



TERMS OF REFERENCE OF WORLD HEARING FORUM

Mission: **To advocate for ear and hearing care at global, regional, national and local levels**

Preamble

Approximately 466 million people live with disabling hearing loss. An overwhelming majority of them reside in low- and middle-income countries and commonly lack access to required services and interventions. Unaddressed hearing loss is one of the leading causes of morbidity. It is estimated that hearing loss costs \$750 billion annually.

It is expected that the prevalence of hearing loss will rise considerably in coming decades due to changing population demographics, increasing exposure to risk factors such as noise, as well as persistence of untreated ear conditions such as otitis media.

Many of the causes that lead to hearing loss are preventable. In children, 60% of hearing loss can be prevented through public health strategies. Those who have hearing loss can greatly benefit from timely and appropriate interventions. Effective implementation of proven strategies to prevent hearing loss and rehabilitation of those with irreversible impairments require a number of public health measures to be put in place, including the integration of high quality, comprehensive ear and hearing care services into national health systems.

Hearing care and hearing loss as a public health issue were highlighted at the World Health Assembly in 2017, with the adoption of the resolution (WHA70.13 Annex 1) on prevention of deafness and hearing loss. This resolution calls upon WHO and its Member States to develop public health strategies to make ear and hearing care accessible for all. However, the implementation of this resolution and achievement of its mandate require tangible global actions. Such global actions must be founded on strong evidence-based principles and promoted through a collaborative approach with engagement of all stakeholders in the field of ear and hearing care. The World Hearing Forum fills this critical gap, by bringing a common vision to strengthen advocacy and collaboration efforts to ear and hearing care.

In the context of the Sustainable Development Goals, addressing hearing loss through accessible ear and hearing care is essential to achieve Goal 3, which calls on all stakeholders to "Ensure healthy lives and promote well-being for all at all ages". Improving ear and hearing care will also contribute significantly towards WHO's 13th

Global Programme of Work¹ (link to GPW). This will help us meet the goal of achieving universal health coverage- 1 billion people enjoying better health and well-being.

Recognizing the urgent need for global action for ear and hearing care in terms of awareness-raising, political advocacy and public health policies, the Forum will act as a catalyst, as the linchpin needed to achieve scale and impact.

The World Hearing Forum would be an informal network for stakeholders to engage in promotion of ear and hearing care. It would be the launching pad for a global initiative that could lead to a greater momentum in decreasing the looming epidemic of hearing loss and moving the WHA70.13 forward.

Non-state actors have a significant role to play in advancing and promoting ear and hearing care. However, as a WHO managed network, engagement by the Forum with non-State actors at global, regional and country levels is subject to the World Health Assembly adopted policies including Framework of Engagement with Non-State Actors (FENSA)².

1. Vision and Goal

The World Hearing Forum envisions a world in which no person experiences hearing loss due to preventable causes and those with hearing loss can achieve their full potential through rehabilitation, education and empowerment.

The goal of the Forum is to facilitate the implementation of the WHA70.13 resolution and support WHO's advocacy actions in the field of hearing.

To achieve this goal, the Forum would drive a global advocacy initiative. Such an initiative should have time-limited goals and well-defined mandate and indicators.

The operational strategy of the Forum, underpinned by WHA resolution 70.13, will be determined through a collaborative process in which stakeholders can participate.

¹ The GPW 13 is based on the Sustainable Development Goals (SDGs) and is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: achieving universal health coverage, addressing health emergencies and promoting healthier populations. The 44 GPW 13 Impact Framework Targets and Indicators are aligned with SDGs and/or World Health Assembly (WHA) approved resolutions or action plans. Link: <http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/>

² FENSA resolution A69/A/CONF./ strengthens WHO's engagement with non-State actors in favour of public health objectives and especially in the SDG context while at the same time reinforcing WHO's protection from any undue influence in order to preserve the integrity, independence and reputation of the Organization. This is accomplished through procedures implemented by the WHO secretariat that ensure management of conflicts of interest, transparency, accountability, due diligence and risk assessment with respect to engagements with non-state actors.

2. Objectives and proposed actions of the Forum

Objective 1: Undertake advocacy efforts for galvanizing support and raise awareness for ear and hearing care

In this respect the Forum would:

- Drive a global initiative on ear and hearing care.
- Foster political commitment with Member States and non-State actors.
- Undertake advocacy through the World Hearing Day on 3 March each year
 - Advise WHO on its annual theme
 - Propose ways to strengthen this initiative
 - Support WHO's in its efforts to raise awareness
- Promote and disseminate WHO tools relevant for ear and hearing care.
- Support, as appropriate, WHO advocacy events at global /regional levels relating to ear and hearing care.

Objective 2: Promote networking for knowledge sharing

The Forum would achieve this by

- Strengthening collaborations across stakeholders.
- Providing a common narrative that would unite professionals across disciplines involved in ear and hearing care.
- Forum members participating in conferences, workshops, online forums etc. and advocating in support of Forum objectives, vision and goal.

3. Nature of the Forum, its Secretariat and structure

The Forum aims to facilitate cooperation to promote ear and hearing care. It acts as an informal mechanism for information exchange and advocacy activities undertaken by its Members. The Forum strives to achieve its mission through advocacy, collaborative and network efforts of its Members and is not a separate legal entity.

Subject to the availability of sufficient human and financial resources for this purpose, the secretariat (the "Secretariat") for the Forum will be provided by WHO.

The Forum includes a plenary body called the Membership Assembly comprised of Members as further described below in these Terms of Reference.

4. Members

Members in the Forum will consist of representatives of:

- Member States
- Intergovernmental organizations
- Nongovernment organizations
- Private sector entities organized through constituencies or international business associations
- Philanthropic foundations
- Academic institutions

All stakeholders seeking to apply for the Forum membership must meet the following criteria:

- Must be an entity and not an individual
- Work actively in the field of ear and hearing care internationally and align to the objectives, vision and goal of the Forum
- Have an organized structure
- Demonstrate support for the WHA70.13 resolution
- Commit to actively engage in the work of the Forum
- Provide information on their organization and sign the WHO tobacco-arms disclosure statement.

Responsibilities of Members:

- Promote the work, vision, goals and objectives of the Forum
- Actively initiate and participate in Forum activities, discussions and deliberations
- Participate in the Forum Membership Assembly
- Participate, as appropriate, in Forum working groups
- Support the implementation of the Forum work plan
- Share knowledge and information (lessons learned, case studies, programme results, etc.) with other Members
- Support and enhance, without compromising, the scientific and evidence-based approach that underpins WHO's work

Members' organizations are listed on the Forum website.

5. Meetings

Membership Assembly

The Forum will hold one Membership Assembly every two years. The Membership Assembly comprises a maximum of two delegates nominated by each Member.

The Forum may also hold additional ad hoc meetings, as necessary and as appropriate.

To the extent possible and appropriate, meetings of the Forum may be combined with meetings of other relevant bodies or events.

The functions of the Membership Assembly are to:

- Review the work plan and the report of the steering committee
- Serve as platform for exchange of views and consultation among Members
- Deliberate on issues proposed by the Steering Group that promotes the objectives of the Forum

6. Steering Committee

It would consist of 10-12 Members nominated by WHO. WHO will chair the Steering Committee. With the exception of WHO, the term of office of Steering Committee members will be two years, renewable once.

Responsibilities:

- Provide the overall strategic direction in consultation with WHO for the operative work of the Forum
- Review membership applications
- Organize the Membership Assembly and its agenda
- Establish working groups, develop and approve their TORs
- Endorse the Forum work plan

7. Working Groups

Working Groups provide a mechanism whereby a group of Members with similar interests can exchange information and collaborate on agreed specific tasks/projects in line with the Forum's objectives, vision and goal.

Creation of Working Groups may be proposed by any Member and their establishment shall be subject to approval by the Steering Committee.

Working groups shall have Terms of Reference that are approved by the Steering Committee and that describe the objective, work plan and method of work of the proposed Working Group.

Working Groups will report on progress at the Membership Assembly and will also provide a written report on their activities to the Steering Committee on an annual basis.

The initial term of a Working Group shall normally not exceed 2-years based on the agreed work plan with an automatic sun-setting clause. The term may, however, be extended based on need and efficacy as determined by the Steering Committee.

8. Secretariat support

The main responsibilities of the Secretariat are to provide administrative and operational support to the Forum as necessary and appropriate subject to the availability of funds and in accordance with WHO rules, procedures and policies. This includes:

- Operate day to day administrative business of the Forum in consultation with the steering committee and coordinate implementation of its work plan;

- Coordinate the organization of the Membership Assembly;
- Conduct assessment and due diligence on membership applications, correspond with Members, and confirm admission of new Members;
- Maintain the Forum website;
- Facilitate engagement of all Members and the development of the forum strategy thereby ensuring the effective functioning of collaborative work;
- Conduct periodic reviews of the role, functioning, and impact of the Forum and initiate or consider amendments to these Terms of references, as appropriate, with a view to improving the functioning of the Forum;
- Chair the Steering Committee of the forum;
- Prepare and distribute documentation for the Membership Assembly (such as agendas, meeting reports, list of participants);
- Establish a central repository of information and documents relevant to the Forum;
- Prepare the Forum work plan and resource requirements for submission to the Membership Assembly for consideration and advice.

9. Modus Operandi

The Forum is not a decision-making body and will aim to reach consensus on issues being discussed.

The Secretariat reserves the right not to implement any Forum recommendation or activity which it determines gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures.

Members shall not make public statements about Forum activities or on behalf of the Secretariat without the prior consent of the Secretariat acting in consultation with Steering Committee.

10. Visual Identity

The Forum will have a visual identity provided by WHO. Use of the visual identity by Members will be subject to case by case approval by WHO taking into account its policies, regulations and procedures.

Members shall not use WHO's name, acronym and emblem without explicit written authorization. This includes the display of WHO emblem and name on any premises, equipment, as well as on any communication and/or training materials, training certificates, social media tools or publications.

11. Publications

In general, and unless agreed otherwise by the Secretariat, there will be no Forum publications.

Any publication by a Member, other than WHO, referring to Forum activities shall contain appropriate disclaimers as decided by WHO, including that the content does not necessarily reflect the views or stated policy of the Members (including WHO, acting as the Secretariat of the Forum).

12. Forum website

The Forum will have a website that is housed within WHO's domain. Weblinks to Members may be included in the Forum website upon request by the concerned Member(s) and subject to applicable Secretariat policies, rules and regulations.

13. Financing of, and fundraising for, the activities of the Forum and its participants (including the secretariat support)

Each Member will, in principle, be responsible for meeting its own expenses in relation to the Forum (including, but not limited to, travel and subsistence for the attendance of the Forum meetings, Working Group meetings and country focused initiatives), unless agreed otherwise on a case by case basis by the Secretariat. Members shall disclose to the Secretariat any third party funding support that they have received to participate in Forum activities.

The Secretariat support and related day to day operations of the Forum will be financed by voluntary contributions from the Members. The Secretariat may also raise funds from other sources to support the work of the Forum, in accordance WHO rules and procedures, as appropriate. All Secretariat funds shall be administered in accordance with WHO's policies including its financial regulations, rules, and practices.

Contributions by Members including donations (in cash or in kind), will be acknowledged by the Secretariat in accordance with its applicable rules, policies and practices. Contributors will be listed on the Forum website.

14. Termination of participation in the Forum

Any Member may terminate its involvement in the Forum by providing one month written notice to the Secretariat.

A Member will be deemed to have withdrawn from the Forum if such Member is not present at two successive meetings such as Membership Assemblies without providing explanation to the Steering Committee.

The involvement of any Member shall terminate, if the Member:

- a. no longer subscribes to the vision, goals, objectives of the Forum; and
- b. is engaged in activities that are incompatible with the Policies of the Secretariat or contrary to the goals and objectives of the Forum

The decision to terminate involvement of a Member shall be made by Secretariat, in consultation with the Steering Committee, as appropriate.

The Secretariat shall be responsible for informing Members of any termination notices it has received or termination notices it has issued.

WHO may with the provision of three months prior written notice to the Members terminating its role as the Secretariat of the Forum or withdraw from the Forum.

SEVENTIETH WORLD HEALTH ASSEMBLY

WHA70.13

Agenda item 15.8

31 May 2017

Prevention of deafness and hearing loss

The Seventieth World Health Assembly,

Having considered the report on prevention of deafness and hearing loss;³

Recognizing that 360 million people across the world live with disabling hearing loss, a total that includes 32 million children and nearly 180 million older adults;

Acknowledging that nearly 90% of the people with hearing loss live in low- and middle-income countries, which often lack resources and strategies to address hearing loss;

Concerned by the persistent high prevalence of chronic ear diseases, such as chronic suppurative otitis media, which lead to hearing loss and may cause life-threatening complications;

Acknowledging the significance of work-related, noise-induced hearing loss, in addition to issues related to recreational and environmental noise-induced hearing loss;

Aware that unaddressed hearing loss is linked with cognitive decline and contributes to the burden of depression and dementia, especially in older adults;

Noting the significant impact of ear diseases and hearing loss on the development, ability to communicate, education, livelihood, social well-being and economic independence of individuals, as well as on communities and countries;

Aware that most of the causes of hearing loss are avoidable with preventive strategies; that the interventions available are both successful and cost-effective; but that, despite this, most people with ear diseases and hearing loss do not have access to suitable services;

Recalling resolution WHA48.9 (1995) on prevention of hearing impairment, and resolution WHA58.23 (2005) on disability, including prevention, management and rehabilitation;

³ Document A70/34.

Recalling also the *World report on disability 2011*, which recommends investment in improved access to health services, rehabilitation and assistive technologies and the WHO global disability action plan 2014–2021,⁴ based on that report's recommendations;

Mindful of the Sustainable Development Goals in the 2030 Agenda for Sustainable Development, specifically Goal 3 (Ensure healthy lives and promote well-being for all at all ages) with its target 3.8 on achieving universal health coverage, which implicitly recognizes the need for persons with disabilities to have access to quality health care services, and recognizing that the targets of Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) explicitly mention persons with disabilities, and that unaddressed hearing loss greatly hinders their education and academic outcomes;

1. URGES Member States, taking into account their national circumstances:

(1) to integrate strategies for ear and hearing care within the framework of their primary health care systems, under the umbrella of universal health coverage, by such means as raising awareness at all levels and building political commitment and intersectoral collaboration;

(2) to collect high-quality population-based data on ear diseases and hearing loss in order to develop evidence-based strategies and policies;

(3) to establish suitable training programmes for the development of human resources in the field of ear and hearing care;

(4) to ensure the highest possible vaccination coverage against rubella, measles, mumps and meningitis, in line with the immunization targets of the global vaccine action plan 2011–2020, and in accordance with national priorities;

(5) to develop, implement and monitor screening programmes for early identification of ear diseases, such as chronic suppurative otitis media and hearing loss in high-risk populations, including infants, young children, older adults and people exposed to noise in occupational and recreational settings;

(6) to improve access to affordable, cost-effective, high-quality, assistive hearing technologies and products, including hearing aids, cochlear implants and other assistive devices, as part of universal health coverage, taking into account the delivery capacity of health care systems in an equitable and sustainable manner;

(7) to develop and implement regulations for the control of noise in occupational settings, at entertainment venues and through personal audio systems, as well as for the control of ototoxic medicines;

⁴ See document WHA67/2014/REC/1, Annex 3.

(8) to improve access to a variety of ways of communicating through promoting alternative methods of communication, such as sign language and captioning;

(9) to work towards the attainment of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) in the 2030 Agenda for Sustainable Development, with special reference to people with hearing loss;

2. REQUESTS the Director-General:

(1) to prepare a world report on ear and hearing care, based on the best-available scientific evidence;

(2) to develop a toolkit as well as provide the necessary technical support for Member States in collecting data, planning national strategies for ear and hearing care, specifying how prevention of hearing loss can be integrated into other health care programmes, raising awareness, screening for hearing loss and ear diseases, and organizing training in and provision of assistive technologies;

(3) to intensify collaboration with all stakeholders with the aim of reducing hearing loss due to recreational exposure to noise through the development and promotion of safe-listening standards, screening protocols, software applications to promote safe-listening and information products;

(4) to undertake advocacy through World Hearing Day on 3 March each year, with a different theme every year;

(5) to report on progress in the implementation of the present resolution to the World Health Assembly.¹

Tenth plenary meeting, 31 May 2017
70/VR/10

The Executive Board agreed that the long-term reporting requirements of the present resolution should be included in the forward-looking planning schedule of expected agenda items, established by decision WHA69(8) (2016). See document EB139/2016/REC/1, summary record of the Executive Board at its 139th session, second meeting.