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Editorial

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Editorial

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The global burden of disease due to ear and hearing disorders is growing. In 2015, hearing loss became the fourth most common prevalent chronic disease, affecting 1.2 billion people globally (20 per cent more than a decade earlier) and accounting for 5.1 per cent of all years lived with disability.[1] The greatest burden of disease is in low-income settings and in remote populations (particularly indigenous communities).

The importance and prevalence of ear and hearing disorders has not been matched by the human or capital resources needed to address them.[2] Globally, there are still very few community health workers, audiologists, ENT surgeons or other health professionals to meet population needs, and the equipment for testing hearing, providing hearing aids or performing otological surgery in many countries is rudimentary or non-existent. But we should take heart; in 2016, the World Health Assembly passed a resolution recognising the importance and burden of hearing loss, and calling for greater support and action to tackle it.[3] A World Report on Hearing, published by the World Health Organization, is scheduled for 2019.

When we were starting out in this field, we found a scarcity of practical literature to guide those wishing to develop programmes to tackle ear and hearing disorders in remote or resource-constrained settings. The primary purpose of this publication is to be a practical guide, based upon the experience and expertise of our authors. However, we have also done our best to ensure that our approach is academically robust, so that relevant literature in the field is included, both that specific to the field and the broader literature on global health.

We start with articles summarising the global burden of ear and hearing disorders[4] and discussing models of service delivery to evaluate and treat them.[5] We then have three articles describing the principles of medical[6] and surgical[7] treatment, and of anaesthesia to aid the latter.[8] Two subsequent articles provide a perspective on the provision of audiology services, aiding and rehabilitation.[9,10] Finally, we have an article on education,[11] which is central to delivering a sustainable service.

We are grateful to our international panel of authors, and to the editorial board of *The Journal of Laryngology & Otology*, for the opportunity to compile this special edition of the journal. Robin Youngs, who recently retired as the editor of the journal, supported this endeavour from its outset. Robin is no stranger to global ENT, having worked for many years developing services in Myanmar, and having chaired the Global Health Committee of ENT-UK. *The Journal* has also supported this topic previously, publishing both review articles[12] and original research[13] in the field.

We are still very much in the infancy of global ENT. We hope the articles in this edition will be inspiring and useful to people at all levels working with ear and hearing disease in remote or resource-constrained environments.

References

1 Saunders JE, Rankin Z, Noonan KY. Otolaryngology and the global burden of disease. *Otolaryngol Clin North Am* 2018;**51**:515–34
2 World Health Organization. *Multi-country Assessment of National Capacity to Provide Hearing Care*. Geneva: World Health Organization, 2013
3 World Health Organization. Executive Board, 139. Development of a new Health Assembly resolution and action plan for prevention of deafness and hearing loss, 2016. In: http://apps.who.int/iris/handle/10665/250805 [11 December 2018]
4 Graydon K, Waterworth C, Miller H, Gunasekera H. Global burden of hearing impairment and ear disease. *J Laryngol Otol* 2019;**133**:18–25
5 Bhutta MF. Models of service delivery for ear and hearing care in remote or resource-constrained environments. *J Laryngol Otol* 2019;**133**:39–48
6 Brophy-Williams S, Jarosz K, Sommer J, Leach AJ, Morris PS. Preventative and medical treatment of ear disease in remote or resource-constrained environments. *J Laryngol Otol* 2019;**133**:59–72
7 Smith MCF, Huins C, Bhutta M. Surgical treatment of chronic ear disease in remote or resource-constrained environments. *J Laryngol Otol* 2019;**133**:49–58
8 Kaur B, Clark MPA, Lea J. Anaesthesia for ear surgery in remote or resource-constrained environments. *J Laryngol Otol* 2019;**133**:34–8
9 Swanepoel D, Clark JL. Hearing healthcare in remote or resource-constrained environments. *J Laryngol Otol* 2019;**133**:11–7

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10 Rutherford C, Petersen L. Amplification and aural rehabilitation in resource-constrained environments. *J Laryngol Otol* 2019;**133**:26–33
11 Clark MPA, Westerberg BD, Nakku D, Carling P. Education in ear and hearing care in remote or resource-constrained environments. *J Laryngol Otol* 2019;**133**:3–10
12 Fagan JJ. Developing World ENT: a global responsibility. *J Laryngol Otol* 2012;**126**:544–7
13 Smith AKK, Sokdavy T, Sothea C, Pastrana MKR, Ali RF, Huins CT *et al*. Implementation and results of a surgical training programme for chronic suppurative otitis media in Cambodia. *J Laryngol Otol* 2018;**132**:711–17

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