Hearing loss currently affects more than 1.5 billion people worldwide, of whom 430 million have moderate or higher levels of hearing loss in the better hearing ear, and are more likely to be adversely affected unless the condition is addressed in a timely manner. Two thirds of the burden of hearing loss lies in Low and Middle Income Countries (LMIC) where access to Ear and Hearing Care (EHC) services is often limited. The World report on hearing 2021 identifies the priority interventions that are necessary in achieving universal access to quality ear and hearing care across the life course. These interventions are: Hearing screening and intervention; ear disease prevention and management; access to technologies; rehabilitation services; improved communication; noise reduction and greater community engagement. Sixty percent of the causes of hearing loss are avoidable using preventive strategies which have been found to be both successful and cost-effective.

Hearing loss that is not addressed can have a significant negative impact on communication, speech and language development in children, cognition, education, employment prospects, social well-being and economic independence of individuals. Hearing loss often remains undetected due to its invisible nature and for this reason, it is important that screening for hearing loss be conducted across the different stages of the life course. The target age groups mostly at risk for hearing loss include: newborns and infants, school children especially pre-schoolers, individuals who are exposed to noise, ototoxic medications and chemicals, and older adults.

Kenya faces several challenges common to other LMIC in the provision of EHC services. These include inadequate EHC professionals such as doctors, clinical officers, audiologists and speech and language therapists; coupled with inadequate infrastructure, equipment and medical supplies. In addition assistive hearing devices are costly and currently only available in private health facilities. It is against this backdrop that the National Strategy for Ear and Hearing care was developed in 2016. The strategy provides leadership, coordination and prioritization of EHC services, mobilization of resources and effective use of the scarce resources. Since inception, the National EHC strategy has had several achievements which include: the development of a scheme of service for Audiology and Speech and Language cadres; provision of hearing aids and cochlear implants through the National Health Insurance Scheme; inclusion of EHC medications in the essential drug list; development of infrastructure for EHC by the counties through sponsoring the training of ENT surgeons, ENT clinical officers, Audiology and Hearing Care Technology professionals and speech and language therapists. The strategy has helped to facilitate the integration of EHC into the Universal Health Coverage (UHC) and the health care system. Along with this National strategy for EHC, policy guidelines and protocols on establishment and management of EHC were developed to enable health care workers at various levels of service delivery to diagnose, manage and refer patients appropriately.

The next steps for EHC in Kenya will include the formation of a National Committee which will spearhead the review of the National Strategic plan for EHC for the next five years (2021-2025) and ensure its implementation. The committee will have a multisectoral representation drawn from the Ministry of Health (MOH), Ministry of Education, the Council of Governors, Non-Governmental Organisations and Faith Based Organisations providing EHC services, Deaf societies, training institutions, professional societies, among others. One of the key outputs of this committee will be to have a key indicator in the DHIS2 system which will monitor EHC within the health systems. The guidelines for assessment and categorisation of disabilities currently being undertaken by the MOH will benefit all persons with disabilities in Kenya.

In conclusion, there is need to take advantage of the UHC implementation in Kenya as an opportunity to improve access and reduce the burden of ear diseases and hearing loss. Rolling out universal hearing screening, ear disease prevention, management and rehabilitation services across the life course will enable achievement of this goal. To improve awareness on EHC, all counties should mount activities to celebrate the World Hearing Day on the 3rd of March every year.

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