Beyond the resolution: defining future strategies
      Dr Shelly Chadha, WHO

10:35 Meeting objectives and agenda
      Dr Alarcos Cieza, WHO

10:45 Drivers of change: interactive exercise

11:30 Global alliances: purpose and approach
      Dr Alarcos Cieza, WHO
      Ms Evelyn Murphy, WHO

11:50 Introduction to group work

12:00 World Cafe

13:00 Lunch

14:00 Plenary discussion

14:30 Group work on global alliance on hearing

16:00 Tea/coffee break

16:30 Presentation of group work and discussion

18:00 Reception
Day 2: 4 July 2017

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>8:30</td>
<td>Talk show</td>
<td>Mr Tarik Jasarevic, WHO</td>
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<tr>
<td>9:00</td>
<td>Global reports: potential game-changers</td>
<td>Ms Alana Officer, WHO</td>
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<td>Ms Megan McCoy, WHO</td>
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<td>9:30</td>
<td>Discussion and introduction to group work on defining key messages for the world report</td>
<td>Dr Alarcos Cieza, WHO</td>
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<td>10:00</td>
<td>Tea/coffee break</td>
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<tr>
<td>10:30</td>
<td>Group work on world report</td>
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<tr>
<td>12:00</td>
<td>Lunch</td>
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<tr>
<td>13:15</td>
<td>Presentation of group work and discussion</td>
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<tr>
<td>14:15</td>
<td>World Hearing Day: relevance, approach and evaluation</td>
<td>Ms Elena Altieri, WHO</td>
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<tr>
<td>14:45</td>
<td>Discussion</td>
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<td>15:45</td>
<td>Wrap-Up</td>
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<td>16:00</td>
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