Addressing the sensory functions coverage gap: reaching the people in need of spectacles and hearing care
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**Moderator:** Dr Alarcos Cieza, Unit Head SDR

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<td>Prof Jérôme Salomon, Assistant Director-General UCN</td>
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<td>Introduction: global challenges in eye, ear and hearing care</td>
<td>Dr Stuart Keel, Technical Officer (Vision and eye care)</td>
<td>10 mins</td>
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<td>Dr Shelly Chadha, Technical Lead (Hearing)</td>
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<td>Hearing care in Panama: status and actions</td>
<td>Dr Ana Rivière Cinnamond, PWR Panama</td>
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<td>Eye care in Malaysia: status and actions</td>
<td>Dr Mohamad Aziz b Salowi, Ministry of Health, Malaysia</td>
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<td>Eye and ear and hearing care in the African region</td>
<td>Dr Prebo Barango, Medical Officer (NCD), AFRO</td>
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<td>Introducing WHO SPECS</td>
<td>Dr Stuart Keel, Technical Officer (Vision and eye care)</td>
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<td>Dr Shelly Chadha, Technical Lead (Hearing)</td>
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<td>Closing</td>
<td>Dr Bente Mikkelsen, Director NCD (tbc)</td>
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Introduction: global challenges in refractive error care
Huge need

2.6 billion cases of myopia

1.8 billion cases of presbyopia

Individuals with refractive errors have an ongoing need for eye care services
Growing

Myopia 3.36 billion cases by 2030

Presbyopia 2.1 billion cases by 2030

World Health Organization
Effective coverage of refractive error

Global Findings

Range = 3.5% to 89.9%

Report for the 2030 targets on effective coverage of eye care
Key challenges to scaling up coverage of refractive error care

- Limited governmental sector provision.
- Scarce services points for screening, refraction and provision of spectacles.
- Insufficient availability of qualified human resources.
- Limited government oversight and unregulated private sector.
- Lack of awareness and commonly poor demand.
- Spectacles not integrated into the health service packages and insurance schemes.
- Lack of data systems for eye care, including refractive error.
Introduction: global challenges in ear and hearing care
Hearing loss is on the rise

<table>
<thead>
<tr>
<th>Year</th>
<th>All hearing loss</th>
<th>Disabling hearing loss</th>
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<tbody>
<tr>
<td>2019</td>
<td>1582</td>
<td>430</td>
</tr>
<tr>
<td>2030</td>
<td>1889</td>
<td>509</td>
</tr>
<tr>
<td>2040</td>
<td>2206</td>
<td>612</td>
</tr>
<tr>
<td>2050</td>
<td>2497</td>
<td>711</td>
</tr>
</tbody>
</table>
could benefit from ear and hearing care
receive the care they need
When unaddressed, hearing loss impacts many aspects of life:
Cost of unaddressed hearing loss

US$ 980 billion
We face challenges

“Challenges in the field of ear and hearing care can be addressed!”
Country presentations:

**Hearing care in Panama: status and actions**
Dr Ana Rivière Cinnamond, PWR Panama

**Eye care in Malaysia: status and actions**
Dr Mohamad Aziz b Salowi, Ministry of Health, Malasya
Regional presentation:

Eye and ear and hearing care in the African region
Dr Prebo Barango, Medical Officer (NCD), AFRO
Introducing
WHO SPECS
Resolution WHA73.4

Integrated people-centred eye care, including preventable vision impairment and blindness

The Seventy-third World Health Assembly,

Having adopted the written silence procedure through decision WHA73.7 (2020),1


Mindful of the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important interactions between eye health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms everywhere), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Achieve gender equality and empower all women and girls), Goal 6 (Ensure availability and sustainable management of water and sanitation for all), Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all) and Goal 10 (Reduce inequality within and among countries);

Recalling the political declaration of the high-level meeting on universal health coverage,3 including the commitment therein to strengthen efforts to address eye health conditions as part of universal health coverage;

Recognizing that at least 2.2 billion people are living with vision impairment or blindness, of whom at least 1 billion have vision impairment that could have been prevented or corrected,4 and that the vast majority of people with vision impairment live in low- and middle-income countries, which often have limited resources and may lack strategies to prevent or correct vision impairment, and bearing in mind the higher prevalence of vision impairment in rural and remote areas,
Why WHO SPECS 2030?

Integrated people-centred eye care, including preventable vision impairment and blindness

40% increase effective coverage of refractive error by 2030
Vision and mission of the WHO SPECS 2030 initiative

Vision

WHO SPECS 2030 envisions a world in which everyone who needs spectacles has access to quality, affordable and people-centred refractive error services.

Mission

To support the achievement of the World Health Assembly endorsed 2030 target on effective refractive error coverage.
Five strategic pillars

- Improve access to **Services**
- Build capacity of **Personnel** to provide spectacles
- Improve population **Education**
- Reduce the **Cost** of spectacles
- Strengthen research and **Surveillance**
WHO SPECS 2030
A global WHO Initiative

**WHO SPECS Private Sector Dialogues**

**WHO Global SPECS Network**

**WHO SPECS Normative Work**

**WHO private sector engagement** to promote effective and meaningful contributions to scaling up the coverage of refractive services to support the achievement of the 2030 eREC target.

**WHO network** of stakeholders with a common vision to promote collective and coordinated advocacy towards the achievement of 2030 eREC target.

**WHO Norms and Standards** to support Member States to achieve the 2030 eREC target.

Vision and Eye Care Programme - Sensory Functions, Disability and Rehabilitation Unit - Noncommunicable Diseases Department - World Health Organization
Improve access to **Services**

**Desired outcomes**
- Implement policies for spectacle provision in public sector
- Adopt minimum quality standards for spectacles
- Integrate procurement, inventory management
- Integration of RE care in PHC

**WHO-led normative work**
- Guidance paper on legislative issues
- International quality standards summary guide
- Models of service delivery in PHC
Build capacity of **Personnel** to provide spectacles

**Desired outcomes**
- Accredit and regulate the workforce that provide RE services
- Standardize training programs for RE
- Foster innovation for screening and refraction

**WHO-led normative work**
- Models for competency-based teams
- Training resources
- Technical brief on evidence-based innovations
Improve population Education

**Desired outcomes**
- Implement public health campaigns for RE
- Include eye health in wider health promotion
- Implement policies for myopia prevention in schools
- Increase population demand for spectacles

**WHO-led normative work**
- WHO-ITU MyopiaEd Programme
- WHO self testing vision APP and promotion materials
- Education materials for teachers and health workers

Vision and Eye Care Programme - Sensory Functions, Disability and Rehabilitation Unit - Noncommunicable Diseases Department - World Health Organization
Reduce the **Cost** of spectacles

**Desired outcomes**
- Include spectacles in health services packages and insurance
- Address trade barriers
- Establish sustainable funding mechanisms

**WHO-led normative work**
- WHO PECI for costing of integrated services
- Investment and cost-benefit case
- Inclusion in WHO priority medical devices list

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Package of eye care interventions
Strengthen research and **Surveillance**

**Desired outcomes**
- Integrate RE indicators in HIS
- Periodically collect and report on eREC
- Implement quality assurance programmes

**WHO-led normative work**
- DHIS2 sensory functions module
- Global coverage monitoring of 2030 target
- Review of methods and systems for quality assurance
- Health system and policy research agenda

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Vision and Eye Care Programme - Sensory Functions, Disability and Rehabilitation Unit - Noncommunicable Diseases Department - World Health Organization
Timeline

2022
- Stakeholder feedback

2023
- Open call for membership for the WHO Global SPECS Network
- Private sector

2024
- Q3 2024: Launch of WHO SPECS

2027
- Development of normative work to support Member States to achieve the 2030 eREC target

2030
Thank you

For more information, please contact:
Stuart Keel
Technical Officer (Vision and eye care)
keels@who.int
Reaching those in need of hearing care
Prevention of deafness and hearing loss

The Seventieth World Health Assembly,
Having considered the report on prevention of deafness and hearing loss,
Recognizing that 360 million people across the world live with disabling hearing loss, a condition that includes 30 million children and nearly 200 million older adults;
Acknowledging that nearly 90% of the people with hearing loss live in low- and middle-income countries, which often lack resources and strategies to address hearing loss;
Concerned by the persistent high prevalence of chronic ear diseases, such as chronic suppurative otitis media, which lead to hearing loss and may cause life-threatening complications;
Acknowledging the significance of work-related, noise-induced hearing loss, in addition to issues related to recreational and environmental noise-related hearing loss;
Aware that untreated hearing loss is linked with cognitive decline and contributes to the burden of depression and dementia, especially in older adults;
Recognizing the significant impact of ear diseases and hearing loss on the development, ability to communicate, education, livelihood, social well-being and economic independence of individuals, as well as on communities and countries;
Aware that most of the causes of hearing loss are preventable with preventive strategies, that the interventions available are both successful and cost-effective, but that, despite this, many people with ear disease and hearing loss do not have access to needed services;
Recalling resolution WHA61.21 (2008) on prevention of hearing impairment, and resolution WHA64.25 (2011) on disability, including prevention, management and rehabilitation;
Recalling also the World report on hearing 2013, which recommends investment in improved access to health services, rehabilitation and assistive technologies and the WHO’s global strategy action plan 2014–2021, based on this report’s recommendations;
Mindful of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, particularly Goal 3 (Ensure healthy lives and promote well-being for all at all ages) with

20% relative increase effective coverage of hearing aids in countries over 10 years

World Health Assembly resolution 70.13 https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R13-en.pdf
World report on hearing https://www.who.int/publications-detail-redirect/9789240020481
AUDIRE (to hear)

A WHO initiative to increase the effective coverage of hearing aids in low- and middle-income countries.
Vision, aim and target

**Vision**
All people in need of hearing aids can access high quality products and services without financial hardship.

**Aim**
To increase the effective coverage of hearing aids in low- and middle-income countries.

**Target**
Over a ten-year implementation period, achieve a 20% increase in effective coverage of hearing aids among adults in areas targeted.
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<tr>
<th>Component</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
<td>Assessment of hearing function</td>
</tr>
<tr>
<td>UD</td>
<td>User-centered provision of devices</td>
</tr>
<tr>
<td>I</td>
<td>Information and education</td>
</tr>
<tr>
<td>Re</td>
<td>Resources for fitting and maintenance</td>
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Hearing Assessment

Normative

- Implement the WHO guidance on hearing screening in different age groups
- Inclusion of equipment for assessment of hearing function and hearing aid provision in WHO essential medical devices list.

Activities in countries

Advocate to Member States for

A. Integration of hearing screening and rehabilitation into national health plans for UHC.
B. Inclusion of hearing aids in national list of priority assistive devices
C. Inclusion of equipment for assessment of hearing function and hearing aid provision in essential medical devices list
Hearing Assessment

Normative

- Revise the Preferred profile and technical specifications of hearing aids suitable for low- and middle-income countries.
- Identify user-centered approaches for delivery of hearing aids and services (ongoing).

Activities in countries

Advocate to Member States to:

A. Identify/Pre-qualify high-quality hearing aids that match the specifications.
B. Fix prices for procurement through a call for expression of interest.
C. Facilitate inclusion of WHO identified/pre-qualified hearing aids into related lists (e.g., UNICEF catalogue).
D. Advocate for inclusion of hearing aids in national health insurance schemes.
Information and education

Normative

Develop a Compendium of information materials for:

- Raising awareness in community on hearing loss, and to accompany hearing aid fitting.
- List indicators for monitoring the initiative and its impact.

Activities in countries

Advocate for inclusion of ear and hearing care specific information in health promotion programmes at primary care.
Resources

Normative

- Develop guidance on minimum competencies and training standards to prescribe, fit and maintain hearing aids.
- Develop training resources for hearing assessment, hearing aid fitting and service provision.

Activities in countries

A. Advocate to Member States for the development of standardized training programmes for hearing assessment and hearing aid fitting and maintenance.

B. Foster innovative technologies to simplify and de-skill hearing aid fitting.
Timeline

Preparatory phase (ongoing) | Trial phase | Scale-up

Monitoring and evaluation (continuous)
Thank you

For more information, please contact:

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