

Do Audiology departments have a responsibility to address global inequalities in hearing care? Reflections from an Audiology-ENT outreach project in Iraq

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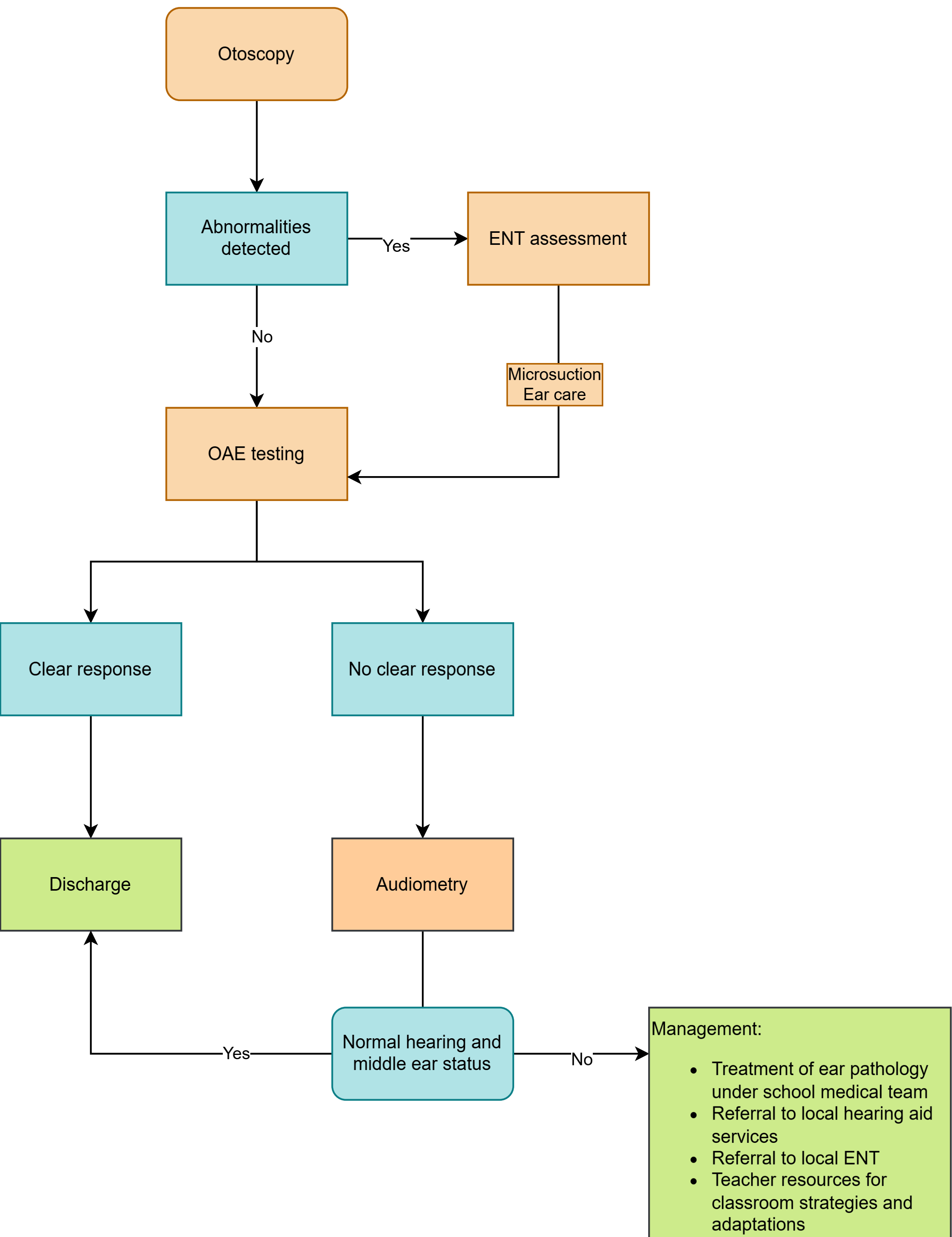
Why this project matters

Every child deserves the opportunity to learn, communicate and thrive. Global inequalities in healthcare can create overwhelming barriers, particularly in regions affected by years of deprivation. Yet meaningful change often begins with a small number of motivated individuals.

This outreach project was developed to support the children enrolled at Dar Al Zahra School in Najaf, where 80% of the student population are orphans. Since 2008, volunteers from Global Kindness Foundation have successfully provided free annual optical and dental screenings and treatment to students at Dar Al Zahra. Hearing care has not been accessible, despite being fundamental to education, language development and social connection. Recognising this gap, this project sought to raise awareness of hearing loss in this region and improve access to hearing care in a setting where specialist services and hearing technology are often difficult to obtain.

Aims

- To establish a sustainable pathway of care to:
- ✓ Screen children for ear disease and hearing loss
 - ✓ Provide treatment where possible
 - ✓ Supply hearing technology where required
 - ✓ Train teachers improving awareness, communication and management of childhood hearing impairment in the classroom



Acknowledgements:

We would like to thank Global Kindness Foundation for providing the resources and volunteer support that made this project possible. Hearing aids were generously donated by the Adult Hearing Aid Centre, UCLH, while medicines were donated by Basildon Hospital NHS Foundation Trust. Funding for clinical supplies and consumables was provided through fundraising efforts led by the Orison Charitable Trust.

Challenges & Solutions

1 Time restrictions School hours (08:00-14:30) limited testing opportunities, while break times increased environmental noise.	✓ Prioritisation Priority to urgent cases and younger children, maximising clinical impact within available testing time.
2 Ambient noise Testing rooms were not sound-treated, affecting assessment conditions.	✓ Modifying testing strategy Noise-cancelling headphones were used over test ear during OAEs to reduce the noise floor. Audiometry was completed outside school hours.
3 Limited workforce Only one Audiologist and one ENT-trained doctor were available.	✓ Training Arabic translators were trained to perform supervised OAE screening, effectively doubling screening capacity.
4 Logistics Audiology and ENT services were located on separate floors.	✓ Classroom triage Classroom otoscopy reduced unnecessary ENT clinic visits, creating more capacity for treatment and microsuction.
5 Equipment costs High up front costs for equipment and consumables.	✓ Making connections Equipment was donated and loaned, with remaining costs covered through fundraising initiatives.

Estimated clinical value delivered:
£55,285

Medical equipment was loaned; medicines and hearing aids were donated.

£6,937 - reusable equipment purchased.
£3,617 - single use consumables (VAT relief)

Outcome
Specialist assessment and treatment was provided for over 200 children

What was achieved?

- 221 Otoscopic examinations
 - 221 OAE tests
 - 72 Ear wax removals
 - 13 Ear infections identified and managed
 - 21 Full Audiograms
 - 19 Hearing losses identified
 - 5 Hearing aid fittings for PCHIs identified
- Two clinicians, seven days of clinical care

Creating a sustainable pathway of care

Due to limitations in time and resources, a clinical pathway was created to maximise impact. Follow-up care was coordinated by the school medical team, establishing local referral pathways for hearing aid fitting and ENT review where required. Arabic-language resources were disseminated to teachers at the school to improve awareness of hearing loss and to share classroom strategies aiming to support communication and educational participation in children with hearing loss.

Key Reflections

1. Do clinicians have a responsibility beyond their own healthcare systems?
2. Can relatively small investments of expertise create meaningful change?
3. What role can our profession play in reducing global inequalities?

Conclusion

More than 200 children received specialist assessment and care that would otherwise have been inaccessible. Despite modest resources and a small clinical team, the project delivered meaningful and measurable impact.

If one clinician can make a difference, what difference could we achieve together as a profession?