

Students receive their certificates after completing a course on public health planning for hearing health.  
ZIMBABWE



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## Human resources: what happens after training?



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Equitable access to services for people with ear diseases or hearing loss depends primarily on a trained health workforce that provides Ear and Hearing Care (EHC) for different ages and across all care levels. Availability of a well-trained specialist workforce such as ENT specialists, audiologists, and speech and language therapists continues to be a challenge. The World Health Organization (WHO)'s 2021 *World Report on Hearing*<sup>1</sup> shows that in many low- and middle-income countries (LMICs) specialist workforce in the field of EHC is sparse or even sometimes nonexistent, with less than one professional per million population. It is therefore crucial to increase the number of health personnel providing EHC. This should be done not just by creating greater opportunities for education and training of specialist cadres (such as ENT specialists, audiologists, speech therapists, and others) but also by designing training programmes for other cadres of health workers that facilitate integration of EHC at primary health care level, notably health care professionals with lesser training requirements, such as community health workers and general practitioners or family doctors.<sup>2</sup>

However, while it is essential to augment the overall numbers of personnel trained in EHC, it is equally important to ensure that those who have been trained are enabled to perform to their fullest potential once they are back in the workplace. To do so, it is relevant to consider factors like:<sup>1</sup>

### Quality assurance mechanisms

These should be put in place at the time of designing and implementing educational programmes for human resource capacity development. Technical oversight and practical support by higher trained professionals, as well as regular performance monitoring, will be key to ensuring that services provided are of high quality.

### On-the-job training

This aspect will play a crucial role in ensuring that knowledge and skills are kept up to date and refreshed regularly. It will also serve to ensure continued engagement and high levels of commitment among various professional cadres.

### Support of in-service provision through the use of technology, including mobile health and telehealth services

This would assist by, on the one hand, facilitating the provision of certain services like hearing screening or testing and, on the other hand, by ensuring that nonspecialised workforce in remote areas can access expert support.

### Allocate/share tasks to ensure trained specialists can focus on specialised care

Once back in the workplace, returning trainees may face work duties that do not allow them to practise their skills. Similarly, highly trained specialists may

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not be able to focus on providing specialised care to a larger proportion of the population, because they have to perform tasks that could be shared with other cadres: for example, it is estimated that by sharing the task of wax removal with general practitioners alone, the burden on ENT specialists could be reduced by 47%, allowing them greater time and opportunity to provide care for other ear problems to a larger section of population.<sup>1</sup> One solution is to design training programmes for other cadres of health workers to share certain EHC tasks and support highly trained specialists; this will also increase the number of health personnel providing EHC and facilitate the provision of care close to the community, as well as integration of EHC at primary health care level.

**Availability of equipment for trained workforce**  
Trained cadres such as community health workers and general practitioners, and in some cases even ENT specialists, may be unable to effectively use their skills due to a shortage of the required equipment such as otoscopes, operating microscopes, and required instruments.<sup>3,4</sup> This can greatly limit the capacity of specialists or trained non-specialists to put into use the skills and procedures that they have learnt, resulting in delayed diagnosis and unfavourable treatment outcomes. To address this, diagnostic and surgical equipment for EHC should be part of governments' lists of essential medical devices, with budgets allocated for its procurement and maintenance at the relevant health facilities.

**Sensitisation/training in public health of highly skilled workforce like ENT specialists, audiologists, speech-language therapists and others**

There is currently a predominantly clinical approach to EHC among professionals which focusses almost exclusively on providing high-quality services to a relatively small number of people, through clinics and hospitals. While such a clinical approach is essential for service provision, it is insufficient, from a public health perspective, to address the needs of the population at large with respect to the prevention, identification and management of hearing loss.<sup>5</sup> It is anticipated that nearly 25% of the population in 2050 will experience some degree of hearing loss. Addressing such a widespread prevalence can only be possible through a public health approach to EHC provision. An understanding of public health can help highly trained professionals to better appreciate the overall priorities for EHC

and work across cadres of health workers to serve population needs.

## Retention and incentivisation of trained personnel

Other types of challenges are also faced in places where well-trained EHC workforce are available in relatively large numbers. This is due mainly to:

- **Inequitable distribution:** most well-trained specialists converge in urban areas. As a result, the urban-to-rural ratios of EHC workforce are as high as 36:1 in some countries. This limits the availability of services in places where they are most likely to be needed.<sup>1,6,7,8</sup>
- **Migration of trained health workforce** from lesser developed economies to well-developed countries: the number of health workers migrating outside their country is rising, signifying a loss of well-trained health workforce in LMICs. This problem exists for EHC professionals as for any other health cadres.<sup>9</sup>

## Conclusion

It is crucial to address the human resource gap in order to ensure that high-quality EHC services are accessible to the growing number of people worldwide. This is essential in view of the disproportionate increase in the percentage of the population who will require access to those services. To be effective, any human resource capacity building strategy needs to focus not only on increasing the number of service providers, but also on increasing the technical capacity of available health workforce engaged in the provision of EHC services.

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