

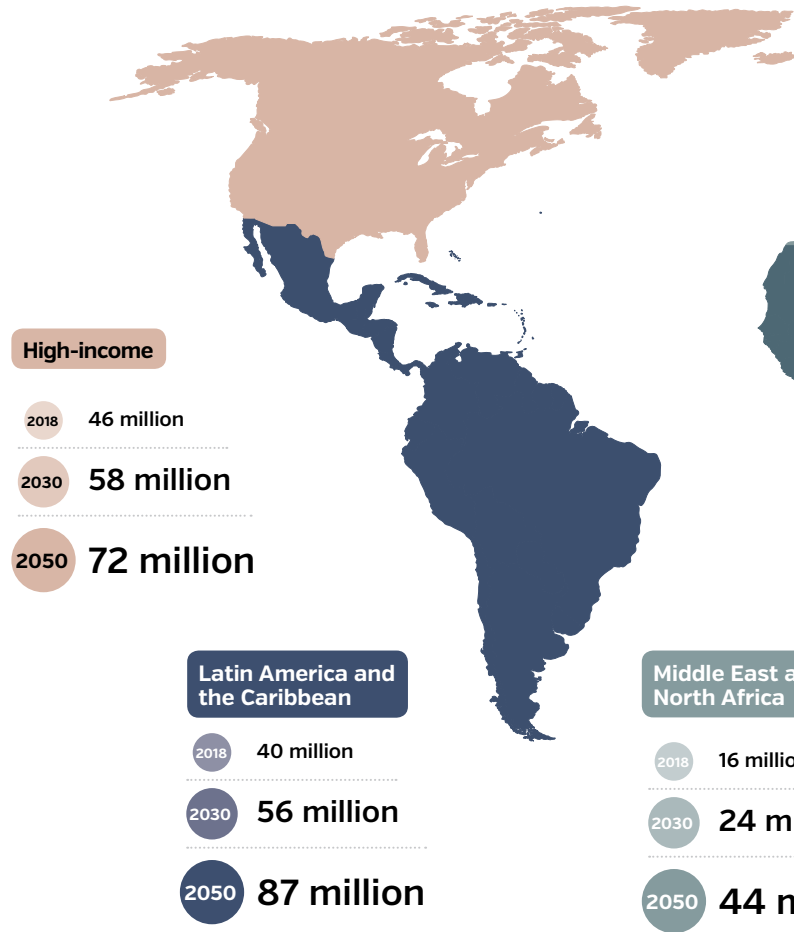
Hearing loss is on the rise!

Hear
the
future

...and prepare for it.

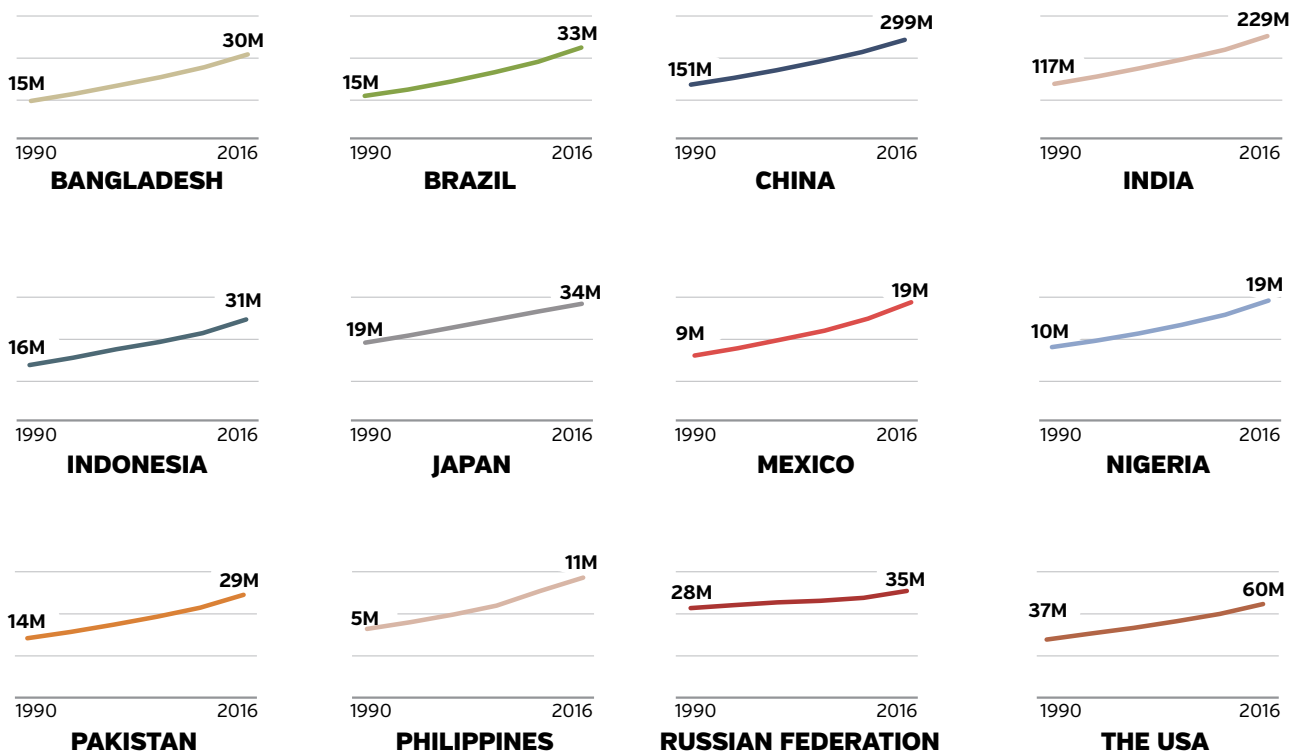


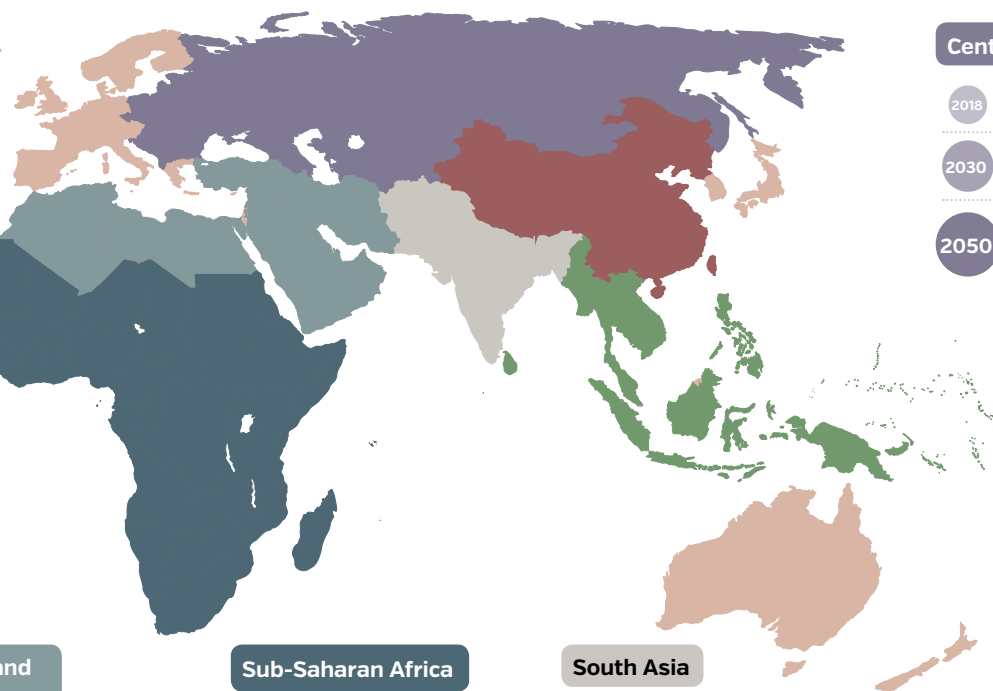
Unless action is taken, by 2030 there will be nearly **630 million** people with disabling hearing loss; by 2050, the number could rise to over **900 million.**



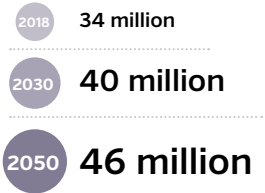
Hearing loss trends over the last 10 years

The absolute number of people with hearing loss has been steadily increasing during the last decade. The below graphic reflects trends in the 12 most populated countries of the world. (Number in millions)

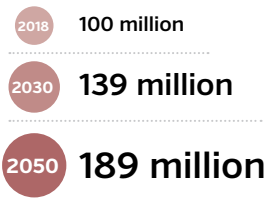




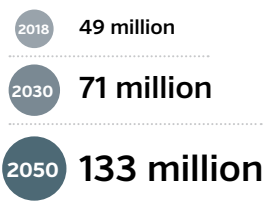
Central/East Europe and Central Asia



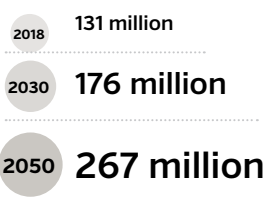
East Asia



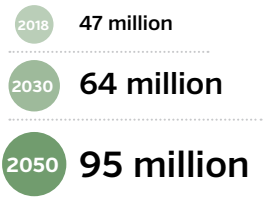
Sub-Saharan Africa



South Asia



East Asia and Pacific



Based on Global Burden of Disease regions

Why is hearing loss on the rise?

Several factors are driving the increase in hearing loss worldwide.



- Growing global population
- Increasing proportion of population who are older people



- Exposure to loud sounds at work and play
- Ear and other infections such as mumps and measles
- Ototoxic medicines

What does this mean for countries?

Hearing loss is on the rise. Unless this trend is reversed, it will mean higher direct costs for health systems. The need will grow for ear and hearing care services and related technologies, such as hearing aids and captioning. A cadre of trained health professionals will also be required. If these needs are not met, this would be detrimental not only for individuals in terms of social isolation and increased poverty, but also for societies as a whole, due to lower productivity. A number of governments around the world have recognized the importance of reversing current trends by preventing hearing loss in the first instance.

Country action: an example from the United Kingdom

After estimating that one in five people will experience hearing loss by 2035, the Government of the United Kingdom launched a national Action Plan on Hearing Loss in 2015 calling for more investment in addressing hearing loss. The plan sets out five key objectives focused on:

- Prevention
- Early diagnosis
- Patient-centred, integrated management
- Ageing
- Social inclusion

Read more: <https://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf>

Prepare for it: hearing loss can be prevented

Preventing hearing loss is possible. No matter your professional role in society, you can contribute by raising awareness about hearing loss and how to prevent it; promoting early diagnosis and specialized care; and working to ensure access to and use of hearing devices and communication and rehabilitation services.

As a health professional, you can:

- Educate on the risks of hearing loss
- Treat hearing loss as needed
- Refer patients for a hearing test or other specialized treatment
- Monitor hearing in patients treated with ototoxic medicines
- Encourage people to use hearing devices and other aids as indicated
- Support those in the community who use hearing devices, sign language or other communication services
- Join outreach and screening programmes



- *WHO primary ear and hearing care training manuals (WHO, 2006)*
- *WHO awareness materials on EHC (WHO 2014, WHO 2015)*



As a representative of a civil society organization, you can:

- Advocate with policy-makers for resources for hearing care
- Disseminate awareness and behavioural change campaigns
- Engage opinion leaders and the media
- Support your government's screening and awareness programmes



- *Global costs of unaddressed hearing loss and cost-effectiveness of interventions (WHO 2017)*
- *Childhood hearing loss: strategies for prevention and care (WHO 2016)*

As a policy-maker, you can:

- Establish training programmes for hearing care professionals and other health workers
- Make available high-quality, affordable hearing devices and other communication services
- Adopt legislation on sound exposure in public settings



- *EHC- Planning and monitoring of national strategies: a manual (WHO, 2016)*
- *Preferred profile for hearing-aid technology suitable for LMICs (WHO 2017)*