



# NEW APPROACHES ARE NEEDED FOR ADVOCACY TO RAISE AWARENESS ABOUT HEARING LOSS

**Andrew Smith, Joanna Anderson, Daksha Patel**

**International Centre for Evidence in Disability  
London School of Hygiene & Tropical Medicine**

**Coalition for Global Hearing Health – Conference 25-26 July 2014  
St Catherine's College, Oxford, United Kingdom**

**International**  
Centre for Evidence  
in Disability

**cbm**  
together we can do more

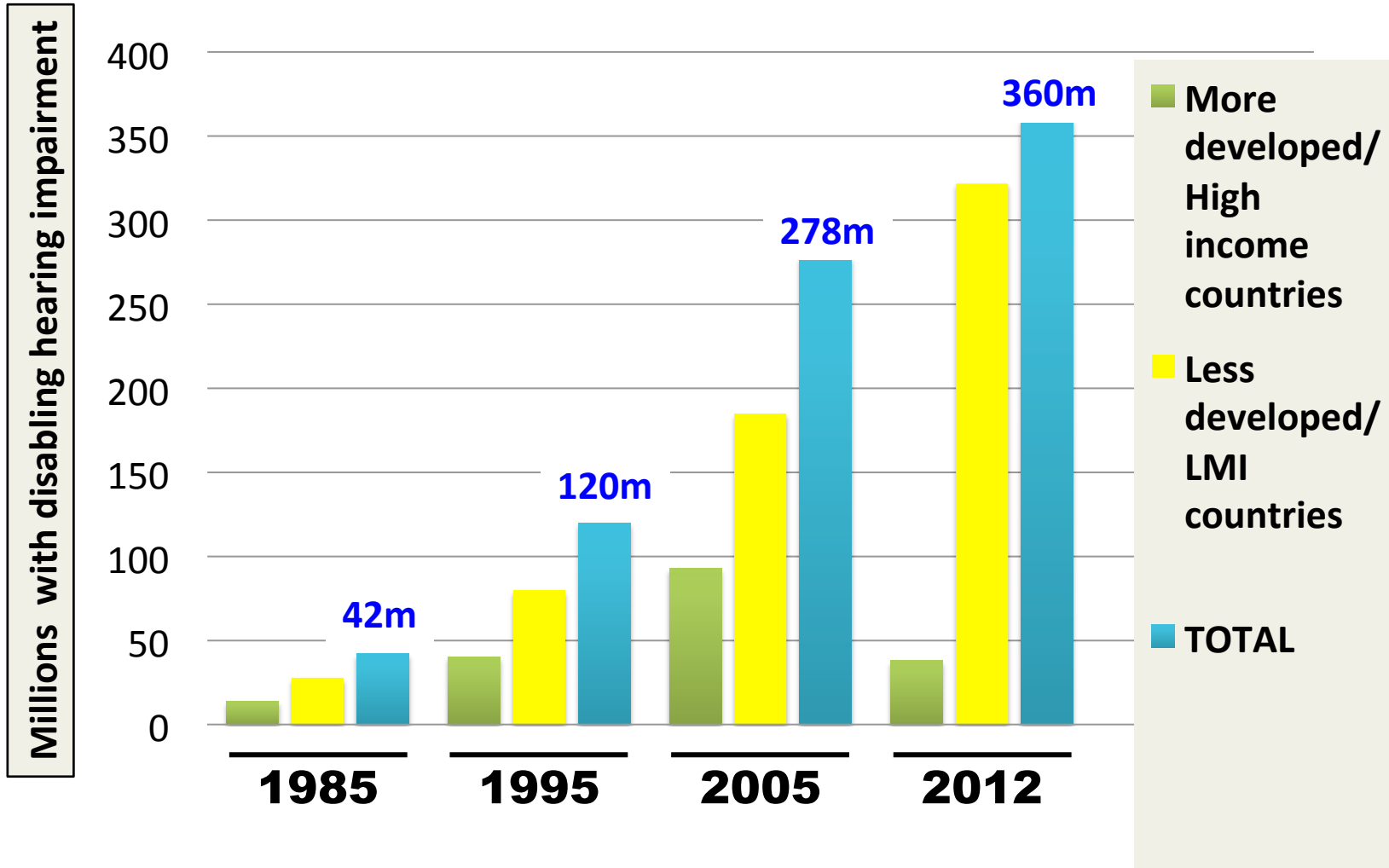
LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



# Outline

- Extent of the problem of hearing impairment
- Resources are not being mobilised
- Advocacy is needed at different levels
  - Community
  - Primary, secondary and tertiary services
  - Policy makers
  - National level
  - Global level

# Trends in WHO global estimates of disabling hearing impairment 1985 - 2012



## WHO GLOBAL ESTIMATES 2012

**360 million persons (5.3%)** have disabling (moderate or worse) hearing impairment – increased from 278 million in 2005

**32 million** of these are children.

**>80%** live in low & middle income countries

[WHO reviewed 42 population-based studies

]



## WHO GLOBAL ESTIMATES 2012 (VI in 2010)

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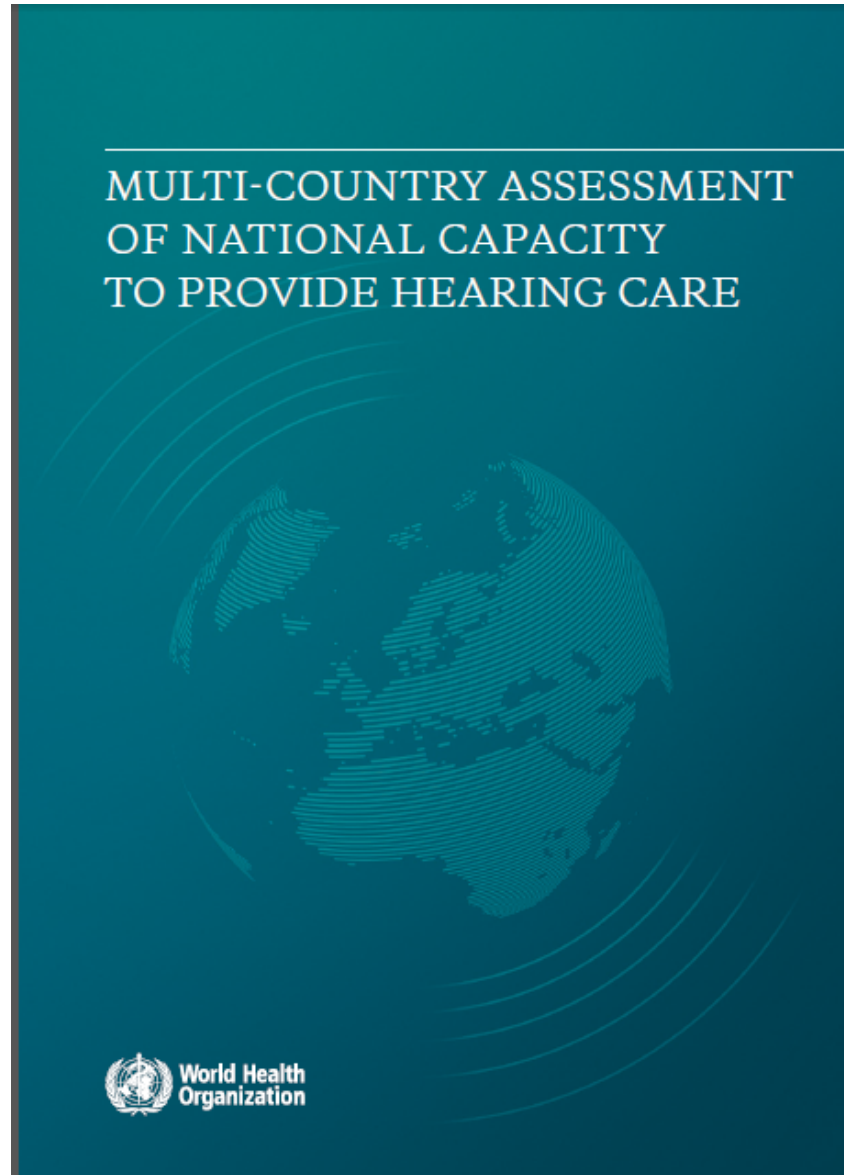
**285 million** have visual impairment, decreased from 311 million in 2004

**32 million** of these are children. **19 million**

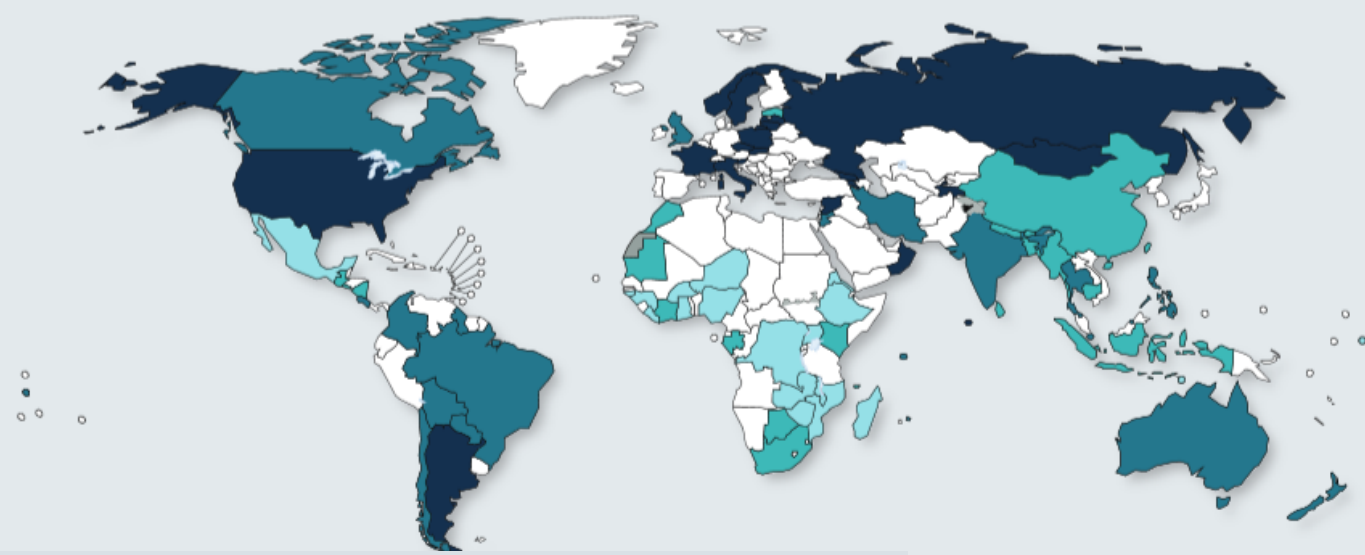
**>80%** live in low & middle income countries (**90%**)

[WHO reviewed 42 population-based studies (**53 studies**) ]

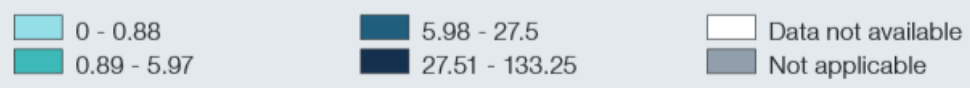
# RESOURCES ARE NOT BEING ALLOCATED



**76/154 (49%)**  
**member states**  
**Responded.**

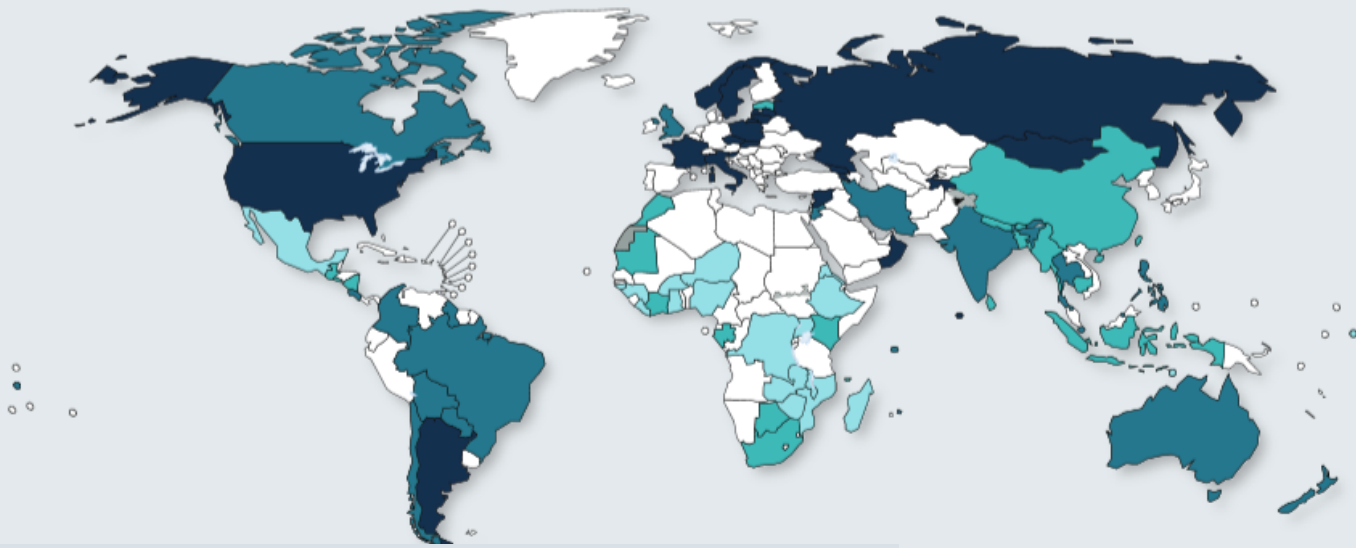


**ENT SPECIALISTS PER MILLION POPULATION**



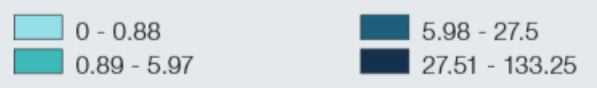
**MAP 2** Worldwide distribution of ENT specialists, per million population, 2013 data

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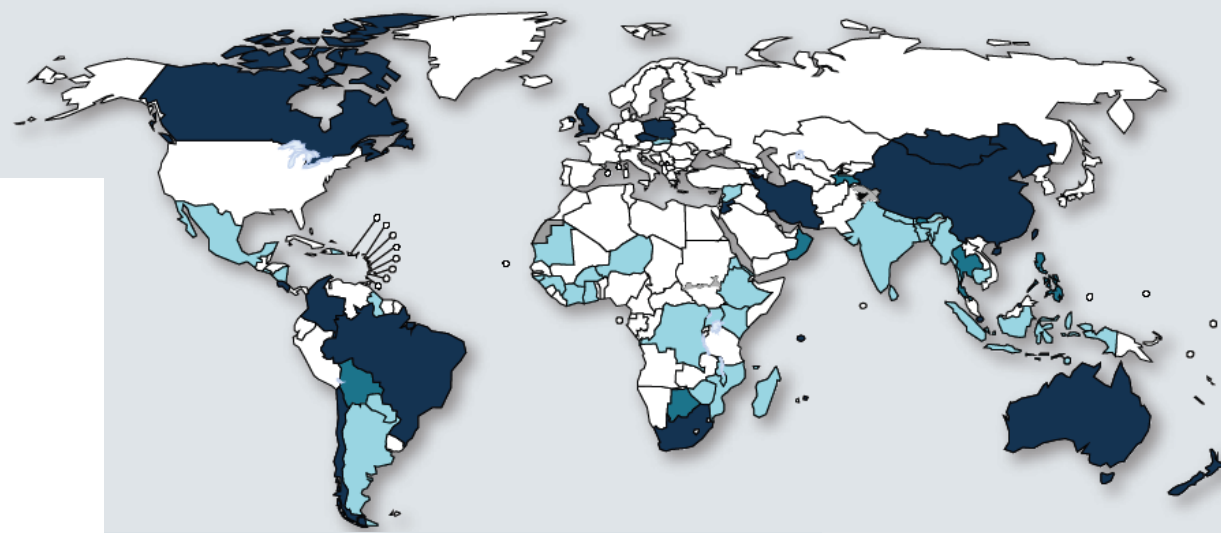


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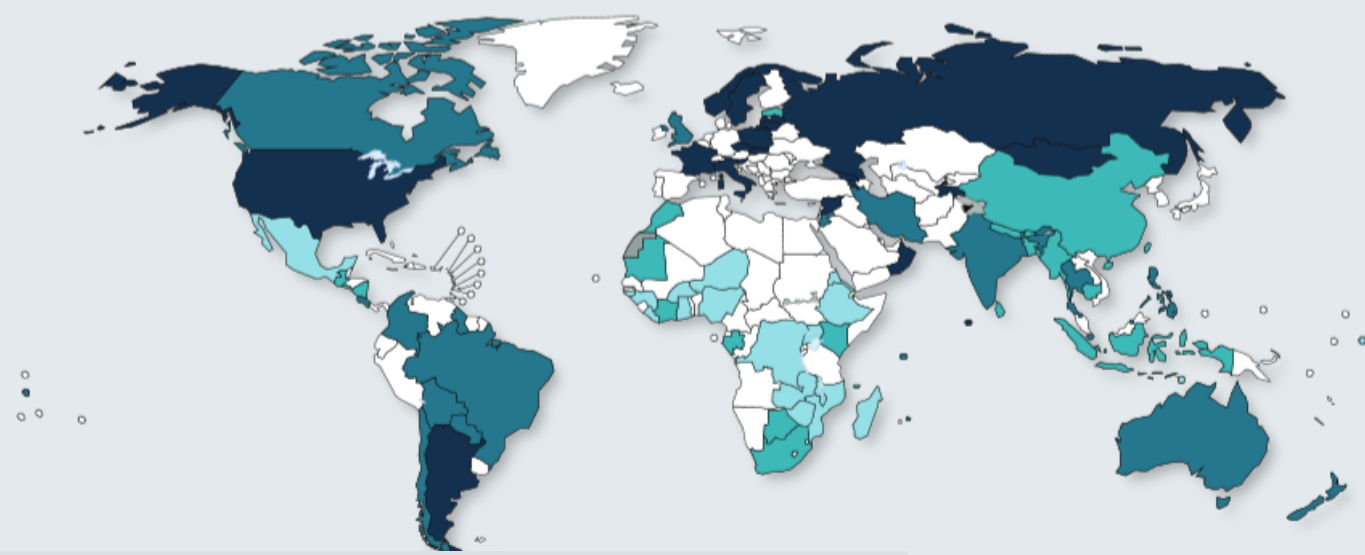
MAP 2 Worldwide distribution of ENT specialists, per



**AUDIOLOGISTS PER MILLION POPULATION**

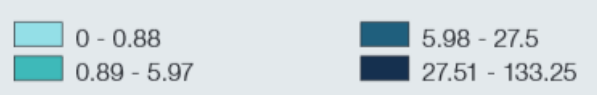


MAP 3 Worldwide distribution of audiology specialists, per million population, 2013 data



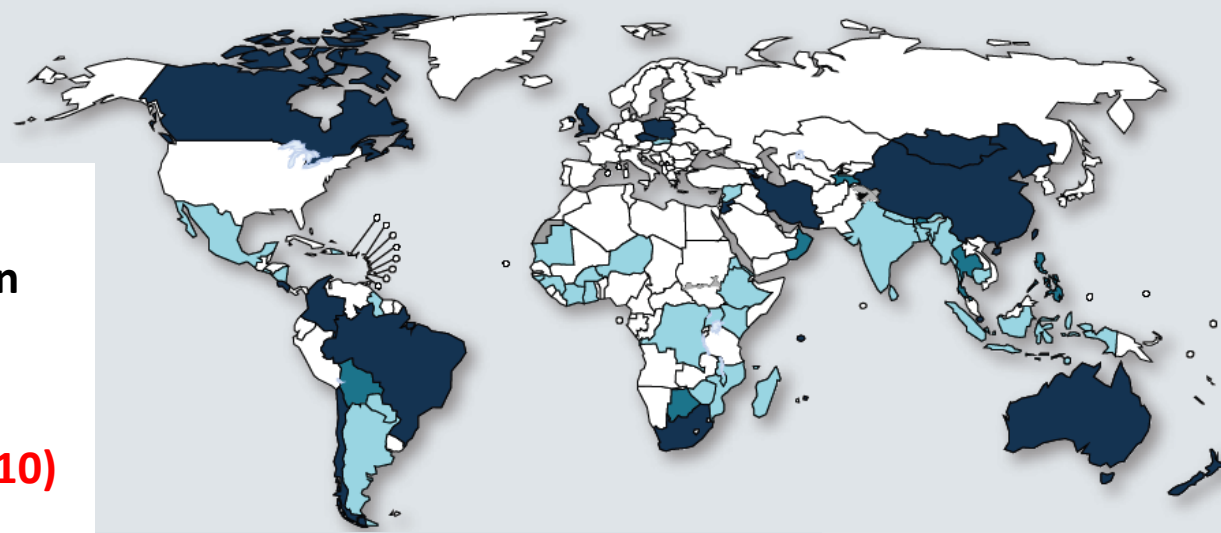
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**member states**  
**Responded.**

**ENT SPECIALISTS PER MILLION POPULATION**



MAP 2 Worldwide distribution of ENT specialists, per

- All regions had sparse population prevalence/cause data
- 20 had national committees  
**(108 for Visual Impairment in 2010)**
- 40 had a national/sub-national plan/programme/policy  
**(104 for Visual Impairment in 2010)**



**AUDIOLOGISTS PER MILLION POPULATION**



MAP 3 Worldwide distribution of audiology specialists, per million population, 2013 data

# **WHY IS IT SO DIFFICULT TO MOBILIZE RESOURCES AGAINST HEARING LOSS?**

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## Negative perceptions:

- Blindness=sympathy /  
Deafness=irritation
- Stigma (“deaf and dumb”)
- Hearing aids

## Ignorance:

- What is hearing loss like?
- Effects on individuals
- Costs to society
- Interventions for prevention  
& rehabilitation (e.g. Avoid  
loud music)



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True size  
of problem  
not known

*Lack of political will  
Inability to prioritise  
Lack of programmes  
Lack of resources*

**Advocacy is needed**

# Advocacy is needed

**What is advocacy?**

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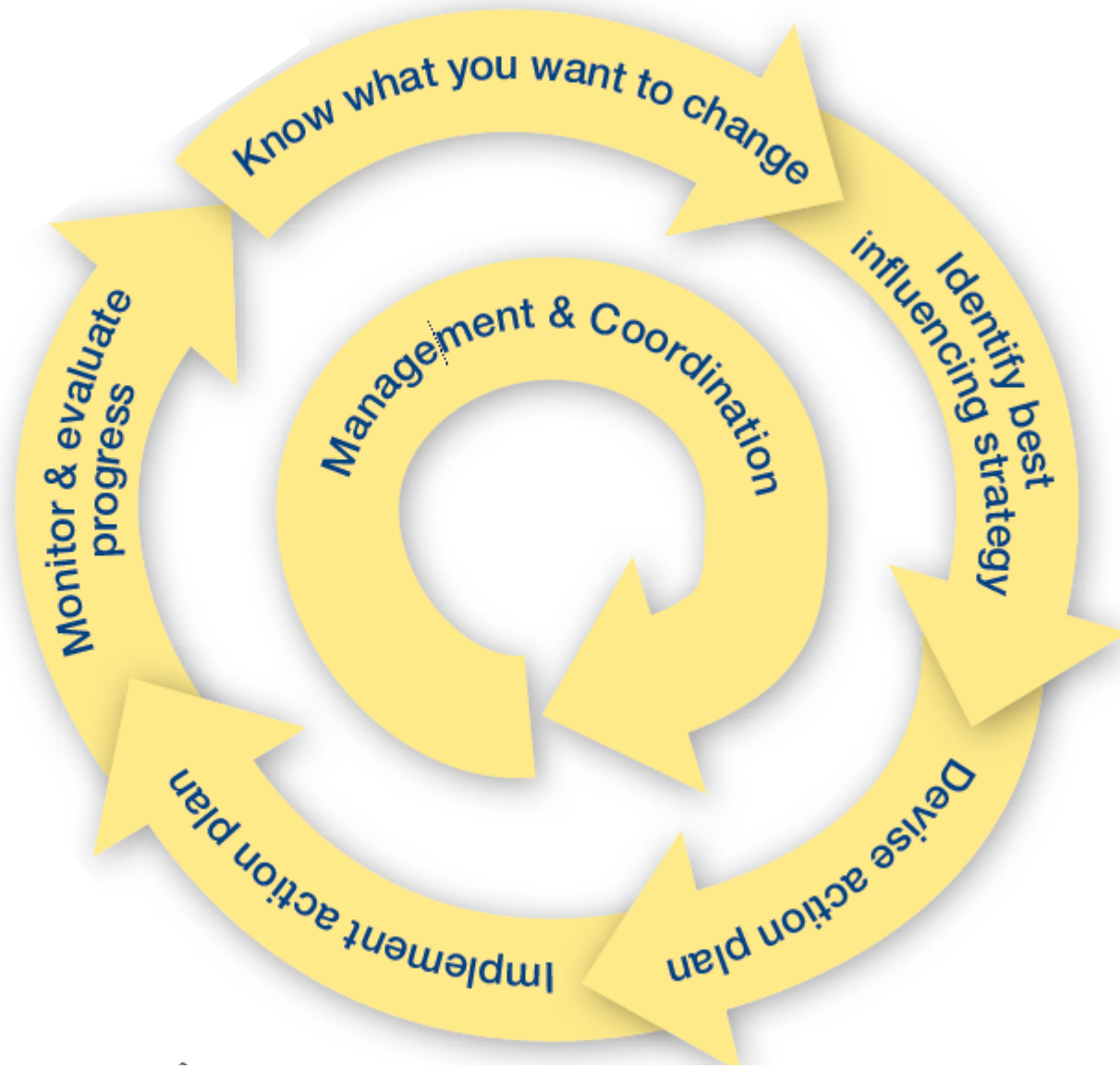
**Advocacy is a planned process of influencing in order to achieve a specific outcome**

# Advocacy is needed

**What is advocacy?**

**Advocacy is a planned process of influencing in order to achieve a specific outcome**

**How should we do it?**



**FROM IAPB ADVOCACY GUIDE — revisit later**

# **Advocacy is needed at different levels**

- **Community**
- **Health Care Workers at all levels**
- **Policy makers**
- **National level**
- **Global level**



# Advocacy is needed at different levels

- **Community**
- Health Care Workers at all levels
- Policy makers
- National level
- Global level

# Community

- **Health Education**
  - **what messages**
  - **campaigns**
  - what is it like to have a hearing loss?
- Focus on deaf achievers
- Involve prominent people (celebrities, well-know sportspeople, musicians)

# Action on Hearing Loss (RNID): **LOVE YOUR EARS CAMPAIGN**



# Loud Music Campaign

**ACTION ON**  
**HEARING**  
**~~LOSS~~**

**LOUD MUSIC.**

Loud music can damage  
your hearing, permanently.

Protect it.  
[loudmusic.org.uk](http://loudmusic.org.uk)



Registered Charity Numbers:  
207702 (England and Wales)  
and SC028028 (Scotland)







**ACTION ON HEARING LOSS**

**LOUD MUSIC.**

LOUD MUSIC CAN DAMAGE your hearing, permanently. Find out more at [hearingloss.org.uk](http://hearingloss.org.uk)

A black and white photograph of a woman's face. A hand is holding a power drill, with the drill bit touching her ear. The woman has a serious expression.

CLEARCHANNEL

DIGITAL



MINI CABS

CAFÉ BENJAMIN



COLLECTOR

1 FISH

Exchange - cambio de moneda - Scambio di D

KEY EXCHANGE

SHI





# Target audience



© KJ Pargeter \* [www.ClipartOf.com/28312](http://www.ClipartOf.com/28312)



# 6,000 Ear plugs distributed before rock concerts



# Community

- **Health Education**

- what messages

- campaigns

- **what is it like to have a hearing loss?**

- Focus on deaf achievers

- Involve prominent people (celebrities, well-know sportspeople, musicians)

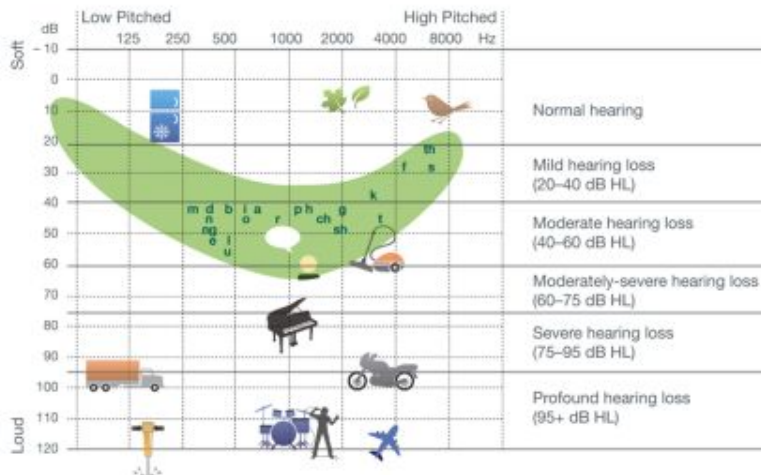


## What does hearing loss sound like?

### I can hear, but I don't understand properly

Hearing loss often affects our ability to understand speech. In particular, the consonants /P/, /K/, /F/, /H/ or all /T/, /Sh/ and /S/ sounds are no longer heard.

## Hearing Loss Illustration



## Hearing Loss Simulation Sound Tracks

We can't hear what other people hear. People with hearing loss are usually unable to explain how the hearing loss affects them or what they hear and what they don't hear.

The following sound tracks are meant to give you or other people an idea of how hearing loss changes perception.

- Alps
- Announcement
- Beethoven
- Birds
- Ducks
- Frogs
- Piano
- Popmusic

## Understanding hearing loss

- Causes of hearing loss
- Degrees of hearing loss
- How hearing loss sounds
- Consequences of hearing loss
- What is an audiogram?
- Facts and figures

## Next Steps

[Do our online hearing check](#)

[Ways to better hearing](#)

## Explaining hearing loss

This diagram shows both the loudness and frequency (pitch) of various everyday sounds. Going from top to bottom is increasing in volume and going from left to right is increasing in pitch.

For example, a truck is very loud and also very low in pitch. On the other hand,

## [HEARING LOSS DEMONSTRATION](#)

# Community

- Health Education
  - what messages
  - campaigns
  - what is it like to have a hearing loss?
- **Focus on deaf achievers**
- Involve prominent people (celebrities, well-know sportspeople, musicians)

## Rose Kwamboka (Kenya)



- National level tennis competitor.
- University Graduate, & Masters student
- Assistant Inclusive Development Officer, CBM, Nairobi Office.
- Advocate for the rights of people who are deaf
- Profound hearing loss from age eight years (following mumps)





## ASHLEY FIOLEK (USA)

- Champion moto-cross racer
- Inspirational speaker
- Profoundly deaf since birth

[pics from her Red Bull advert]



# Community

- Research needed to find best models for health promotion and advocacy

# Advocacy is needed at different levels

- Community
- **Health Care Workers at all levels**
- Policy makers
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- Global level

# Advocacy is needed at different levels

- Community
- **Health Care Workers at all levels**
  - Primary level
- Policy makers
- National level
- Global level



Community-Based Rehabilitation  
**Promoting ear and hearing  
care through CBR**



World Health  
Organization



Basic level

# Primary EAR AND HEARING CARE

Training Resource



Community-Based Rehabilitation  
**Promoting ear and hearing  
care through CBR**



World Health  
Organization

# Primary EAR AND HEARING CARE

## Training Resource



### Community-Based Rehabilitation Promoting ear and hearing care through CBR



## Community Ear & Hearing Health

Volume 10  
Issue 13 · 2013



Community outreach in a school setting.

### Increasing community awareness of ear and hearing health

**Shelly Chadha**  
Medical Officer for  
Hearing Impairment  
World Health Organization,  
Geneva, Switzerland

Despite 360 million persons<sup>1</sup> in the world living with disabling hearing loss,<sup>2</sup> there remains a surprising lack of awareness in society about ear diseases and hearing loss. One of every three individuals above 65 years of age has a hearing loss,<sup>3</sup> yet fewer than 3% of people receive the hearing devices they require.<sup>2</sup> Up to 330 million people across the world are affected by chronic otitis media manifesting as a discharging ear.<sup>2</sup> Ignorance is a key contributor to the current situation, where a high prevalence is compounded by poor availability of services and of human as well as financial resources for ear and hearing health.

#### Raising awareness: a neglected priority

In order to improve the situation, what we need is a coordinated and sustained effort to raise awareness at all levels. Governments, policy makers and international agencies need to be targeted through effective advocacy, as do health care professionals and the community at large. Advocacy at the highest level can drive change at the grass-root level, and raising awareness within communities can create an enlightened society – a social movement for championing ear and hearing health.

**\*Disabling hearing loss is defined as hearing loss greater than 40 dB in the better hearing ear in persons more than 15 years of age and greater than 30 dB in persons up to 15 years of age.**

amongst primary health care professionals to further raise awareness about common ear and hearing problems: their causes, prevention, identification and management. Most importantly, communities must be empowered with the knowledge of simple preventive strategies that would ensure their continued or improved hearing health.

Pertinent issues for raising awareness include the growing magnitude of the problem and its common causes, simple and effective prevention strategies, consequences of inaction and benefits of timely intervention. All means of communication available and relevant need to be used – person-to-person communication, print media, posters and electronic media – to convey the need for, methods and benefits of good ear and hearing health.

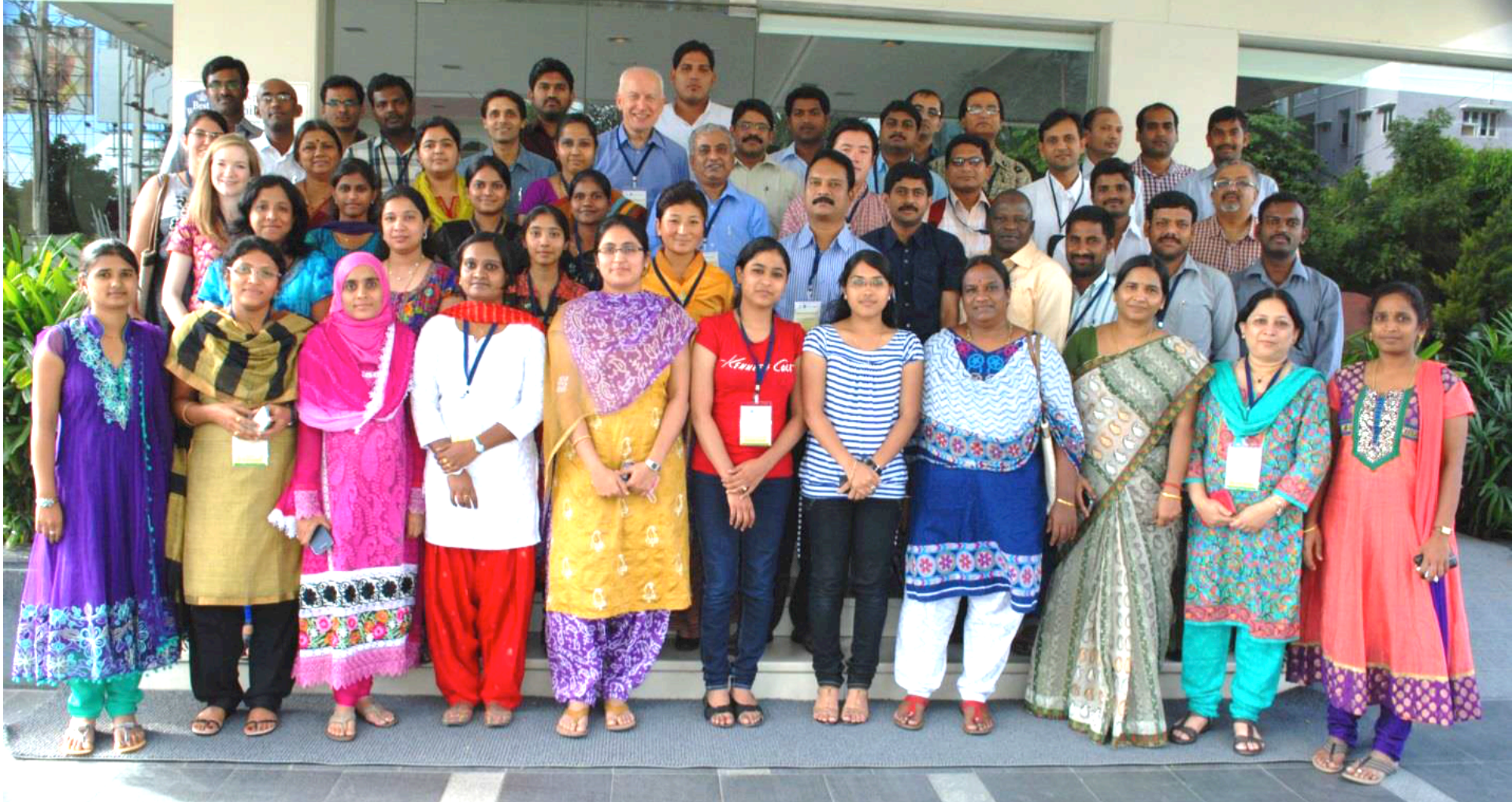
The World Health Organization can play a lead role in gathering evidence and developing evidence-based strategies as well as tools for creating awareness. With the support and collaboration of all those involved in the care of persons with ear conditions and hearing loss, as well as the persons themselves, we must approach ear and hearing health as a social challenge and not merely as a fight against disease.<sup>4</sup>

<sup>1</sup> WHO, MBD. Global estimates of hearing loss. Geneva: WHO, 2012.  
<sup>2</sup> WHO World Report on Disability. Geneva: WHO, 2011: 102.  
<sup>3</sup> Chronic suppurative otitis media: burden of illness and management options. Geneva: WHO, 2004.  
<sup>4</sup> Okuzawa BO, Int J Pediatr Otorhinolaryngol 2000;55: 167- 171.

# Advocacy is needed at different levels

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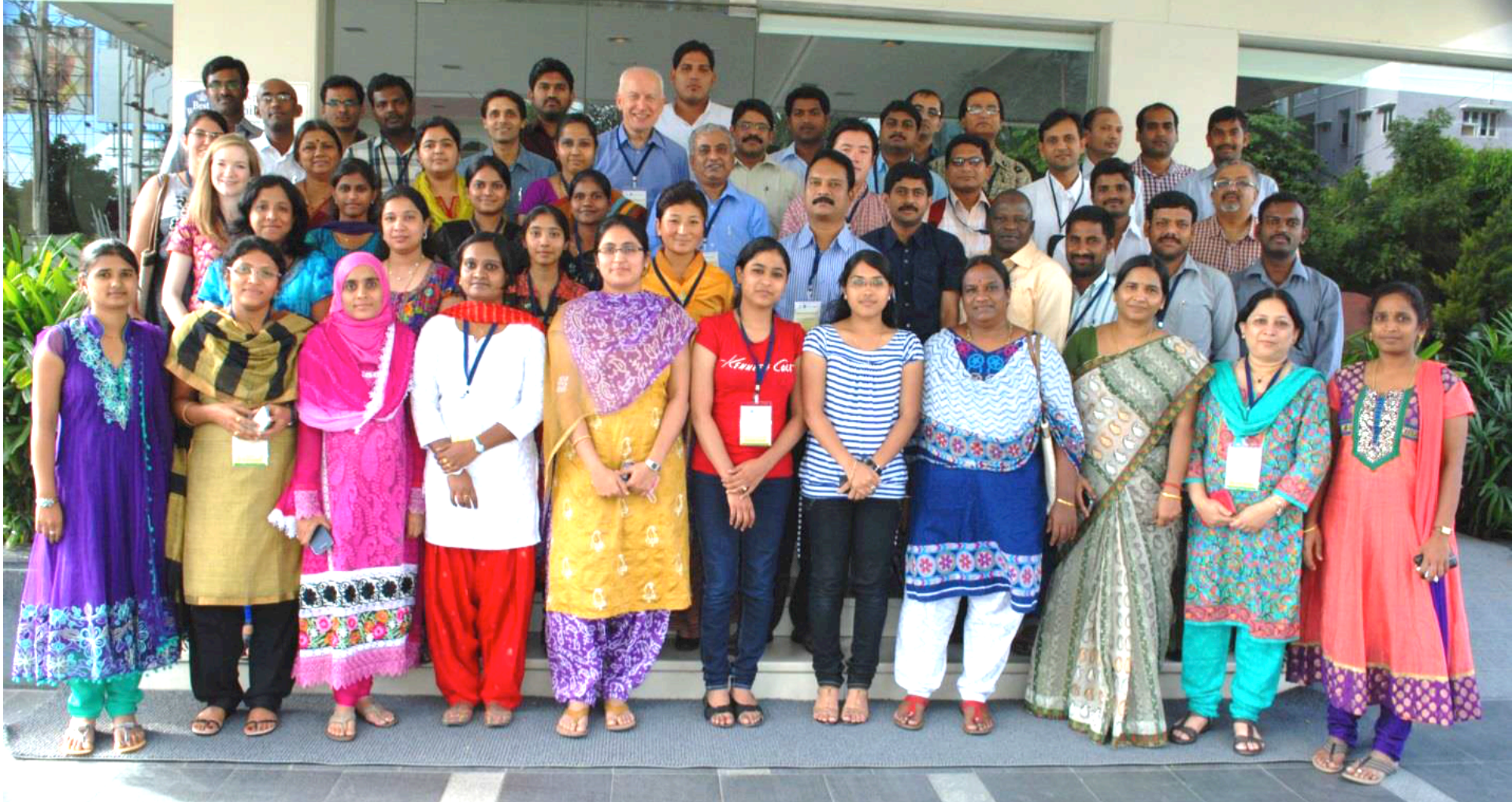




## **PUBLIC HEALTH PLANNING FOR HEARING IMPAIRMENT (PHPHI ) 5-day COURSE in HYDERABAD, INDIA**

Otologists, audiologists, paediatricians, speech-language therapists, nurses, allied professionals  
Health planners and managers (NGOs, Government).





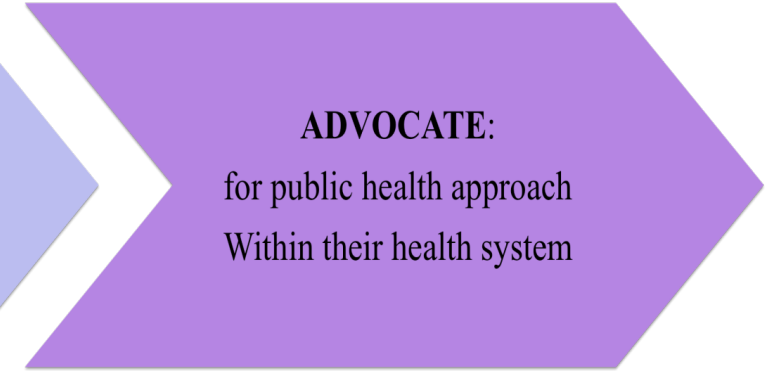
**PUBLIC HEALTH PLANNING FOR HEARING IMPAIRMENT (PHPHI )  
5-day COURSE in HYDERABAD, INDIA**

**RAISING AWARENESS on 1<sup>ST</sup> DAY: EAR PLUGS EXERCISE**

# COURSES ON PUBLIC HEALTH PLANNING FOR HEARING IMPAIRMENT

## LONG-TERM AIM OF THE COURSES

- Develop a cadre of persons in the developing world who can prioritise and plan public-health interventions for prevention, treatment and rehabilitation of hearing loss
- **ADVOCACY** for PUBLIC HEALTH is a key component of the course.



**ADVOCATE:**  
for public health approach  
Within their health system

**SEE THE POSTER TODAY  
BY PATEL, ANDERSON AND SMITH**

# Evidence is needed

- Evidence on the effectiveness & cost-effectiveness of interventions for -
  - primary ear and hearing care (PEHC) and its training
  - public health approach and its training by *Public Health Planning for Hearing Impairment (PHPHI)*

# Advocacy is needed at different levels

- Community
- Health Care Workers at all levels
- **Policy makers**
- National level
- Global level



# **Policy makers**

**Need local data on prevalence, causes, burden, and costs of hearing loss to**

- raise awareness and do advocacy**
- develop policy**
- develop action plan**

# Advocacy is needed at different levels

- Community
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# National level

## Advocacy to

- Set up national coordinating committee
- Appoint national coordinator
- Develop a national plan & programme for the prevention and rehabilitation of hearing impairment
- Set up prevention of hearing impairment as part of the health system

## Need research on impact of programmes

*(See WHO PEHC Training Resource Advanced Manual for how to set up a National Programme)*

# Advocacy is needed at different levels

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- **Global level**

# Global action

- **Lobby your Minister or DMS**
  - take global action against hearing loss at WHO

# WHO EXECUTIVE BOARD MEMBERS IN JULY 2014

## AFRICA

- Chad 2012-2015
- Democratic Republic of the Congo 2014-2017
- Eritrea 2014-2017
- Gambia 2014-2017
- Liberia 2014-2017
- Namibia 2013-2016
- South Africa 2013-2016

## AMERICAS

- Argentina 2013-2016
- Brazil 2013-2016
- Cuba 2012-2015
- Panama 2012-2015
- Suriname 2013-2016
- United States of America 2014-2017

## SOUTH-EAST ASIA

- Democratic People's Republic of Korea 2013-2016
- Maldives 2012-2015  
**[CHAIRMAN]**
- Nepal 2014-2017

## EUROPE

- Albania 2013-2016
- Andorra 2013-2016
- Azerbaijan 2012-2015
- Belgium 2012-2015
- Croatia 2012-2015
- Lithuania 2012-2015
- Russian Federation 2014-2017
- United Kingdom 2014-2017

## EASTERN

### MEDITERRANEAN

- Egypt 2013-2016
- Islamic Republic of Iran 2012-2015
- Kuwait 2014-2017
- Lebanon 2012-2015
- Saudi Arabia 2013-2016

### WESTERN PACIFIC

- Australia 2012-2015
- China 2014-2017
- Japan 2013-2016
- Malaysia 2012-2015
- Republic of Korea 2013-2016

# Global action

- Lobby your Minister or DMS
  - take global action against hearing loss at WHO
- **Influence Executive Board agenda**
  - re-visit 1995 WHA Resolution on PHI
  - discuss new Resolution & action plan
  - mobilise resources for PDH programme



# WHO EXECUTIVE BOARD IN JULY 2014

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Health topics

Data

Media centre

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## Governance

Governance

Meetings

Executive Board

Awards

### The Executive Board

The Executive Board is composed of 34 individuals technically qualified in the field of health, each one designated by a Member State elected to do so by the World Health Assembly. Member States are elected for three-year terms.

The Board meets at least twice a year; the main meeting is normally in January, with a second shorter meeting in May, immediately after the Health Assembly. The main functions of the Executive Board are to give effect to the decisions and policies of the Health Assembly, to advise it and generally to facilitate its work.



— Chairman of the Executive Board

### Basic texts

Basic Documents

WHO Framework Convention on Tobacco Control

International Health Regulations

### New

↓ Rules of Procedure of the Health Assembly as at April 2014 pdf, 282kb

↓ Rules of Procedure of the

<http://www.who.int/governance/eb/en/>

**DATES OF ALL MEETINGS (INCLUDING REGIONAL COMMITTEES):**

<http://www.who.int/governance/calendar/2014/en/>

# World Health Assembly, Geneva, Every year in May.



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  - discuss new Resolution & action plan
  - mobilise resources for PDH programme
- **World Health Assembly**
  - **propose new Resolution on PHI**
  - **propose action plan**

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- World Health Assembly
  - propose new Resolution on PHI
  - propose action plan
- **Lobby other influential Global bodies**
  - **UN & other UN bodies (UNICEF, UNESCO)**
  - **World Health Summit**

# Fund-raising by International Agency for the Prevention of Blindness (IAPB) compared

- 2012: IAPB raised a total of \$6.1m for operations
- 2003 to 2020: “Seeing is Believing” funded by Standard Chartered Bank - \$100m pledged
- World Wide Hearing
- CBM
- AAO, IFOS, ISA



INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS

# Advocacy for Eye Health: A Practical Guide



**Part 1: The Advocacy &  
Campaigning Cycle**

**Part 2: The Toolkit**

# Part 1: The Advocacy & Campaigning Cycle

## Phase 1: Know what you want to change

Step 1.1: Identify the problem or issue to be addressed

Step 1.2: Analyse the problem or issue

Step 1.3: Agree your policy position

Step 1.4: Select and agree your aim and objectives

## Phase 2: Identify the best influencing strategy

Step 2.1: Understand the change process

Step 2.2: Assess your capacity to influence change

Step 2.3: Analyse the external environment

Step 2.4: Select target audiences

Step 2.5: Develop and agree key messages

## **Phase 3: Develop your action plan**

Step 3.1: Plan actions to engage and influence each audience

Step 3.2: Create integrated action plan, timeline and budget

Step 3.3: Complete risk management and monitoring and evaluation plans

Step 3.4: Approve overall advocacy/campaign plan and coordination mechanisms

## **Phase 4: Implement your action plan**

## **Phase 5: Monitor and evaluate your progress**

**Management and coordination of advocacy and campaigning**

**+ Part 2: TOOLKIT**



## Part 2: The Toolkit

Advocacy Capability Model

AIDA model

Assertive Behaviour

Event Timelines

Fishbone Analysis

Force-Field Analysis

Influence Map

Lobbying

Media

Network Function Ladder

PESTLE Analysis

Press Releases

Rhetoric

Risk Management

SMART objectives

Sources of Power

Stakeholder Analysis

SWOT Analysis

Ranking systems

Target Audience Planning

Template



**Thanks for listening!**