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Skip to main content Why is it important to be deaf or hard of hearing friendly? Being deaf or hard of hearing friendly is crucial to fostering inclusivity and ensuring effective communication with individuals who are deaf or hard of hearing. It promotes a supportive environment that allows everyone to participate fully in social activities.Nearly 20% of people experience some degree of hearing loss and this percentage is increasing. Hence it is likely that we will need to communicate with people who are deaf or hard of hearing in our daily life. Being aware of good communication strategies for persons who are deaf or hard of hearing will allow us to be better communicators with everyone. Face the person. This allows them to see your face, making it easier to lip-read and understand facial expressions.Communicate visually using your face, body and hands to express yourself.Speak clearly and at a moderate pace. Avoid shouting, as it can distort speech and make lip-reading challenging. Clear and deliberate speech is easier to understand.Use visual cues from your direct environment. Based on what is available in the environment where you are, refer to visible elements that can help clarify some concepts such as colours, persons concerned, pictograms and locations.Do not exaggerate or distort lip movements. Maintain natural lip movements while speaking to facilitate lip-reading.Use the materials you have. Write on paper, type on your phone or computer, point to the words/illustrations used in the presentation slides, or make drawings.Speak one at a time and avoid talking over others, as this can create confusion. Speaking one at a time helps the person who is hard of hearing or deaf focus on the speaker.Take advantage of new technologies. Exploit the potential from your smartphone or tablet such as using voice-to-text apps, remote sign language interpretation services, and digital sign language dictionaries.Reduce background noise or move to a quieter setting. Excessive background noise hinders communication, especially for people who are deaf and hard of hearing.Learn basic signs and fingerspelling. When you can plan the interaction ahead of time, take the opportunity to learn basic signs and fingerspelling in the national sign language used by the person who is deaf.Dont say Ill tell you later, as this excludes those who are deaf and hard of hearing from the immediate conversation, making them feel isolated. Instead, strive to include them by finding ways to convey information at that moment. Ask children what they need as reasonable accommodations from you, the students, and the school staff and be an ally. Seat the child in front of the class, when possible and with child's consent, and face the child directly while speaking.Support children who use hearing aids or implants by learning how to troubleshoot common problems, like changing batteries.Encourage children to let you know when they are not hearing others and need them to repeat themselves.Encourage other children in the class to communicate accordingly such as learning the child's national sign language or using visual communication.Use hearing induction loop and frequency modulation (FM) systems as these can ensure smoother communication for children using hearing aids or implants.Teach children to self-advocate for their needs at home and at school. For example, encourage children to inform their teacher or parents when the hearing aid stops working.Encourage parents to disclose their child's disability and not to hide it.Include the child in all activities and encourage other children to do the same.Facilitate the encounters between the child and other peers and adult role models who are also deaf or hard of hearing.Look into whether the child has hearing loss if a child is not performing well in class by encouraging parents to get the child's hearing checked. How can public spaces be made deaf and hard of hearing friendly? Installation of visual alerts: Incorporate visual alerts for important announcements, such as flashing lights or scrolling text, to supplement auditory notifications.Provision of hearing induction loop systems: Install hearing loop systems that transmit audio directly to hearing aids, enhancing sound quality for individuals who are deaf or hard of hearing.Training of staff on communication techniques: Educate staff members on effective communication strategies and the importance of accommodating individuals who are deaf or hard of hearing. How can I be an advocate for hearing loss prevention and hearing care? Skip to main content How should I clean my (or my child's) ears? The inside part of the ear is self-cleaning. You should only clean the outer part of the ear with a soft cloth or cotton. No object or fluid should be inserted or instilled into the ears, unless prescribed by a health professional. What is ear wax? Should it be removed? Wax is a normal secretion of the ear. It helps to trap dirt, hair and foreign particles that enter the ear. It protects the ear and keeps it clean. Normally, there is NO NEED to remove ear wax unless it is causing hearing loss. It should be removed by a trained person. What should I do for ear pain? Go to a doctor or health worker who can check your ears.DO NOT treat ear pain with home remedies (such as hot or cold oil), or medicines that were not prescribed by a health worker. What causes fluid or pus from ears? Can it be dangerous? Discharge from ears is mostly due to infection. Do not ignore fluid or pus coming from the ear. Ear infections can mostly be treated with medicines or, in some cases, by surgery. If left untreated, they could lead to serious (and at times, life-threatening) complications. In case of any discharge from ears, consult a doctor or health worker at the earliest. What should I do when water goes into my ear? Water mostly comes out on its own after a while. If it persists or happens frequently, seek advice from a doctor or health worker. This could happen if there is wax blocking your ear canal, as it can trap water inside. The wax may need to be removed by a doctor or health worker How can I avoid ear and hearing problems? Most ear and hearing problems can be prevented by taking good care of our ears. You should: use ear plugs in noisy places where your hearing regularlygo to the doctor or health worker in case of ear pain, discharge, or any difficulty in hearingwear your hearing aids regularly, if you have been advised to do soYou should not: put cotton buds, oil, sticks, or pins inside your earswim or wash in dirty watershare ear phones or ear plugs with otherslisten to loud sounds or loud music People with disabilities face additional challenges during health emergencies such as pandemics, extreme weather events and conflict. Deaf people in Ukraine witnessing the ongoing war are no different. While Ukrainians live with frequent air raid sirens, an estimated 36 000 citizens who cannot hear depend on text alerts. As mobile alerts cannot get through unless networks are stable, too often bombs and missiles come without warning.The World Federation of the Deaf estimates that by June 2022 over 5000 d/Deaf* people had fled the country. Tetiana Kryvko and her colleagues at the Ukrainian Society of the Deaf are among the many more who have, so far, stayed.Tetiana was born into a Deaf family in western Ukraine. Despite attempts to preserve her hearing, it deteriorated when she was 5 years old. Tetiana's grandmother taught her to read and write. Now she credits her wide and nuanced vocabulary to the many hours spent reading her favourite books during childhood Using a combination of Ukrainian Sign Language and a hearing aid, Tetiana can communicate effectively with both the hearing and d/Deaf communities. As the First Deputy Chairperson of the Ukrainian Society of the Deaf, she acts as a mediator between those two worlds. The Society is dedicated to improving the lives of d/Deaf and hard-of-hearing citizens across the country, providing a broad range of services from sign language interpretation to employment assistance. It would be quicker to list what the Society does not do, Tetiana says, Our policy is that all deaf people should get the help they need.Navigating war in silenceThe war in Ukraine has had a devastating impact on d/Deaf peoples well-being and human rights. Accessing reliable information has become more difficult, and, as Tetiana says, nearly all gains made in previous years came to a standstill. Deaf people ended up in dire conditions, she recalls the days following the Russian Federation's full-scale invasion of Ukraine on 24 February 2022. They didnt know what to do. There was footage of explosions, the President was speaking on TV, but it was hard to understand what was going on.The Society translates President Volodymyr Zelenskys addresses into sign language and operates a video hotline for consultations to provide much-needed information to d/Deaf and hard-of-hearing people. But with limited funding and strained staff, the teams are working at capacity. Our interpreters were under fire just like everyone else. Still, they worked day and night in those first weeks, Tetiana says.Over a year into the war, there are still no protocols for safe evacuation of d/Deaf people in emergencies. On 14 January 2023 a missile struck an apartment block in the eastern city of Dnipropetrovsk. On the next day, emergency services rescued a young Deaf woman from the debris. She could not call for help but managed to let her mother know she was alive via the smartwatch on her wrist.Deaf people should have some kind of guidelines for action in emergencies, Tetiana says. Even when someone is trying to help, it can be difficult to know if the person can be trusted. After 20 hours of suffering severe hypothermia, the Deaf woman was taken to the hospital, where she made a full recovery. Sadly, she lost her husband and their 1-year-old son in the missile strike.Inclusive integrationInclusion of d/Deaf people is a slow and, at times, frustrating process, Tetiana says. Thanks to the tireless efforts of the Ukrainian Society of the Deaf and of inspiring figures such as disability rights activist Tetiana Barantsova, the Office of the President of Ukraine is developing an initiative under the National Barrier-Free Strategy that would require health-care facilities to provide sign language interpretation to everyone who requests it, instead of d/Deaf people having to organize this service themselves.Tetiana explains how the rule that renders people with a hearing disability ineligible for a driving licence in Ukraine is, from her standpoint, outdated and discriminatory. Deaf people have always been able to drive. In other countries they arent merely allowed behind the wheel, they can even have jobs that involve driving for example, they can work as lorry drivers. So why cant we drive in Ukraine? Because of this rule, many d/Deaf citizens find themselves facing additional barriers to safe evacuation. Deaf people must be able to exercise their rights independently, without relying on others, Tetiana reiterates. Too often we dont see the individual behind the interpreter or assistant. We dont know about their needs and only relate to them through a third party.Nothing about us without usDisability inclusion is at the heart of the WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 20222030. The Framework calls on Member States to routinely provide information in accessible formats in health services and public health broadcasts, and further aims to ensure that persons with disabilities are fully protected during health emergencies.Above all, Tetiana hopes to see d/Deaf people being involved in the decision-making process of any initiatives that concern them, especially when it comes to access to good-quality, timely and affordable health care. According to the Ukrainian Society of the Deaf, d/Deaf persons currently do not receive sufficient information to make important health decisions.Rehabilitation must also be an integral part of service provision, advocates urge. When Tetiana first wore a hearing aid, it amplified everything: loud bangs, drills, motorcycle engines. Eventually she got used to it. Tetiana highlights that d/Deaf persons and their families must understand the important role of rehabilitation and assistive technology. Inadequate rehabilitation can result in unjustified trauma for a child with hearing loss, for example, Tetiana concludes. Of course, cochlear implants and hearing aids should be available. More importantly, every deaf person should make their own decision about the health-care services they may need, and this requires reliable and accessible information.-----* Deaf with a capital D indicates a cultural identity for people with hearing loss. Their primary form of communication is often a sign language, they may be actively engaged with the Deaf community and identify as a member of a cultural/linguistic minority. Deaf people may view deafness as a difference rather than a disability.The lowercase deaf refers to the physical condition of having hearing loss. People who use lowercase d do not always have a strong connection to the Deaf community and may prefer to communicate with speech.d/Deaf is a widely accepted term to include both of those identities.Access to health is especially challenging for persons with deafblindness. To advance health equity for deafblind people, there is a need for models of care which are inclusive and people-centred, and consider the provision of care from the user perspective. In this article, a person who is deafblind describes his experience with health care and the invisibility that the community face.When Frank Trigueros visits a hospital, he braces himself for possible problems. It is not the medical care that concerns him as much the communication, as a person who is deafblind.I cannot communicate. Normally I use interpreters to communicate directly with physicians. I cannot get around easily myself, so the interpreter guides me around to where the services are, explained Trigueros, who was born deaf and later lost his sight.In theory, communication is possible using a laptop with a braille keyboard, but this is time-consuming, he said. Health professionals usually want to work quickly, as do government officials, and even in conversations with his interpreters, they can be impatient.I have to ask them to slow down. I have been told: I dont have time to assist you, said Trigueros, who is president of European Deafblind and FASOCIDE, the Federation of Associations of Deafblind people in Spain.Impact of the COVID-19 pandemicAll too often, the reality is that the health system and government simply overlook the deafblind community. A case in point is the COVID-19 pandemic, when restrictions on movement failed to consider the needs of the deafblind community. Forced isolation was a devastating setback to their independence, given their need for interpreters to communicate and move around the community. As they communicate through hand-over-hand signing, physical distancing effectively cut off communication.We faced opposition to get interpreters. There was no understanding from health services or the public sector, he said.Interpreters were not even allowed in the emergency room (due to COVID-19 restrictions), even though we tried to explain we needed them. Again and again and again, we had to explain who they are and why we need them.Some doctors were empathetic, but the community cannot rely on peoples good will he said, adding it was nerve-wracking not to have the security of being able to communicate.The need for interpreters was not thought of in the Covid-19 protocol. We should have been contemplated in the rules to begin with. Deafblind organizations had to protest that they had been forgotten, as they have done on many other occasions previously. Frank at a conference, communicatingwith an interpreter usinghand-over-hand signing. Picture courtesy of Frank.The system does not care enoughFrank said that one example of how the community gets forgotten is the governments health card it does not state that a person is deafblind, although the card states other disabilities on it. Because his disability is not recorded in the system, Trigueros sometimes gets calls from health centres.Ive tried many, many times to tell them. I'm asking for a line on a card that would save me a lot of trouble. I don't think it's much to ask, he said, adding that he was told that the software to produce the card did not allow for it. It shouldnt be that difficult to put right. It is not an issue of money. The system just does not care enough. He said people who are deafblind were also not properly informed about COVID-19 restrictions or the virus during the pandemic. We had to do their work of informing [deafblind] people. I know of many who live alone and didnt know about the virus, he said, adding that the capacity of the non-profit organization he worked in was limited.Aside from the invisibility of the community and the lack of understanding, another issue is funding for interpreters for deafblind people, which is limited and uneven across the country, although funding is available for people with other disabilities. We need funding to move around. We need to have agency in our lives, said Trigueros.He added that he was lucky because he had a family. There are [deafblind] people who do not have family, who do not have a support system. Imagine the lives of those who are live alone, he said. Some of them, he said, were in need of therapy. However, it was difficult to find a suitable professional with the knowledge needed to help them.A version of this story first appeared in the WHO Global report on health equity for persons with disabilities. Skip to main content The World Report on Hearing (WRH) has been developed in response to the World Health Assembly resolution (WHA70.13), adopted in 2017 as a means of providing guidance for Member States to integrate ear and hearing care into their national health plans.Based on the best available evidence, this report presents epidemiological and financial data on hearing loss; outlines available cost-effective solutions and sets the way forward through Integrated people-centered ear and hearing care (IPC-EHC). The report proposes a set of key H.E.A.R.I.N.G. interventions that must be delivered through a strengthened health system to realize the vision of IPC-EHC. The WRH was developed in collaboration with experts and stakeholders in the field of ear and hearing care who informed the reports strategic direction and ensured that it reflects a range of cultural contexts and approaches to hearing care. The report is global in its reach while keeping a special focus on low- and middle-income countries, where the number of people with hearing loss is not matched by the availability of services and resources. Click here to access Chinese, Italian and Spanish versions. Skip to main content What are tinnitus and tinnitus disorders? Tinnitus is the perception of a noise, such as ringing, buzzing, or hissing, in the ears when no external sound is present. It can be perceived in one ear, in both ears or inside the head. Tinnitus can be perceived as constant or intermittent. The sound perceived by a person experiencing tinnitus can be continuous, pulsatile (at the same time as the heartbeat), or rhythmic in nature. These different types of tinnitus can have different causes (1). Tinnitus can be acute (a duration of less than 3 months) or chronic (more than 3 months). Tinnitus is not bothersome in all people who perceive it (2). When the perception of tinnitus is associated with emotional distress or cognitive dysfunction this is termed tinnitus disorder.In other words, tinnitus describes the symptom and perception of it, whereas tinnitus disorder reflects the symptom and the associated suffering (1). Tinnitus can be caused by many factors, and not all factors are known. Common causes are related to ear or hearing problems including:age-related hearing loss exposure to loud sounds ear infections earwax buildup medications that cause damage to the hearing organs (also known as ototoxic). Other relevant causes are:head or neck injuries acoustic neuromas (also known as vestibular schwannoma, a benign tumour on the vestibular nerve)muscle tensions in the neck or jaw stress and emotional trauma certain medical conditions like Mlnires disease.In rare cases tinnitus can be caused by sounds that are generated inside the body, e.g. by blood flow or muscle contractions (3,4). Should I see a doctor about my tinnitus? Yes, a doctor can help determine the cause and suggest appropriate treatments. While tinnitus is in most cases benign, it can in rare circumstances indicate a more serious condition, such as vestibular schwannoma (a benign tumour on the vestibular nerve) or Mlnires disease. If you experience sudden tinnitus, dizziness or hearing loss, you should see a doctor. You should see a doctor especially if tinnitus is sudden and is accompanied by hearing loss, dizziness or painhas persisted for over 3 months (chronic tinnitus)affects your quality of life (10). Is there a cure for tinnitus? Tinnitus may resolve on its own if caused by temporary factors, such as an ear infection or short-term exposure to loud noise. Occasionally, tinnitus may be caused by blockage of the ear canal by earwax. In such cases, wax removal can alleviate it. Chronic tinnitus, on the other hand, is less likely to go away, though it can be managed effectively. There are also documented cases where tinnitus has disappeared, even after many years of being chronic (13). There is no definitive cure for tinnitus, but there exist various treatments and strategies that can reduce tinnitus severity including tinnitus counselling cognitive-behavioural therapy (CBT) use of hearing aids and cochlear implants therapies such as tinnitus retraining therapy (TRT) and sound therapy neuromodulation (electrical or magnetic stimulation of the nervous system)stress management (5,11,12).At this time no pharmacological treatments have been shown to be effective for the management or resolution of tinnitus.Helpful strategies for tinnitus management aim to focus attention away from tinnitus (e.g. concentrating on work or any other activity) and to reduce the emotional reaction to tinnitus. To achieve these goals, cognitive behavioural therapy, sound therapy, hearing aids, tinnitus retraining therapy (TRT) and techniques for stress management can be helpful. Can stress make tinnitus worse? Current research indicates that there is an association between stress and tinnitus, however there is not a clear causal link (14). Stress management techniques such as relaxation exercises, mindfulness and cognitive behavioural therapy CBT can help reduce its impact (15). In some cases, lifestyle adjustments may also be beneficial. Can hearing aids or cochlear implants help with tinnitus? Hearing aids can be effective for some people with tinnitus and hearing loss (16). They amplify external sounds, making tinnitus less noticeable and improving overall hearing. In persons with tinnitus and severe hearing loss or deafness, cochlear implants can be highly effective in terms of tinnitus suppression. Can lifestyle changes help prevent or reduce tinnitus? The most important risk factor for tinnitus is hearing loss. Protecting the ears from loud sounds is highly effective at preventing hearing loss and reduces the risk to develop tinnitus. Smoking, alcohol consumption, obesity and coffee drinking and/or caffeine intake are examples of lifestyle-related risk factors thought to be related to tinnitus; however, there is no clear consensus on the nature of the relationship, or the extent to which they can influence a persons tinnitus (17,19,20). It is always worth consulting with your physician to see if any dietary changes are appropriate for you and your lifestyle. Simple lifestyle changes that can help reduce tinnitus include: protecting your ears from loud soundsmanaging stress effectivelyeating a healthy diet and exercising regularlydeveloping good sleep habits (sleep hygiene)collaborating with healthcare professionals for personalized guidance (17). Is tinnitus a sign of hearing loss? Tinnitus is in most of cases associated with hearing loss, especially age-related or sound-induced hearing loss. However, it can occur without hearing loss as well. How does loud sound cause tinnitus? Exposure to loud sounds can damage the hair cells in the inner ear, which can lead to hearing loss and, in some cases, tinnitus. The extent of the damage depends on the noise level and the duration of exposure, and it can be temporary or permanent. Smartphones and smartwatches now feature built-in sound level meters that can measure the loudness of your environment with reasonable accuracy. Does tinnitus get worse with age? The prevalence of tinnitus increases with age. This is partly explained by the fact that hearing loss, which the occurrence of tinnitus is associated with, also increases as a result of the natural ageing process (also referred to as presbycusis). It is also understood that the tinnitus experience itself changes with age, especially in cases of chronic tinnitus, where older adults can experience subjectively louder, more troublesome and more distressing tinnitus than younger patients (18). Can tinnitus cause hearing loss? Tinnitus itself does not cause hearing loss but can be associated with damage to the hearing system. Tinnitus can also make it harder to focus on external sounds, which might seem like a decrease in hearing ability. WHO gratefully acknowledges the technical support of the Tinnitus Research Initiative in developing this page.ReferencesDe Ridder D, Schlee W, Vanneste S, Londero A, Weisz N, Kleinjung T, et al. Tinnitus and tinnitus disorder: Theoretical and operational definitions (an international multidisciplinary proposal). Prog Brain Res. 2021;260:1-25.Jarach CM, Lugo A, Scala M, van den Brandt PA, Cederoth CR, Odome A, et al. Global Prevalence and Incidence of Tinnitus: A Systematic Review and Meta-analysis. JAMA Neurol. 2022;79(9):888-900.Baguley D, McFerran D, Hall D. Tinnitus. Lancet. 2013;382(9904):1600-7.Langguth B, Kreuzer PM, Kleinjung T, De Ridder D. Tinnitus: causes and clinical management. Lancet Neurol. 2013;12(9):920-30.Park KW, Kullar P, Malhotra C, Stankovic KM. 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Noise & health. 2016;18(83):214-9.Biswas R, Lugo A, Genitsaridi E, Trpchevska N, Akeroyd MA, Cederoth CR, et al. Modifiable lifestyle-related risk factors for tinnitus in the general population: An overview of smoking, alcohol, body mass index and caffeine intake. Prog Brain Res. 2021;263:1-24.Marcum SC, Engleke M, Goedhart H, Langguth B, Schlee W, Vesala M, et al. The Influence of Diet on Tinnitus Severity: Results of a Large-Scale, Online Survey. Nutrients. 2022;14(24). Nearly 2.5 billion people worldwide or 1 in 4 people will be living with some degree of hearing loss by 2050, warns the World Health Organizations (WHO) first World Report on Hearing, released today. At least 700 million of these people will require access to ear and hearing care and other rehabilitation services unless action is taken. "Our ability to hear is precious. Untreated hearing loss can have a devastating impact on peoples ability to communicate, to study and to earn a living. It can also impact on peoples mental health and their ability to sustain relationships," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. This new report outlines the scale of the problem, but also offers solutions in the form of evidence-based interventions that we encourage all countries to integrate into their health systems as part of their journey towards universal health coverage.The report, launched ahead of World Hearing Day on 3 March, underlines the need to rapidly step up efforts to prevent and address hearing loss by investing and expanding access to ear and hearing care services. Investment in ear and hearing care has been shown to be cost-effective: WHO calculates that governments can expect a return of nearly US\$ 16 for every US\$ 1 invested.Main findings of the reportLack of accurate information and stigmatizing attitudes to ear diseases and hearing loss often limit people from accessing care for these conditions. Even among health-care providers, theres often a shortage of knowledge about prevention, early identification and management of hearing loss and ear diseases, hampering their ability to provide the care required. In most countries, ear and hearing care is still not integrated into national health systems and accessing care services is challenging for those with ear diseases and hearing loss. Moreover, access to ear and hearing care is poorly measured and documented, and relevant indicators are lacking in the health information system.But the most glaring gap in health system capacity is in human resources. Among low-income countries, about 78% have fewer than one ear, nose and throat (ENT) specialist per million population; 93% have fewer than one audiologist per million; only 17% have one or more speech therapist per million; and 50% have one or more teacher for the deaf per million. This gap can be closed through integration of ear and hearing care into primary health care through strategies such as task sharing and training, outlined in the report.Even in countries with relatively high proportions of ear and hearing care professionals, there is unequal distribution of specialists. This not only poses challenges for people in need of care, but also places unreasonable demands on the cadres providing these services.Main causes of hearing lossIn children, almost 60% of hearing loss can be prevented through measures such as immunization for prevention of rubella and meningitis, improved maternal and neonatal care, and screening for, and early management of, otitis media - inflammatory diseases of the middle ear. In adults, noise control, safe listening and surveillance of ototoxic medicines together with good ear hygiene can help maintain good hearing and reduce the potential for hearing loss.Identification is the first step in addressing hearing loss and related ear diseases. Clinical screening at strategic points in life ensure that any loss of hearing and ear diseases can be identified as early as possible.Recent technological advances, including accurate and easy-to-use tools, can identify ear disease and hearing loss at any age, in clinical or community settings, and with limited training and resources. Screening can even take place in challenging situations such as those encountered during the COVID-19 pandemic and those living in underserved and remote areas of the world.Access to timely and appropriate careOnce diagnosed, early intervention is key. Medical and surgical treatment can cure most ear diseases, potentially reversing the associated hearing loss. However, where hearing loss is irreversible, rehabilitation can ensure that those affected avoid the adverse consequences of hearing loss. A range of effective options are available:Hearing technology, such as hearing aids and cochlear implants, when accompanied by appropriate support services and rehabilitative therapy are effective and cost-effective and can benefit children and adults alike.The report notes that the use of sign language and other means of sensory substitution such as speech reading are important options for many deaf people; hearing assistive technology and services such as captioning and sign language interpretation can further improve access to communication and education for those with hearing loss.To ensure that the benefit of these technological advances and solutions is equitably accessible to all, countries must adopt an integrated people-centered approach, said Dr Bente Mikkelsen, Director of the WHO Department of Noncommunicable Diseases. Integrating ear and hearing care interventions within national health plans and delivering these through strengthened health systems, as part of universal health coverage, is essential to meet the needs of those at risk of or living with hearing loss.Note to EditorsWorld Hearing Day 2021Launch of the World Report on Hearing Skip to main content Millions of people across the world live with disabling hearing loss. The vast majority live in low- and middle-income countries where they often do not have access to appropriate ear and hearing care services.There are also hundreds of millions of people at risk of hearing damage due to noise induced hearing loss from both recreational and industrial noise.Without suitable interventions, hearing loss poses a significant challenge in the lives of those affected. Many causes of hearing loss can be prevented through public health measures. Through rehabilitation, education and empowerment, people with hearing loss can reach their full potential.Raising awareness and improving access to services at the primary level can help to reduce the prevalence and adverse impact of hearing loss.

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