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PROJECTS IN THE PHILIPPINES

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My passion for raising awareness about disabilities in developing countries began before I had even started my Masters in Audiology in Sydney, Australia. Following my undergraduate degree, I spent a year travelling mostly in the countries of Africa. It was from these travels that my passion was 'set in stone' (confirmed). I was determined to return to Australia, complete my Master's degree and do whatever I could to help the hearing impaired population in the less fortunate countries of the world. Through my Master's research, I was lucky enough to undertake a thesis based in the Philippines, under the guidance of the wonderful Professor Philip Newall. The research was to take up all of my spare time and only serve to fuel my passion further. Since then, I have been able to return to the Philippines on a yearly basis, including 2009, when I was asked to supervise two new Masters of Audiology students on their research trip to evaluate the current Low Cost Hearing Aid Project in the Philippines.

Hearing Health Awareness in the Philippines

To explain where the projects are, currently, in the Philippines, I will give a little history of hearing health awareness in the country.

The Philippines is one of the fastest growing South-East Asian countries, with a population of 88.57 million in 2007 and, in 2010, an estimated population of 94.01 million.[1] In the year 2000, hearing impairment was rated as the seventh highest disability, with an estimated 28% of the population having a hearing impairment.[2] That said, when it comes to hearing health care professionals, there is only an approximate one Audiologist for every 3 million people in the country.[3]

The Philippines

Projects in the Philippines

Better Hearing Philippines Inc. (BHPI) and Easy Access to Rehabilitation Services (EARS)

Better Hearing Philippines Inc. (BHPI) is a non-government organisation that developed a National Ear and Hearing Health Care programme aiming to improve the quality of life for people with hearing impairment in their country. In May 2004, BHPI implemented the Easy Access to Rehabilitation Services (EARS) programme which is based on a Community-Based Rehabilitation (CBR) approach, as recommended by the World Health Organization (WHO),[4] comprising three main components:

1. Capability building.
2. Service delivery.
3. Social mobilization (Figure 1).

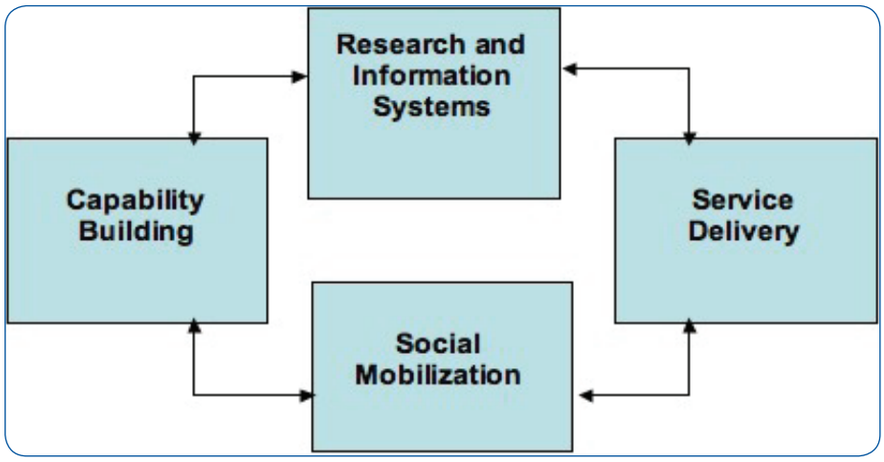

Fig 1: Components of the EARS Training Programme

Together, these aim to establish the ear and hearing programmes into primary health care services that already exist and function within each municipality. The primary focus of the EARS programme is to train the local community health care workers (Barangay Health Workers – BHWs) in the field of Audiology, to bring provision of such services to regions where there are none. The training programme workshops consist of many topics that are taught via powerpoint lectures, hands-on training and illustrations (Figure 2). The training programmes have been planned around the original training manuals distributed by the WHO. The programme gives the knowledge and power to the BHWs to be the providers of hearing health care within their own communities, and its success depends on an efficient and meaningful transfer of information between the trainers and the BHWs.

In the Philippines, in many of the remote rural areas, training has been delivered over the course of a few days, with limited follow-up after the initial training. The initial evaluation, in 2007, determined that the main limitations to the training arose due to limited follow-up training and monitoring. Current studies of primary hearing health care programmes in developing countries are placing emphasis on the importance of follow-up training to keep standards of service at satisfactory levels.[5] The EARS training programme has recognised this and designed it so that the majority of the topics are practical (67%) rather than theoretical (33%), as Figure 3 illustrates. This gives more hands-on training and experience and has begun to include follow-up monitoring.

BHPI has been successful in the implementation of their EARS programme. At the primary level, the BHWs are trained to provide basic hearing health care to their local communities and are responsible for raising awareness about the effects of hearing impairment and ways to prevent unnecessary occurrence. The EARS programme has been evaluated as being able to use trained and educated Audiologists successfully. BHWs are trained to use simple equipment and simple treatment methods that are available and affordable to rural communities, where resources are scarce. Furthermore, the BHWs are now able to identify ear disease and keep patient records at a satisfactory standard, and are very competent in the basic maintenance of hearing aids.

Low-Cost Hearing Aid Pilot Study

More recent evaluations in the Philippines have focused on a Low-Cost Hearing Aid Pilot Study based on the WHO Guideline for Hearing Aids and Services for Developing Countries,[6] in conjunction with World-Wide Hearing (WWHearing). This Low-Cost Hearing Aid Project commenced in 2009 and is aiming to fulfill the mission of WWHearing, by promoting 'better hearing through the provision of hearing aids and services in developing countries and underserved communities'.[7] Hearing aid fitting is being done by Nurses and Midwives through secondary training (in line with the WHO guidelines), and the cost of the hearing aid is based on the individual's income and social status after an evaluation process. They are required to visit the nearest municipality clinic three times, for screening, for fitting and for follow-up. Unfortunately, however, evaluation has shown that one of the main barriers the patients are facing is the cost of transportation to the municipality centre. Future efforts may be made to overcome this barrier by travelling to the local communities to provide the service. Some municipalities have elected to use their allocated

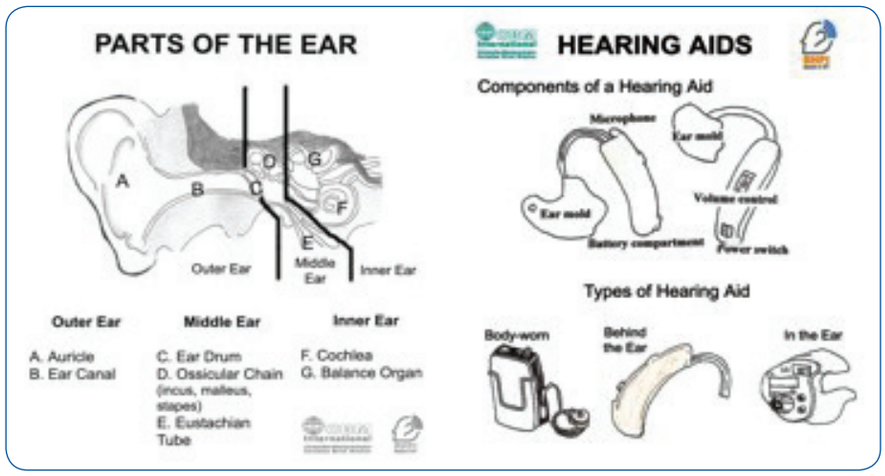

Fig 2: Illustrative Posters used in the EARS Training Programme (courtesy of BHPI)

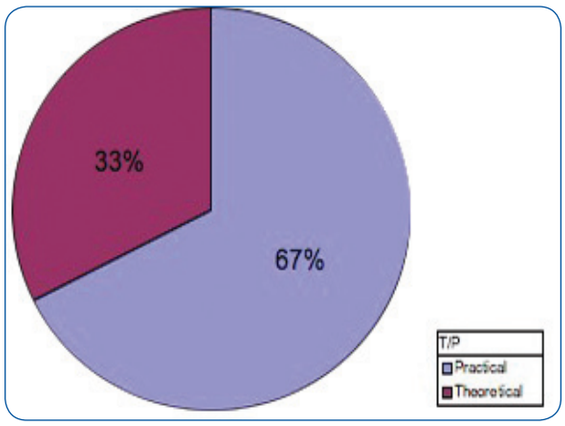

Fig 3: Comparison of the amount of 'Practical Topics' versus 'Theoretical Topics'

disability funding to cover the transport costs for the patients. This is directly in line with a principle of the CBR approach which focuses on the importance of the involvement and commitment of the community involved, to ensure that a programme is sustainable within that community.[4] The most recent evaluation of the Philippines Low-Cost Hearing Aid Project has shown that there is little difference in patient satisfaction if they were fitted by an Audiologist or by a secondary-trained Nurse or Midwife. Outcomes were comparatively similar in both situations. As such, future efforts should be focused on increasing community awareness and involvement in the project.

Challenges

The main challenges facing hearing loss prevention programmes are the size of the problem, the lack of trained hearing health care workers and a general lack of awareness about the implication of hearing loss, not just to an individual, but to their families, communities and countries. I personally think it is wonderful to read about and see the wonderful steps forward that developing countries are taking in regard to hearing health and I feel grateful to have been involved in a very small part of the journey so far.

Acknowledgement

My personal thanks to Professor Philip Newall for all his guidance and inspiration.

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SOUND HEARING 2030: SOME EXPERIENCES IN INDIA

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India is a country of large numbers. The second most populous country in the world (over 1100 million), India has a large population of hearing impaired. With an estimated prevalence of 6%, there are over 65 million persons suffering with disabling hearing loss.* As per estimates, approximately 25,000 deaf children are added to the country's population every year. These figures indicate the need of a formal and systematic method to prevent the onset of hearing loss. Wherever it does occur, the adverse effects of this impairment can be controlled, to a great extent, provided suitable and timely action is taken. Recognising these facts and based on the principles of Sound Hearing, the Government of India decided to initiate a pilot project for Prevention and Control of Hearing Loss in the country. This project was started in 2006 and is based on the concept of the ***'Healthy Ear District'***. In the initial phase, the project was started in 25 districts over 11 states across the country. In 2008, this project has taken the shape of a full National Programme and is to be gradually expanded to include 200 districts by the year 2012. The Programme has also been integrated with the National Rural Health Mission under the Ministry of Health and Family Welfare, Government of India.

Disabling hearing loss is a hearing threshold greater than 40dB in the better hearing ear, in adults, or greater than 30 dB in the better hearing ear in children.