



Ear care with protective measures during the COVID-19 pandemic. **PERU**

PHOTO: WORLD WIDE HEARING FUNDACIÓN INTERNACIONAL

Ear and hearing care in the midst of a pandemic



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Our world has changed. Life in a time of pandemic is a drastically different reality for all of us and the consequences of this new way of living are likely to last a long time. The ongoing COVID-19 pandemic has ended far too many lives and affected people of all ages, backgrounds and countries. Its direct and indirect effects are not restricted to the health of the population; it also affects livelihoods, autonomy and even some individual rights. Governments and civil society organisations are working to control or minimise the impact of this crisis, as well as preparing for future pandemics. It is no surprise that the way we address Ear and Hearing Care (EHC) has also changed, hence the decision to dedicate this issue to 'Ear and hearing care in the midst of a pandemic'.

Joining efforts at global and community levels

The current situation has made it painfully obvious to country leaders and community members that clinical medicine alone is not sufficient to deal with an epidemic, let alone a pandemic. It has revealed the weaknesses of many health systems, even in high-income countries, and led to the collapse of health procurement, delivery of care, emergency services and intensive care units in many nations. Governments and policy makers are now aware of the need to strengthen often complex and heterogeneous

health systems and services, in order to guarantee the health of all people.

Community members have directly experienced and understood the necessity to have local access to reliable health services, in order to not die from the disease or suffer severe complications. In addition, persons with hearing or other disabilities face additional barriers which are often overlooked by public health measures. The challenges we face cannot be met by national and international instances alone, but by joining efforts at global and community levels; this will generate local collaboration and provide evidence and experience to inform international recommendations. Figure 1 (p. 2) shows a framework for disability-inclusive community action developed by the international non-governmental organisation CBM.

We should not neglect EHC

Ear and hearing care is an important aspect of a person's health and it should not be neglected during a pandemic. We firmly believe that it is the responsibility of all stakeholders to increase the 'audibility' of EHC at all levels. We can be heard by being present at relevant discussion fora and included in decision-making bodies, to ensure the promotion of accessible EHC within the greater goal of universal

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FIGURE 1 DISABILITY-INCLUSIVE COMMUNITY ACTION: COVID-19 MATRIX



health coverage and to make sure EHC is considered in the strategic response to a pandemic.

Persons living with hearing disabilities or ear diseases, EHC personnel and other local stakeholders, can all advocate for and contribute to the design of a strategic response to the pandemic which would help avoid or minimise the sometimes severe consequences of:

- **A lack of accessible communication:** the need for face masks and physical distancing, as well as the absence of sign language interpretation and closed captioning in official briefings, all severely hamper communication for persons with hearing disabilities. In addition, the absence of sign language use and training during prolonged school closures directly contributes to widening the education gap between hearing and hearing-impaired children.
- **A lack of adequate assistive devices:** the disruption of services for the provision, maintenance and programming of hearing devices will further increase the isolation and vulnerability of children and adults with hearing loss.
- **A lack of effective ear health services:** if life-threatening ear problems are not promptly addressed, this may signify the difference between life and death.

We can increase the audibility of EHC by meaningfully and strategically delivering key messages, with the ultimate aim to have a stronger voice within health structures and public health plans. Messages shared need to be 'CRISP', i.e. they need to have Clarity, Reach, Intensity, Solidity and Power:

Clarity: messages should be simple but comprehensive, and understandable by everyone.

Reach: we must aim for broad dissemination by repetition, use of mass media, public awareness campaigns, national programmes, conferences, etc. supported by joint actions across the world.

Intensity: we can increase the loudness of our messages through high-level advocacy targeting governments, Ministries of Health, the World Health Organization, the World Hearing Forum, etc.

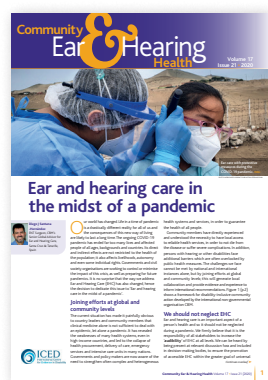
Solidity (Consistency): we need to ensure that the message is consistent, regardless of it being delivered by different speakers, to different audiences or through different means.

Power (Effectiveness): we must ensure that messages are well researched, culturally relevant and effectively designed to influence decision makers, health sector professionals and civil society. Careful planning for local acceptance is essential for national or sub-national effectiveness.

This issue of *Community Ear and Hearing Health* shows ways in which people living and working in various low-resourced settings, during different stages of the pandemic, have advocated for ear and hearing health and found solutions to offer services in spite of limitations imposed by the fight against COVID-19. We hope this will encourage our readers to continue contributing to build a safer and more inclusive world, starting with their own local community and area of influence.



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