**In conformity with Sustainable Development Goals wherein the global community has agreed to move towards a more sustainable and inclusive development agenda; this group of public health and ear and hearing care experts meeting in Islamabad, Pakistan between 14th-18th December 2015 hereby adopted these recommendations envisioning the “Sustainable Ear and Hearing Care” for Pakistan as under:**

**DRAFT RECOMMENDATIONS FOLLOWING PHPHI COURSE, ISLAMABAD, 18 December 2015**

[Sources: Audio2020 workshop recommendations, Islamabad, 2010;Recommendations of WHO-EMRO workshop on Strengthening and Integrating Ear and Hearing Care Programme within Primary Health Care, Doha, Qatar, November 2013;WHO EMRO Situation Analysis of Ear and Hearing Health in Pakistan, 2014]

**The Goalsof the Pakistan 2030 programme:**

1. Integrated comprehensive national strategy and district-based provincial ear and hearing care programmes;
2. Development of primary ear and hearing care as part of primary health care.
3. Development of quality audiology and ENT services by training medical, allied health,paramedical, scientific and technician level professionals and creation of positions and career structures in Pakistan.
4. Provision of inclusive and special education for Hearing Impaired children and students
   1. By developing quality inclusive education for Hard of Hearing students.
   2. By supporting and strengthening quality special education for deaf students and employing deaf educational personnel.
5. Improved Infrastructure;
   1. The appropriate use of the already existing infrastructure and govt. machinery to the full capacity of their utilization.
   2. The modification of infrastructure to be in line with the needs assessment of the children and adults with ear disease and Hearing Impairment.
   3. The infrastructure to be developed must be patient/child friendly

Pakistan 2030 follows the GPREETI structure for program development:

* + - Governance
    - **P**revention
    - **R**esearch
    - **E**ducation
    - **E**quipment **and Technology**
    - **T**raining
    - **I**nformation and Advocacy

The following strategies are recommended:

# GOVERNANCE

Ministry of National Health Services, Regulations and Coordination to set up and notify a national committee for ear and hearing health and Federal and Provincial Coordinatorsto provide strategic direction, formulate technical and best practice guidelines, coordinate with provincial committees and other government and semi-government organizations, and NGOs for ear and hearing health, develop a human resource development plan, and foster collaboration with international development partners.

Provincial Health Departments to set up and notify appropriate provincial, AJK, GBand ICT committees and coordinators on ear and hearing health to develop, coordinate, implement and monitor provincial ear and hearing health programme plans.

Develop a National Ear and Hearing Care Strategy and an Ear and Hearing Health programme in each province for prevention, identification and rehabilitation of hearing loss and ear disease. Plans should be based on the national and provincial health systems framework.

Develop key performance indicators and monitoring and evaluation framework for the national ear and hearing health plan for periodic review and information sharing and learning.

Develop minimum service delivery standards for primary ear and hearing health, secondary level care and tertiary level and rehabilitation services, which are comprehensive, inclusive and sustainable to the extent possible.

# PREVENTION

**a) Early Detection and Early Intervention:**

Early detection and early intervention is the key to a reduction in the consequences of hearing impairment; early detection and early intervention must become an integral part of any ear and hearing care programme.

It is recommended that the following should be undertaken::

* A pilot study on community screening by Community Health Workers/Community Based Rehabilitation workers.
* Initiation and promotion of universal/targetedneonatal hearing screening/pre-school and school hearing screening and adult hearing screening programme at sub district (Tehsil) level.
* Provision of information to school children, students and families through teachers training and mass media campaigns.
* Deaf and hard of hearing people and other relevant stakeholders dealing with Primary Ear and Hearing Care (PEHC) should take part in conducting surveys and screening programmes.
* Protection of community from excessive occupational and social noise, chemicals and Ototoxic drugs through advocacy, hearing conservation programme and legislation.

**b) Promote Integration into existing structures:**

Primary ear and hearing care should be integrated within primary health care, and school health programmes and linked with maternal health programmes and relevant immunisation programmes.

Community vision centers/Community Centres for populations of 100,000 for refraction and primary eye care services are being set up. It is recommended that primary ear and hearing care services as well as provision of hearing aids and services may be provided at the Community Vision and Hearing Centers. The centers are expected to evolve into comprehensive community disability centers.

# DATA COLLECTION &RESEARCH

There is a huge magnitude of hearing impairment globally and in Pakistan, and no accurate data on hearing impairment and causes. It is recommended that:

* A national population-based survey on prevalence of hearing impairment should be carried out in Pakistan, using the updated WHO Ear and Hearing Disorders Survey Protocol to identify the scope of the burden of ear disease and hearing loss and their causes. Small-scale surveys on a regional basis using appropriate rapid assessment methods should also be used when available.
* Such surveys will provide accurate data on the prevalence, causes and needs, which can be used in the planning of National and regional services. Other surveys will address service delivery system and human resource needed.
* It is further recommended that operational research may be carried out on major issues such as avoidable hearing loss.
* There is need for a joint review of periodic District Health Information System(DHIS) data by provincial leaders of ear and hearing health with respective provincial DHIS teams to determine trends and priorities, use these for appropriate interventions, and to remain apprised of DHIS reviews so that any additional Ear and Hearing Health (EHH) indicators may be included.

# EDUCATION.

1. ***Inclusive and special education.***

It is recommended to:

* Promote and facilitate the development of a National Education policy for Hearing Impaired.
* Promote inclusive and special education for children, full employment and social inclusion of adults, which must be made public through National Campaigns.

It is recommended that:

* All deaf and hard of hearing children and adults should have access to universal primary education and vocational training;
* All deaf and hard of hearing people should have access, on merit with a quota system, to secondary, and higher education.
* Quota system needs to be reviewed according to the percentage of disability.

**b) Standardized Curriculum:**

Standards for quality education of children with hearing impairment were discussed.

* It is recommendedthat a standardized curriculum should be developed comprising syllabi, development of standards and examinations and provision of educational materials and equipment for teacher training (both for inclusive and special education).
* Teacher training should be provided for deaf teachers of the deaf.
* Provision should be made in teaching and examination protocols for the deaf students.
* Standardized Pakistan sign language should be further developed and used.

# EQUIPMENT:

# The appropriateness, accessibility, affordability, availability and maintenance of hearing aids was discussed.

It is recommended to promoteavailability of Amplification and Assistive listening technology, diagnostic equipment and resource material

It was further recommended that:

* A strategy is needed for the provision and access to high quality, cost effective, affordable hearing aids and services (including maintenance) at community level.
* The sale of Hearing Aids should be legalizedthrough a regulatory authority.
* A standard list should be developed of infrastructure, equipment and medicines and consumables for Audiology, ENT departments, and PEHC/PHC centres for ear and hearing care so that current gaps can be assessed and future planning done.

**TRAINING and HUMAN RESOURCE DEVELOPMENT.**

In surveys conducted in Pakistan and from the outputs generated from the workshop it was evident that health personnel for the delivery of ear and hearing care services were missing.

It was recommended that a capacity and quality assessment needs to be undertaken of current training programmes to identify gaps, interventions required for improvement, and potential for upscaling and diversifying training for different cadres required for ear and hearing health.

It was also recommended that professionals in the following fields may be trained, and appropriate training courses developed as needed with job creation for them:

* Provincial Ear and Hearing Health (EHH) leaders need to engage with the respective provincial Lady Health Worker (LHW) programme to advocate for integration of an EHH module for LHWs and inclusion of essential EHH indicators in their reporting form.
* Primary ear and hearing care training resources developed by the WHO may be used and adapted to the local context and used for training of Lady Health Workers and Primary Ear and Hearing Care Workers.
* Short courses for technicians, assistants and sign language interpreters through credible trainers should be launched to meet the dire shortage of such professionals.
* Managerial skills should be developed both at the institutional and service provider level.
* A curriculum designed for teacher training for education of the hearing impaired community should be developed.
* Audiology technicians including for ear mould production and hearing aid repair.
* Communication (speech and language) therapists.
* Sign Language Interpreters and deaf Personnel – Assistant teachers and classroom aides.
* Nurses and Community ear care technicians – develop a specialized course for nurses in primary ear and hearing care, to be recognized by the Pakistan Nursing Council.
* It is recommended that public and private universities implement training for audiologists and audiometrist /audiology technicians.
* Capacity building and integration in existing health programmes (where feasible) is required for screening newborns for hearing impairment and deafness initially at all tertiary hospitals and to cascade this to secondary level hospitals and eventually in all maternity units.
* An ENT health workforce survey should be conducted to determine the types of cadres, their deployment and distribution among the government, private and NGO sectors.
* Development of ENT services should be prioritized at district hospitals in all provinces and other territories of Pakistan where such services do not exist.
* Opportunities for training and integration of unauthorised diagnosticians healers and dispensers should be identified.

**Other Institutions may be developed for training of such personnel.**

# ADVOCACY:

**a) ADVOCATE for Rights Based Approach:**

The rights of the deaf community should be identified and the service models and programmes for persons with Hearing Impaired based on right based approach.It was recommended that a National Day on Hearing in line with the WHO World Hearing Day should be celebrated every year on 3rd March.

**b) Develop Advocacy & Awareness Campaign:**

It was discussed that hearing impairment and care was neglected and needed to be highlighted at every level; therefore the group recommended that:

* A National advocacy strategy may be designed and advocacy be done through different forums of Ministry of Health, Ministry of Social Welfare and Special Education, Ministry of Education, WHO, DPOs, NGOs and Professional associations at the national level, and by each province.Advocacy is required to improve accessibility options for the hearing impaired, such as by captioning.

There is lack of awareness and information on the size of the burden, prevention and early detection of hearing impairment, treatment, use of hearing aids, education, rehabilitation and employment for persons with hearing impairments, amongst the public, health and education professionals, and amongst health planners and managers.

* It was recommended that public ear and hearing care awareness campaigns may be launched matched with service provision at various levels of service delivery.
* It was further recommended that Deaf communities should be encouraged and supported in research on development of Pakistan Sign language and the training of deaf personnel.
* Appropriately planned campaigns and media events and items such as Talk shows, Documentaries, Articles should be launched in media both print and electronic to highlight the issues in hearing health.
* Sign language, subtitling/captioning in TV and other electronic media should be promoted.
* The training and use of sign language should be promoted for all normal hearing people who interact with people with hearing loss who use sign language.

**Develop Linkages and collaboration:**

The importance of linkages and collaboration was discussed and it was recommended that; close collaboration needs to be developed with WHO, WWHearing, Coalition for Global Hearing Health, relevant NGOs and other national, regional and global institutions and organizations which would help build the capacity for Pakistan 2030.