

Empowering hearing rehabilitation professionals in Sub-Saharan Africa and Asia

BY SANDRA EISNER, HIBA LIAQUAT, RASHIDA MUSLIM HASSUJI, NIMA ZANGMO, NANA AKUA VICTORIA OWUSU, SABINE PARTL AND JOHANNA REHEIS

The Hearing Healthcare Alliance empowers professionals across Africa and Asia through comprehensive training programmes, improving local hearing rehabilitation services.

According to the World Health Organization (WHO), approximately 430 million people worldwide require rehabilitation for disabling hearing loss [1]. This number is expected to rise, with an estimated one in 10 people experiencing disabling hearing loss by 2050. Recommended rehabilitation measures include the provision of appropriate hearing technology, the use of sign language or other means of communication, if appropriate, and, most importantly, the provision of “rehabilitative therapy to enhance perceptive skills and develop communication and linguistic abilities” [2]. However, as seen in Figures 1 and 2, there is a shortage of trained professionals providing rehabilitation services to individuals with hearing loss across the world.

The Hearing Healthcare Alliance (HHA) is a strategic partnership between MED-EL and the Austrian Development Agency (ADA) committed to improving the diagnosis and rehabilitation of people with hearing loss by establishing sustainable local structures in the hearing healthcare sector in different countries in Sub-Saharan Africa and Asia. In a long-term collaboration, the goal is to support and initiate development in resource-constrained regions by focusing on (newborn) hearing screening, educational programmes, professional training, and infrastructure development.

To date, 56 professionals from 11 different Asian and African countries have completed, or are in the process of completing, a comprehensive one-year training programme, the ‘Professional Certificate in Hearing Rehabilitation (PCHR)’, developed by the MED-EL Rehabilitation Department (see Figure 3). The goal of the training is to empower clinicians who provide rehabilitation services

to individuals with hearing technology. To date, more than 400 hours of onsite and online training were delivered by specialists from the Rehabilitation Department at MED-EL to professionals across the HHA partner countries.

Nana Owusu from Ghana, Rashida Muslim Hassuji from Tanzania, Hiba Liaquat from Pakistan and Nima Zangmo from Bhutan completed the Professional Certificate in Hearing Rehabilitation (PCHR) in 2023. We spoke to them about their experience.

How would you describe your impression of and experience with the PCHR course?

“The PCHR course has empowered us as local professionals to foster sustainable and community-based hearing care. Unlike the ‘fly in and fly out’ concept of deploying foreign professionals, the PCHR emphasises training that remains within the community, thus promoting long-term self-sufficiency. The curriculum combines theoretical knowledge with practical skills, ensuring immediate and applicable expertise. By building local capacity, the course enhances resilience and accessibility in hearing rehabilitation. It also fosters collaboration among professionals, creating a supportive network for continuous learning and innovation. Overall, the course is a culturally sensitive and empowering initiative that significantly improves local hearing health infrastructure and outcomes.”

Rashida Muslim Hassuji, Tanzania

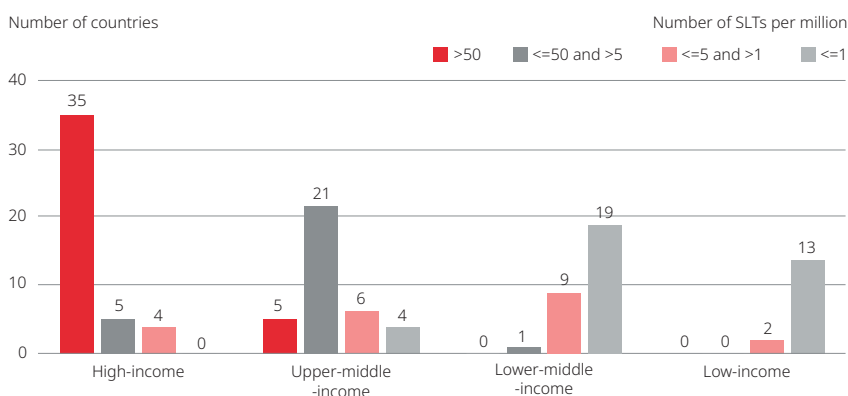


Figure 1: Density of SLTs among WHO regions (WHO 2021) [3].

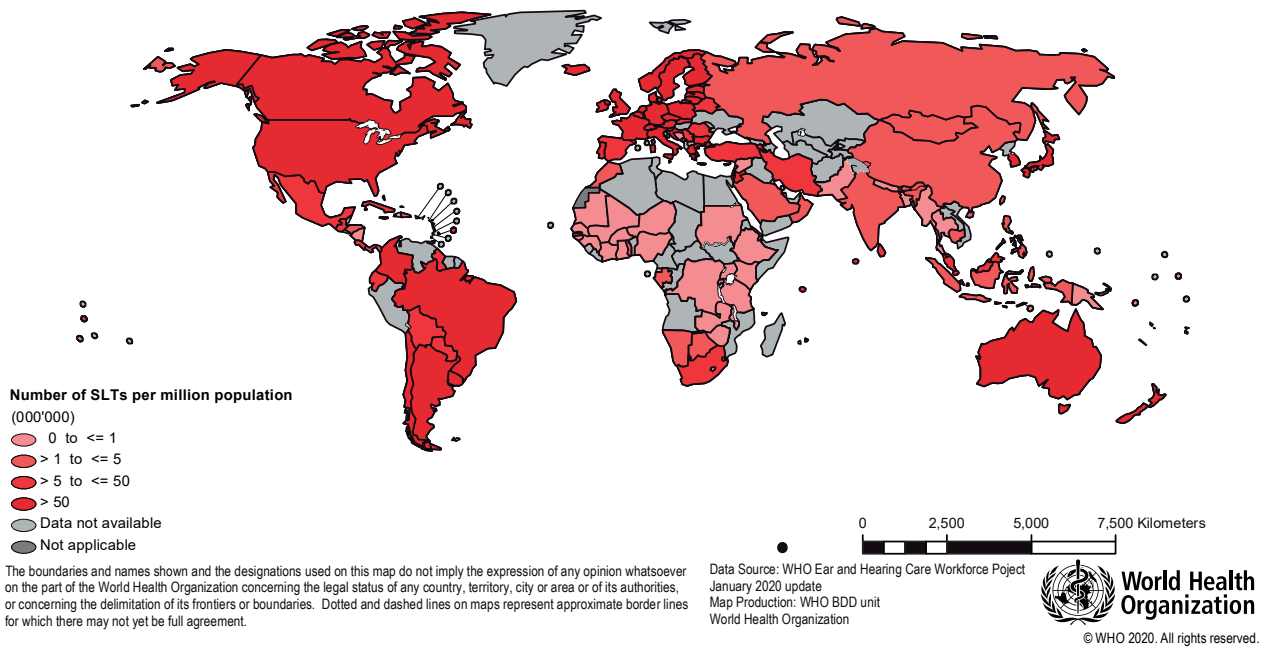


Figure 2: Availability of SLTs in 124 countries for which data were available (WHO 2021) [3].

Apart from the theoretical and practical training, what other parts of the PCHR did you enjoy during the course?

“The PCHR course helped in discussing how to handle the problems created by our own unique environment (e.g. getting cochlear implants at later age) and culture (e.g. fathers are not very cooperative regarding therapy), and getting solutions from other fellow professionals on a national level.

Interacting with fellow participants and instructors allowed for insightful discussions and the exchange of experiences. The course also included engaging group activities that fostered teamwork and better therapeutic skills in future.

Additionally, the guest speakers brought diverse perspectives and real-world insights, enriching the learning experience. Overall, the interactive nature of the course, the networking opportunities, and the practical application of knowledge were valuable aspects of the PCHR.”

Hiba Liaquat, Pakistan

What are your goals for your clinical practice beyond the PCHR?

“My goals are elaborate and concentrated on assisting and improving my professional development, enhancing rehabilitative healthcare, and standardising patient care. These will be my focused goals and with that I will be able to contribute and achieve maximum benefit of PCHR in rehabilitating children with hearing impairment. I want to actively participate in ongoing education to keep myself up to date with the knowledge of current advancement in hearing rehabilitation. Additionally, I want to enhance collaborative commitment of patients and caregivers to foster progress in rehabilitation. Most importantly, we need to translate available materials into our own local language to maximise resource usage. Translations will also help the professionals find useful resources. Both will allow us to track the patients’ rehabilitation progress pre- and post-implantation.”

Nima Zangmo, Bhutan

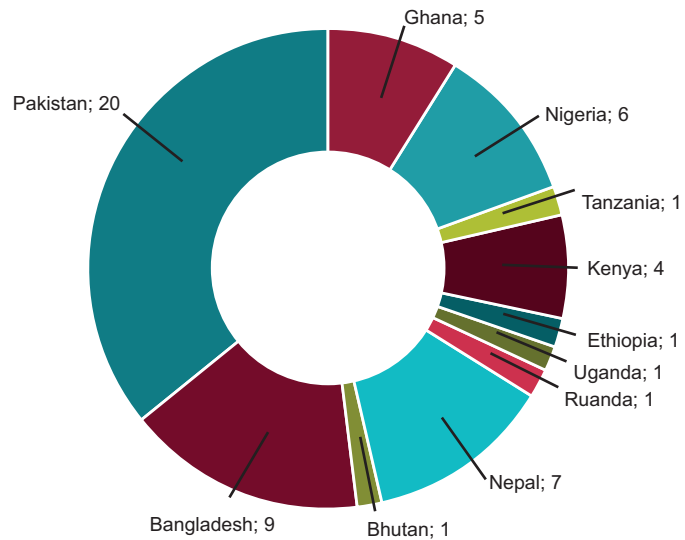


Figure 3: Local professionals who have completed or are in the process of completing the PCHR (Rehabilitation Department, 2024).

What has changed in your professional practice since participating in the PCHR?

Nana sees development in different aspects of her professional life: "The rehab approach to persons with hearing impairment on the whole has changed – for the better! Previously, access to new research, evidence-based practice and what works best was limited and therapy was based mainly on what was handed down to be used for transferred clients and my understanding of what seemed to work best for each child. Now, active involvement and coaching of parents is taken much more seriously in all sessions and the collection of incidental information (what goes on outside of the clinic) has become a crucial part of the therapy process. This helps parents to be more observant of their child. During the PCHR course, we were exposed and had access to a wide range of strategies (talk more, move close, etc.) and resources of benefit to other client groups, not just hearing impairment. We learned that evaluation and client expectations are a must for all clients and I got a clearer and wider understanding of the use of domains to assess the overall progress and tangible development of the child's communication skills. Most importantly, I have a greater sense of confidence working with clients with hearing impairment now after the PCHR.

"Five-year old Elsa (name altered) became attached to her bilateral device from switch-on. Her mother reported that they could only take it off when she was fast asleep. The family worked very hard and even though they had to travel almost four hours to and from the clinic for each visit, attendance was consistent in the first few months. They came to the clinic twice a week for approximately 50 minutes per visit. Elsa was already trying to use two-word phrases at six months from switch-on. On the bus to the clinic, one day Elsa's mother felt completely embarrassed and lost for words when Elsa suddenly pointed to a lady next to them and said out loud 'BIG'."

Nana Owusu, Ghana

Acknowledgement

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References

1. World Health Organization. Deafness and Hearing Loss, 2024. <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>
2. World Health Organization Early intervention in childhood for hearing. <https://www.who.int/india/campaigns/world-hearing-day-2023/with-every-heart-beat-i-hear-in-my-stethoscope>
3. World report on hearing. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

[All links last accessed October 2024].

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