

Status report on

# ear and hearing care

in the WHO African Region



World Health  
Organization

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African Region



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# Abbreviations

<b>A-EHSCAT</b>	Abbreviated version of the Ear and hearing care situation analysis tool
<b>EHC</b>	Ear and hearing care
<b>EHSCAT</b>	Ear and hearing situation analysis tool
<b>ENT</b>	Ear, nose and throat specialists
<b>H.E.A.R.I.N.G.</b>	Package of EHC interventions to address hearing loss comprising hearing screening and intervention, ear disease prevention and management, access to technologies, rehabilitation services, improved communication, noise reduction and greater community engagement
<b>NCD</b>	Noncommunicable Disease Programme
<b>PHC</b>	Primary health care
<b>WHO</b>	World Health Organization



# Foreword



The release of this status report on ear and hearing care (EHC) in the World Health Organization (WHO) African Region marks a significant milestone in our collective commitment to address the growing concern of hearing loss and its impact on the lives of millions across the African continent. As the WHO brings together nations to collaborate on global health challenges, this report stands as a testament to the power of shared knowledge and concerted efforts towards a common goal.

Hearing loss, often silent yet profoundly impactful, touches the lives of over 430 million individuals worldwide, with predictions indicating a staggering increase to over 700 million by 2050. In the African Region alone, approximately 40 million people live with hearing loss, reflecting a prevalence of 3.6%. The implications of this extend beyond individual experience to affect communities, economies and society at large.

Recognizing the urgency of addressing the situation, the 70th World Health Assembly, through resolution WHA70.13, underscored the need for coordinated global action to prevent hearing loss and facilitate rehabilitation of those affected. This pivotal resolution spurred initiatives such as the World report on hearing, which introduced the H.E.A.R.I.N.G. package of interventions for EHC, offering a comprehensive approach for tackling this challenge.

In alignment with this global vision, the WHO Regional Office for Africa embarked on a journey of profound importance — conducting a comprehensive situational analysis using the WHO Ear and Hearing Care Situation Analysis Tool (EHCSAT). The result is this status report that not only outlines the current state of EHC in the African Region but also provides valuable insights into health system capacity and country-specific profiles.

The findings presented within this report illuminate both the achievements and the gaps in the realm of EHC. It is evident that while efforts have been made, there is still much work to be done. Strategic leadership and policy integration remain insufficient. The stigma associated with hearing loss treatment, the limited access to the services and the challenges in distribution of the care workforce compound the issue further.

This report does more than reveal the challenges; it presents a roadmap for action. A series of actionable points has been carefully crafted to guide policy-makers, health care providers and stakeholders in their endeavours to bridge the gaps and fortify the foundations of EHC. From improved governance to strengthened policy implementation, from dedicated budgets to increased awareness campaigns, these points pave the way for comprehensive change.

This report, though it is a culmination of an analysis and evaluation of the outcomes of a study, is merely a beginning. It is a clarion call to all those invested in the health and well-being of Africa's people, a call to rise above the challenges and seize the opportunities. The path ahead may be challenging, but the potential for transformation is immense. Let this report serve as a catalyst for collaborative action, as we work together towards a future where quality EHC is accessible to and is embraced by all.

We extend our gratitude to all who contributed to this report, from the researchers and analysts to the policy-makers and practitioners. Your dedication fuels the vision of a healthier, more inclusive Africa. May this report spark conversations, inspire initiatives and guide the generation of policies whose outcome will echo through time, leaving a positive impact on the generations to come.

Dr Matshidiso R. Moeti  
WHO Regional Director for Africa



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The survey's data collection and verification for all the focal points within the African Region were done by consultant Dr Kaitesi Batamuliza Mukara. Rand Sakka, MPH, Juan J. López and Dr Ricardo X. Martinez carried out the corresponding data treatment and analysis, as well as visualizations of the collected data.

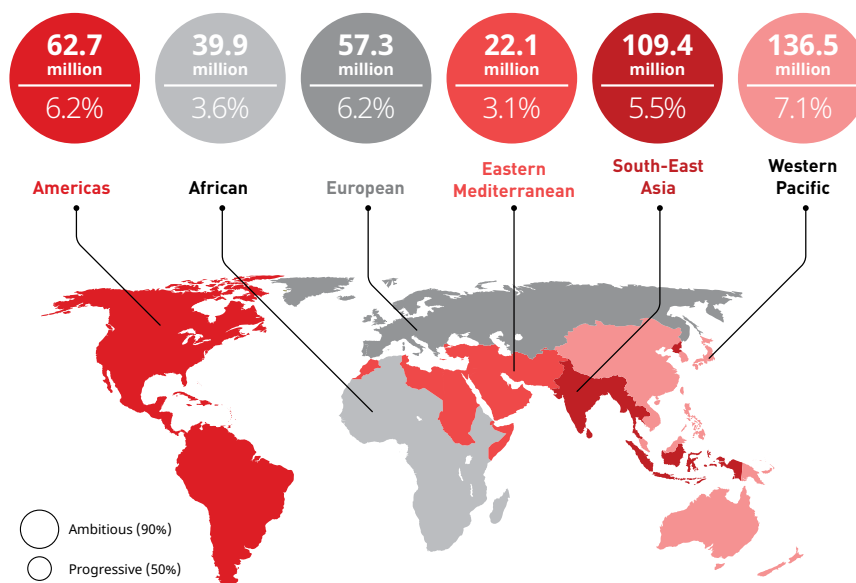
The reviewers were Professor Jean-Marie Dangou (Coordinator, Non-communicable Diseases Management Programme at the Regional Office), Dr Prebo Barango (Acting NCD Team Lead), Dr Kibachio Joseph Mwangi (Medical Officer Noncommunicable Diseases, WHO Country Office, South Africa), Dr Yuka Makino (Technical Officer, Programme for Oral Health, Regional Office for Africa) and Dr Cheick Bady Diallo (Technical Officer NCD, Regional officer for Africa).

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# Executive summary

The World Health Organization (WHO) reports that over 430 million people globally live with disabling hearing loss and that by 2050 over 700 million people will have this condition. Africa alone has about 40 million people with hearing loss, a prevalence of 3.6% (see Figure 1).



It is projected that 54 million people in Africa will have disabling hearing loss by 2030, and this will increase to 97 million people by 2050. Failure to address hearing loss costs African economies US\$ 27.1 billion dollars annually.

Acknowledging the rapid increase in the number of people with hearing loss, the 70th World Health Assembly adopted resolution WHA70.13 that calls for concerted global public health action in a bid to prevent hearing loss and ensure rehabilitation of those affected. A major action was the publication of the *World report on hearing*, which highlights the H.E.A.R.I.N.G. package of EHC interventions to address hearing loss. The interventions in the package are hearing screening and intervention, ear disease prevention and management, access to technologies, rehabilitation services, improved communication, noise reduction and greater community engagement. To be well placed to address hearing loss in Africa, WHO conducted a situation analysis on EHC.

This situation analysis report outlines the status of EHC and health system capacity with respect to the H.E.A.R.I.N.G interventions and provides specific country profiles.

## Key findings

The majority of Member States lack strategic leadership and policies for EHC. Where ear and hearing care programmes are available, they are not integrated into other programmes such as child health or school health, though such integration could facilitate their implementation and sustainability. Moreover, there is low awareness regarding EHC, public misconception of hearing loss and stigma associated with treatment of ear diseases and hearing rehabilitation. While most countries provide a certain level of services for ear and hearing problems, equitable delivery of these remains a challenge, with services being limited mainly to urban areas. The reasons for this include:

- Acute shortage in EHC workforce and their disproportionate distribution in favour of urban settings;
- Limited availability of services for EHC at primary and secondary levels of care;
- Lack of financing for EHC resulting in high costs of the services, which when coupled with out-of-pocket expenditure, makes access services and hearing technologies unaffordable;
- Lack of evidence-based data on the burden of ear diseases and hearing loss in the Region, which hampers advocacy efforts.

This situation analysis presents action points to address the challenges reported. These include:

- Improve leadership and governance of EHC. This can be done by appointing a national focal point and a committee to formulate and implement policies, advocate for EHC and coordinate all its related activities in the country.
- Strengthen policy implementation and integration. Where policies are already written, their implementation needs to be strengthened and their integration within other health strategies such as child health, school health, occupational health and healthy ageing achieved.
- Dedicate a budget for EHC to train the primary health care (PHC) workforce, equip facilities and provide medical products, consumables and suitable hearing technologies.
- Mark World Hearing Day. Use the day as an opportunity to raise awareness within communities about the importance of EHC.
- Build workforce capacity for EHC service provision at all levels of service provision through developing educational programmes for EHC professionals and training programmes for the non-specialist workforce providing services at the primary and secondary levels. Workforce development should be

accompanied by provision of the appropriate equipment required for EHC across the continuum of care.

- Monitor and evaluate the progress of EHC in the Region through clearly defined indicators that are aligned with the WHO global indicators.
- Strengthen partnerships and collective action through stakeholder engagement within and amongst the countries of the Region.

This report summarizes the current status of EHC in the Region and the country priorities and challenges. It is intended to serve as a starting point in strengthening EHC services in the African Region.





1

# Introduction

# 1 Introduction

## 1.1 The need for strengthening EHC

WHO reports that over 430 million people globally live with disabling hearing loss today. Hearing loss is defined as hearing at thresholds greater than 20 decibels in the better hearing ear (1). This population accounts for 5.5% of the world's population, and 80% of them live in low- and middle-income countries. By 2050, over 700 million people will have disabling hearing loss (1, 2). These numbers have risen from over 42 million people globally, or 0.9% of the population, in 1995 (3) and 278 million people in 2005 (4). Africa alone has about 40 million people with disabling hearing loss, a prevalence of 3.6%. It is projected that these numbers will rise to 54 million by 2030 and to 97 million by 2050 (1).

Hearing loss is the fourth among the factors contributing to attributable years lived with disability (5), estimated at 43.5 million years in 2019 (1). The rapid increase in the incidence of hearing loss calls for concerted global public health action to arrest the situation (6).

Unaddressed hearing loss has a negative impact on those affected through their life course (1). The onset of hearing loss in early childhood, unless identified and rehabilitated, impacts the development of speech, language and cognitive skills (1, 4). It affects a child's performance in school and later in adulthood, and his or her ability to make and keep relationships and to secure or maintain gainful employment (1, 7, 8).

Hearing loss may occur at any stage across the course of life, during intrauterine and perinatal periods, early childhood, adolescence, early adulthood or old age. While the data on hearing loss are alarming, more than 60% of the hearing loss causes in children (8) can be avoided with simple public health measures (1, 9). The common causes of hearing loss in adults also are preventable through public health interventions (1) or mitigation of risk factors known to cause hearing loss or to accelerate its onset (10). Failure to address hearing loss costs over US\$ 980 billion to the global economy, 53% of which is borne by low- and middle-income countries. In Africa, unaddressed hearing loss generates economic costs of US\$ 27.1 billion annually (1).





## 1.2 Challenges in EHC provision

Africa has the lowest availability of human resources for health overall compared with other regions. This is reflected in EHC with respect to the availability of ear, nose and throat (ENT) specialists, audiologists and speech and language therapists (5, 11–13). Up to 56% of the countries in Africa have one ENT surgeon for a million people, whereas in the European Region up to 67% of the countries have more than 50 ENT surgeons for a million population. Moreover, there is fewer than one audiologist for a million population for 78% the countries and fewer than one speech and language therapist for 72% of the countries (1). Other key challenges threatening provision of EHC include lack of infrastructure and technology such as diagnostic tools, surgical equipment (12, 13), hearing aids and cochlear implants. Estimates show that in the Region, 33 million people would benefit from the use of a hearing aid (14), but currently only about 10% of those in need of these devices are able to access them.

There is very low awareness among the community on ENT health, and people rarely seek treatment even when it is available (5, 12). Stiff competition for health financing among needs nationally and among priorities in care seeking further complicates the landscape for EHC (13, 15). It is not surprising then that Africa ranks highest in per capita expenditure requirements to address EHC gaps (1).

## 1.3 Relevance in global health

Global awareness on the need to address the causes of hearing loss resulted in the inception of the WHO Programme on Prevention of Deafness and Hearing Loss in 1985 (16). The importance of hearing health was further underscored by the resolution made by the 38th World Health Assembly concerning prevention of hearing loss and deafness, and the resolution of the 48th World Health Assembly on prevention and rehabilitation of disability (17,18). The awareness by the 70th World Health Assembly of the persistent increase in estimates of persons affected by hearing loss highlighted the need for a holistic approach to prevent and address hearing loss as part of universal health coverage and resulted in the adoption in 2017 of resolution WHA70.13 on prevention of deafness and hearing loss (19).

To further the implementation of the 2017 resolution, WHO launched the *World report on hearing* in 2021. That report focuses on the need for hearing care globally and provides a framework for action. It provides details on the H.E.A.R.I.N.G. package of EHC interventions to address hearing loss (1), the specifics of which are hearing

screening and intervention, ear disease prevention and management, access to technologies, rehabilitation services, improved communication, noise reduction and greater community engagement (1, 20), all approached as a lifelong process.

The *World report on hearing* also makes recommendations for action by countries and civil society partners. To act on the recommendations of that report, an initial situation analysis was undertaken in the countries of the African Region. The purposes were to assess the available policies, services and human resources related to EHC, determine the preparedness of the national health care system for EHC and identify the priority areas requiring attention and the opportunities for integrating EHC across the continuum of care at all levels of the health system.

## 1.4 Methods

The WHO ear and hearing care situation analysis tool (EHCSAT) was used as the basis for preparing an abbreviated online survey tool in English, French and Portuguese (refer to Appendix 1). Focal persons sought from the Member States were trained on how to utilize A-EHCSAT, the abbreviated version of the tool, and to enter data in the online platform dedicated for the situation analysis. The approach used to collect data comprised desk reviews and key informant interviews with stakeholders. These were ministry of health focal points charged with EHC, noncommunicable diseases or disability; heads of national and subnational committees on EHC, where these existed; leaders of professional organizations; experts in the field of EHC; nominees of training institutions and local and international organizations working on EHC; and representatives of associations for the deaf/disability. Data were collected on the following elements:

- General country information, including the population profile, health status indicators, burden of hearing loss and presence of legislation or policies on EHC;
- Health system capacity, focusing on leadership and governance, service delivery, available health workforce, medical products and health technology, health financing and health information and research;
- Stakeholders and partners in EHC;
- Future government plans. Information on existing EHC promotion plans was collected, as well as on the country's priorities for EHC, the challenges faced and the opportunities.

Individual country data were entered into the WHO online survey platform, from where they were extracted, reviewed and validated for completion. The data were then aggregated, and they are presented in this report.



# 2

## Survey results

# 2 Survey results

Of the 47 countries of the WHO African Region, 44 nominated a focal person, 43 of whom submitted their data. For 42 countries the data were complete as guided by the ear and hearing care situation analysis tool used for data collection. One country did not submit data at all. The data from the 43 countries were analysed and the results are presented in the following pages.

## 2.1 Regional profile

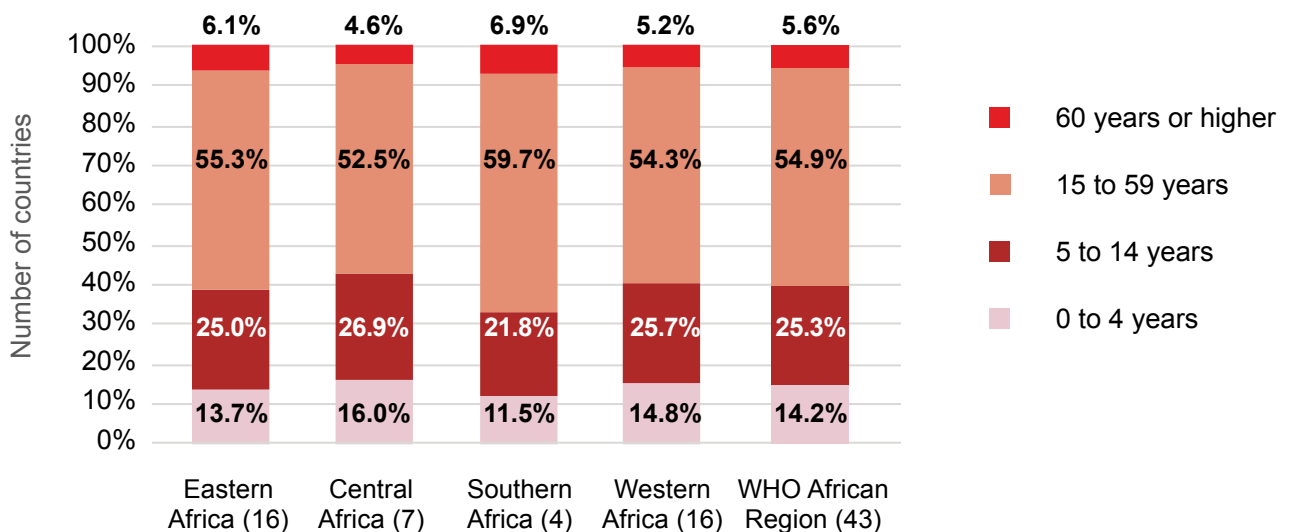
### 2.1.1 Population

The total population of the WHO African Region is 1.192 billion (20). The population of the 43 countries that responded to the survey is 1.144 billion, accounting for 96.4% of the population of the Region.

#### 2.1.1.1 Age distribution

The age distribution of the population was similar across the African subregions, except in the Southern African subregion, where the population aged 15 years and above was larger than in the other regions. Figure 1 shows the distribution of the population by age in the subregions of the African Region.

**Figure 1**  
Proportion by age of population for both sexes

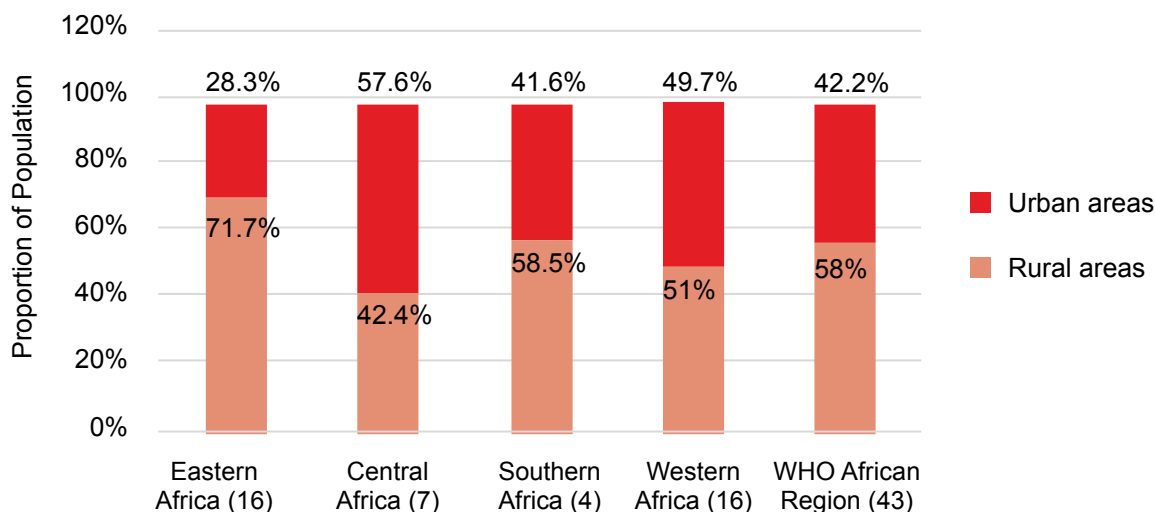




### 2.1.1.2 Rural-urban distribution

The WHO African Region had more rural than urban dwellers, accounting for 58% of the population, except in the Central African subregion, where the urban population was higher (Figure 2).

**Figure 2**  
Proportion of population living in urban vs rural areas

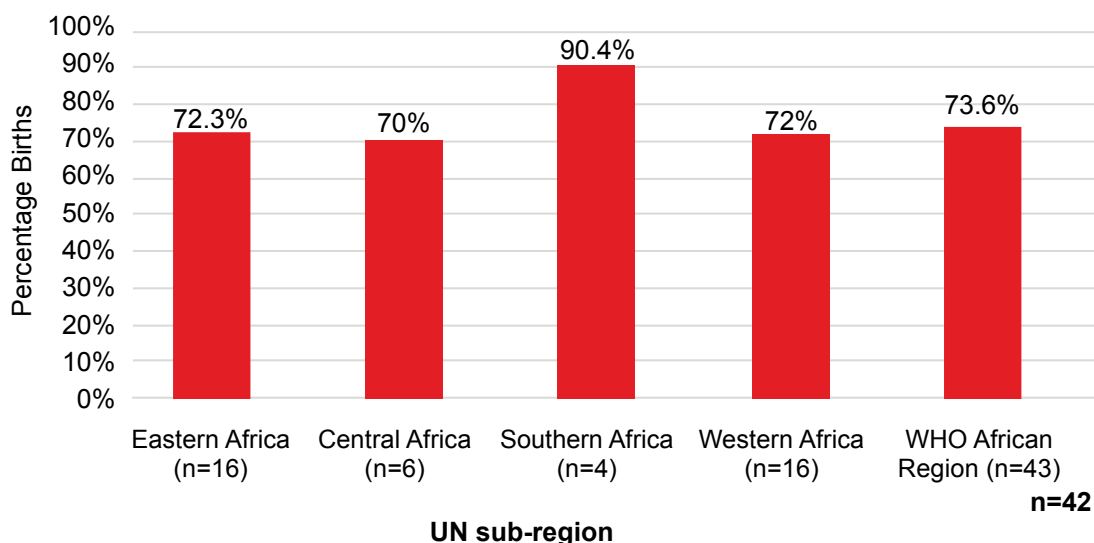


### 2.1.1.3 Health status indicators

#### Percentage of institutional births

On average, 74% of the births in the WHO African Region took place in health facilities, with the range at 70% to 90% (Figure 3).

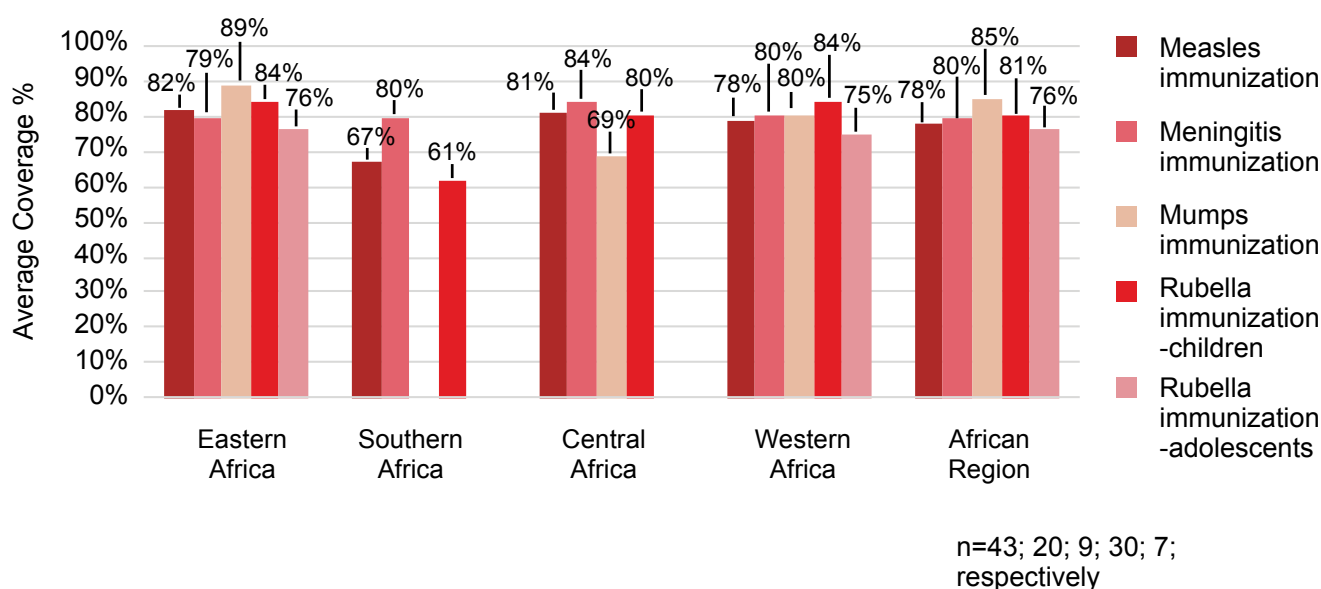
**Figure 3**  
Percentage of institutional births by UN African subregions



### Immunization coverage

All countries in the WHO African Region administered vaccination for measles, but not all of them vaccinated against mumps or rubella. All the subregions had an immunization coverage of above 75% for the four vaccine-preventable diseases, except Southern Africa, where the rate for mumps was 69%, and the Central African subregion, where coverage levels for measles and rubella in children were 67% and 61%, respectively, and there was no coverage of mumps (Figure 4).

**Figure 4**  
Average coverage (%) immunization by UN subregion



## 2.1.2 Hearing loss

### Prevalence of disabling hearing loss

There is a paucity of standardized study data on the prevalence of hearing loss across the Region. The available data are from studies on hearing loss among the elderly or school-going children, thus a true estimate of the prevalence of hearing loss cannot be reported. However, WHO reports an increase in the prevalence of disabling hearing loss that is projected to affect 97 million people in Africa by 2050, rising from the current estimates of 40 million people (1).

### Incidence of congenital/ early onset childhood hearing loss

Only 38% of the worldwide population has access to newborn or infant hearing screening (1). Most countries in the WHO African Region do not routinely carry out newborn hearing screening, so this situation analysis was not able to obtain



# Top cause of disabling hearing Loss, 2022



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 Map Production: WHO, HQ/UCH/WCG/SDB  
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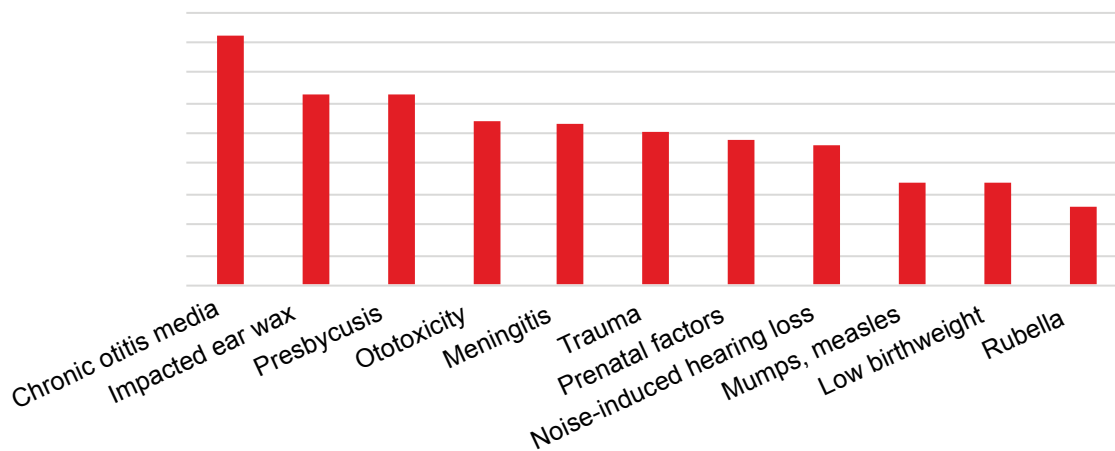


incidence data on congenital or early onset childhood hearing loss. However, the analysis of data from the 13 countries that provided estimates shows the average incidence of congenital or early onset childhood hearing loss to be 5.27 per 1000 live births. This is similar to the results from a study in South Africa that showed a prevalence of 5.5 cases in 1000 live births (22), but is much lower than the prevalence of 28 cases in 1000 live births reported in Nigeria (23).

### Causes of disabling hearing loss

Data from this situation analysis show hearing loss to have various causes, the most common of which are Chronic otitis media (COM), impacted wax, presbycusis, ototoxicity and meningitis. In some countries meningitis, mumps and measles, plus some perinatal factors were reported as the main causes, while COM and impacted wax were rare. Figures 5 and 6 show the most common causes of disabling hearing loss in the African Region.

**Figure 6**  
Causes of disabling hearing loss





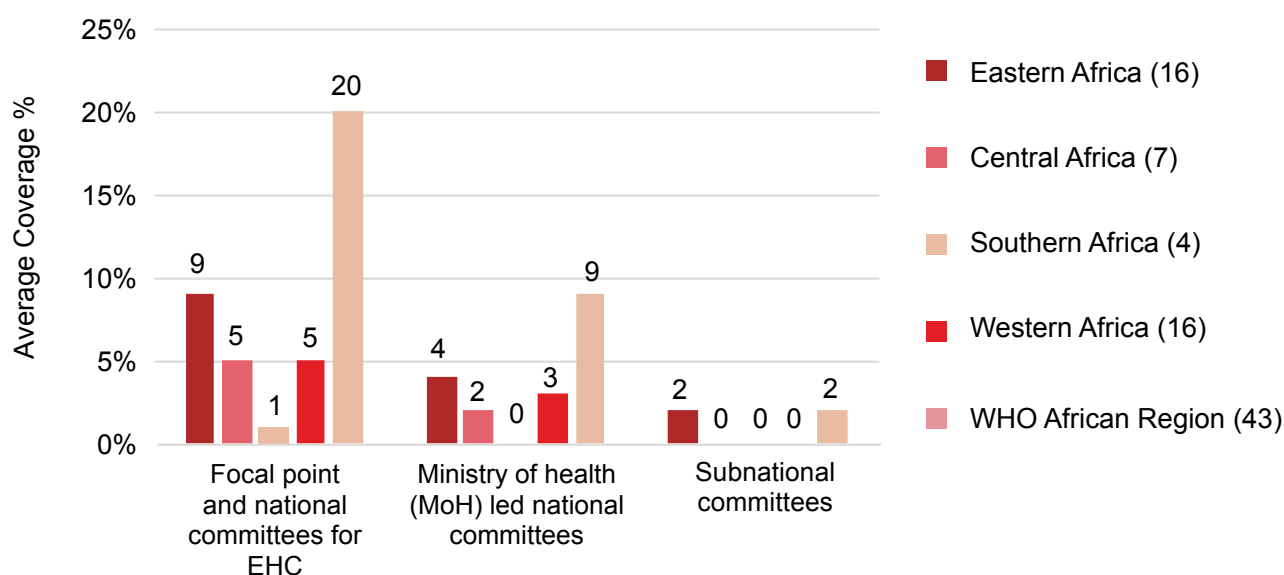


## 2.2 Assessment of health system capacity

### 2.2.1 Leadership and governance

Of the 43 countries that provided data, only 11 had a national strategic plan or a subnational strategy, plan or programme for EHC. Twenty countries reported having a national coordinator for EHC, while nine had a ministry-led national committee to address the issues of EHC. Only two countries had a subcommittee on EHC. Figure 7 shows these details, as well as a comparison of the different subregions.

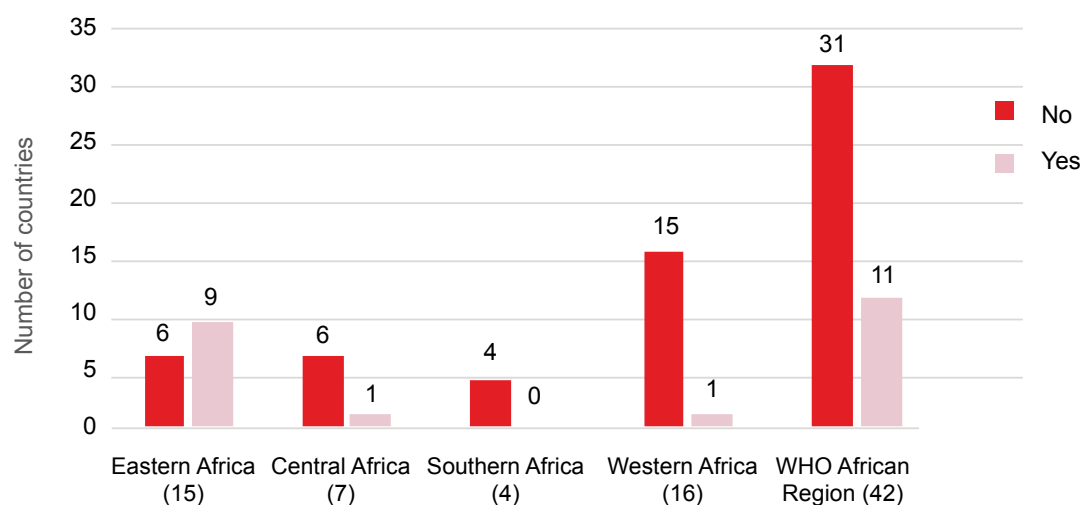
**Figure 7**  
EHC leadership and governance by subregion



There was a glaring lack of policies, strategic plans or programmes on EHC in Africa, and only 11 of the countries had a national or subnational strategy, plan or programme on EHC (Figure 8). Moreover, only seven countries had conducted a situation analysis on EHC prior to this study.

**Figure 8**

**Ministry of health led national or subnational strategy, plan or programme for EHC**

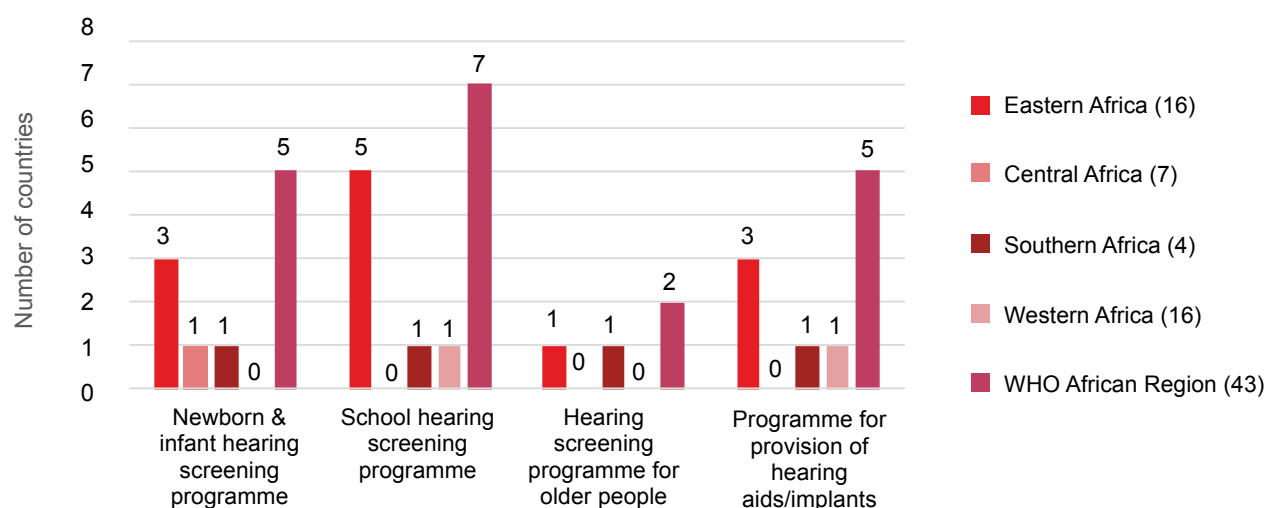


**Government led hearing care programmes**

Seven of the 43 countries in the Region had a school hearing screening programme, while two had government-led hearing assessment for older people. These programmes, as well as the provision of hearing devices, were mainly found in the Eastern Africa subregion (Figure 9).

**Figure 9**

**Government led EHC**



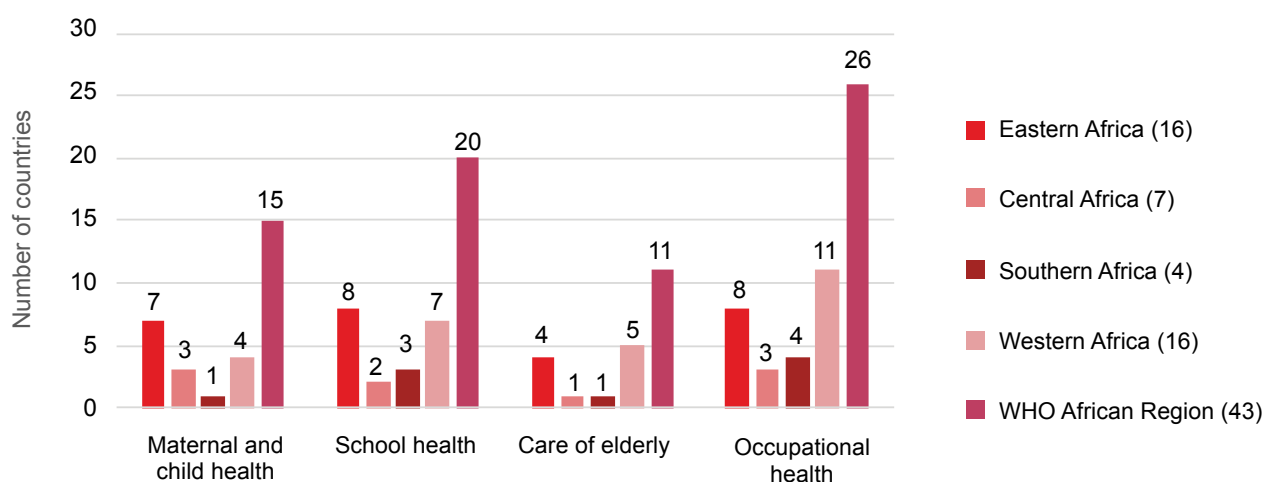
**Integration of EHC in the health system**

The situation analysis shows that EHC was integrated into the maternal and child health programme in only 15 of the 43 countries, in the school health programme in 20 countries and in programmes caring for the elderly in 11 countries. Twenty-six countries had EHC integrated into their occupational



health programme. The Eastern and Western African subregions had higher integration of EHC in health programmes than did the Central and Southern African subregions (Figure 10).

**Figure 10**  
Integration of ear and hearing care in the health system

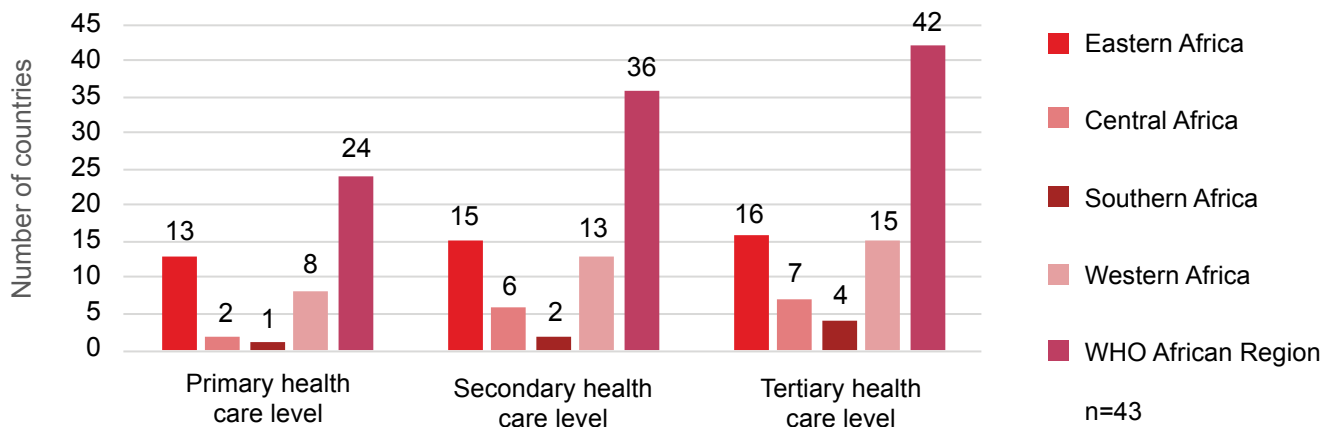


## 2.3 EHC service delivery

### 2.3.1 Services provided at each level of health care system

The analysis shows that while 36 of the 43 countries provided services for EHC at the tertiary level, these services were lacking at the primary level of care. Some 56% of the countries had the capacity to diagnose common ear problems, but hearing assessment was available in only three countries, hearing aid fitting in two countries and rehabilitation in four countries (Figure 11). These results point to an inadequacy of EHC service provision across the Region.

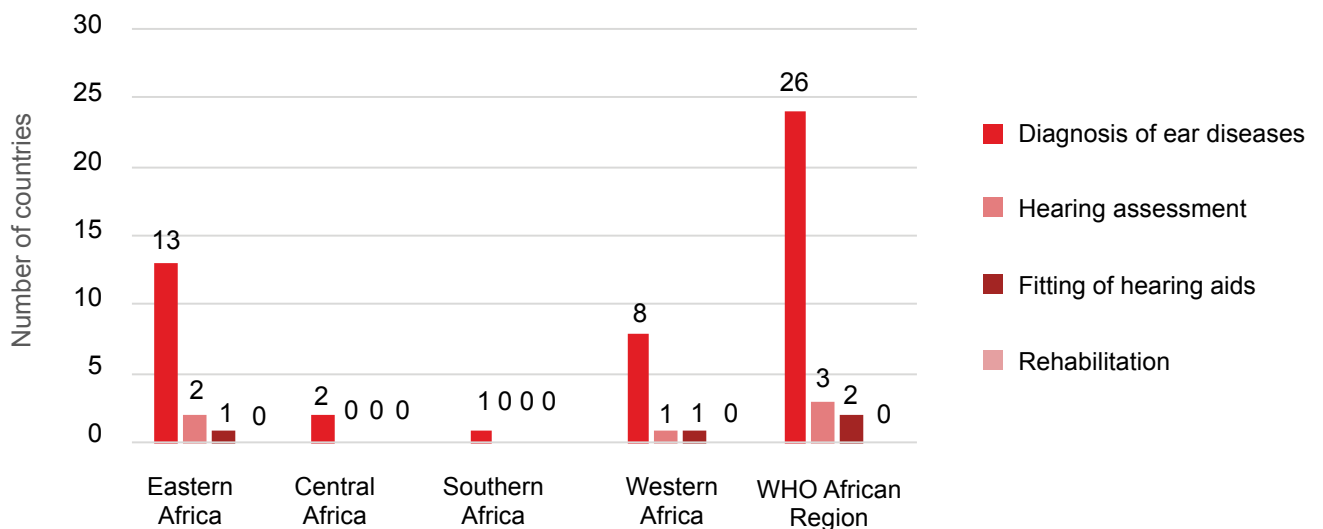
**Figure 11**  
EHC services included for each health care level



**Services provided at the primary care level**

Figure 12 shows that Eastern Africa had more countries with EHC services integrated in their primary care level than did other subregions.

**Figure 12**  
EHC service delivery at primary level



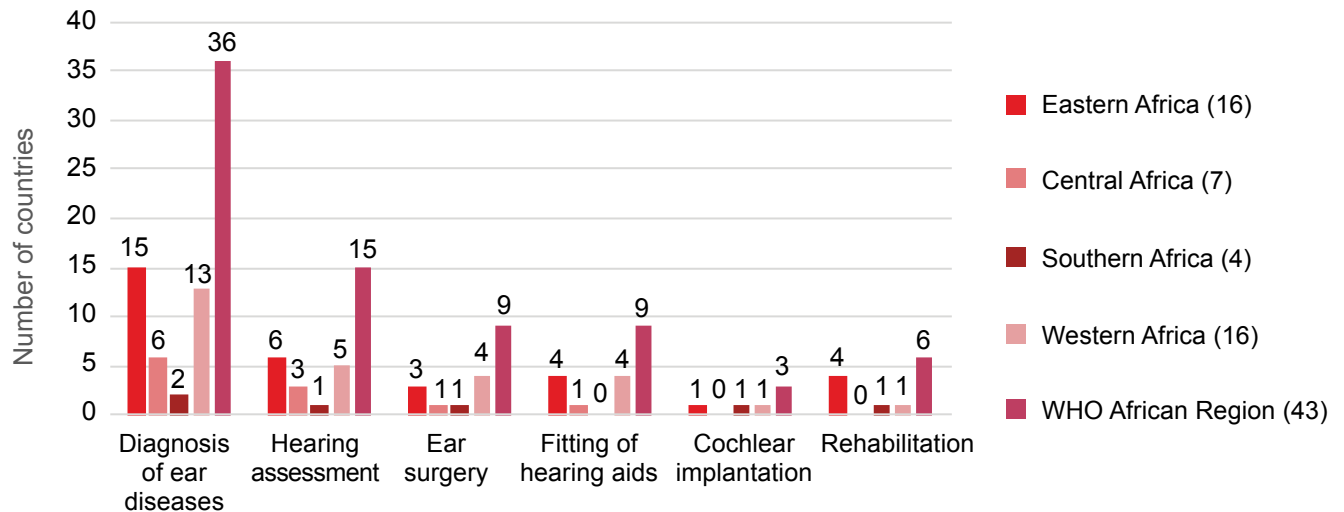
**Services provided at the secondary care level**

More comprehensive EHC services were provided at the secondary than the primary level of care, both in quantity and diversity. At the secondary care level, apart from the diagnosis of ear diseases, which was available in 36 of the countries, ear surgery was offered in nine countries and hearing assessment services in 15 countries. Moreover, cochlear implantation was provided in three countries, hearing aid fitting in nine countries and rehabilitation in six. Most



countries providing more of the EHC services at the secondary level were located in Eastern and Western Africa subregions (Figure 13).

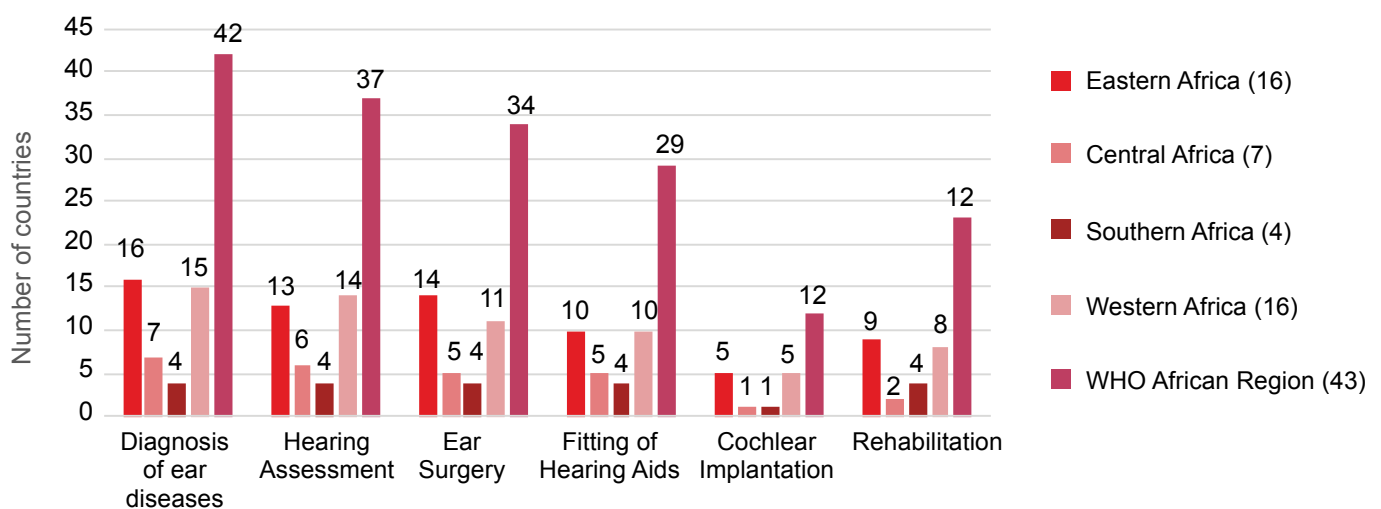
**Figure 13**  
EHC service at secondary level



### Services provided at the tertiary care level

All the countries that provided the data reported offering services for the diagnosis of ear diseases at their tertiary level facilities, and 34 of the countries provided ear surgery services. Hearing assessment was provided by 37 of the countries, fitting of hearing aids by 29 and rehabilitation by 23. Cochlear implantation services were available in only 12 of the countries. These data are shown in Figure 14.

**Figure 14**  
EHC service at tertiary level



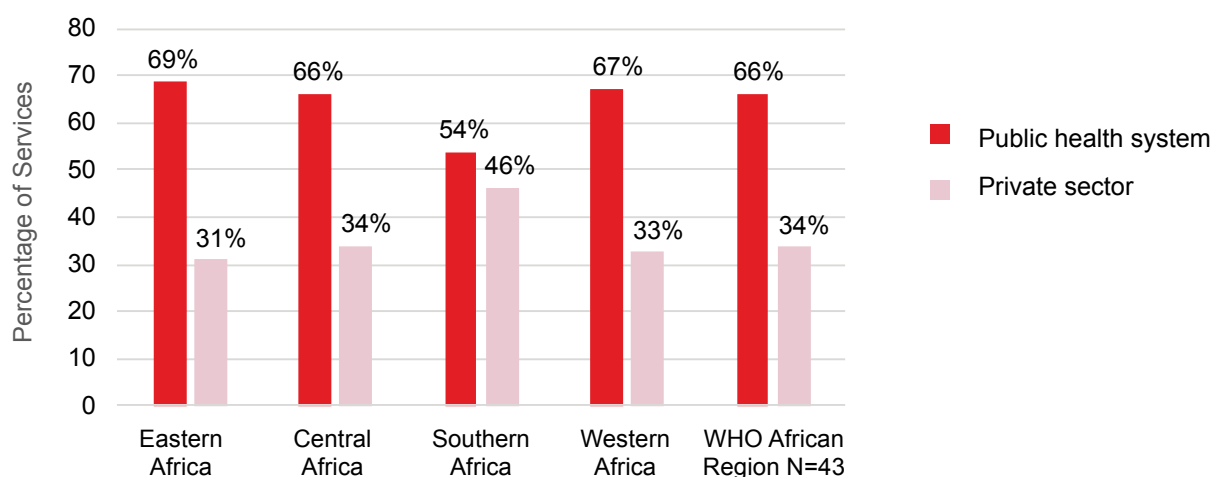
It should be noted that the data looked at the presence of the services in a country and not their accessibility or spread. Country-specific data show that some countries had curative and surgical EHC services at only one tertiary hospital countrywide, while some countries had no EHC services at the primary or secondary level. Overall, these results point to a shortage of EHC services, especially at the primary level of care.

### 2.3.2 EHC service provision in public and private sector

The situation analysis found that 66% of the EHC services were provided in the public sector and 34% in the private sector. In Southern Africa, however, 46% of the services were provided in the private sector (Figure 15).

**Figure 15**

**EHC Service provision in the public and private sector**



## 2.4 EHC workforce

### 2.4.1 Overall EHC workforce

There is a shortage of all categories of EHC workforce across the African Region, with the total personnel at 11,836. Their distribution among the respective professional categories is shown in Table 1. The situation analysis found that one country had no ENT surgeon, 16 had no audiologist, 10 had no speech and language therapist and 15 had no hearing aid technician. Thirteen countries did not have any non-EHC cadres trained in EHC.

South Africa has a category of cadre holding a dual qualification and speech therapists and Audiology which is not present in other countries in the region.



Some countries had clinical officers, community health workers, nurses or other paramedical staff trained in EHC on the job or who worked in ENT departments, where they performed some EHC tasks including diagnosis of ear diseases, ear irrigation, foreign body removal, basic ear surgery and hearing assessment, depending on their training. In this report, these cadres are in the category named “Any other cadre trained in EHC”.

**Table 1**  
EHC workforce in the African Region

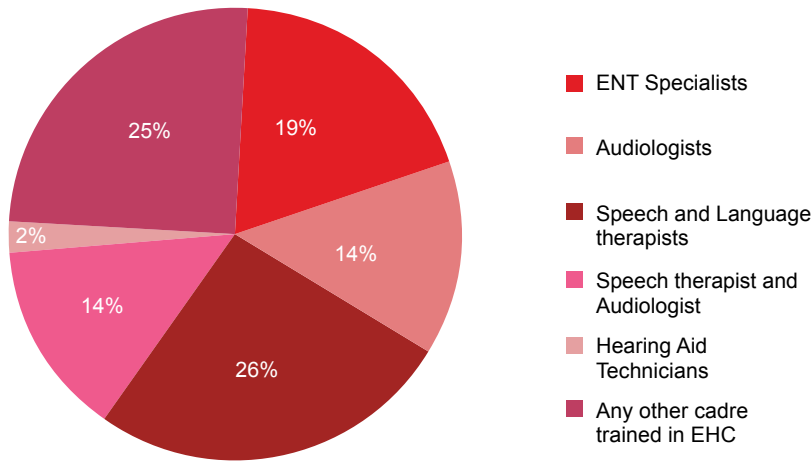
Category of ear and hearing workforce	Total
ENT specialists	2281
Audiologists	1653
Speech and language therapists	3107
Speech therapist and Audiologist*	1592*
Hearing aid technicians	205
Any other cadre trained in EHC (e.g., trained health workers and nurses)	2998
Total EHC cadre	11836

\* Limited to South Africa

ENT surgeons accounted for 19% of the EHC workforce. The category of other cadre trained in ENT accounted for 25% of the workforce. Audiologists and speech and language therapists accounted for 14% and 26% of EHC workforce respectively (Figure 16).

**Figure 16**

**Total number of HR for EHC per category**



The EHC workforce was distributed heterogeneously across the African Region, with 12 countries having 10 or more EHC workers for a million inhabitants and 10 countries having less than 1 EHC workforce to a million inhabitants. Considering the subregions, Southern Africa had the highest density of EHC workforce at 52.40 per million population, much higher than Western Africa, which had 9.2. Even when the cumulative EHC workforce was considered, EHC worker density for Eastern Africa and Central Africa was low at only 3.94 and 1.81 per million population, respectively (Figure 17).

**Figure 17**

**EHC workforce per million population**

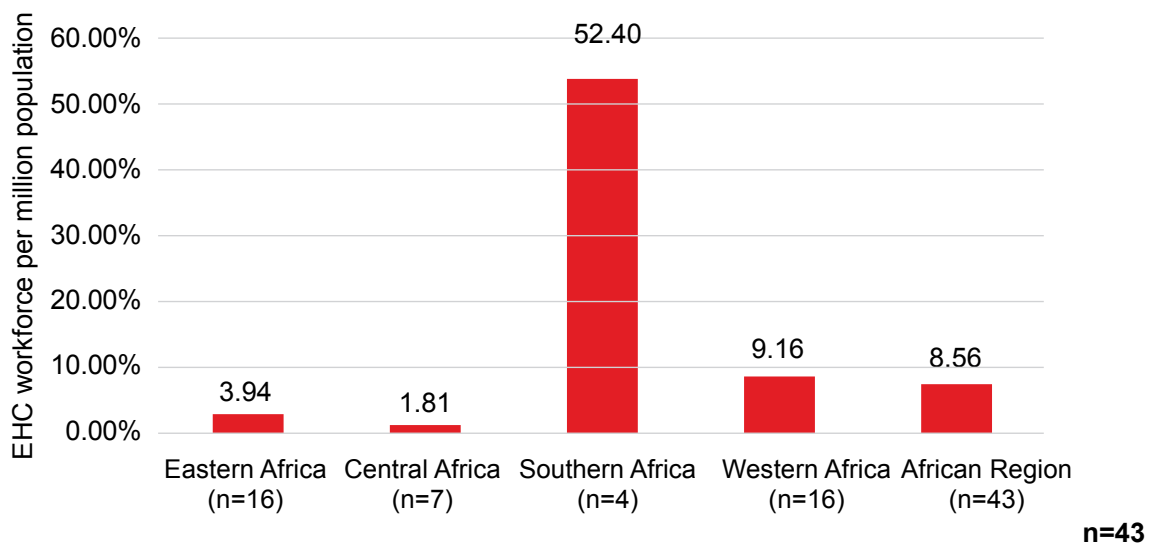


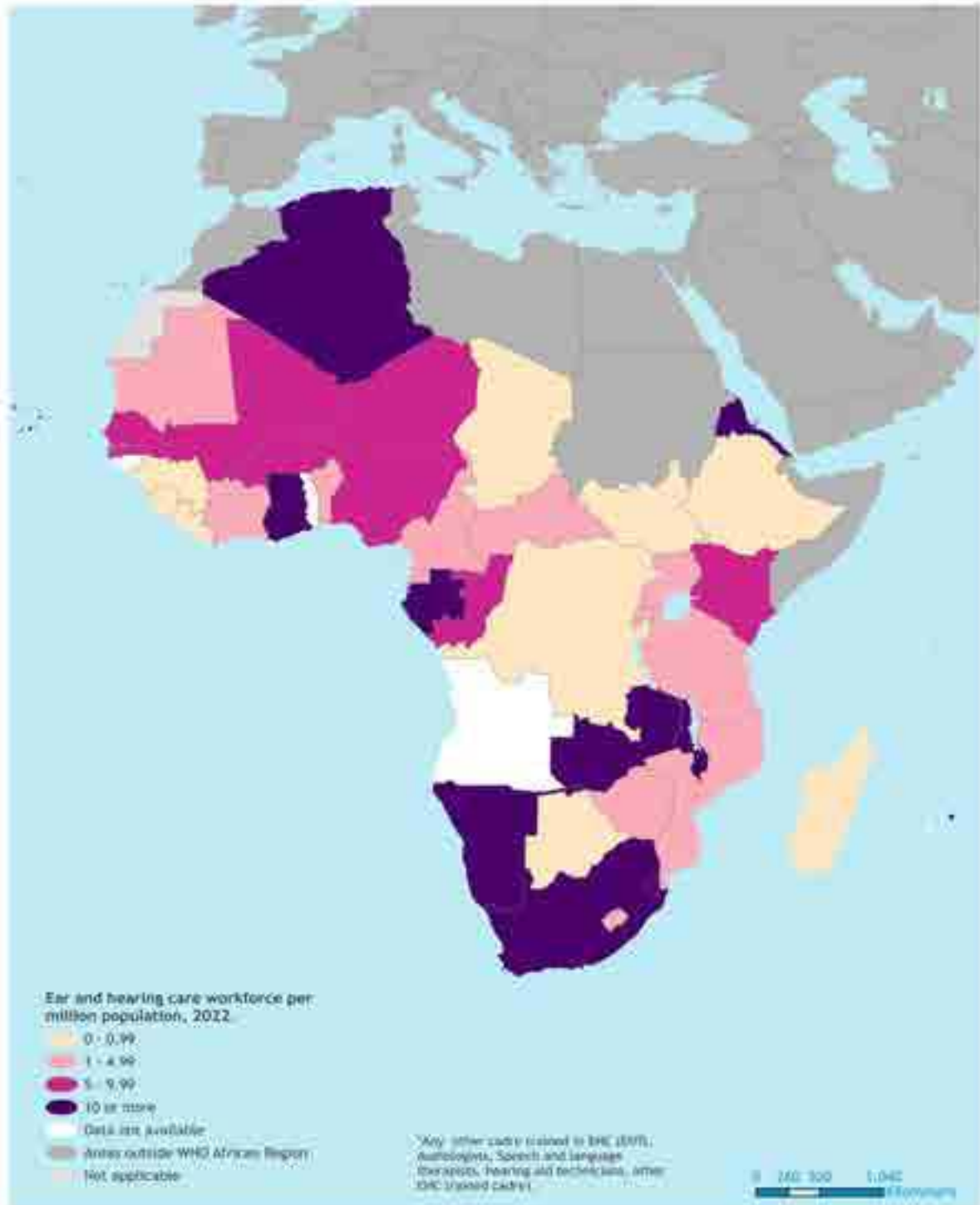
Figure 18 shows the density of the EHC workforce in the Region without considering the different categories.





Figure 18

## Ear and hearing care workforce per million population, 2022



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Data Source: EHCSAF AFR 2022 survey  
 Map Production: WHO/ HQ/ UCH/ WCO/ SDH  
 Map Creation Date: 17/11/2022

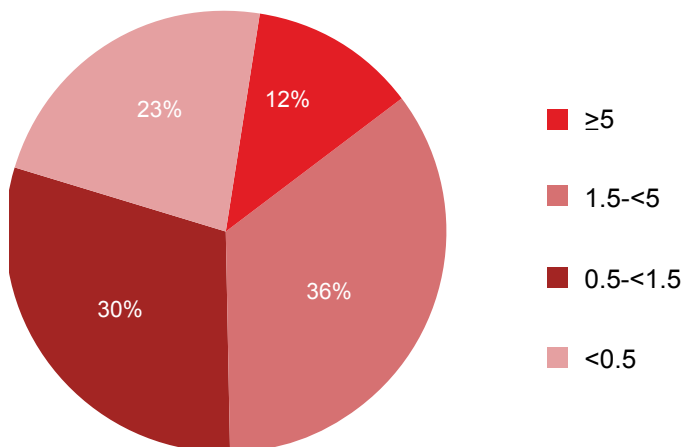


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### ENT surgeons

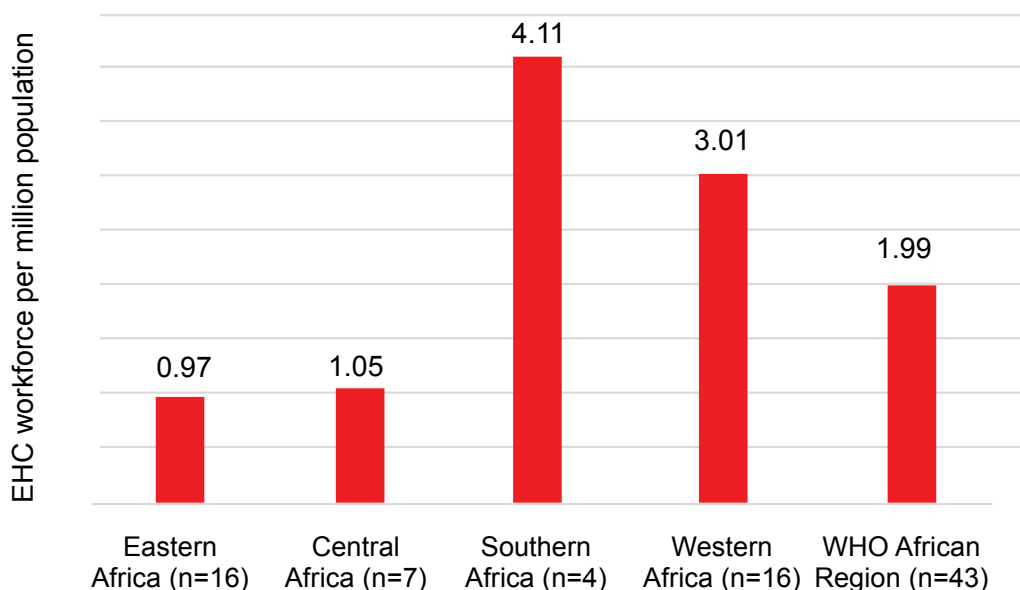
The cumulative number of ENT surgeons in the African Region was 2 281. One country reported not having an ENT surgeon, 23% of countries had fewer than 0.5 ENT surgeons for a million inhabitants while 14% of countries had five or more. Figure 19 gives these details.

**Figure 19**  
Proportion of countries by ENT surgeon per a million inhabitants



Considering the UN subregions, Southern Africa had a total density of 4.1 ENT doctors per million population, Western Africa had three and Central and Eastern Africa subregions had and two ENT doctors per million population respectively (Figure 20). See Figure 21 for the distribution of ENT doctors in the Region.

**Figure 20**  
ENT doctors per million population in the UN subregion

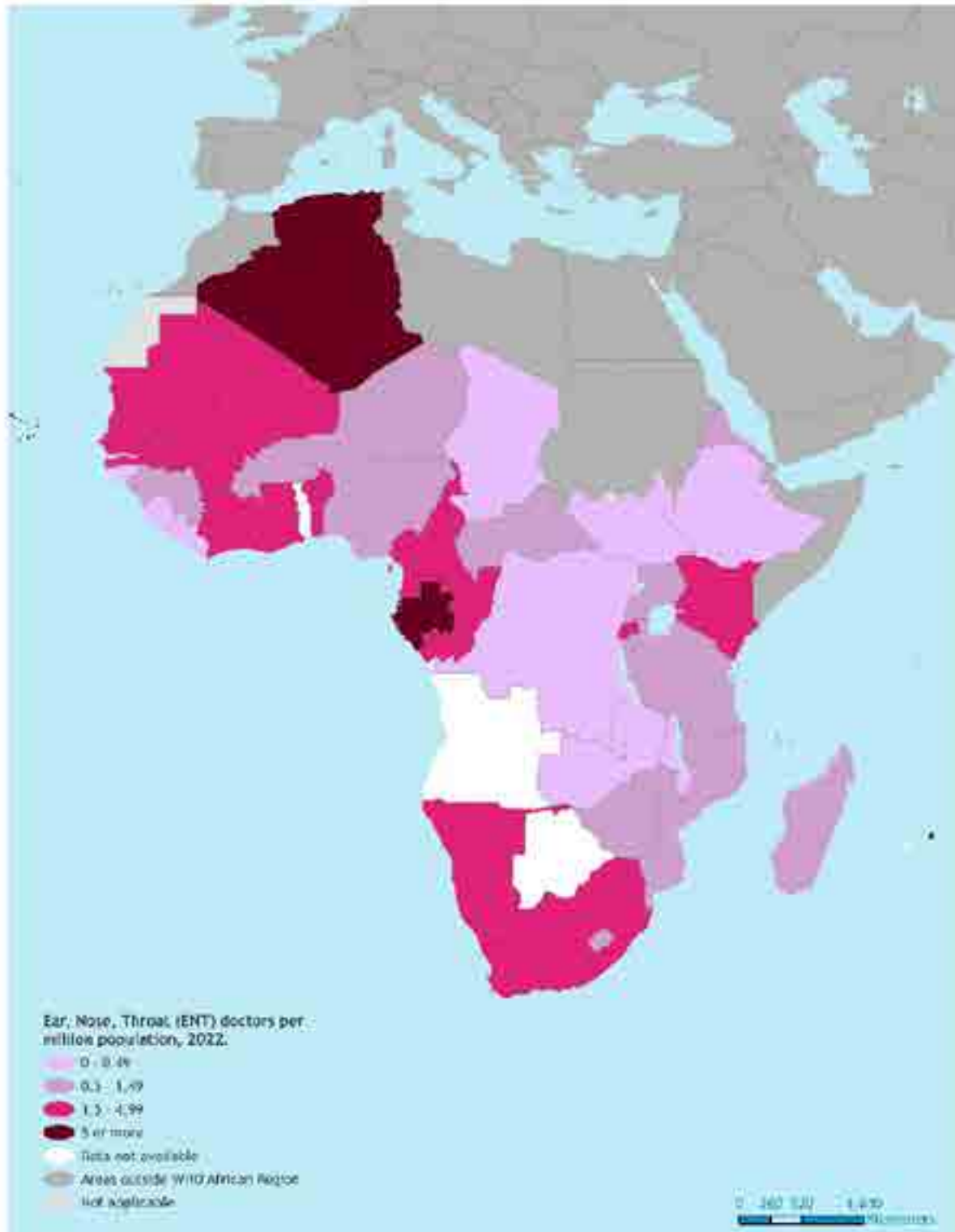


n=43



Figure 21

## ENT doctors per million population, 2022



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Data Source: WHO AFRO 2022 survey  
Map Production: WHO HQ/DCI/HCD/SDR  
Map Creation Date: 05 07 2024

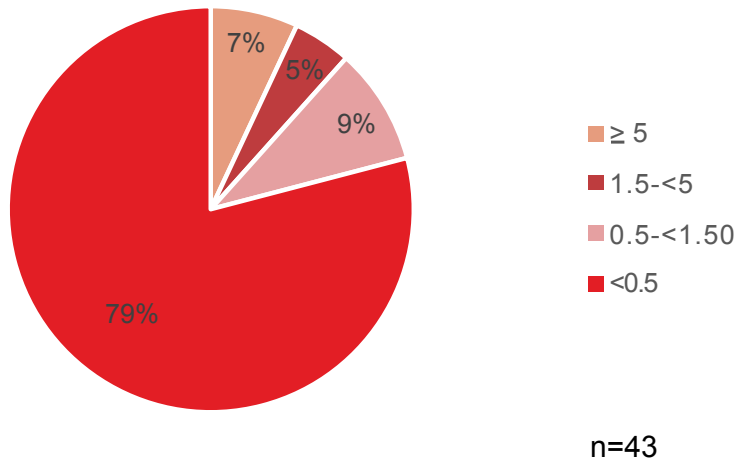


## Audiologists

The number of audiologists in the Region was 1 653, and only 25 of countries had any. Of the 43 countries, 34 had fewer than five audiologists for a million inhabitants and only three countries had five or more audiologists per million inhabitants (see Figure 22).

**Figure 22**

Countries' population of audiologists per a million inhabitants



Southern Africa had 23 audiologists per million population, which was far more than what the rest of the subregions had, where 0.13 or fewer audiologists existed per million population (Figure 23). Figure 24 shows the density of audiologists in the Region.

**Figure 23**

Audiologists per million population in the UN subregion

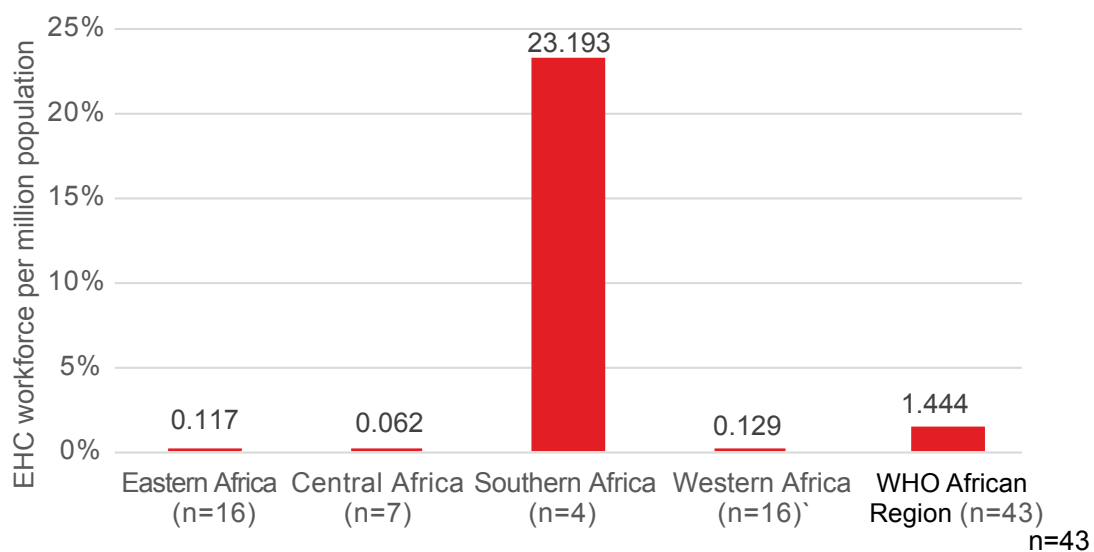




Figure 24

## Audiologists per million population, 2022



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Data Source: EPICAT AFR 2022 survey  
Map Production: WHO HQ/SDN/ICD/SDR  
Map Creation Date: 17-11-2022



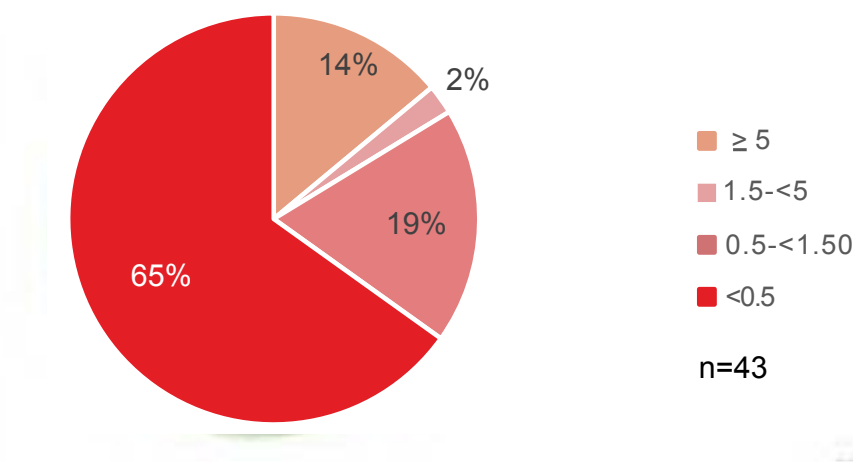
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### Speech and Language therapists

The total of the speech and language therapists in the WHO African Region was 1,545. Thirty-three of the 43 countries had at least one speech and language therapist. Of the countries, 28 had fewer than 0.5 audiologists for a million inhabitants and six countries had five or more. Figure 25 gives these details and Figure 27 shows the density of speech and language therapists in the African Region.

**Figure 25**

**Countries' speech and language therapists per million inhabitants**



The Southern and Western African subregions had a total density of around 2.4 for speech and language therapists per million population in contrast with Eastern and Central Africa, where the levels were 0.4 (Figure 26).

**Figure 26**

**Speech and language therapists per million populations in UN subregions**

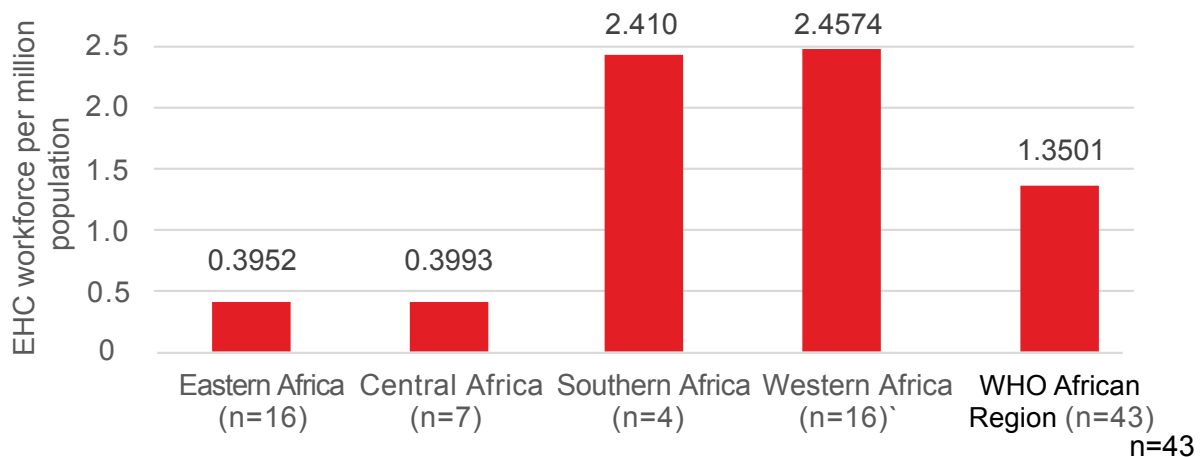




Figure 27

## Speech and language therapists per million population, 2022



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Data Source: ENCIAT AFR 2022 Survey  
 Map Production: WHO HQ/UCH/ICO-1  
 ISR  
 Map Creation Date: 17-11-2022

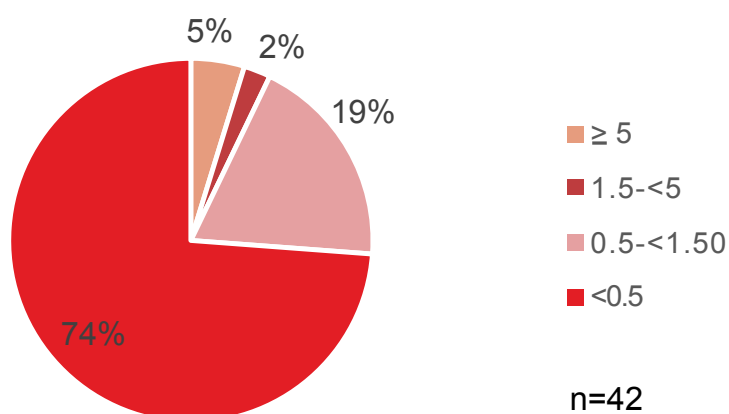




### Hearing aid technicians

The number of hearing aid technicians in the African Region was 205. Some countries did not have hearing aid technicians and this cadre was not recognized in their health system. Twenty-five countries had at least one hearing aid technician. Thirty-four of the countries had fewer than 0.5 hearing aid technicians for a million inhabitants and two countries had five or more. Figure 28 gives these details.

**Figure 28**  
Proportion of countries by hearing aid technicians per a million inhabitants



Eastern and Western African subregions had a total density of 0.19 and 0.43 of hearing aid technicians per million population, respectively, while the other two subregions had lower than 0.1 (Figure 29). This category of workforce was not recognized in most countries. Figure 30 shows the density of hearing aid technicians in the African Region.

**Figure 29**  
Hearing aid technicians per million population

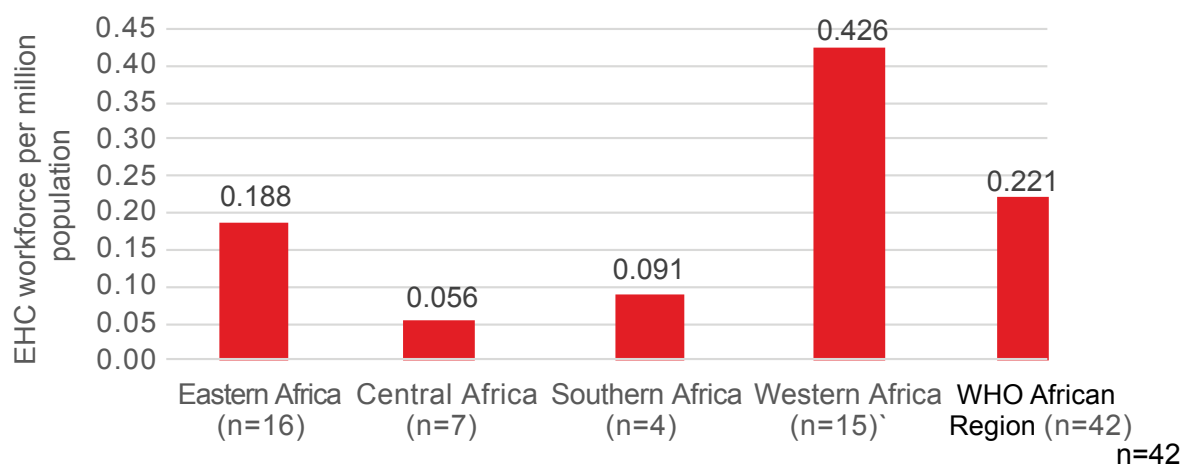
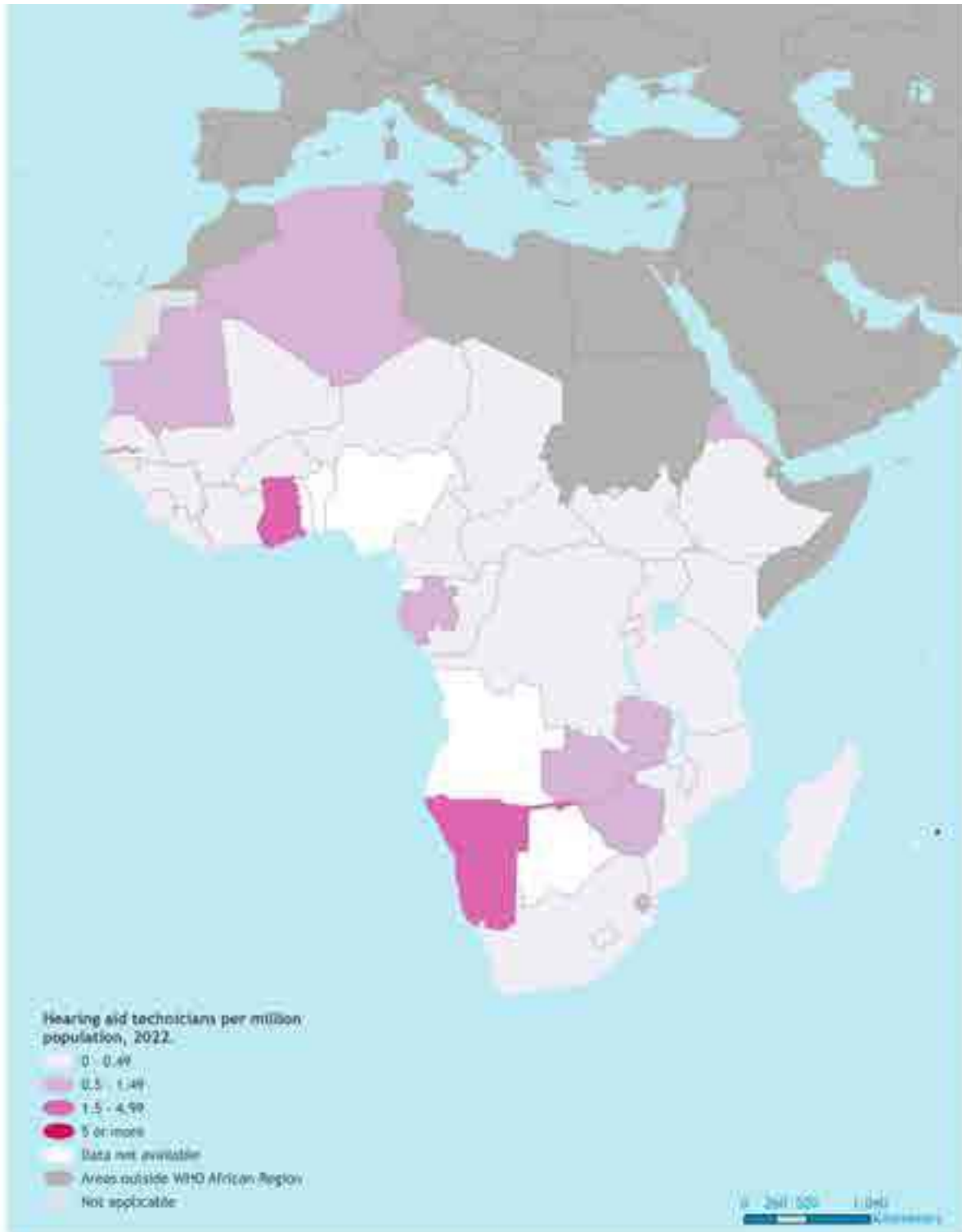






Figure 30

## Hearing aid technicians per million population, 2022



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Data Source: PHC/SAT APR 2022 survey  
 Map Production: WHO/ HQ/UCH/NCO/ SDE  
 Map Creation Date: 17.11.2022



### Other EHC cadres

Some countries had clinical officers, community health workers, nurses or other paramedical staff with on-the-job training to perform some EHC tasks, including diagnosis of ear diseases, ear irrigation, foreign body removal, basic ear surgery and hearing assessment. Of the 43 countries, 38 had workers of this category providing EHC services. Southern, Western and Eastern African subregions had a total density of 3.24 to 5.76 for this cadre per million population, while the level for the Central African subregion was 0.24 (Figure 31). Figure 32 shows the density of other cadres involved in EHC in the Region.

**Figure 31**

Non-EHC cadres trained in EHC (per million population)

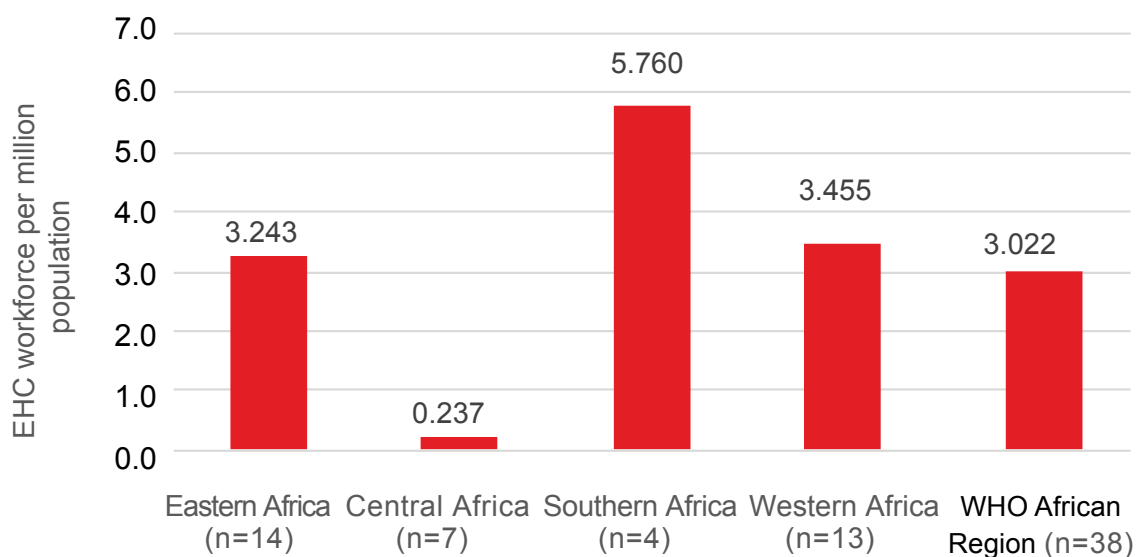
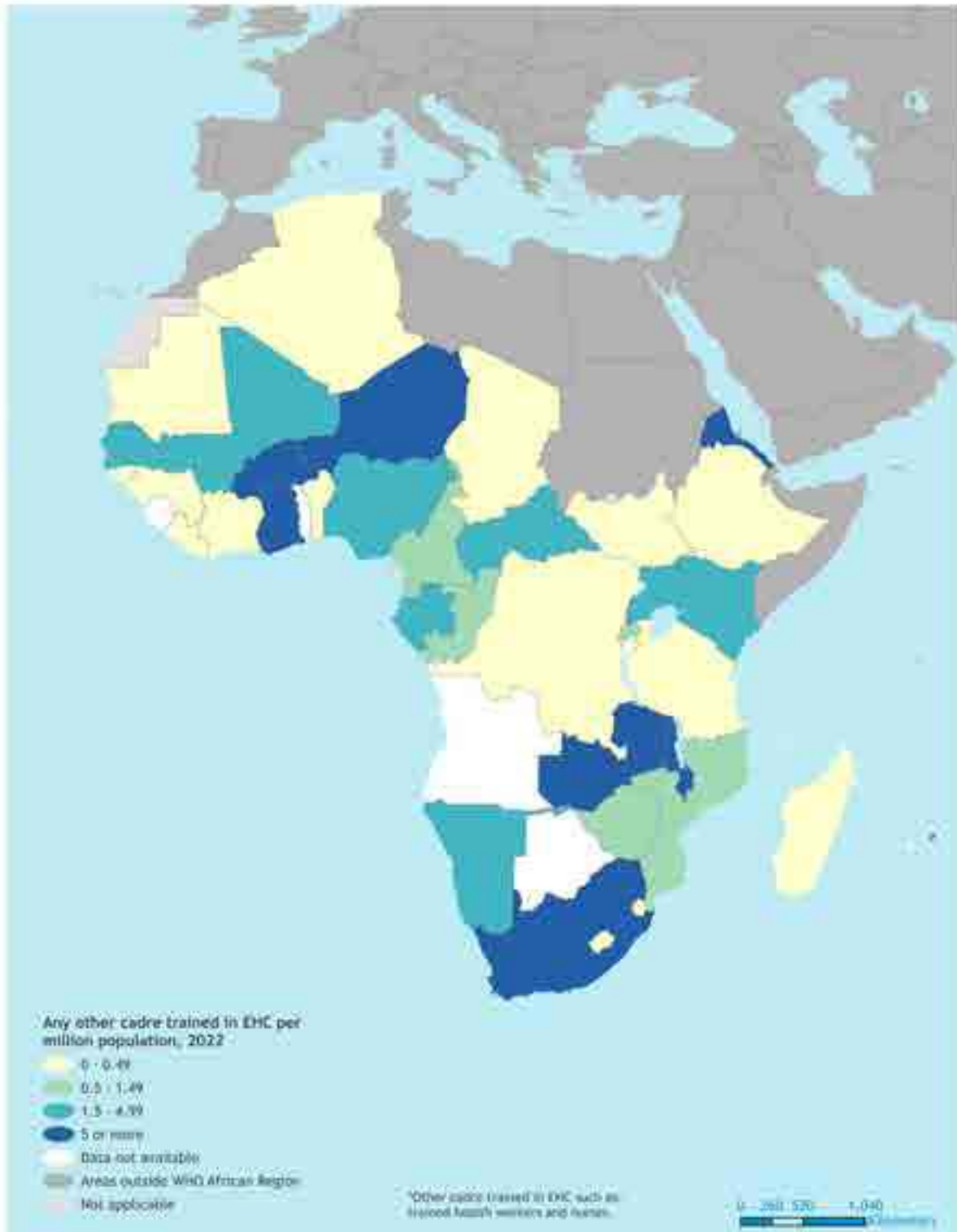




Figure 32

## Any other cadre trained in EHC per million population, 2022



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Data Source: EHC/SAT AFR 2022 survey  
 Map Production: WHO HQ/UCM/NCI/SOR  
 Map Creation Date: 17-11-2022



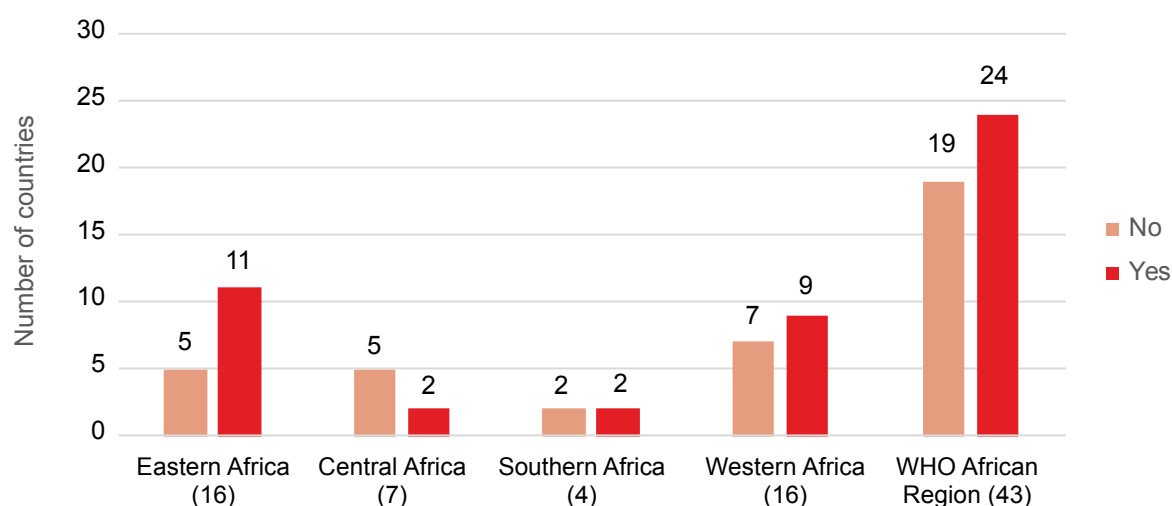
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## Training of human resource for EHC

Of the 43 countries that responded to the survey, 24 had training facilities for human resources for EHC. The majority of the training facilities were found in the Eastern and Western African subregions (Figure 33).

**Figure 33**

**In-country educational facilities for training EHC workforce**



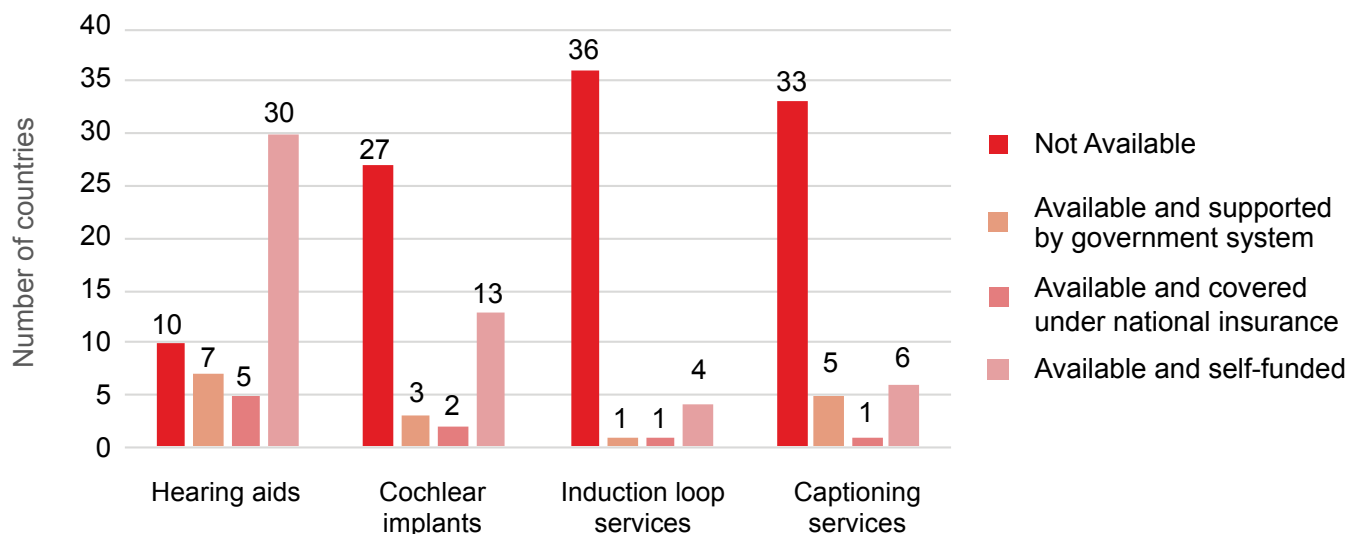
## 2.5 Medical products and health technology

### 2.5.1 Overall availability of medical products and technologies

The hearing medical products and health technology considered in this survey included hearing aids, implants, assistive listening devices, induction loop systems and captioning devices. Most of the countries reported lacking some of the medical products and health technology. Moreover, even where these products and services were available, their financing mechanisms varied, with the availability of some of them being supported by government systems, some by national insurance and others by self-funding. Figure 34 shows this in detail.



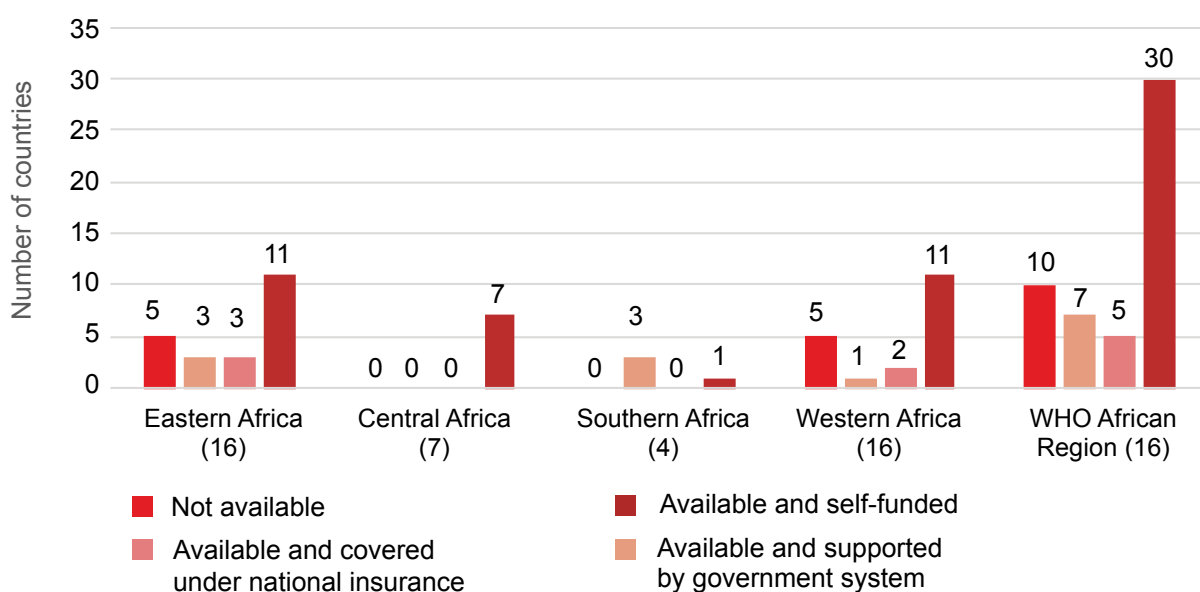
**Figure 34**  
Availability of medical products and technology



**Hearing aids**

The availability of hearing aids varied across the subregions in Africa. This situation analysis found hearing aids not to be available in 10 countries and to be self-funded in 30 countries. Only in a few countries was access to hearing aids funded by the government or their expenses reimbursed by medical insurance (Figure 35).

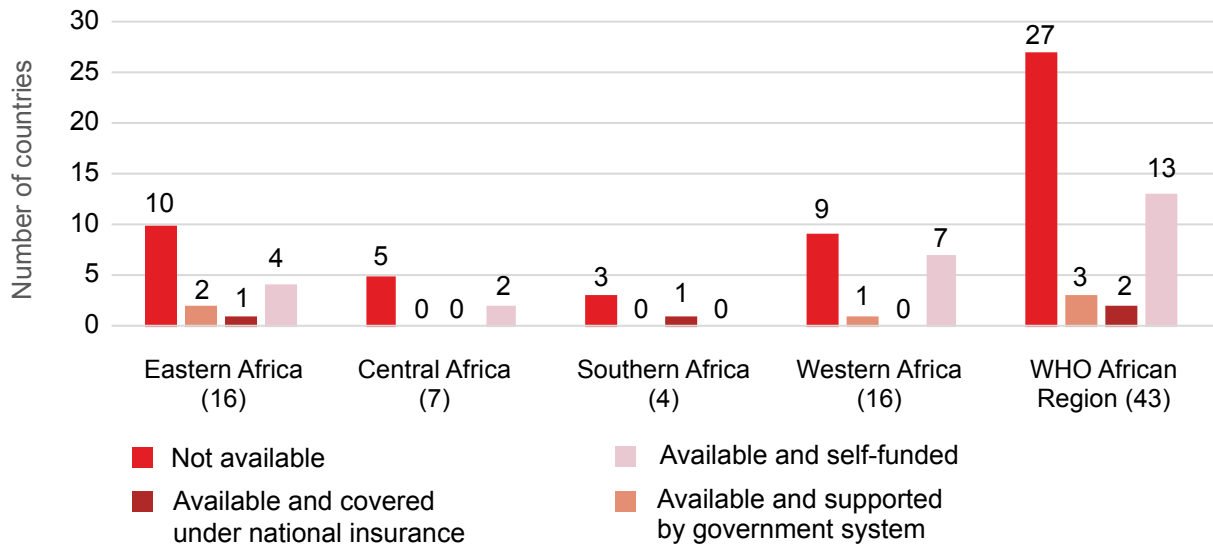
**Figure 35**  
Availability and financing of hearing aids



## Cochlear implants

Up to 27 countries reported lacking cochlear implants. In the countries where the implants were available, they were self-funded. Very few countries reported having government funding or insurance reimbursement for cochlear implants (see Figure 36).

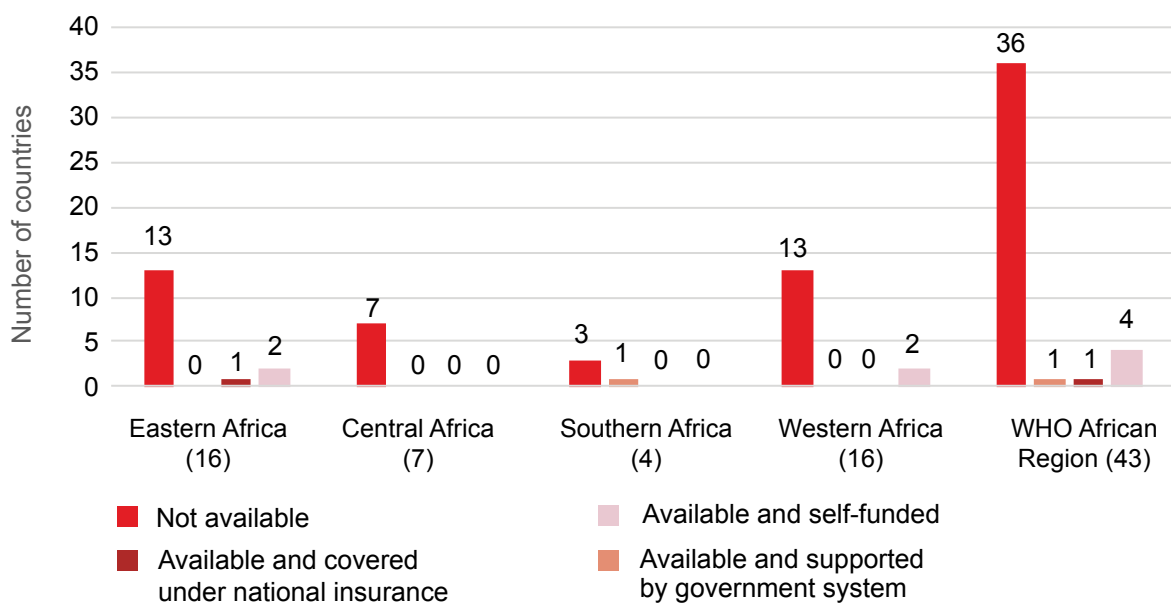
**Figure 36**  
Availability and financing of cochlear implants



## Inductions loops

Of the 42 countries that responded on this item, 36 did not have induction loops installed in their spaces where public addresses are made. In most of the countries where these were available, they were self-funded (Figure 37).

**Figure 37**  
Availability and financing of Induction loop systems

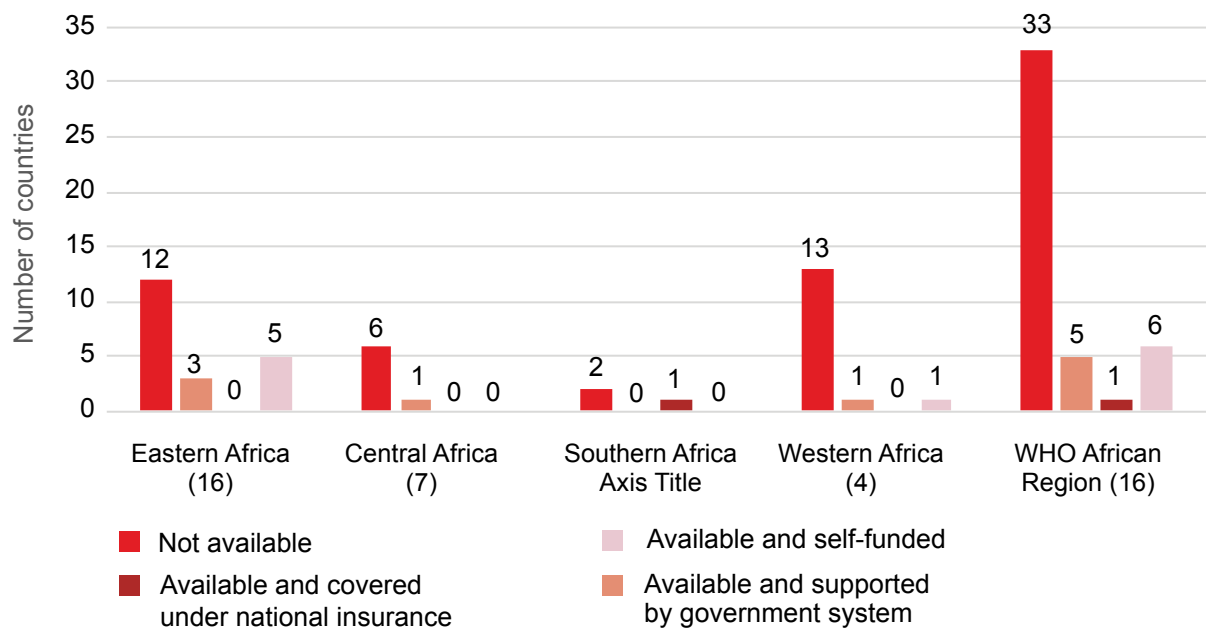




## Captioning services

Most of the countries lacked captioning services, accounting for 33 of the 43 in the survey. Where they were available, the services were mostly self-funded (Figure 38).

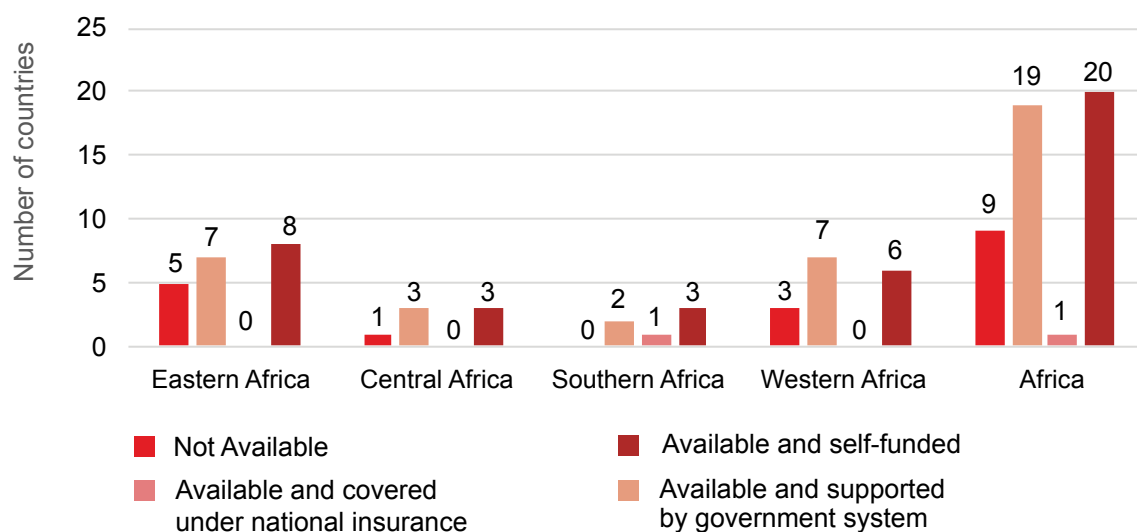
**Figure 38**  
Availability and financing of captioning services



## 2.5.2 Sign language interpretation

In 19 of the 43 countries, sign language interpretation was supported by the government. Nine of the countries did not have this service available (Figure 39).

**Figure 39**  
Availability and financing of Sign language interpretation



## 2.6 Health financing

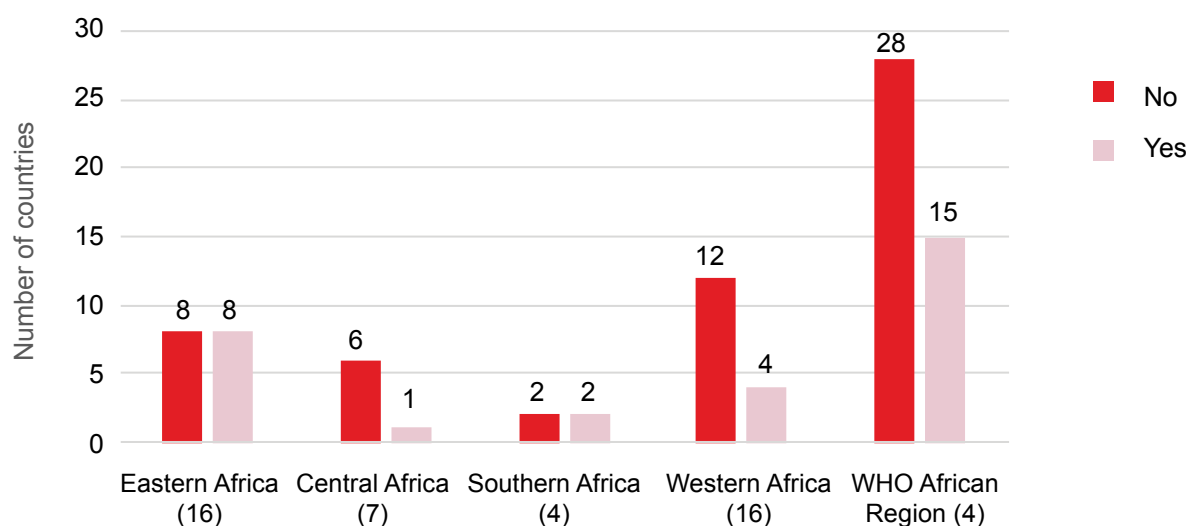
### 2.6.1 Budget allocation by the ministry of health

There were different financing modalities for ear and hearing health services in the countries in the WHO African Region, and there was variation also between the public and the private sector. Fifteen out of the 43 countries in the survey had some budget allocated by the government dedicated to EHC-related activities. As a whole, 65% of countries in the WHO African Region did not have a budget allocated to EHC activities.

Considering the subregions, approximately 50% of the countries in Eastern Africa and Southern Africa had a budget allocation for EHC activities, but in the Central African and Western African regions, more than 75% of the countries did not have a such a budget (Figure 40).

**Figure 40**

Budget allocation for EHC in ministries of health in the subregions





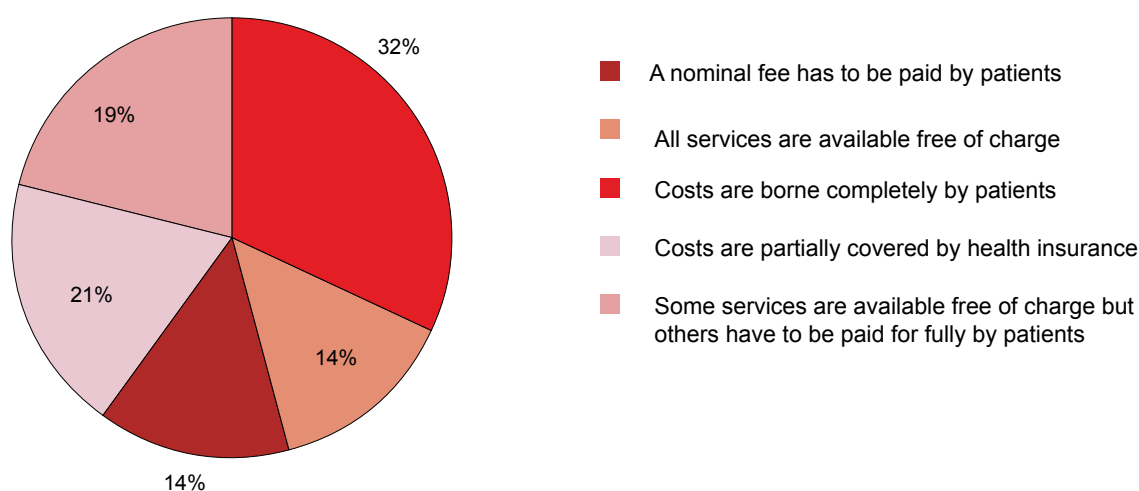


## Financing the public health system

In most of the countries, the costs of EHC services were borne completely by patients. In some countries, some of the EHC services were available free of charge, but others had to be paid for fully or partially by the patient (Figure 41). Thirteen of the 43 countries reported that all the costs for services were borne by patients, while in 6 countries the services were available free of charge.

**Figure 41**

Health financing for EHC services in the public sector

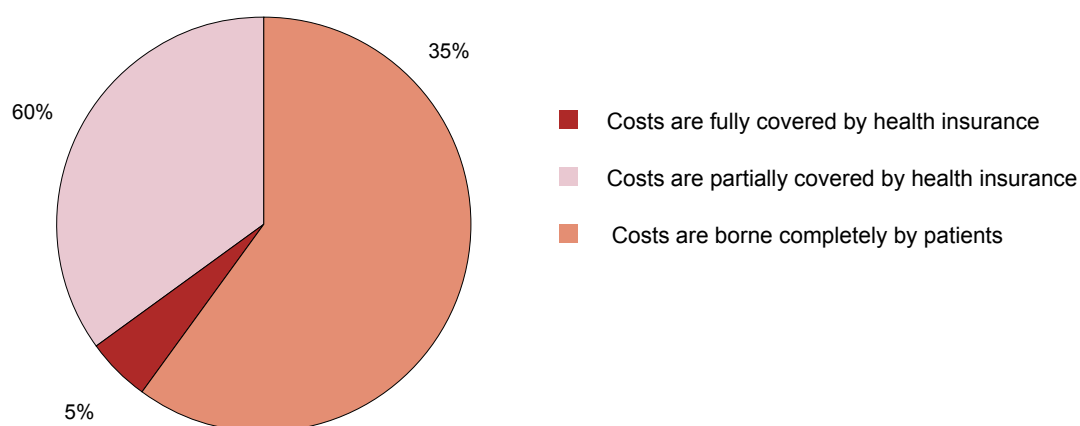


## Financing in the private sector

For 25 of the 43 countries, the costs of the services provided in the private sector were borne completely by patients, while for two countries, services were fully covered by health insurance (Figure 42).

**Figure 42**

Health services financing for EHC in the private sector

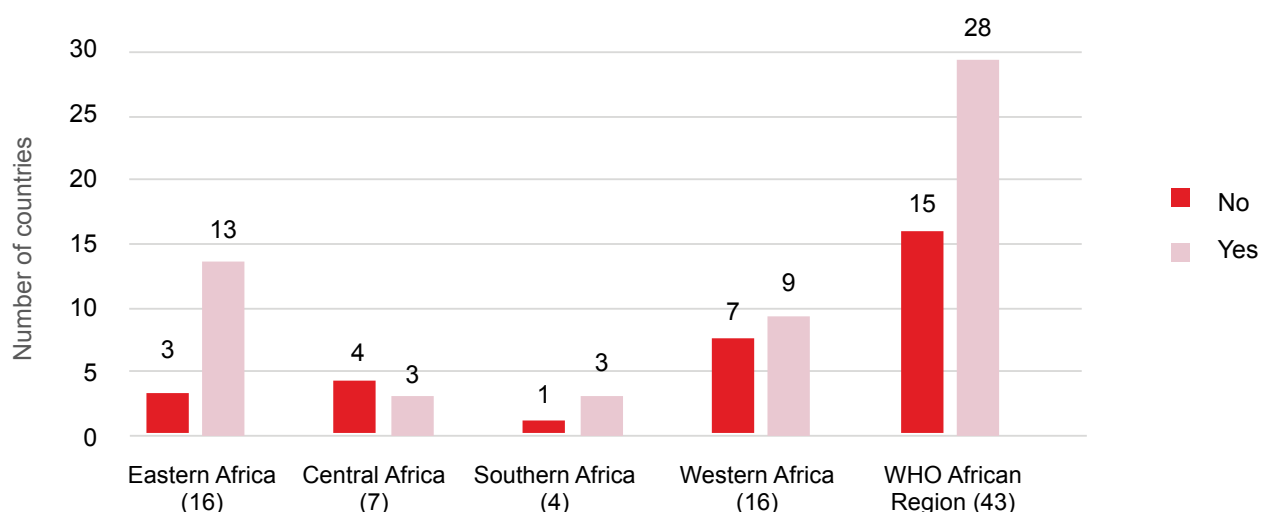


## 2.7 Health information reporting and research in EHC

### 2.7.1 Reporting of EHC related indicators

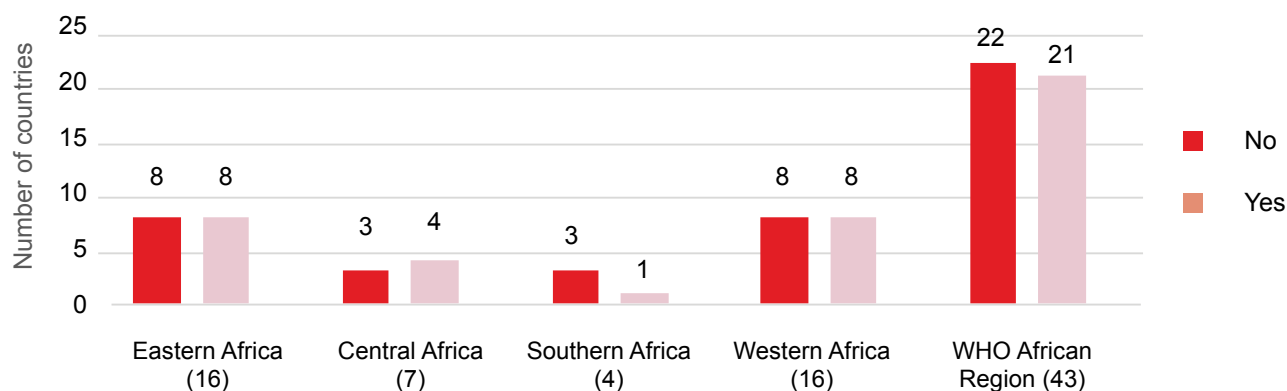
Of the 43 countries, 28 reported including at least one EHC-related indicator in the national health information system. Figure 43 shows the number of countries in each subregion where EHC indicators were routinely reported in the health information system. The indicators reported mainly related to ear infections.

**Figure 43**  
Reporting of EHC related indicators through the national health system



### 2.7.2 Research in EHC

Only 21 of the 43 countries reported having government-led agencies or institutes conducting research in EHC. The distribution of these institutions in the different subregions is shown Figure 44.

**Figure 44****Government-led agencies or institutes conducting research in EHC**

## 8. Stakeholders

Up to 60% of the countries in the survey reported having associations of EHC professionals, and 50% had civil society organizations working in EHC in the country. Moreover, 38 countries had associations of people with deafness or hard of hearing or parents of children with hearing impairment. Sixteen of the countries did not have private sector entities relevant to EHC.





3

Discussion

# 3 Discussion

Ear diseases and hearing loss are some of the most common problems encountered in the population. Many of the causes of hearing loss can be prevented. Among children living in low- and middle-income countries, up to 75% of hearing loss is due to preventable causes such as birth complications, infections and common ear diseases. Failure to prevent and address hearing loss in the countries of the African Region poses a huge fiscal cost and is a leading contributor to years lived with disability in the Region (24, 25).

Though interventions exist that can prevent, identify and address hearing loss and related ear diseases, most people in the Region do not have access to them. To understand the health system challenges and explore available opportunities for action, WHO undertook this regionwide situation analysis using A-EHCSAT. Forty-three countries responded to the survey through their designated focal points, providing valuable information about their epidemiology, human resource availability and current service provision, which is presented in this report. They also identified pertinent challenges and opportunities for action. These are summarized below.

## 3.1 Challenges

The main challenges with respect to the health systems include:

### **Leadership and governance:**

- Lack of national policies and plans for strengthening the delivery of EHC across the continuum of care;
- Low implementation of national plans for EHC even in places where they exist;
- Non-availability of policies relating to access to hearing technologies, captioning services and sign language interpretation;
- Absence or low implementation of policies relating to noise mitigation, safe listening and hearing loss prevention.

### **Service delivery**

- Non-integration of EHC in programmes for child, older adult or occupational health or other programmes;
- Poor integration of hearing screening services across the life course;



- Absence of validated national protocols and guidelines for diagnosis and management of ear and hearing disorders;
- Lack of infrastructure and human resources to provide EHC in rural areas and at the primary level of health care.

### **Human resource**

- Inadequacy of trained and qualified human resources for EHC across all their categories; ENT specialists, nurses, audiologists, audiometricians, hearing instrument specialists and speech and language therapists. In countries where these resources are available, they are concentrated in urban areas;
- Lack of facilities for training primary level health care providers in EHC;
- Failure to absorb into the public health system available trained specialist workforce such as ENT specialists and audiologists;
- Emigration of specialist workforce, resulting in their dwindling numbers.

### **Devices and equipment**

- Lack of a dedicated budget line for EHC within the national health budget.

### **Health financing**

- Failure of health insurance schemes to offer inadequate compensation for services related to use of hearing aids, cochlear implants and rehabilitation.
- Lack of dedicated budget line for EHC within the national health budget.

### **Health information and research**

- Limited inclusion of indicators related to EHC in national health information systems;
- Lack of data related to ear diseases and hearing loss;
- Failure to incentivize the conduct of research and innovation in hearing care.

### **Sociocultural factors**

- Public misconceptions on hearing loss and ear diseases;
- Stigma associated with treatment of ear diseases and hearing rehabilitation.

## 3.2 Opportunities

The respondents identified existing resources or conditions that could facilitate the strengthening of EHC and if capitalized upon could facilitate access to the required services across the continuum of care. These are summarized below.

- Existence of national government plans and strategies in some countries of the Region;
- Availability of regulations, for example for hearing conservation, that could be implemented fully to prevent hearing loss from occupation-related noise;
- Current focus on health system strengthening and PHC as a means to achieve universal health coverage;
- Existence of other established programmes such as those for noncommunicable diseases, maternal and child health, early childhood development, among others, in which EHC can be integrated;
- Increasing realization among health policy-makers of the importance of addressing noncommunicable diseases;
- Focus on disability policies or acts whose implementation could contribute to mitigating the impact of hearing loss;
- High levels of motivation among available EHC professionals in the Region to improve access to services across the continuum of care;
- Presence of few but active civil society partners that are willing to engage in improving access to EHC;
- The opportunity for advocacy provided by the global focus on World Hearing Day;
- World Health Assembly resolution WHA70.13 on prevention of deafness and hearing loss that all countries of the African Region endorsed and supported;
- Strong technical support from the World Hearing Organization's Regional Office and the headquarters.

Based on the understanding of the current status, the challenges and the opportunities, taking into account the actions suggested by the respondents and drawing from the recommendations made in the *WHO world report on hearing*, the following priority action areas were identified:

- Improve awareness about good EHC practices and safe listening as a means of hearing loss prevention and its early identification.
- Set up in each country a national EHC committee with a dedicated focal point that is hosted and chaired by the ministry of health.
- Develop, adopt and implement a national strategy to strengthen the efforts





for prevention of hearing loss and provision of EHC across the life course.

- Integrate EHC within the PHC framework and as part of child, occupational, school and older adult health and other relevant programmes.
- Establish educational programmes and courses for strengthening the availability of specialist hearing human resources such as ENT specialists, audiologists, speech language pathologists and teachers of people with hearing loss.
- Train and capacitate the health human resources working at the primary level in the provision of EHC as a means of task sharing.
- Equip public health facilities at different levels with suitable diagnostic, curative and rehabilitative EHC equipment.
- Adopt innovative EHC approaches through using digital technologies, m-health, telehealth and task sharing to ensure universal access to information and care.
- Include hearing aids, implants and consumables such as those needed for otologic surgery, and rehabilitation services, in the public health care package or national health financing mechanisms.
- Abolish import duty and tax on hearing aids and implants and their components and encourage their national production.
- Integrate indicators for EHC in the national health information systems and monitor and report on them at regular intervals.
- Strengthen the groups and associations of people who are hard of hearing or deaf as a step towards addressing the stigma commonly associated with hearing loss.





4

Country profiles

# Algeria



## Country overview:

Population: **43 850 000**

Rural dwellers: **30%** Urban dwellers: **65%** Slum dwellers: **5%**

Institutional births: **98.6%**

Prevalence of disabling hearing loss: **3%**

Early onset childhood hearing loss: **3/1000 people**

Top 3 causes of Hearing loss: **meningitis, mumps/ measles and rubella**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **Yes**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **None**

School Hearing Screening: **Yes**

Hearing screening for older people: **No**

Hearing aids and implants provision: **Yes**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	✓	✓	✓
Ear surgery	✓	✓	✓
Fitting of hearing aid	✓	✓	✓
Cochlear implantation	✓	✓	✓
Rehabilitation	✓	✓	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	726	17
Audiologists	0	0
Speech therapists	1045	24
Hearing aid technicians	35	0.8
Other cadre trained in EHC	0	0

### Service provider:

Public sector: 85% | Private sector: 15%



### Identified challenges

- High cost of cochlear implantation



### Future plans/potential next step/recommendations

- Creation of a national school for the training of teachers specialized in the learning of people with disabling hearing loss
- Performing cochlear implantation for a large number of deaf children
- Creating a centre specialized in the cochlear implantation

# Benin



## Country overview:

Population: **12 915 010**

Rural dwellers: **30%** Urban dwellers: **50%** Slum dwellers: **20%**

Institutional births: **78%**

Prevalence of disabling hearing loss: **4%**

Early onset childhood hearing loss: **No Data**

Top 3 causes of Hearing loss: **chronic otitis media, impacted wax, presbycusis**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **no**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **No**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	x
Hearing assessment	x	x	x
Ear surgery		x	x
Fitting of hearing aid	x	x	x
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	40	3.1
Audiologists	0	0
Speech therapists	10	0.8
Hearing aid technicians	0	0
Other cadre trained in EHC	0	0

### Service provider:

Public sector: 40% | Private sector: 60%



#### Identified challenges

- Shortage of human resource
- Lack of equipment
- Lack of a strategic plan to fight against deafness



#### Future plans/potential next step/recommendations

- Raise public awareness on EHC
- Strengthening human resources
- Equip health facilities with diagnostic equipment and curative materials
- Develop a three-year EHC plan
- Create ENT services in hospitals that do not have them

# Burkina Faso



## Country overview:

Population: **20 488 000**

Rural dwellers: **73.7%** Urban dwellers: **26.3%** Slum dwellers: **N/A**

Institutional births: **77.2%**

Prevalence of disabling hearing loss: **1.47%**

Early onset childhood hearing loss: **No Data**

Top 3 causes of Hearing loss: **chronic otitis media, meningitis, mumps/measles**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **no**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **Yes**

Occupational health: **Yes**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	x	✓
Ear surgery		✓	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	25	1.2
Audiologists	8	0.4
Speech therapists	6	0.3
Hearing aid technicians	0	0
Other cadre trained in EHC	166	8.1

### Service provider:

Public: 70% | Private sector: 30%



#### Identified challenges

- Lack of leadership and coordination in EHC
- Low service provision in quality and quantity on all fronts of EHC
- Low promotion of EHC
- Lack of research on EHC
- Lack of financing for EHC



#### Future plans/potential next step/recommendations

- Strengthen governance, management and leadership of EHC
- Strengthen human resources for health dedicated to EHC
- Strengthen infrastructure and provide the equipment and products required for EHC
- Develop structures for health management information systems for EHC
- Develop research in EHC
- Improve financing for EHC including insurance coverage

# Burundi



## Country overview:

Population: **11 495 438**

Rural dwellers: **89.9%** Urban dwellers: **10.1%** Slum dwellers: **N/A**

Institutional births: **98.6%**

Prevalence of disabling hearing loss: **10.6%**

Early onset childhood hearing loss: **No Data**

Top 3 causes of Hearing loss: **chronic otitis media, presbycusis, ototoxicity**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **no**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **Yes**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	X	X	X
Ear surgery		X	X
Fitting of hearing aid	X	X	X
Cochlear implantation		X	X
Rehabilitation	X	X	X

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	8	0.7
Audiologists	0	0
Speech therapists	1	0.1
Hearing aid technicians	0	0
Other cadre trained in EHC	0	0

### Service prov

Public: 30% | Private sector: 70%



#### Identified challenges

- Shortage of resources at all levels, including that is human resources for health, financial resources and equipment



#### Future plans/potential next step/recommendations

- Mobilize resources to establish technical and financial partnerships

# Cabo Verde



## Country overview:

Population: **491 233**

Rural dwellers: **25.9%** Urban dwellers: **74.1%** Slum dwellers: **N/A**

Institutional births: **91.2%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No Data**

Top 3 causes of Hearing loss: **chronic otitis media, meningitis, impacted ear wax**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **Yes**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	X
Diagnosis of ear diseases	X	X	✓
Hearing assessment	X	X	✓
Ear surgery		X	✓
Fitting of hearing aid	X	X	✓
Cochlear implantation		X	X
Rehabilitation	X	X	X

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	5	10.2
Audiologists	2	4.1
Speech therapists	5	10.2
Hearing aid technicians	0	0
Other cadre trained in EHC	0	0

### Service provider:

Public sector: 70% | Private sector: 30%



### Identified challenges

- No national EHC plan or strategy
- Shortage of resources at all levels, that is human resources for health, financial resources and equipment
- No training facilities for personnel in EHC



### Future plans/potential next step/recommendations

- Mobilize resources to establish technical and financial partnerships
- Leverage public-private partnerships and other collaborations to provide EHC services

# Cameroon



## Country overview:

Population: **25 492 000**

Rural dwellers: **44.3%** Urban dwellers: **55.7%** Slum dwellers: **N/A**

Institutional births: **65%**

Prevalence of disabling hearing loss: **1.8%**

Early onset childhood hearing loss: **No Data**

Top 3 causes of Hearing loss: **presbycusis, low birth weight, perinatal factors**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **no**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	✓
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	100	3.9
Audiologists	0	0
Speech therapists	6	0.2
Hearing aid technicians	3	0.1
Other cadre trained in EHC	15	0.6

### Service provider:

Public sector: 75% | Private sector: 25%



#### Identified challenges

- No national policy for EHC
- Shortage of training facilities and human resources for EHC
- Uneven distribution of human resources in rural and urban areas
- Shortage of diagnostic equipment in public hospitals
- Very high cost of care that is paid entirely by the patient



#### Future plans/potential next step/recommendations

- Training of professionals in ear care and management of deafness
- Training of midwives to detect ENT problems early in maternity wards.
- Equipping health structures to be able to screen for hearing loss
- Providing hearing aids, bone-anchored hearing aids, cochlear implants and the consumables needed for otological surgery
- Establishment of a strategic government policy on awareness, screening, diagnosis and rehabilitation with a referral and counter-referral system
- Financing of EHC through health insurance or state subsidies
- Creation of a health institute dedicated to EHC

# Central African Republic



## Country overview:

Population: **5 465 000**

Rural dwellers: **62%** Urban dwellers: **38%** Slum dwellers: **N/A**

Institutional births: **58.8%**

Prevalence of disabling hearing loss: **33%**

Early onset childhood hearing loss: **10/1000 people**

Top 3 causes of Hearing loss: **chronic otitis media, low birth weight, mumps/ measles**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **No**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	x
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	3	0.5
Audiologists	0	0
Speech therapists	0	0
Hearing aid technicians	0	0
Other cadre trained in EHC	10	1.8

### Service provider:

Public sector: 99% | Private sector: 1%



### Identified challenges

- Lack of an EHC policy or strategy and coordinator within the Ministry of Health who can deal with EHC issues
- Lack of awareness and integration of ear care in the public health system
- Lack of funding for EHC
- Lack of equipment for diagnosis and management of EHC conditions
- Lack of qualified personnel for EHC
- Prohibitive cost of hearing aids with no government involvement



### Future plans/potential next step/recommendations

- Advocate for involvement of the government and prioritising EHC
- Provide funding for EHCe

# Chad



## Country overview:

Population: **16 244 513**

Rural dwellers: **75.2%** Urban dwellers: **24.8%** Slum dwellers: **N/A**

Institutional births: **23.7%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, impacted ear wax, trauma**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **No**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	✓
Diagnosis of ear diseases	X	X	✓
Hearing assessment	X	X	✓
Ear surgery		X	X
Fitting of hearing aid	X	X	✓
Cochlear implantation		X	X
Rehabilitation	X	X	X

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	5	0.3
Audiologists	0	0
Speech therapists	0	0
Hearing aid technicians	4	0.2
Other cadre trained in EHC	0	0

### Service provider:

Public sector: 67% | Private sector: 33%



### Identified challenges

- There is no funding dedicated to EHC across the health system



### Future plans/potential next step/recommendations

- Promote EHC in Tchad
- Integrate EHC in the Integrated Management of Childhood Illnesses protocol
- The state must make available otoscopes and other necessary equipment for diagnosis and management of ear and hearing-related conditions at the tertiary level

# Comoros



## Country overview:

Population: **837 247 (2002)**

Rural dwellers: **68.9%** Urban dwellers: **31.1%** Slum dwellers: **N/A**

Institutional births: **57%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **presbycusis, ototoxicity, chronic otitis media**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	X
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	X	X	X
Ear surgery		X	X
Fitting of hearing aid	X	X	X
Cochlear implantation		X	X
Rehabilitation	X	X	X

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	4	4.8
Audiologists	0	0
Speech therapists	1	1.2
Hearing aid technicians	0	0
Other cadre trained in EHC	0	0

### Service provider:

Public sector: 99% | Private sector: 1%



#### Identified challenges

- Lack of equipment in both the public and private sectors
- Shortage of human resource in hospitals



#### Future plans/potential next step/recommendations

- No information provided

# Congo



## Country overview:

Population: **5 600 000**

Rural dwellers: **32.9%** Urban dwellers: **67.1%** Slum dwellers: **N/A**

Institutional births: **96.8%**

Prevalence of disabling hearing loss: **8.4**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **impacted ear wax, chronic otitis media, presbycusis**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	✓	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	x
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	16	2.9
Audiologists	5	0.9
Speech therapists	6	1.1
Hearing aid technicians	1	0.2
Other cadre trained in EHC	6	1.1

### Service provider

Public sector: 90% | Private sector: 10%



#### Identified challenges

- The non-existence of a national programme for EHC similar to national plans for other diseases such as malaria, HIV/AIDS, onchocerciasis
- Inadequacy of the national technical platform (both public and private) in surgical and prosthetic management of ear pathologies
- Shortage of qualified human resources, in particular audiologists, audiological technicians and speech therapists, plus those available are concentrated in urban areas
- Lack of training facilities for personnel skilled in the management of EHC
- Lack of government support to provide hearing aids in the country, requiring individual patients to procure them abroad



#### Future plans/potential next step/recommendations

- To evaluate the prevalence of hearing loss in the general population
- Develop a national EHC management plan
- To identify priority areas for surgical and assistive devices management of hearing pathologies, which account for the larger proportions of funds spent on medical referrals abroad

# Côte d'Ivoire



## Country overview:

Population: **27 087 000**

Rural dwellers: **46.6%** Urban dwellers: **53.4%** Slum dwellers: **N/A**

Institutional births: **73.7%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **4.4/1000 people**

Top 3 causes of Hearing loss: **chronic otitis media, impacted ear wax, meningitis**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	x
Fitting of hearing aid	x	x	x
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	70	2.6
Audiologists	2	0.1
Speech therapists	12	0.4
Hearing aid technicians	1	0
Other cadre trained in EHC	0	0

### Service provider

Public sector: 30% | Private sector: 70%



#### Identified challenges

- Lack of policy and institutional framework supporting EHC
- Lack of funding for hearing aids and cochlear implants



#### Future plans/potential next step/recommendations

- Fight against deafness through newborn hearing screening, diagnosis of hearing loss
- Equip secondary and tertiary health facilities with required for EHC diagnosis and management
- Source for hearing aid funding

# Democratic Republic of the Congo



## Country overview(Kinshasa):

Population: **105 044 000**

Rural dwellers: **40%** Urban dwellers: **60%** Slum dwellers: **N/A**

Institutional births: **79.9%**

Prevalence of disabling hearing loss: **1.1**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, ototoxicity, presbycusis**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **Yes**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **Yes**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	✓	✓
Ear surgery		✓	✓
Fitting of hearing aid	x	✓	✓
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC\*

	Total	/ 1 000 000 population
ENT specialists	27	
Audiologists	5	
Speech therapists	50	
Hearing aid technicians	0	
Other cadre trained in EHC	0	

\* The Human resource for EHC reported represents Kinshasa and not DRC

### Service provider

Public sector: No data | Private sector: No data



#### Identified challenges

- The government is not involved in issues regarding EHC
- There are no indicators for EHC in the state-run health information system
- Human resources are very limited and are concentrated in Kinshasa
- EHC services are not affordable and no health financing is available
- Hearing aids are not accessible to the general population
- Awareness of the population on EHC pathologies is low



#### Future plans/potential next step/recommendations

- Future plans/potential next steps/recommendations
- Establishment of a multidisciplinary coordination structure for the essential package of activities
- Strengthening of resources and their decentralization throughout the country
- Establishment of an effective information system for EHC
- Integrating ear care into the PHC system

# Equatorial Guinea



## Country overview:

Population: **1 400 000**

Rural dwellers: **70.6%** Urban dwellers: **29.4%** Slum dwellers: **N/A**

Institutional births: **68.3%**

Prevalence of disabling hearing loss: **10%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **Impacted Wax**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **Yes**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	✓
Hearing assessment	x	x	x
Ear surgery		x	x
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	3	2.1
Audiologists	0	0
Speech therapists	0	0
Hearing aid technicians	0	0
Other cadre trained in EHC	1	0.7

### Services provider

Public sector: 80% | Private sector: 20%



#### Identified challenges

- Delayed diagnosis of ear disorders
- Out of pocket expenditure hindering care seeking



#### Future plans/potential next step/recommendations

- Establish an awareness program on hearing care
- Train more EHC staff
- Provide professionals with the appropriate tools for the management and screening of hearing loss
- Advocate for government involvement in paying the cost of hearing aids

# Eritrea



## Country overview:

Population: **3 662 244**

Rural dwellers: **65%** Urban dwellers: **35%** Slum dwellers: **N/A**

Institutional births: **71%**

Prevalence of disabling hearing loss: **5%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, impacted wax, presbycusis**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **Yes**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	2	0.5
Audiologists	0	0
Speech therapists	0	0
Hearing aid technicians	2	0.5
Other cadre trained in EHC	45	12.3

### Service provider

Public sector: 98% | Private sector: 2%



#### Identified challenges

- Shortage of human resources and equipment for service provision
- Lack of data to advocate for the burden of EHC
- No community sensitization on EHC
- Inadequate budget dedicated to EHC



#### Future plans/potential next step/recommendations

- Strengthen EHC-oriented services
- Build capacity at different levels of the services

# Eswatini



## Country overview:

Population: **1 174 000**

Rural dwellers: **78%** Urban dwellers: **22%** Slum dwellers: **N/A**

Institutional births: **88%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, trauma, ototoxicity**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**  
School Hearing Screening: **Yes**  
Hearing screening for older people: **No**  
Hearing aids and implants provision: **Yes**

### Integration of EHC in the health system

Maternal and child health: **No**  
School health: **No**  
Care of the elderly: **No**  
Occupational health: **Yes**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	✓	✓
Diagnosis of ear diseases	X	X	✓
Hearing assessment	X	X	✓
Ear surgery		X	✓
Fitting of hearing aid	X	X	✓
Cochlear implantation		X	X
Rehabilitation	X	X	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	3	2.6
Audiologists	8	6.8
Speech therapists	7	6.0
Hearing aid technicians	1	0.9
Other cadre trained in EHC	0	0

### Service provider

Public sector: 90% | Private sector: 10%



#### Identified challenges

- Delayed identification and management of ear and hearing conditions
- Lack of equipment to provide ear and hearing services countrywide
- Expensive assistive devices like hearing aids
- Public misconceptions of hearing loss
- Shortage of EHC professionals to cover all four regions of the country
- Lack of absorption of professionals into the health system



#### Future plans/potential next step/recommendations

- Create awareness on EHC services in the country
- Advocate for a focal person at ministry level to advocate for EHC
- Improve training and provision of EHC services

# Ethiopia



## Country overview:

Population: **117 876 000**

Rural dwellers: **80%** Urban dwellers: **20%** Slum dwellers: **N/A**

Institutional births: **66%**

Prevalence of disabling hearing loss: **5.3%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **presbycusis, chronic otitis media, trauma**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **No**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	✓	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	50	0.4
Audiologists	2	0.1
Speech therapists	10	0.4
Hearing aid technicians	10	0.4
Other cadre trained in EHC	0	0

### Service provider

Public sector: 90% | Private sector: 10%



#### Identified challenges

- Poor leadership engagement
- Lack ownership at facility level
- Unsupportive cultures and beliefs on disease prevention at the community level
- Shortage of human resources in EHC
- Lack of reporting of EHC indicators in the health management information system
- Inadequate multisectoral collaboration on EHC
- Insufficient partners and international support to EHC



#### Future plans/potential next step/recommendations

- Enhance Leadership and Good Governance on EHC
- Endorse the draft EHC guideline
- Integrate EHC service with other programs
- Improve partnerships and collaboration
- Improve research & evidence for decision-making & undertake prevalence study on EHC
- Improve the development and management of human resource professionals working on EHC
- Improve EHC health service infrastructure

# Gabon



## Country overview:

Population: **2 344 000**

Rural dwellers: **13%** Urban dwellers: **87%** Slum dwellers: **N/A**

Institutional births: **95.7%**

Prevalence of disabling hearing loss: **10%**

Early onset childhood hearing loss: **15/1000 people**

Top 3 causes of Hearing loss: **chronic otitis media, impacted ear wax, perinatal factors**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **Yes**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	17	7.3
Audiologists	0	0
Speech therapists	2	0.9
Hearing aid technicians	2	0.9
Other cadre trained in EHC	5	2.1

### Service provider

Public sector: 30% | Private sector: 70%



#### Identified challenges

- Lack of an EHC strategy
- Lack of data on the situation of EHC in the country
- Lack of funding for EHC
- Shortage of qualified human resource for EHC



#### Future plans/potential next step/recommendations

- Conduct an audit on the situation of EHC
- Develop important policies and documents
- Organize training of specialized personnel in the field

# Gambia



## Country overview:

Population: **1 857 000**

Rural dwellers: **42.2%** Urban dwellers: **57.8%** Slum dwellers: **N/A**

Institutional births: **97.9%**

Prevalence of disabling hearing loss: **0.2%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **meningitis, perinatal factors, presbycusis**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	✓
Diagnosis of ear diseases	X	✓	✓
Hearing assessment	X	✓	✓
Ear surgery		X	X
Fitting of hearing aid	X	✓	✓
Cochlear implantation		X	X
Rehabilitation	X	X	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	1	0.5
Audiologists	1	0.5
Speech therapists	1	0.5
Hearing aid technicians	3	1.6
Other cadre trained in EHC	4	2.2

### Service provider

Public sector: 30% | Private sector: 70%



#### Identified challenges

- No strategy for EHC
- No government support for EHC services
- Lack of EHC services and their high cost whenever they are available
- Inadequate human resources for EHC services
- No funding for EHC



#### Future plans/potential next step/recommendations

- Development of policy/ strategy on EHC and support it's implementation
- Making EHC services in all government facilities free for people with hearing loss
- Supporting research to generate data on EHC
- Provision of facilities to aid EHC and rehabilitation

# Ghana



## Country overview:

Population: **30 832 000**

Rural dwellers: **47.3%** Urban dwellers: **52.7%** Slum dwellers: **N/A**

Institutional births: **79%**

Prevalence of disabling hearing loss: **4.8%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **impacted ear wax, chronic otitis media, perinatal factors**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **Yes**

Occupational health: **No**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	x	✓
Ear surgery		✓	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	✓
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	60	1.9
Audiologists	20	0.6
Speech therapists	50	1.6
Hearing aid technicians	50	1.6
Other cadre trained in EHC	300	9.7

### Service provider

Public sector: 98.2% | Private sector: 1.8%



#### Identified challenges

- Inadequate ntersectoral Collaboration
- Potential brain drain
- Stigmatization and low acceptance of hearing aids
- Inadequate funding
- High levels of poverty
- Weak enforcement of health and safety regulations



#### Future plans/potential next step/recommendations

- Developing policies, guidelines, protocols and standard operating procedures on EHC for Ghana
- Reviewing existing EHC services at all levels and undertaking a need and gap analysis
- Defining the basic and comprehensive package of EHC services for integration
- Integrating EHC services at all levels of care
- Setting up a functional national screening programmes

# Guinea



## Country overview:

Population: **13 262 000**

Rural dwellers: **65%** Urban dwellers: **30%** Slum dwellers: **5%**

Institutional births: **55%**

Prevalence of disabling hearing loss: **18.1%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, impacted ear wax, ototoxicity**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **Yes**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	✓
Fitting of hearing aid	x	✓	✓
Cochlear implantation		x	x
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	8	0.6
Audiologists	3	1.3
Speech therapists	1	0.4
Hearing aid technicians	0	0
Other cadre trained in EHC	0	0

### Service provider

Public sector: 70% | Private sector: 30%



#### Identified challenges

- Lack of well-trained EHC workforce
- Insufficient diagnostic and care materials and equipment
- No funding



#### Future plans/potential next step/recommendations

- Conduct a National survey on hearing loss
- Develop a policy and a national strategic plan for EHC
- Train EHC professionals
- Equip public hospitals with facilities required for EHC

# Guinea-Bissau



## Country overview:

Population: **1 449 000**

Rural dwellers: **60%** Urban dwellers: **40%** Slum dwellers: **N/A**

Institutional births: **50.4%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, meningitis, mumps/measles**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	X
Diagnosis of ear diseases	X	X	✓
Hearing assessment	X	X	X
Ear surgery		X	X
Fitting of hearing aid	X	X	X
Cochlear implantation		X	X
Rehabilitation	X	X	X

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	0	0
Audiologists	0	0
Speech therapists	0	0
Hearing aid technicians	0	0
Other cadre trained in EHC	0	0

### Service provider

Public sector: No data | Private sector: No data



#### Identified challenges

- Lack of a national strategic plan for EHC
- Lack of human resources for EHC as well as health facilities



#### Future plans/potential next step/recommendations

- Develop a strategic plan for hearing health
- Integrate EHC into primary, secondary and tertiary care services

# Kenya



## Country overview:

Population: **47 558 000**

Rural dwellers: **68.8%** Urban dwellers: **31.2%** Slum dwellers: **N/A**

Institutional births: **78%**

Prevalence of disabling hearing loss: **0.9%**

Early onset childhood hearing loss: **3/1000 people**

Top 3 causes of Hearing loss: **ototoxicity, meningitis, low birth weight**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **Yes**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **Yes**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	✓	✓
Ear surgery		✓	✓
Fitting of hearing aid	x	✓	✓
Cochlear implantation		x	✓
Rehabilitation	x	✓	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	120	3.2
Audiologists	10	0.2
Speech therapists	10	0.2
Hearing aid technicians	20	0.4
Other cadre trained in EHC	400	8.4

### Service provider

Public sector: 53% | Private sector: 47%



#### Identified challenges

- Few facilities offering EHC services
- Shortage of human resource for EHC



#### Future plans/potential next step/recommendations

- Developing a national EHC strategic plan 2022-2027
- Developing National EHC guidelines 2022-2027

# Lesotho



## Country overview:

Population: **2 176 000**

Rural dwellers: **65.8%** Urban dwellers: **44.2%** Slum dwellers: **N/A**

Institutional births: **89.4%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **presbycusis, noise induced hearing loss, chronic otitis media**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	✓
Diagnosis of ear diseases	X	X	✓
Hearing assessment	X	X	✓
Ear surgery		X	✓
Fitting of hearing aid	X	X	✓
Cochlear implantation		X	X
Rehabilitation	X	X	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	2	0.9
Audiologists	2	0.9
Speech therapists	1	0.4
Hearing aid technicians	1	0.4
Other cadre trained in EHC	0	0

### Service provider

Public sector: 10% | Private sector: 90%



#### Identified challenges

- Lack of a national EHC plan
- Lack of human resource for health in EHC
- Lack of resources, especially financial and equipment



#### Future plans/potential next step/recommendations

- Develop a strategic plan for hearing health
- Integrate EHC into primary, secondary and tertiary care services

# Liberia



## Country overview:

Population: **4 651 000**

Rural dwellers: **42.2%** Urban dwellers: **57.8%** Slum dwellers: **N/A**

Institutional births: **67.2%**

Prevalence of disabling hearing loss: **0.5%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, impacted ear wax, mumps/measles**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**  
School Hearing Screening: **No**  
Hearing screening for older people: **No**  
Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **Yes**  
School health: **No**  
Care of the elderly: **No**  
Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	X
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	X	X	✓
Ear surgery		X	X
Fitting of hearing aid	X	✓	X
Cochlear implantation		X	X
Rehabilitation	X	X	X

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	1	0.2
Audiologists	0	0
Speech therapists	0	0
Hearing aid technicians	0	0
Other cadre trained in EHC	2	0.4

### Service provider

Public sector: 50% | Private sector: 50%



#### Identified challenges

- No strategic plan for EHC
- Absence of a national focal point for EHC
- Lack of human resources for EHC
- Lack of financial support for EHC
- Lack of data on ear and hearing care in Liberia



#### Future plans/potential next step/recommendations

- Train of human resources for EHC
- Collaborate with the Ministry of Education for the introduction of sight and hearing screening in schools
- Prevent preventable causes of hearing loss
- Introduce hearing aids into the assistive products being provided
- Incorporate ear and hearing as a component of the noncommunicable diseases strategic plan

# Madagascar



## Country overview:

Population: **28 795 000**

Rural dwellers: **30%** Urban dwellers: **80.7%** Slum dwellers: **19.3%**

Institutional births: **33%**

Prevalence of disabling hearing loss: **14.4%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **impacted wax, chronic otitis media, ototoxicity**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	x	✓
Ear surgery	x	x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation	x	x	x
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	25	0.9
Audiologists	1	0
Speech therapists	1	0
Hearing aid technicians	0	0
Other cadre trained in EHC	0	0

### Service provider

Public sector: 50% | Private sector: 50%



#### Identified challenges

- Insufficient human and financial resources
- Limited capacity for Specialist training
- Insufficient technology and equipment to provide EHC services



#### Future plans/potential next step/recommendations

- Ensure engagement of all stakeholders in EHC plan activities
- Provide hearing screening and prevention and management of ear diseases
- Provide access to EHC technology and rehabilitation services
- Noise reduction
- Train teachers at the public primary school level on the prevention, early detection of hearing loss and orientation

# Malawi



## Country overview:

Population: **20 146 000**

Rural dwellers: **82.3%** Urban dwellers: **17.7%** Slum dwellers: **N/A**

Institutional births: **93%**

Prevalence of disabling hearing loss: **11.5%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **impacted ear wax, chronic otitis media, ototoxicity**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	5	0.2
Audiologists	2	0.1
Speech therapists	0	0
Hearing aid technicians	1	0
Other cadre trained in EHC*	296	14.7

\*ENT officers at diploma level, clinical officers, medical assistants, nurses

### Service provider

Public sector: 90% | Private sector: 10%



#### Identified challenges

- No tangible structure exists for EHC from the ministry to the facility level
- The ENT department is young and is little known in public hospitals for lack of trained personnel
- Provision of hearing aids is done as a donation from nongovernmental organizations



#### Future plans/potential next step/recommendations

- Appoint a coordinator at the Ministry of Health to follow up on programme implementation and map the available resources and services

# Mali



## Country overview:

Population: **20 933 000**

Rural dwellers: **74%** Urban dwellers: **36%** Slum dwellers: **N/A**

Institutional births: **67%**

Prevalence of disabling hearing loss: **6%**

Early onset childhood hearing loss: **3/1000 people**

Top 3 causes of Hearing loss: **chronic otitis media, ototoxicity, trauma**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	X	X	✓
Ear surgery		X	✓
Fitting of hearing aid	X	X	X
Cochlear implantation		X	✓
Rehabilitation	X	X	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	46	2.2
Audiologists	0	0
Speech therapists	4	0.2
Hearing aid technicians	3	0.1
Other cadre trained in EHC	69	3.3

### Service provider

Public sector: 40% | Private sector: 60%



#### Identified challenges

- Lack of a national EHC policy
- Failure to streamline the equipment policy and the systemic vision of ENT departments with regard to ear care and hearing disorders
- Absence of validated national protocols for diagnosis and management of ear and hearing disorders



#### Future plans/potential next step/recommendations

- Define the essential package of services and equipment for the management of care and hearing disorders from primary to tertiary care level
- Integrate EHC into health care system
- Improve reporting on EHC indicators in the health information system
- Establish an awareness strategy at all levels of the health care system
- Develop a training for a critical mass of human resources for EHC
- Provide access to hearing aid devices by integrating them into third-party payment systems
- Develop, adopt and implement regulations providing for the monitoring of ototoxic drugs and noise pollution

# Mauritania



## Country overview:

Population: **4 540 000**

Rural dwellers: **15%** Urban dwellers: **85%** Slum dwellers: **N/A**

Institutional births: **68%**

Prevalence of disabling hearing loss: **8%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, impacted ear wax, ototoxicity**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	X	X	✓
Ear surgery		X	✓
Fitting of hearing aid	X	X	✓
Cochlear implantation		X	✓
Rehabilitation	X	X	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	15	3.3
Audiologists	2	0.4
Speech therapists	0	0
Hearing aid technicians	6	1.3
Other cadre trained in EHC	0	0

### Service provider

Public sector: 50% | Private sector: 50%



#### Identified challenges

- Qualified Human resource are available only in the capital city



#### Future plans/potential next step/recommendations

- Need to conduct an assessment on provision of care for ENT

# Mauritius



## Country overview:

Population: **1 237 000**

Rural dwellers: **59.6%** Urban dwellers: **40.43%** Slum dwellers: **N/A**

Institutional births: **98.4%**

Prevalence of disabling hearing loss: **0.17%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **presbycusis, chronic otitis media, perinatal factors**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **Yes**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **Yes**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	✓
Diagnosis of ear diseases	X	X	✓
Hearing assessment	X	X	✓
Ear surgery		X	✓
Fitting of hearing aid	X	X	✓
Cochlear implantation		X	✓
Rehabilitation	X	X	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	28	22.6
Audiologists	11	8.9
Speech therapists	32	25.9
Hearing aid technicians	8	6.5
Other cadre trained in EHC	11	8.9

### Service provider

Public sector: 100% | Private sector: 0%



#### Identified challenges

- Low awareness among the population and medical and paramedical staff on EHC
- Fragmented service delivery by stakeholders in EHC



#### Future plans/potential next step/recommendations

- Open an audiology department in Rodrigues Island (under the care of Mauritius government) and in all regional hospitals
- Provide hearing screening programmes at the primary school level
- Conduct regular awareness campaigns on hearing disorders and their management at the secondary level of health care
- Start cochlear implant surgery
- Conduct a universal hearing screening programme at the level of the Ministry of Health
- To start hearing aid dispensing and fitting at the level of the Ministry of Health

# Mozambique



## Country overview:

Population: **30 067 000**

Rural dwellers: **66%** Urban dwellers: **34%** Slum dwellers: **N/A**

Institutional births: **34%**

Prevalence of disabling hearing loss: **13%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, impacted ear wax, ototoxicity**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **Yes**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **Yes**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **Yes**

Care of the elderly: **Yes**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	X	X	✓
Ear surgery		X	✓
Fitting of hearing aid	X	X	X
Cochlear implantation		X	X
Rehabilitation	X	X	X

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	34	1.1
Audiologists	10	0.3
Speech therapists	48	1.6
Hearing aid technicians	0	0
Other cadre trained in EHC	46	1.5

### Service provider:

Public sector: 87% | Private sector: 13%



#### Identified challenges

- Lack of facilities for early detection of hearing loss
- Unavailability of hearing aids and cochlear implants



#### Future plans/potential next step/recommendations

- Improve newborn hearing screening and early detection of hearing loss in the country
- Introduction of cochlear implants
- Make available hearing aids in the country

# Namibia



## Country overview:

Population: **2 480 000**

Rural dwellers: **57%** Urban dwellers: **43%** Slum dwellers: **N/A**

Institutional births: **88.2%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, trauma, presbycusis**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **Yes**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	10	4.0
Audiologists	9	3.6
Speech therapists	17	6.9
Hearing aid technicians	4	1.6
Other cadre trained in EHC	5	2

### Service provider

Public sector: 82% | Private sector: 18%



#### Identified challenges

- Lack of a policy to guides development of the EHC in the country
- Lack of ear and hearing health care services at clinics and some district hospital
- Shortage of human resource for EHC



#### Future plans/potential next step/recommendations

- Developing an ear and hearing health care policy and strategy
- Training of health workers in EHC
- Procurement of medical equipment for diagnosis and treatment of ear and hearing disorders
- Awareness raising through media
- Conducting a study on causes of hearing loss

# Niger



## Country overview:

Population: **25 067 000**

Rural dwellers: **84%** Urban dwellers: **16%** Slum dwellers: **N/A**

Institutional births: **88.2%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **meningitis, ototoxicity, trauma**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	✓	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	16	0.6
Audiologists	8	0.3
Speech therapists	1	0
Hearing aid technicians	0	0
Other cadre trained in EHC	195	7.8

### Service provider

Public sector: 90% | Private sector: 10%



#### Identified challenges

- Weak technical presence and visibility of EHC
- Insufficient human resources
- Lack of national programme EHC



#### Future plans/potential next step/recommendations

- Screening for hearing disorders
- Starting a Cochlear implant programme
- Training of human resource for health in EHC
- Recruitment and deployment of ear care specialists in the regions of the country

# Nigeria



## Country overview:

Population: **216 847 000**

Rural dwellers: **48%** Urban dwellers: **52%** Slum dwellers: **N/A**

Institutional births: **39%**

Prevalence of disabling hearing loss: **6.7%**

Early onset childhood hearing loss: **6/1000 people**

Top 3 causes of Hearing loss: **impacted ear wax, chronic otitis media, presbycusis**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **Yes**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **Yes**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	✓	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	x
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	320	1.5
Audiologists	6	0
Speech therapists	3	0
Hearing aid technicians	0	0
Other cadre trained in EHC	782	3.6

### Service provider

Public sector: 85% | Private sector: 15%



### Identified challenges

- Shortage of human resource for EHC
- Government yet to fund EHC programmes in the country
- Inadequate insurance coverage for hearing aids and rehabilitation services
- Lack of waivers for importation of hearing aids and assistive listening devices
- Unavailability of high quality EHC services in primary and some secondary health care facilities
- Poor enforcement of noise-control regulations in the country
- Stigma associated with and attitude towards treatment of ear diseases and hearing rehabilitation
- Non-existence of assistive listening devices in schools to enable integration of children with hearing disabilities into regular school systems
- High cost of hearing rehabilitation
- Dwindling number of ENT specialists in the country as a result of brain drain



### Future plans/potential next step/recommendations

- Ensure holistic implementation of the national policy and strategic plan for EHC
- Institute a nationwide geriatrics, neonatal, infant and preschool hearing screening programme
- Integrate EHC into other relevant and existing policies such as maternal and child health
- Review and enact policies to stem recreational and occupational noise pollution and ototoxic aetiologies of hearing loss
- Have comprehensive EHC services across the country
- Establish adequate education and training facilities for EHC professionals across the country
- Establish adequate education and training facilities for EHC professionals across the country
- Make hearing aids and assistive listening devices available, accessible and affordable for Nigerians

# Rwanda



## Country overview:

Population: **13 252 274**

Rural dwellers: **76.8%** Urban dwellers: **23.2%** Slum dwellers: **N/A**

Institutional births: **98%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, presbycusis, meningitis**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	23	1.7
Audiologists	1	0.1
Speech therapists	2	0.2
Hearing aid technicians	5	0.4
Other cadre trained in EHC	18	1.4

### Service provider

Public sector: 50% | Private sector: 50%



#### Identified challenges

- Insufficient EHC professionals across the country
- Lack of equipment and instruments for EHC
- Some ear and hearing services not covered by health insurances



#### Future plans/potential next step/recommendations

- Raising awareness on EHC in the community
- Provision of hearing aids to the needy persons in collaboration with different stakeholders
- Reviewing national guidelines for management of ear and hearing conditions
- Increasing human resources and equipment for EHC
- Progressively increasing EHC services covered by health insurance

# Senegal



## Country overview:

Population: **17 738 000**

Rural dwellers: **52.4%** Urban dwellers: **47.6%** Slum dwellers: **N/A**

Institutional births: **72.2%**

Prevalence of disabling hearing loss: **0.6%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, perinatal factors, presbycusis**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **Yes**

Care of the elderly: **Yes**

Occupational health: **Yes**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	x	x
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	✓	✓
Ear surgery		✓	✓
Fitting of hearing aid	x	✓	✓
Cochlear implantation		x	✓
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	75	4.2
Audiologists	7	0.4
Speech therapists	5	0.3
Hearing aid technicians	6	0.3
Other cadre trained in EHC	35	2.0

### Service provider

Public sector: 85% | Private sector: 15%



#### Identified challenges

- Lack of a national strategic plan for EHC
- Lack of funding dedicated to EHC
- Shortage of human resources for EHC
- Lack of streamlining of support system
- No reporting of EHC indicators at the national level
- Prohibitive cost of treatment of EHC-related conditions



#### Future plans/potential next step/recommendations

- To strengthen provision of EHC under the National Health and Social Development Plan

# Seychelles



## Country overview:

Population: **90 946**

Rural dwellers: **50%** Urban dwellers: **50%** Slum dwellers: **N/A**

Institutional births: **99%**

Prevalence of disabling hearing loss: **2%**

Early onset childhood hearing loss: **3/1000 people**

Top 3 causes of Hearing loss: **presbycusis, chronic otitis media, impacted ear wax**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **Yes**

School Hearing Screening: **Yes**

Hearing screening for older people: **Yes**

Hearing aids and implants provision: **Yes**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **Yes**

Care of the elderly: **Yes**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	✓	x
Ear surgery		x	✓
Fitting of hearing aid	x	✓	x
Cochlear implantation		x	x
Rehabilitation	x	✓	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	2	2.2
Audiologists	0	0
Speech therapists	1	1.1
Hearing aid technicians	1	1.1
Other cadre trained in EHC*	25	27.5

\* The EHC density is per 100,000 population

### Service provider

Public sector: 85% | Private sector: 15%



#### Identified challenges

- Shortage of human resource for EHC at all levels
- Unavailability of new technologies to professionals and persons with hearing deficiencies
- Failure to mainstream interpretation



#### Future plans/potential next step/recommendations

- Include audiology services in the PHC package
- Train human resources for EHC
- Make middle ear surgery available and accessible to all

# Sierra Leone



## Country overview:

Population: **7 092 113**

Rural dwellers: **59%** Urban dwellers: **41%** Slum dwellers: **N/A**

Institutional births: **93%**

Prevalence of disabling hearing loss: **11.9%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **noise induced hearing loss, chronic otitis media, impacted wax**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **No**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	X	X	✓
Diagnosis of ear diseases	X	X	✓
Hearing assessment	X	X	✓
Ear surgery		X	✓
Fitting of hearing aid	X	X	✓
Cochlear implantation		X	X
Rehabilitation	X	X	X

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	2	0.3
Audiologists	1	0.1
Speech therapists	0	0
Hearing aid technicians	1	0.1
Other cadre trained in EHC	0	0

### Service provider

Public sector: 70% | Private sector: 30%



#### Identified challenges

- Lack of human resource for EHC
- Insufficient government allocation of funds
- Lack of infrastructure across the country
- Lack of in-country training facilities for human resource for EHC



#### Future plans/potential next step/recommendations

- Develop a national strategy on ENT that is owned by the the Ministry of Health and Sanitation
- Training of human resources for EHC
- Make infrastructure for EHC available
- Ensure availability of supplies required in EHC

# South Africa



## Country overview:

Population: **60 143 000**

Rural dwellers: **33%** Urban dwellers: **67%** Slum dwellers: **N/A**

Institutional births: **96%**

Prevalence of disabling hearing loss: **3.8%**

Early onset childhood hearing loss: **4/1000 people**

Top 3 causes of Hearing loss: **impacted ear wax, low birthweight, mumps/ measles**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **Yes**

School Hearing Screening: **No**

Hearing screening for older people: **Yes**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **Yes**

Care of the elderly: **Yes**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	✓	✓
Ear surgery		✓	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		✓	✓
Rehabilitation	✓	✓	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	256	4.3
Audiologists	1060	17.6
Speech therapists	1696	28.2
Speech therapists and Audiologists	1592	26.5
Hearing aid technicians	0	0
Other cadre trained in EHC	375	6.2

### Service provider

Public sector: 80% | Private sector: 20%



#### Identified challenges

- Lack of a national strategy on EHC
- Need to strengthen EHC services in rural areas
- Low number of human resources for EHC



#### Future plans/potential next step/recommendations

- Roll out hearing screening of all age groups
- Strengthening provision of assistive technology

# South Sudan



## Country overview:

Population: **13 249 924**

Rural dwellers: **97%** Urban dwellers: **3%** Slum dwellers: **N/A**

Institutional births: **18%**

Prevalence of disabling hearing loss: **3%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **chronic otitis media, impacted ear wax, trauma**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **Yes**

Care of the elderly: **No**

Occupational health: **No**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	x	✓
Ear surgery		✓	✓
Fitting of hearing aid	x	x	x
Cochlear implantation		x	x
Rehabilitation	x	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	5	0.4
Audiologists	0	0
Speech therapists	0	0
Hearing aid technicians	0	0
Other cadre trained in EHC	0	0

### Service provider

Public sector: 10% | Private sector: 90%

#### Identified challenges

- Lack of Human resource for EHC
- Lack of institution/focal person for ENT services
- Not well laid out Ministry of Health policies and plans for EHC
- Lack of Budget allocation for EHC

#### Future plans/potential next step/recommendations

- Establishment of EHC educational programme/course to train human resources for EHC as both short and long courses
- Making available training opportunities for medical officers, clinical officers and nurses to study audiology and speech and language therapy courses in neighbouring countries, as the country has no personnel or institutional capacity for such training
- Setting up comprehensive audiological services at the national referral facility
- Creating a public-private partisanship policy framework to harness the capacities existing within the private sector
- Allocating resources for services and research on EHC
- Advocating for and recognizing the importance of World Hearing Day
- Assigning a national focal point and creating a committee to formulate policies and advocate for EHC and coordinate all the activities related to hearing and ear care in the country

# Tanzania



## Country overview:

Population: **44 900 000**

Rural dwellers: **70.9%** Urban dwellers: **29.1%** Slum dwellers: **N/A**

Institutional births: **63%**

Prevalence of disabling hearing loss: **No data**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **impacted ear wax, chronic otitis media, perinatal factors**

Existence of a national of a focal person for EHC: **No**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**  
School Hearing Screening: **No**  
Hearing screening for older people: **No**  
Hearing aids and implants provision: **Yes**

### Integration of EHC in the health system

Maternal and child health: **No**  
School health: **No**  
Care of the elderly: **No**  
Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	x	x	✓
Ear surgery		✓	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	✓
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	64	1.4
Audiologists	3	0.1
Speech therapists	3	0.1
Hearing aid technicians	3	0.1
Other cadre trained in EHC	1.104	24.6

### Service provider

Public sector: 80% | Private sector: 20%



#### Identified challenges

- Need to develop a national strategy on EHC
- Strengthening EHC services in rural areas
- Low number of human resources for EHC



#### Future plans/potential next step/recommendations

- Roll out hearing screening of all age groups
- Strengthening provision of assistive technology

# Uganda



## Country overview:

Population: **45 471 000**

Rural dwellers: **74.8%** Urban dwellers: **25.2%** Slum dwellers: **N/A**

Institutional births: **80%**

Prevalence of disabling hearing loss: **11.7%**

Early onset childhood hearing loss: **12/1000 people**

Top 3 causes of Hearing loss: **chronic otitis media, presbycusis, perinatal factors**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **No**

School health: **No**

Care of the elderly: **No**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	x	✓	✓
Hearing assessment	x	x	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	✓
Rehabilitation	x	x	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	45	1
Audiologists	3	0.1
Speech therapists	50	1.1
Hearing aid technicians	0	0
Other cadre trained in EHC*	75	1.6

\*ENT clinical officers, audiology technicians, audiology nurses

### Service provider

Public sector: 60% | Private sector: 40%



#### Identified challenges

- Limited human resource for EHC, especially audiology and speech and language therapy
- Lack of equipment for screening and management of EHC conditions
- Absence of a publicly funded nationwide hearing screening program
- Failure of comprehensive implementation of the policy on hearing preservation and protection against noise-induced hearing loss at the workforce
- Lack of ototoxicity monitoring for patients receiving ototoxic medication such as chemotherapy



#### Future plans/potential next step/recommendations

- Develop a national ear and hearing policy & the first national ear and hearing strategic plan
- Introduce nationwide newborn and infant hearing screening
- Introduce preschool and school hearing screening
- Make available an in-country bachelor of science degree in audiology
- Initiate early childhood speech and language assessment
- Include assistive hearing devices + implantable devices in the public health care package

# Zambia



## Country overview:

Population: **18 888 000**

Rural dwellers: **55.2%** Urban dwellers: **44.8%** Slum dwellers: **N/A**

Institutional births: **84%**

Prevalence of disabling hearing loss: **7.3%**

Early onset childhood hearing loss: **No data**

Top 3 causes of Hearing loss: **presbycusis, impacted ear wax, chronic otitis media**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **Yes**

Existence of a National strategy for ear and hearing care: **Yes**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **No**

School Hearing Screening: **No**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **Yes**

Care of the elderly: **Yes**

Occupational health: **Yes**



### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	✓	✓	✓
Ear surgery		x	✓
Fitting of hearing aid	✓	✓	✓
Cochlear implantation		x	x
Rehabilitation	✓	x	x

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	7	0.4
Audiologists	1	0.1
Speech therapists	2	0.1
Hearing aid technicians	27	1.4
Other cadre trained in EHC	169	8.9

### Services provider

Public sector: 89.7% | Private sector: 11.3%



#### Identified challenges

- Limited human resource for EHC
- Limited drugs and consumables for EHC
- Low awareness levels on EHC in the community
- The high cost of cochlear implantation



#### Future plans/potential next step/recommendations

- Increase coverage of EHC services by training more staff of various levels
- Procure equipment for EHC
- Make available consumables for EHC
- Increase awareness on EHC through health promotion

# Zimbabwe



## Country overview:

Population: **15 298 000**

Rural dwellers: **61.6%** Urban dwellers: **38.4%** Slum dwellers: **N/A**

Institutional births: **85.5%**

Prevalence of disabling hearing loss: **6%**

Early onset childhood hearing loss: **1/1000 people**

Top 3 causes of Hearing loss: **presbycusis, chronic otitis media, noise induced hearing loss**

Existence of a national of a focal person for EHC: **Yes**

Existence of a Ministry led national committee on for EHC: **No**

Existence of a National strategy for ear and hearing care: **No**



## Health system capacity

### Government led hearing care programs

New-born and infant screening: **Yes**

School Hearing Screening: **Yes**

Hearing screening for older people: **No**

Hearing aids and implants provision: **No**

### Integration of EHC in the health system

Maternal and child health: **Yes**

School health: **Yes**

Care of the elderly: **Yes**

Occupational health: **Yes**





### Availability of EHC at different levels of service provision

	Primary	Secondary	Tertiary
Health promotion	✓	✓	✓
Diagnosis of ear diseases	✓	✓	✓
Hearing assessment	✓	✓	✓
Ear surgery		x	✓
Fitting of hearing aid	x	x	✓
Cochlear implantation		x	x
Rehabilitation	✓	✓	✓

### Available human resource for EHC

	Total	/ 1 000 000 population
ENT specialists	19	1.2
Audiologists	9	0.6
Speech therapists	8	0.5
Hearing aid technicians	8	0.5
Other cadre trained in EHC	15	1

### Service provider

Public sector: 10% | Private sector: 90%



#### Identified challenges

- High attrition rates of Professionals for EHC
- Unavailability of hearing aids in public health programmes
- Limited human resources for health in EHC
- Limited support from health insurers for EHC in the country
- Lack of line budget specific for EHC



#### Future plans/potential next step/recommendations

- Training more Professionals for EHC
- Decentralization of training to include more state institutions of higher learning and education
- Local production and provision of assistive EHC devices.
- Improvement of research on ENT to provide evidence-based policies and guidance
- Improvement of retention strategies for available specialists and their incentivization to undertake EHC services
- Decentralization of services to primary levels and ensuring their availability & accessibility





# 5

## Conclusions

# 5

## Conclusions and recommended actions

### 5.1 Conclusions

- The majority of the countries lack strategic leadership and governance in EHC.
- There is a lack of implementation of the strategic plan for EHC where this exists.
- Where ear and hearing health programmes are available, they are fragmented and not integrated in other existing programmes such as maternal and child health or school screening, for ease of implementation and sustainability.
- Low awareness on EHC, public misconceptions of hearing loss and the stigma associated with treatment of ear diseases and hearing rehabilitation all affect care seeking.
- While most countries provide EHC services, these services are concentrated at the tertiary level and largely in urban settings.
- There is a lack of comprehensive EHC service provision in the WHO African Region even in facilities where EHC services are provided.
- The private sector has a significant contribution in the provision of EHC.
- There is an acute shortage of ear and hearing health workforce regardless of their category, and available human resources prefer to work in urban areas.
- The majority of the countries lack EHC training facilities for the different cadres and qualifications.
- There is a high attrition of the workforce owing to their poor integration and retention strategies.
- There is an acute shortage of medical products and health technology across all countries in this Region.



- The infrastructure and equipment for screening, diagnosis, treatment and rehabilitation of ear disorders and hearing loss are lacking.
- There is a lack of dedicated financing for EHC that is mostly associated with the lack of prioritization in health financing.
- The cost of hearing aids, cochlear implants and other technologies is very high, making them unaffordable, plus governments in most of the countries provide no support in their acquisition.
- EHC indicators are not recorded in the health information systems, which compromises the visibility of the burden of ear and hearing disorders.
- Very little research or publications exist in EHC, hampering its advocacy.

## 5.2 Overall recommended actions

- The ministries of health in all Member States should appoint a national focal point and a committee to formulate policies to advocate for EHC and coordinate its related activities in the country.
- All Member States should recognize the importance of World Hearing Day and promote the activities to observe it.
- Provision of health care services should be streamlined and EHC integrated into programmes where provision of its service would leverage existing frameworks to create synergy and maximize resource use.
- The ministries of health should harness the existing capacity within the private sector through a policy framework for public-private partnerships.
- The ministries of health should define the essential package of services and equipment for EHC for primary to tertiary levels of the health system in a bid to equitably distribute services to rural areas.
- Educational programmes and courses of both short and long duration should be created for human resources for EHC.

- Where a country lacks EHC training capacity, training opportunities should be made available for its human resources for health to pursue training in EHC-related fields in other countries.
- Resources should be dedicated to human resource development, service provision and research in EHC.
- There should be dedicated financing for EHC to equip facilities and provide medical products, consumables and health technology.
- The Region should consider manufacturing hearing aids and technologies to meet its needs, taking their cost into consideration.
- EHC indicators should be reported in the health information system.
- Institutions and independent researchers should be encouraged to conduct research in EHC for the purposes of advocacy and planning for interventions.



# 6

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# 6

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7

**Annexes**

# Annex I: Abbreviated situation analysis tool

## Abbreviated ear and hearing care: situation analysis tool (A-EHCSAT)

### Digital version

The *World report on hearing* was launched in March 2021 in response to the WHA resolution 70.13 on the prevention of hearing loss and deafness.

As a first step in implementing the resolution and report, WHO Regional Office for Africa is undertaking a situation analysis with the **objectives** to:

- document the EHC situation in the region
- identify gaps in provision of EHC(EHC) services
- develop an understanding that facilitates strategic planning

WHO's EHC situation analysis tool (EHCSAT) provides a standardized framework to assess the country preparedness and identify country priorities for ear and hearing care. A-EHCSAT is a digital version of the [WHO EHC situation analysis tool](#) to collect relevant data.

**Who can use the tool:** Designated consultants, national coordinators and focal points in the Members States and the regional offices involved in the EHCSAT 2021 project.

**Data analysis:** Data collected will be made available in relevant format to the personnel involved and the final report will be consolidated at the regional level.

*In case of any further information, clarification or technical difficulty, please contact [chadhas@who.int](mailto:chadhas@who.int)*

(Abbreviations- EHC: Ear and hearing care; MoH: Ministry of health)



## 1. General

### General information

- 1.1** \*Please choose one region of the country for which the situation analysis is being undertaken
- (a) African Region: choose one country
  - (b) Eastern Mediterranean Region: choose one country
  - (c) European Region: choose your country
  - (d) Region of the Americas: choose one country
  - (e) South-East Asian Region: choose one country
  - (f) Western Pacific Region: choose one country
  - (g) Other not a WHO Member State: specify the country
- 1.2** If the situation analysis is limited to a state, province, district, area, etc., please specify
- 1.3** \*Name of the person in charge of this situation analysis
- 1.4** Designation and organization
- 1.5** Address
- 1.6** \*Email(s)
- 1.7** Telephone number(s)
- 1.8** \*Prior to this situation analysis, was there any situation analysis carried out? (Yes/No/Not sure)
- 1.1.8.a. \*Was EHCSAT used for this analysis? (Yes/No/Not sure)
  - 1.1.8.b. Please mention year (yyyy)
  - 1.1.8.c. Attach relevant document(s) if available filecount - 1.1.8.c. Attach relevant document(s) if available

## 1.2 Country profile

**1.2.1** \*Total population in millions  
(please, add at up to 3 decimal points only: e.g. 3.546)

**1.2.2** \*Age distribution of the population (%:  $a+b+c+d=100\%$ )

(a) [0-5 years -5 not included- %]

(b) [5-15 years -15 not included- %]

(c) [15-60 years - 60 not included- %]

(d) [60 or more years %]

**1.2.3** Source of information, also upload the document in reference

## 1.3 \*Rural-urban distribution (%: $a+b+c=100\%$ )

(a) [Rural %:]

(b) [Urban %:]

(c) [Slum population (if applicable) %:]

## 1.4 Health status indicators

**1.4.1** Percentage of births taking place in health facilities (institutional births)

**1.4.2** \*Immunization: are the following vaccines included in the immunization programme of the country?

**If yes, give coverage.**

(a) Measles: (Y/N)

(a) % coverage

(b) Meningitis: (Y/N)

(b) % coverage

(c) Mumps: (Y/N)

(c) % coverage

(d) Rubella: (Y/N)

(d) % coverage

(e) Rubella in adolescents (Y/N)

(e) % coverage



## 1.5 Hearing loss

**1.5.1** \*Prevalence of disabling hearing loss<sup>2</sup>: (%)

**1.5.1.1** If information on disabling hearing loss is not available, indicate the definition used in estimation of prevalence

**1.5.2** Age distribution of hearing loss (%: a+b+c+d=100%)

- (a) [0-5 years -5 not included- %]
- (b) [5-15 years -15 not included- %]
- (c) [15-60 years - 60 not included- %]
- (d) [60 or more years %]

**1.1.3** Incidence of congenital or early onset childhood hearing loss: (number per 1,000 live births)

**1.1.4** \*What are the main causes of disabling hearing loss? (choose from the options below, and rank all applicable)

<b>Causes</b>	Rank (1-11, 1 is the commonest cause and 11 is the least common) <i>Those not applicable can be left blank</i>
<b>Chronic otitis media</b>	
<b>Impacted ear wax</b>	
<b>Low birthweight</b>	
<b>Meningitis</b>	
<b>Mumps, measles</b>	
<b>Noise-induced hearing loss</b>	
<b>Ototoxicity</b>	
<b>Perinatal factors</b>	
<b>Presbycusis</b>	
<b>Rubella</b>	
<b>Trauma</b>	

# 7

## 2. Assessment of health system capacity

### 2.1 Leadership and governance

#### 2.1.1 \*Focal point and national committee(s)

(a) Is there a designated focal point or coordinator for EHC in Ministry of Health (MoH)? (Yes/No)

(b) \*Is there a Ministry of Health (MoH) led national committee(s) to address the issue of hearing care? (Yes/No)

(c) \*Are there any subnational committee(s)? (Yes/No)

2.1.1.1 If yes either to national or subnational committee(s) or both, please upload **any** relevant document(s)

#### 2.1.2 Existing strategic plan or policies for EHC

(a) Is there a MoH led national or sub national strategy, plan or programme for EHC? (Yes/No)

2.1.1.2 If yes, please upload the relevant information or document(s).

#### 2.1.3 Hearing care programmes

(a) \*Is there a government- led newborn and infant hearing screening programme? (Yes/No)

(b) \*Is there a government-led school hearing screening programme? (Yes/No)

(c) \*Is there a government led hearing screening programme for older people? (Yes/No)

(d) \*Is there a government led programme for provision of hearing devices (hearing aids/implants)? (Yes/No)

2.1.3.4 If yes to any of the four EHC programmes in the country (cited above), please upload the relevant information or document(s)

#### 2.1.4 \*Is EHC integrated into the following (mark all the options that apply)

- maternal and child health
- school health
- care of elderly
- occupational health





## 2.1.5 Service delivery for EHC

### 2.1.5.a Primary Health Care (PHC) level

(a) \*Are EHC services included at primary health care level ? (Yes/No)

(b) Which of the following EHC services are provided at primary health care level? (mark all the options that apply)

- Health promotion
- Diagnosis of ear diseases
- Hearing assessment
- Fitting of hearing aids
- Rehabilitation

### 2.1.5.b Secondary health care level

(a) \*Are EHC services included at secondary health care level? (Yes/No)

(b) Which of the following EHC services are provided at secondary health care level? (mark all the options that apply)

- Health promotion
- Diagnosis of ear diseases
- Hearing assessment
- Ear surgery
- Fitting of hearing aids
- Cochlear implantation
- Rehabilitation

### 2.1.5.c Tertiary health care level

(a) \*Are EHC services included at tertiary level? (Yes/No)

(b) Which of the following EHC services are provided at tertiary health care level? (mark all the options that apply)

- Health promotion
- Diagnosis of ear diseases
- Hearing assessment
- Ear surgery
- Fitting of hearing aids
- Cochlear implantation
- Rehabilitation

### 2.1.5.d What percentage of EHC services are provided (a+b=100%) by:

(a) the public health system: %

(b) the private sector: %

## 2.2 Health workforce

**2.2.1** \*Which of the following cadres of health workforce for EHCare available in your country?

- ENT specialists
- Audiologists
- Speech and language therapists
- Hearing aid technicians
- Any other cadre trained in EHC (e.g., trained health workers and nurses)
- Provide details/comments for the specified cadres, if any

**2.2.2** Provide total number per category

- ENT specialists
- Audiologists
- Speech and language therapists
- Hearing aid technicians
- Any other cadre trained in EHC (e.g., trained health workers and nurses)

## 2.3 \*Are educational facilities available

in the country for training of relevant health workforce for ear and hearing care? (Yes/No)

**2.3.1 a.** If yes, please provide the information about the nature of educational facilities and training programmes run in them, including the cadres trained annually and their numbers

**2.3.2** \*Is there an EHC training programme for cadres other than EHC professionals (e.g., health workers and nurses) (Yes/No)

If yes, please provide any relevant information below:

**2.3.3** Medical products and health technology

**2.3.4** \*Are the following products/services available in the country?  
In each product/service select the most appropriate option



<b>Product</b>	<b>Not available</b>	<b>Available and supported by government system</b>	<b>Available and covered under national insurance</b>	<b>Available and self-funded</b>
Hearing aids				
Cochlear implants				
Induction loop systems				
Captioning services				
Sign language interpretation				

## 2.4 Health financing

**2.4.1** \*Is there budget allocation for EHC in ministry of health? (Yes/No). If yes, please comment in the box below.

**2.4.2** \*Where the EHC services are provided through public health system, select the most suitable response below:

- (a) All services are available free of charge.
- (b) A nominal fee has to be paid by patients.
- (c) Some (EHC) services are available free of charge but others have to be paid for, fully or partially.
- (d) Costs are fully covered by health insurance.
- (e) Costs are partially covered by health insurance.
- (f) Costs are borne completely by patients.

**2.4.4** \*Where the EHC services are provided through private sector select the most suitable response below:

- (a) Costs are fully covered by health insurance
- (b) Costs are partially covered by health insurance
- (c) Costs are borne completely by patients

## 2.5 Health Information and research

**2.5.1** \*Is any information or indicator related to EHC reported through the national health system at government level ? (Yes/No/No health information system in the country)

If yes, please provide details of the indicators included

**2.5.2** \*Are there any government-led agencies or institutes conducting research in the field of EHC? (Yes/No). If yes, please provide the name(s)

## 3. Stakeholders

**3.1** \*Are there association(s) of EHC professionals in the country? If yes, list name(s) and details of contact person(s) in the box below

**3.2** \*Are there civil society organization(s) working in the field of EHC in the country? If yes, list name(s) and details of contact person(s) in the box below

**3.3** \*Are there association(s) of deaf/hard of hearing people/parents of hearing impaired in the country? If yes, list name(s) and details of contact person(s) in the box below

**3.4** \*Are there private sector entities relevant to EHC in the country? If yes, list name(s) and details of contact person(s) in the box below



## 4. Future government plans:

4.1 \*Please provide information about any short- and long-term plans for promoting ear and hearing care:

4.2 \*What are the current priorities for EHC in the country?

4.3 \*What are the major challenges facing EHC in the country?

4.4 \*Are there any opportunities that could be used to promote EHC in the country?

**5. \*List of references** (Please provide list of all relevant citations)

**6. \*List of experts/people consulted in the process with their affiliations**



## Annex II: Member States of the WHO African Region

<b>Country (WHO short name)</b>	<b>UN subregions</b>
Algeria	Western Africa
Benin	Western Africa
Burkina Faso	Western Africa
Burundi	Eastern Africa
Cabo Verde	Western Africa
Cameroon	Central Africa
Central African Republic	Central Africa
Chad	Central Africa
Comoros	Eastern Africa
Congo	Central Africa
Côte d'Ivoire	Western Africa
Democratic Republic of the Congo	Central Africa
Equatorial Guinea	Central Africa
Eritrea	Eastern Africa
Eswatini	Southern Africa
Ethiopia	Eastern Africa
Gabon	Central Africa
Gambia	Western Africa
Ghana	Western Africa
Guinea	Western Africa
Guinea-Bissau	Western Africa
Kenya	Eastern Africa
Lesotho	Southern Africa
Liberia	Western Africa
Madagascar	Eastern Africa

Malawi	Eastern Africa
Mali	Western Africa
Mauritania	Western Africa
Mauritius	Eastern Africa
Mozambique	Eastern Africa
Namibia	Southern Africa
Niger	Western Africa
Nigeria	Western Africa
Rwanda	Eastern Africa
Senegal	Western Africa
Seychelles	Eastern Africa
Sierra Leone	Western Africa
South Africa	Southern Africa
South Sudan	Eastern Africa
Uganda	Eastern Africa
Tanzania	Eastern Africa
Zambia	Eastern Africa
Zimbabwe	Eastern Africa





# Annex III:

## List of country EHC stakeholders

### Algeria

Government-led agencies or institutes conducting research in the field of ear and hearing care (EHC)

- None

Association(s) of ear and hearing care (EHC) professionals

- Center for Cochlear Implantation

Civil society organization(s) working in the field of ear and hearing care (EHC)

- No

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- National Association of the Deaf Algeria (ANSA); contact person: Mr Bachir Mahieddine, General Secretary
- Algerian Union of Cochlear Implantees and Hard of Hearing in General (UAICM); Contact person: Mr Boulkercha Manar, Secretary

Private sector entities relevant to EHC)

- INDEXA Center for Audiometry and Hearing Aids, Shopping center -Adress Mohammadia Mall N°07/1241, Les Bananiers, Mohammadia Algiers, Phone number 023 80 40 61

### Angola

- No data

### Benin

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- Groupe d'Etude et de Recherche sur la Surdit  au B nin (GEReSBe); contact person: Professeur Wassi Adjibabi; tel.: 97 88 57 0106; B.P. 758 Cotonou; email: wadjib27@yahoo.fr

Civil society organization(s) working in EHC

- Ecoles de sourds

Association(s) of deaf/hard of hearing people/parents of hearing impaired

Private sector entities relevant to EHC

- Private clinics

## **Botswana**

No data

## **Burkina Faso**

Government-led agencies or institutes conducting research in EHC

- Universities, CHU

Association(s) of EHC professionals

- Société Burkinabè d'Oto-Rhino-Laryngologie; tel.: (+226-70) 036346

Civil society organization(s) working in EHC

- Fédération des associations des personnes vivant avec un handicap; contact person: Mr Palenfo Issa, President; tel.: (+226-70) 127033

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Union Nationale des Associations de Déficiences Auditif/Burkina; contact person: Sawadogo Mohamed, President; tel.: (+226-70) 143443

Private sector entities relevant to EHC

- Clinique Frany, Zone du Bois 06, B.P. 10224, Ouagadougou; tel.: (+226-25) 369932
- Clinique ORL Tanga; tel.: (+226-25) 435617
- CEFIGE; tel.: (+226-75) 489261
- Institut des Jeunes Sourds du Faso; tel.: (+226-78) 093110

## **Burundi**

Government-led agencies or institutes conducting research in EHC

- Centre Hospitalo-Universitaire de Kamenge (CHUK)
- Facultés de Médecine de l'Université Espoir d'Afrique
- Facultés de Médecine de l'université de Ngozi du Burundi.

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Association des Devenus Malentendants du Burundi (ADMB); contact person: Floride Ndahabonyumukama, Représentante Légale; tel.: (+257-71) 850565; email: floride.umukama@yahoo.fr



Private sector entities relevant to EHC

- Centre d'Audiologie Kale-B; contact person: Dr Léonard Bivahagumye; tel.: (+257-79) 935961; email: bivaleo@hotmail.fr

### **Cabo Verde**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Associação Cabo-Verdiana de Surdos

Private sector entities relevant to EHC

- Medicalia; website: <http://medicalia.cv/>

### **Cameroon**

Government-led agencies or institutes conducting research in EHC

- La Faculté de Médecine et des Sciences Biomédicales de l'Université de Yaoundé

Association(s) of EHC professionals

- No information

Civil society organization(s) working in EHC

- Association de Lutte Contre la Déficience Auditiv au Cameroun (ALDAC)  
Responsable: Pr Ndjolo Alexis; tel.: (+237-677) 731254; email: andjolo@yahoo.com
- Collectif ORL et Citoyen Contre Le Handicap et l'Exclusion Engendrée par la Surdit  (COCHLEE) Responsable: Dr E. Vehe Vokwely, Jean Espoir; tel.: (+237-67) 7559034; email: associationcochlee@gmail.com

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Association des Parents des D ficients Auditifs et Langagiens au Cameroun (APDALC); Person in charge: Mme Ngoa; tel.: (+237-67) 4982286

Private sector entities relevant to EHC

- None

### **Central African Republic**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- Réseau Ibn Al Haytham; tel.: (+236-75) 684256; Avenue Barthelemy Boganga. Spécialisé en audiologie vente des aides auditifs et des lunettes ophtalmologiques

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Directeur des Etudes: Adoumnodji Beyam; tel.: (+235 66) 004720; email: fesot\_pdt@yahoo.fr; Dr Djonga Ouangbi, member; email: o\_djonga1999@yahoo.fr

Private sector entities relevant to EHC

- None

## **Chad**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Association Nationales des Déficiants Auditifs au Tchad; Directeur des Etudes: Kodjingar Nguemta; tel.: (+235-66) 248451

Private sector entities relevant to EHC

- None

## **Comoros**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- None

Private sector entities relevant to EHC

- None



## Congo

Government-led agencies or institutes conducting research in EHC

- La Faculté des Sciences de la Santé de l'Université Marien Ngouabi

Association(s) of EHC professionals

- Société Congolaise d'ORL (SCORL); Président: Professeur Gontran Ondzotto; email: gontranondzotto@gmail.com, atina\_babia@yahoo.fr

Civil society organization(s) working in EHC

- Institut des Jeunes Sourds de Brazzaville (établissement conventionné de l'église catholique)

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Union Nationale des Associations des Sourds du Congo. La Force Unie (UNASCO-FU); Parfait Songo; tel.: (+242-06) 9527552 / 053522304; email: unasco-fu14@gmail.com
- Association Nationale des Sourds du Congo (ANASCO); Alphonse Ngoulou, Tel.: 065414990 / 055483846; email : alphonsedieudonnengoulou@gmail.com
- Association Nationale des Déficiants Auditifs et Sourds du Congo (ANDASCO); Andzouana Richard; tel.: 069012646

Private sector entities relevant to EHC

- Institut des Jeunes Sourds de Brazzaville; contact person: Soeur Claire Clarisse Bassolo Mpassi, Coordonnatrice de l'Institut; email: clarissecana2020@gmail.com; tel.: (+242-06) 6926915

## Côte d'Ivoire

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- Societe Ivoirienne d'ORL (SIORL)
- La Fondation ORL

Civil society organization(s) working in EHC

- Organisation Ivoirienne pour la parole et l'audition (OIPA)

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Association des Parents d'Enfants Implantes de Cote d'Ivoire

Private sector entities relevant to EHC

- None

## **Democratic Republic of the Congo**

Government-led agencies or institutes conducting research in EHC

- Le programme national de réadaptation à base communautaire sous la tutelle du ministère de la santé
- Les Cliniques universitaires de Kinshasa
- Le réseau de l'archidiocèse de Kinshasa
- L'armée du salut

Association(s) of EHC professionals

- La Société Congolaise d'Oto-Rhino-Laryngologie; contact person: Dr Kambia Elysée; tel.: (+243-81) 5116375

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Centre de Réadaptation pour Personnes Sourdes et Mal Entendantes; contact: Dr Tshimbadi; tel.: (+243-85) 3033667

Private sector entities relevant to EHC

- None

## **Equatorial Guinea**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- None

Private sector entities relevant to EHC

- None

## **Eritrea**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None



Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Eritrean National Association of DEAF

Private sector entities relevant to EHC

- None

### **Eswatini**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- None

Private sector entities relevant to EHC

- None

### **Ethiopia**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- Ear, Nose and Throat Professional Society

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Ethiopia National Association of the Deaf and Blind; tel.: (+251-91) 1108984; email: enaddbd@gmail.com or enadb@ethionet

Private sector entities relevant to EHC

- None

### **Gabon**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- La Société Gabonaise des ORL (SOGOR)

Civil society organization(s) working in EHC

- Fondation Sylvia Bongo ONDIMBA
- Le Programme Gabon Égalité

#### Association(s) of deaf/hard of hearing people/parents of hearing impaired

- L'association des Sourds Muets et Malentendants du Gabon (ASMG); contact: Mlle Suzanne Nse Nguema Nze, Présidente de l'ASMG; Siège Social de l'Association des Sourds Muets du Gabon, B.P. 13206, Libreville, Gabon, tel.: (+241-07) 798376, (+241-07) 647031; email: association\_asmg@yahoo.fr; website: www.asmg-gabon.over-blog.com

#### Private sector entities relevant to EHC

- Cabinet Médical Orchidée et Camélia, Près Pharmacie de Glass, B.P. 528 Libreville, tel.: 011 770777, étage 1; tel.: (241-065) 77 89 76; étage 2, ORL: Contact: Dr Marie-Thérèse Vane
- Clinique Medico Chirurgical de la Paix, Ambowé à côté du petit marché, B.P. 12442 Libreville, email: cliniquelapaix@yahoo.fr; Tel.: 066 27 03 45/062 70 42 10; contact: Dr Itsouguika
- Cabinet Medical du Dr Ludmila Edzang Ancienne Sobraga, descente de Multi presse dernière rue à droite, B.P. 12214 Libreville, E-Mail : cabmededzang@gmail.com, tél : 077 94 74 74 Edzang, Tél : 066 79 66 66 Edzang
- Clinique union medicale, Quartier Ancienne Sobraga, B.P. 147 Libreville, E-Mail : umed20@yahoo.fr, Tél : 011 73 70 85, fax : 011 73 71 57
- CUMC-CO, Clinique d'urgences medico chirurgical, Glass, B.P. 6945 Libreville, E-Mail : cliniqueokinda.glass@gmail.com, Tél : 066 66 90 45
- Clinique Medivision, Pont Guégué, B.P. 8020 Libreville, Tél : 011 73 78 15, Tél : 011 44 57 00, Fax : 011 73 78 15
- Cabinet Pr NZOUBA, Libreville, Tél : 011 74 29 63
- Cabinet Dr EYEGHE, Port-Gentil Tél : 55.19.11

### **Gambia**

#### Government-led agencies or institutes conducting research in EHC

- None

#### Association(s) of EHC professionals

- None

#### Civil society organization(s) working in EHC

- None

#### Association(s) of deaf/hard of hearing people/parents of hearing impaired

- St John's School for the Deaf, Kanifing; email: stjohndeafgambia@hotmail.com; tel.: (+220) 2965785; contact person: Daniel J. Mendy, Principal

#### Private sector entities relevant to EHC

- None





## Ghana

Government-led agencies or institutes conducting research in EHC

- The Teaching hospitals

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- None

Private sector entities relevant to EHC

- None

## Guinea

Government-led agencies or institutes conducting research in EHC

- Les institutions d'enseignement supérieur (Gamal Abdel Nasser, Kofi Annan et la source)
- Les Centres Hospitalo-Universitaires (CHU)

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- None

Private sector entities relevant to EHC

- Association Audition Pour Tous (APT), Alpha Oumar Diallo, B.P. 2267, Conakry; email: dalphao@hotmail.com
- Fondation Sayon pour l'ORL Humanitaire, Abdoulaye Keita; email: abdoulayeorl@gmail.com

## Guinea Bissau

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Escola de Surdos e Mudos; Director da Escola: Jose Augusto Lopes; Tel.: 00245955522191; email: assurdosgb@yahoo.com.br

Private sector entities relevant to EHC

- None

## **Kenya**

Government-led agencies or institutes conducting research in EHC

- Higher institutions of learning

Association(s) of EHC professionals

- Kenya Ear Nose and Throat Society (KENTS)

Civil society organization(s) working in EHC

- Lions Club of Nairobi

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Society for the Deaf in Kenya

Private sector entities relevant to EHC

- No information

## **Lesotho**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- National Association for the Deaf Lesotho (NADL); contact person: Ms Bongiwe Buzi; P.O. Box 13821, Maseru Lesotho; tel.: (+266) 22317428

Private sector entities relevant to EHC

- HearSense Hearing, Speech and Balance Clinic; contact person: Dr Teboho Frantši; tel.: (+266-51) 868996, (+266-63) 339337; email: tebofra@gmail.com; address: Room 5, Mmelesi Building, Borokhoaneng, Maseru, 100 Lesotho

## **Liberia**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals

- None



Civil society organization(s) working in EHC

- Association of Liberia Deaf Interpreters, contact person: Agatha Borbor tel.: (+231-88) 6516620)
- Hope for the Deaf; contact person: David Wolobah; tel.: (+231-77) 0177442)

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Liberia School for the Deaf; contact person: Andrew Tugbeh; tel.: (+231-77) 5800747

Private sector entities relevant to EHC

- None

## Madagascar

Government-led agencies or institutes conducting research in EHC

- Institut National de Santé Publique et Communautaire

Association(s) of EHC professionals in the country

- Société Malgache des ORL (société savant)

Civil society organization(s) working in EHC

- CBM
- SALFA (ONG confessionnelle)

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Fédération des sourds
- Plate-Forme Personnes Handicapées de Madagascar

Private sector entities relevant to EHC

- SALFA
- Clinique des soeurs Ankadifotsy

## Malawi

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals in the country

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Malawi National Association for the deaf (MANAD); contact person: Executive Director; address: P/Bag 14 Maselema, Blantyre; email: infor@manadmw.org, website: www.manadmw.org

Private sector entities relevant to EHC

- None

## **Mali**

Government-led agencies or institutes conducting research in EHC

- Unité de Neurogenetique de la faculté de Medecine, personne referente Dr Yalcouye, Bp:1805 Bamako, Dr Yalcouye tel +22377940664

Association(s) of EHC professionals in the country

- College National d'ORL et de chirurgie Face et Cou du Mali, CN-ORL/Mali, Contact :Pr KEITA Tel+22376433179, courriel: mohamedamadoukeita@gmail.com

Civil society organization(s) working in EHC

- Association Malienne des arents d'enfants implantés cochléaires

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Association Malienne des Sourds AMASOURD, Contact:Famory Konaté tel +22379433931
- Federation Malienne des personnes handicapées contact Mme Djiginé, Tel +22376058651

Private sector entities relevant to EHC

- Projet Agence autrichienne de de developpement(ADA)-College national d'ORL, contact Mr Nafiou Abdraha,ane tel:+22392893239, courriel: nafiou.abdrahamane@gmail.com

## **Mauritania**

Government-led agencies or institutes conducting research in EHC

- La faculté de medecine et les services ORL dans les hopitaux tertiaires publiques

Association(s) of EHC professionals in the country

- La societé savante de l'ORL

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Association des handicapés physiques et mentaux de Mauritanie

Private sector entities relevant to EHC

- Cabinets et cliniques privées avec des services ORL

## **Mauritius**

Government-led agencies or institutes conducting research in EHC

- None



#### Association(s) of EHC professionals in the country

- Association of Audiologists (AA); contact person: Vandana Surroop; email: vsurroop@gmail.com
- Speech and Language Therapists Association (SPELTA); contact person: Sandra Gungurum; email: sandragungurum@yahoo.com
- ENT Association; contact person: Dr Thungavelu; tel.: (+230-40) 80200

#### Civil society organization(s) working in EHC

- APDA (special School); contact person: Mariam Sumun; email: mariamsumun@gmail.com
- Society for the Welfare of the Deaf; contact person: Artee Bissoonauthsing; email: swdeaf@gmail.com

#### Association(s) of deaf/hard of hearing people/parents of hearing impaired

- APDA (special School); contact person: Mariam Sumun; email: mariamsumun@gmail.com
- Society for the Welfare of the Deaf; contact person: Artee Bissoonauthsing; email: swdeaf@gmail.com

#### Private sector entities relevant to EHC

- Several hearing aids companies

### **Mozambique**

#### Government-led agencies or institutes conducting research in EHC

- Mozambique ministry of health (national otolaryngology Programme)

#### Association(s) of EHC professionals in the country

- Mozambican ENT society

#### Civil society organization(s) working in EHC

- None

#### Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Association of Deaf and Mute

#### Private sector entities relevant to EHC

- Rizwana Adatia Foundation
- ENT heros
- Hearing The Call

### **Namibia**

#### Government-led agencies or institutes conducting research in EHC

- None

#### Association(s) of EHC professionals in the country

- Marelize Fourie, tel.: (+264-81) 4758288
- Audiology Society of Namibia

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Namibia National Federation of Deaf; contact person: Paul ya Nanyeni, Director; email: Paul@nanyeni.co, nnod@iway.na

Private sector entities relevant to EHC

- Marelize Fourie, Speech Therapy and Audiology Owner, Namibia Hearing Care; address: Akwamaryn Street, Windhoek; tel.: (+264-84) 758485
- Janet Brits Audiology, Hearing Aid Store; address: Lady Pohamba Private suite West, Windhoek; tel.: (+264-83) 3394477; email: janet@britsaudiology.com

## **Niger**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals in the country

- Societe Nigerienne d'ORL
- Association Nigerienne des Techniciens en ORL

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Association Nigerienne des personnes malentendante

Private sector entities relevant to EHC

- None

## **Nigeria**

Government-led agencies or institutes conducting research in EHC

- Rigorous research in EHC goes on in all the 21 EHC training centres in the country that include a National Ear Care Center at Kaduna

Association(s) of EHC professionals in the country

- Otorhinolaryngological Society of Nigeria (ORLSON); contact person: Dr Biodun Olusesi, President; email: biodunolusesi@gmail.com; Prof Aliyu Kodiya, Secretary; email: amkodiya@gmail.com

Civil society organization(s) working in EHC

- Suleiman Hearing and Education Foundation: contact person: Dr Suleiman; website: www.suleimanhearedu.com; email: info@suleimanhearedu.com; tel.: (+234-81) 02929095
- Save the Deaf and Endangered Languages Initiative Owerri Nigeria (S-DELI); contact Person: Onyinyechi Nwadiokom; tel.: (+234-70) 33518797; email: info@s-deli.org; website: www.s-deli.org



- Collaboration of the Deaf and Hearing Enterprise (CODAH) and Voice of Disability Initiative. Contact person: Edeh Catherine; email: edehcatherine@yahoo.com; tel.: (+234-803) 686 6444; address: No. 81 Ralph Shodeinde St, Central Business District,
- Abuja association(s) of deaf/hard of hearing people/parents of hearing impaired

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Nigeria National Association of the Deaf (NNAD); contact person: Chidi Oluje, President; email: colujie@yahoo.com

Private sector entities relevant to EHC

- MTN Foundation: website: <http://www.mtn.org>

## Rwanda

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals in the country

- Rwanda Otolaryngology, Head and Neck Surgery Society (ROHNSS), contact person: Dr Kaitesi Batamuliza Mukara, Chairperson; email: kaibat@hotmail.com; tel.: (+250-78) 8467587

Civil society organization(s) working in EHC

- Hearing Health Rwanda (HHR); contact person: Dr Kaitesi Batamuliza Mukara, Chairperson; email: kaibat@hotmail.com; tel.: (+250-78) 8467587
- National Union of Disabilities' Organisations of Rwanda (NUDOR); contact person: Jean Damascène Nsengiyumva, Executive Secretary; tel.: (+250-78) 8400063,
- Heron Foundation; contact person: Mr Laurent Brancaert, Directeur Delegue de la Societe Acuite Luxembourg, Rwanda Representative: Jacqueline; tel.: (+250-78) 8494765

Private Schools of the deaf:

- Huye Deaf School; contact person: Brother Bizoza Pierre Claver; tel.: (+250-78) 1982455
- Nyabihu School of the Deaf; contact person: Emmanuel Hakizimana, Audiologist and Teacher; tel.: (+250-78) 6310667, Longin Nzeyumuremyi, Head Teacher; tel.: (+250-78) 8819079
- GS Institut Fillipo Smaldone; contact person: Sr. Marie Jeanne Uwayisaba, Head Teacher; tel.: (+250-78)7703798
- Childhood at Umutara Deaf School; contact person: Kamana Eleanie; tel.: (+250-78) 8617036

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Rwanda National Association for the Deaf, RNUD, Munana; tel.: (+250-78) 9139470
- Rwanda National Association of Deaf Women (RNADW); contact person: Muhorakeye Pelagie, President; tel.: (+250-78) 8428965

Private sector entities relevant to EHC

- Humanhood clinics; contact person: Dr Kaitesi Batamuliza Mukara; email: Kaibat@hotmail.com

### **Sao Tome and Principe**

- None

### **South Sudan**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals in the country

- None

Civil society organization(s) working in EHC

- Light for the world, UK

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Eastern Equatoria Deaf Association
- National South Sudan Deaf Association

Private sector entities relevant to EHC

- RR modern Diagnostic ENT Centre; contact person: Dr Justin R. Lumaya; email: lugela4@yahoo.com
- Chol Raing ENT Hospital; contact person: Dr Chol Rieng

### **Senegal**

Government-led agencies or institutes conducting research in EHC

- Université Cheikh Anta Diop de Dakar
- Université Iba Der Thiam de Thies
- Université Assane Seck de Ziguinchor
- Université Gaston Berger de Saint Louis

Association(s) of EHC professionals in the country

- Pr Bay Karim DIALLO, Association "Degue", Adresse : www.degue.org, Numéros de tel.: (+221) 774362175; email: bay.diallo@ucad.edu.sn

Civil society organization(s) working in EHC

- Alioune Badara TALL, ATAC, Adresse : Bambey, Numéros de téléphone : +221776386909 Email: tallalioune@yahoo.fr





Association(s) of deaf/hard of hearing people/parents of hearing impaired

- None

Private sector entities relevant to EHC

- None

### **Seychelles**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals in the country

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- None

Private sector entities relevant to EHC

- Association of Persons with Hearing Impairment – APHI; contact: Mrs Anita Gardner; tel.: 00 248 2749791; email: lizyepoutande@yahoo.com.au

### **Sierra Leone**

Government-led agencies or institutes conducting research in EHC

- None

Association(s) of EHC professionals in the country

- None

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- National Society for the Deaf

Private sector entities relevant to EHC

- None

### **South Africa**

Government-led agencies or institutes conducting research in EHC

- Medical Research Council

Association(s) of EHC professionals in the country

- South African Speech, Hearing and Language Association; contact person: Ms Erika Bostock; email: erikab@mpuhealth.gov.za

Civil society organization(s) working in EHC

- South African National Deaf Association; contact person: Makgetha Mosala; email: mosala@sanda.org.za

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Deaf federation of South Africa; contact person: Bruno Druchen; email: brunodruchen@deafsa.co.za

Private sector entities relevant to EHC

- None

## **Togo**

- No data

## **United Republic of Tanzania**

Government-led agencies or institutes conducting research in EHC

- Universities and National Institute for Medical Research

Association(s) of EHC professionals in the country

- Tanzania Ear, Nose and Throat Society (TENT); contact person; Dr Edwin Liyombo-Tents, President; address: P.O. Box 65000, Dar es Salaam; tel.: (+255-75) 4283569; email: drliyombo@yahoo.com

Civil society organization(s) working in EHC

- Tanzania Association of the Deaf (TAD); tel.: (+255-22) 2856829; email: info@chavita.or.tz
- Tanzania Association of the Physically Disabled (TAPD); tel.: (+255-22) 2762233, (+255-75) 4698820; email: info@shivyawata.or.tz

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Tanzania Association of the Deaf (TAD) - tel.: (+255-22) 2856829; email: info@chavita.or.tz
- Tanzania Cochlear Implant Beneficiaries Association (TACIBA); tel.: (+255-78) 4627012; email: leonard@octopus.co.tz

Private sector entities relevant to EHC

- Hear Well Clinic; email: hearwell.tz@gmail.com; tel.: (+255-77) 4446699

## **Uganda**

Government-led agencies or institutes conducting research in EHC

- Makerere University, Kampala, Uganda
- Mbarara University of Science and Technology, Mbarara, Uganda

Association(s) of EHC professionals in the country

- Otolaryngology Society of Uganda
- Uganda Speech and Language Therapists Association

Civil society organization(s) working in EHC

- Hear His Voice, Uganda



- Let The Children Hear
- National Union of Disabled Persons of Uganda

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Uganda National Association for the Deaf
- Cheshire Uganda
- Tunaweza Uganda

Private sector entities relevant to EHC

- Kampala Audiology and Speech Centre
- Let The Children Hear
- Atlas Audio and Medical Centre

## **Zambia**

Government-led agencies or institutes conducting research in EHC

- University of Zambia
- Beit Cure Hospital
- Ministry of Health

Association(s) of EHC professionals in the country

- Zambia Ear Nose and Throat, Audiology and Speech Society; contact person: Dr Racheal Hapunda, President; email: karanda2007@gmail.com

Civil society organization(s) working in EHC

- None

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Zambia National Association of the Hearing Impaired (ZNAHI)

Private sector entities relevant to EHC

- Starkey Hearing Institute
- Beit Cure Hospital
- Soundseekers

## **Zimbabwe**

Government-led agencies or institutes conducting research in EHC

- National Health Institute of Research, Box CY573 Causeway, Harare, Zimbabwe

Association(s) of EHC professionals in the country

- None

Civil society organization(s) working in EHC

- Audiomax ;. Dr Clemence Chidziva, 93 Baines Avenues, Harare, +263772135657, email: cchidziva@audimaxclinic.com
- WIZEAR. Allan Musemani 9 Rowland Square, Milton Park +263775811287 Email: amusemani@wizear.org

Association(s) of deaf/hard of hearing people/parents of hearing impaired

- Paidamoyo Chimhini, Deaf Zimbabwe Trust, 12 Victory Ave, Greendale, Harare, pchimhini@gmail.com +263774787260
- Mrs Selina Mlambo, Nzeve Deaf Centre, Old Location Sakubva, Mutare, Zimbabwe, Email: [execdirector@nzeve.rog](mailto:execdirector@nzeve.rog)

Private sector entities relevant to EHC

- Dr Chidziva, Audiomax Clinic, [cchidziva@audiomaxclinic.com](mailto:cchidziva@audiomaxclinic.com)
- Dr J Chimedza, 72 George Silundika, [drjchimedza@gmail.com](mailto:drjchimedza@gmail.com)



## The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

### Member States

Algeria	Eritrea	Mozambique
Angola	Eswatini	Namibia
Benin	Ethiopia	Niger
Botswana	Gabon	Nigeria
Burkina Faso	Gambia	Rwanda
Burundi	Ghana	Sao Tome and Principe
Cabo Verde	Guinea	Senegal
Cameroon	Guinea-Bissau	Seychelles
Central African Republic	Kenya	Sierra Leone
Chad	Lesotho	South Africa
Comoros	Liberia	South Sudan
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Côte d'Ivoire	Malawi	Uganda
Democratic Republic of the Congo	Mali	United Republic of Tanzania
Equatorial Guinea	Mauritania	Zambia
	Mauritius	Zimbabwe

### World Health Organization

#### Regional Office for Africa

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