

Policy Manifesto

Launching a Belgian Hearing Health Strategy

2024

Breaking the silence of hearing loss in Belgium

The impact of hearing loss in Belgium

In the European Union (EU), a staggering 34.4 million adults live with disabling hearing loss and two out of three do not have access to hearing care, treatment, or rehabilitation¹. These figures will only rise as our population ages. However, hearing loss affects all ages; currently, 2 – 4 in every 1000 children are born with sensorineural deafness or develop hearing loss in childhood². **In Belgium specifically, approximately 40 children are born each year with unilateral deafness. Additionally, 9.4% of the Belgian population, spanning both Flanders and Wallonia, experience some form of hearing loss.**

Belgium is currently lacking a hearing health policy creating inequality for persons living with hearing loss and a detrimental wider social and economic impact.

Difficulties in communication, lack of reasonable accommodations in educational systems and employment, and limited awareness of the specific needs of persons affected by hearing loss all contribute to a growing challenge. Such barriers to participation in society, combined with limited access to hearing interventions and services, are also linked to other conditions such as mental ill-health and depression, neurological disorders such as dementia, cognitive decline, Parkinson's disease, and Huntington's disease, as well as more frequent falls^{3,4}.

Studies also indicate that untreated hearing loss among Europeans is linked to high rates of unemployment, underemployment and early retirement^{5,6,7}. When individuals are significantly affected by a disability, long-term condition, or chronic illness, their employment prospects are notably diminished. Moreover, only 24% of individuals with disabilities are employed, compared to 65% of the general population aged 15 to 64. A study of 766 employers in the Ghent labour market found that 18% treat candidates unequally. Deaf individuals face the most discrimination, receiving 53% fewer interview opportunities. Belgians who use hearing aids report that these devices improve their chances of promotion, securing appropriate employment, and earning a higher salary¹⁹.

Common barriers faced by persons living with hearing loss include:



Lack of access to integrated care, including the consideration of other coexistent health conditions such as dementia, cognitive decline and mental ill-health^{3,5},



Lack of access to hearing care services including routine hearing screening, hearing aids and implants, and lack of financial support for their reimbursement^{8,9};



Lack of preventive measures to protect hearing health, especially at work¹⁰,



Lack of accessibility in public settings or measures to accommodate the needs of people living with hearing loss leads to reduced participation in daily life (work, education, community life)¹¹,



High discrimination rates and persisting stigma linked to disability¹².

Now is the time to act

People living with hearing loss need support from Belgian authorities to be equally included in society, the labour market, and healthcare services. **The effective management of hearing health through prevention strategies, screening, diagnosis, interventions and treatment options, rehabilitation, and support is vital.** Prioritising hearing loss in health policy agendas will allow children and adults to reach their potential, Belgium's elderly to actively age and ensure the long-term sustainability of our healthcare systems and society at large.

Hearing loss in numbers



Hearing loss and its comorbidities lead to **€213 billion direct costs** (medical expenses) and indirect costs (impact on economy) for European governments¹.



190 million people in the WHO European Region live with some degree of hearing loss³.



Hearing loss is the **4th leading cause of disability** globally⁴.



Hearing loss is the **number one modifiable risk factor** of dementia⁵.



living with hearing loss experience psychological distress¹⁶.



are projected to experience hearing loss in their lives by 2050⁵.



over 65 years self-report some form of hearing loss¹⁶.



Everyone will be impacted by hearing loss during their lifetime, either personally, as a career, or family and friends.

How can you help?

Within the framework of the new legislature at all levels of competence within Belgium, policymakers have the momentum to make significant changes. We call on the Belgian governments to ensure that individuals living with hearing loss have equal access to care, thereby mitigating the broader impact on our society and economy.

Alongside associations active in the hearing health community (including ageing, brain health and mental health), **we specifically call on the development of a Belgian Hearing Health Strategy.** Reflecting the policy framework already developed by the World Health Organization (WHO) for hearing will achieve political alignment and will ensure the cost-effective development and implementation of policies to tackle the impact of untreated hearing loss.

A Belgian Hearing Health Strategy

A patient-centered Hearing Health Strategy would highlight the commitment of Belgium to build an inclusive society for all its citizens, including those experiencing hearing loss.

We encourage the Strategy to focus on the **HEAR** pillars:

- **H**earing loss awareness
- **E**arly prevention
- **A**ccess and care
- **R**esearch



Pillar N°1:
Hearing loss awareness

Policy objective: Raise awareness of hearing loss and educate populations to reduce stigma and promote social inclusion.

There is still little awareness of the prevalence and impact of hearing loss on individuals and the economy, resulting in stigmatization, discrimination, and isolation.

Policy recommendations:

- Launch a **national awareness-raising campaign on hearing loss**, to start open conversations in schools and workplaces, and reduce stigma.
- **Develop guidelines related to improved awareness** of hearing loss and training for staff.
- **Implement the European Pillar of Social Rights** at the national level, especially concerning accessibility and the rights of persons with hearing loss.



Pillar N°2:
Early prevention

Policy objective: Ensure effective strategies are put in place at the national level to ensure prevention and detection of hearing loss.

Hearing loss caused by daily life activities such as industrial or recreational noise is preventable. Everyday habits and noise exposure, including listening to loud music or unsafe practices in the workplace / venues can lead to avoidable hearing loss.

Policy recommendations:

- Look at **best practices to implement affordable, easily accessible national hearing screening programs** across the life course. Advocate for free hearing check-ups with a doctor at ages 25, 45, 50, 55 and 65, and then on an annual basis.
- Based on Directive 2003/10/EC, **set minimum health and safety requirements regarding noise exposure** in the workplace, and **provide updated training to employers and employees** on the importance of hearing health at work.
- **Implement the policy recommendations of the WHO on safe listening**, including on personal audio devices, and to attain WHO's global standard for safe listening in venues and events, to prevent the rising incidence of hearing loss among young people.



Pillar N°3:
Access and
care

Policy objective: Increase and facilitate access to hearing healthcare, interventions, treatment options and rehabilitation for persons living with hearing loss.

When provided with hearing healthcare and improved accessibility options, people living with hearing loss are empowered to choose the hearing care services that reflect their individual choices.

Policy recommendations:

- **Incorporate hearing health into national health plans**, creating integrated care pathways for persons living with hearing loss and adopting a holistic perspective of the individual including mental and brain health.
- **Ensure equal access and appropriate reimbursement for cost-effective hearing health interventions**, such as hearing aids and cochlear implants, for both children and adults. Currently, adults with single-sided deafness are not eligible for reimbursement, and those with bilateral deafness are only reimbursed for one cochlear implant, resulting in unilateral hearing. Research has demonstrated the significant advantages of bilateral hearing, including improved sound localization and speech understanding in noisy environments.
- **Empower healthcare professionals and patients in making informed decisions** about their options, including the availability of appropriate accessibility measures and assistive devices for hearing loss.
- **Effectively transpose the [Accessibility Act](#) into national law and promote effective initiatives that improve access to health information** and participation on an equal basis for persons with disabilities with respect to public facilities and buildings, audio-visual media services, hearing loops, captioning and sign language.
- **Strengthen appropriate care for comorbidities including dementia, depression and social isolation.**



Pillar N°4:
Research

Policy objective: Further support research and the collection of data to facilitate evidence-based policymaking for persons living with hearing loss.

The impact of hearing loss is underestimated, meaning it is often underprioritised in health policy agendas. In line with WHO recommendations, it is key that governments have access to recent and reliable data on hearing loss to shape impactful policies for people living with hearing loss.

Policy recommendations:

- **Support research on hearing loss**, digital hearing health, and treatment options considering quality of life and economic impact.
- **Develop new models for public health surveillance** that collate and report health needs and intervention outcomes for people living with hearing loss.
- **Include and standardize hearing loss as a disability category within national census and health surveys** to enable policies to accurately reflect the needs of persons living with hearing loss. Impairments meet the definition disability used by the VAPH (Flemish Agency for Persons with Disabilities) if a person in the transition zone scores 70% or less on a speech intelligibility test at a loudness of 65 dB SPL¹⁷.

What's Next?

Hearing loss is lifelong and the cost of inaction is high. The time to act is now. We would be delighted to shape a Belgian Hearing Health Strategy with you, to raise awareness of hearing loss and support the creation of rigorous **National Plan on Hearing Loss.**

The United Nations have declared 2021-2030 to be the Decade of Healthy Ageing¹⁸— **we can ensure that the Belgium leads by example by launching a Belgian Hearing Health Strategy that promotes a cross-sectoral, collaborative approach to tackling healthcare inequalities and limited access to quality of hearing care services across a person's lifetime.**

Adopting a Belgian Hearing Health Strategy will bring together existing policy resources and build momentum to uphold the European Pillar of Social Rights and implementation of the European Disability Strategy 2021-2030 with a hearing loss-inclusive perspective.

Endorsed by:



To endorse the Manifesto visit:

French: hearinghealth.eu/votrevoix-notreaudition

Dutch: hearinghealth.eu/stemvoorgehoor

or email contact@hearinghealth.eu



Signez le
manifesto



Teken het
manifest

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