

Strategic Planning Workshop on the National Ear and Hearing Health Care Program

Coral Ballroom B, Manila Pavilion Hotel

UN Avenue, Manila

March 27 – 29, 2003



Better Hearing
Philippines



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Welcoming Remarks

Opening Ceremony of the Philippine National Strategic Planning Workshop

By: **Mike Davies**

Dr. Antonio Lopez, Dr. Andrew Smith, Dr. Suchitra Prasansuk, Dr. Norberto Martinez, distinguished guests, colleagues and friends. On behalf of CBM International, I extend to you a very hearty good morning, and a warm welcome to this strategic planning workshop on ear and hearing health care for the Philippines.

CBM is very pleased to have helped make this important event possible. Many of you already know us, but for those of who may think that CBM perhaps stands for 'come back Monday', let me explain briefly who we are, and what we do.

Christoffel Blinden Mission started nearly one hundred years ago, and when the German Lutheran pastor Ernst Christoffel first opened schools for the blind in Turkey and Iran.

From these small beginnings, CBM, which is also known today as the Christian Blind Mission, is active in 110 countries, providing support of nearly \$50million annually, to a diverse network of over 1000 projects.

We are a non-denominational Christian development agency, specializing in the prevention of blindness and other disabilities, and in the education and rehabilitation of people with disabilities, and in the education and rehabilitation of people with disabilities, with the growing emphasis on community-based approaches, inclusion, and human rights.

CBM's money comes mainly from a very big donor base of private individuals, mainly Christians, in ten industrialized countries. In Germany alone, we have 400,000 regular donors. And our money- and where necessary technical and professional advice and support goes where the need is greatest, regardless of nationality, religion, gender or social status.

Let me share with you a few comparisons about CBM's global impact and coverage. In 2001, we provided medical help to 9.9 million eye patients- and 82,000 ear patients. We provided rehabilitative help to 258,670 people, of whom only 35,000 were deaf or hearing impaired. We have 754 eye medical projects, and only 23 ear medical

projects. In 2001, we helped with education of 257,000 children with disabilities, of which only 37,000 were deaf or hearing impaired.

The figures speak for themselves- although we are doing more than most in the global ear and hearing health fields, CBM is still not doing enough. This is true of our work in the Philippines too.

Therefore, we will be paying very close attention to your discussions and strategic planning this week, because the results of this workshop will certainly form the foundation on which CBM will build its future technical cooperation support strategy in this country.

What is especially significant about this workshop is the diversity of the participants- we have DOH, WHO, Hearing International, national and local NGOs, and – CBM. I would like to think that this diverse but essential blend of expertise and commitment will in future be mirrored in ground-level partnerships, in which all of us contribute in tangible practical ways towards preventing needless deafness and hearing loss in the Philippines, underpinned by a consensus-based strategy. CBM is interested in increasing its support for prevention of deafness and hearing impairment in this country very substantially. Hence our very keen interest in your work this week.

Again, I bid you welcome, and wish you an interesting and productive workshop. Thank you.

Report on the Strategic Planning Workshop for the National Ear and Hearing Health Care Program

Overview on the Problem of Hearing Impairment and Programs for its Prevention and Rehabilitation

Prevention of Deafness and Hearing Impairment: Global Perspective

Andrew Smith, M.D.

Adviser

World Health Organization – Prevention of Deafness and Hearing Impairment Program

Global Epidemiology

- 250 million persons world-wide have disabling hearing impairment in 2000
(4.2% of the world's population and two-thirds are in developing countries)
- With a percent DALY Of 2.1%, Hearing Loss at adult onset ranked 11 in South East Asian Region
- Among the ten leading causes of YLD globally, hearing loss at adult onset ranked second with 4.7% of total YLD
- A need for more data on the global epidemiology has to be emphasized

Challenges to Prevention

Cost to individuals

- damages an individual's speech, language, and cognitive skills
- among children, hearing impairment slows school progress
- people get isolated and stigmatized
- can cause job problems to impaired individuals

Cost to society

- Cost of Communication Disorders
(CDs = hearing, voice, speech, language disorders)

Habilitation, special education, loss of employment

= US\$ 154 – 186 billion

= 2.5 – 3.0% of G.N.P. in 1999

Lack of awareness

- People are not aware of effects on individuals, costs to society, and opportunities for intervention
- Knowledge on the true size of the problem is unknown
- Lack of political will, programmes, and resources
- Inability to prioritize

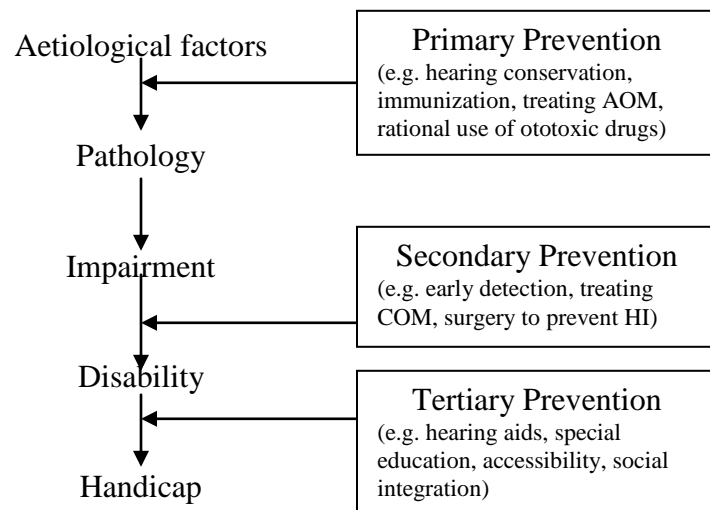
Need for public health approach

Shortage of appropriate interventions

Scarcity of trained health workers

Prevention of Deafness and Hearing Impairment

Levels of Prevention



Prevention of Hearing Impairment: Related Program in Developing Countries

Suchitra Prasansuk, M.D.

President

Hearing International

Epidemiology in the South East Asian Region

- 2 – 4 per 1000 new borns have hearing impairment every year
- Prevalence of Hearing Disability in Thailand is 13.6%
- In a multi-center study participated by Indonesia, India, Sri Lanka, and Myanmar, ear wax was identified to be the most common ear disease
- A need for more data on the regional epidemiology was emphasized

Challenges to Prevention

Lack of Human Resources

- Lacking and unequally distributed
- Though varying among different countries, an ENT Specialist would usually have a ratio of 1:100,000 – 1,000,000

- Paramedical Personnel (Audiologist, Audiometricians, etc.) are scarce
- Can be addressed by adopting a Primary Care Approach to preventing hearing impairment and extensive training of secondary and tertiary care givers

Lack of Policy

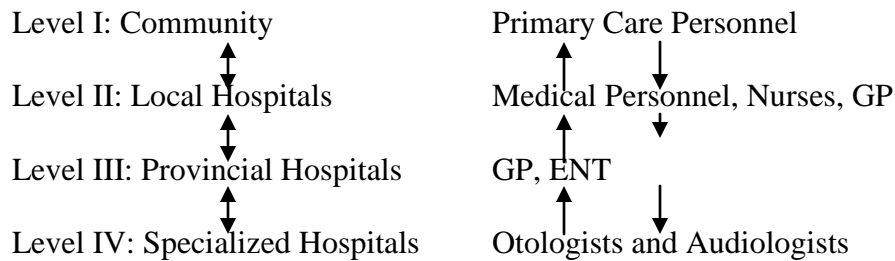
- Banglades, India, Indonesia, Nepal, Sri Lanka, and Thailand have Laws, Bills or Acts that encourage education and rehabilitation of all disabilities including hearing impairment and deafness
- A National Sign Language for the Deaf have been instituted in all the six countries mentioned
- Only Thailand and India has subsidized hearing aids in the region

Lack of Facilities

- Most countries are not able to address early screening, diagnosis and management
- Insufficient provision of hearing aids due to its prohibitive prices
- No reliable service for maintenance and calibration of equipment and hearing aids

Prevention of Deafness and Hearing Impairment

Muliti-disciplinary Approach through Linkages



Rural Training

Training for Fellows – International Level

Support from Hearing International (other International Agencies)

- Transfer of Technical know-how
- Help training of personnel of all levels
- Initiate and recommend “survey with service”
- Help for the establishment of resources
- Development of practice guidelines
- Low Cost Hearing Aids with appropriate services

Prevention of Deafness and Hearing Impairment in the Philippines

Epidemiology in the Philippines

- The Prevalence Rate for Disability is at 2.9% covering a total sample population of 59,443 (The Philippine Disability Survey; Guzman, CZ; Baltazar, JP; Mancao, BD; Baquilod, MM; Trinidad, FE)
- From the 2.9%, hearing impairment ranked second comprising 33% of all persons with disabilities (The Philippine Disability Survey; Guzman, CZ; Baltazar, JP; Mancao, BD; Baquilod, MM; Trinidad, FE)
- In a Province-wide Survey conducted in Quezon Province involving 3,431 participants, disabling hearing impairment was observed on 20.7% of cases. Wax (70.3%) and middle ear infections (18.8%) were observed to be the most prevalent disorders of the ear. (*WHO Ear and Hearing Disorders Survey of Quezon Province; Martinez, NV; Lopez, MC; Trinidad, FE; 2001*)
- In a survey conducted in 1997, 17% of 579,345 individuals with disabilities were listed as having varying forms of hearing impairment. (*Non-communicable Disease Control Service – Department of Health; 1997*)
- In an almost similar registry of 919,292 persons with disabilities, 115,375 (12%) had hearing impairment. (*National Registry of Persons with Disabilities - National Statistics Office; 1995*)

Challenges to Prevention

Table 1. Strengths, Weaknesses, Opportunities and Strengths Analysis of the Prevention of Hearing Impairment Program in the Philippines

	Otitis Media	Noise Pollution	Ototoxicity	Pre/Peri- Natal
Strength	<ul style="list-style-type: none"> - Close cooperation between GO's, NGO's, and Academe - Research data are available - Diagnostic facilities are available on limited quantities - Surgical expertise are available but limited - Training manuals and clinical practice guidelines are available 	<ul style="list-style-type: none"> - Law on Minimum Noise Exposure Levels - Limited Technical expertise (OSHC, BHPI) - Training can be gained locally - Limited research data are available - Advocacy through the Annual Celebration of International Noise Awareness 	<ul style="list-style-type: none"> - Ease in identifying patients at risk for ototoxicity - Existing clinical practice guidelines - Pre-employment and pre-school entrants evaluation - Strong linkage among medical/para medical and other related professionals - Availability 	<ul style="list-style-type: none"> - Law on Compulsory Immunization (RA 7846) - Availability of resources (community based health workers, etc.) - Availability of screening tools in the community level - Newborn Hearing Screening Program are available but limited - Training manuals and clinical

	<ul style="list-style-type: none"> - Training can be gained locally 	Day	<ul style="list-style-type: none"> of a network of doctors, nurses, teachers, Barangay Health Worker's all over the country 	<ul style="list-style-type: none"> practice guidelines are available
Weaknesses	<ul style="list-style-type: none"> - Lack of Specialists - Lack of manpower/personnel - Lack of technical resources - Non-acceptance of additional work load of teachers - No immunization is available - Fragmented efforts of various stakeholders 	<ul style="list-style-type: none"> - Lack/No funds are available - Lack of technical facilities - Absence of regulations/legislations - Poor compliance due to lack of sanctions - Multi-tasking among staff/manpower services 	<ul style="list-style-type: none"> - Lack of specialists - Limited public awareness - Widespread tendency to self medicate - Poor access to medical services - Non availability of alternative medicines - Ototoxic drugs are cheaper 	<ul style="list-style-type: none"> - Lack of funds available - Lack of specialists - Poor awareness among community members - Lack of motivation among government officials
Opportunities	<ul style="list-style-type: none"> - Availability of funds from NGO's - Some existing DepEd policies - Intensive information campaign - Multidisciplinary approach in solving problems 	<ul style="list-style-type: none"> - Networking - Willingness to pursue different programs - Opportunity to do research - Increasing media exposure 	<ul style="list-style-type: none"> - Networking with NGO's take advantage of currently available information technology - utilization of existing technologies for the prevention and control of ototoxicity 	<ul style="list-style-type: none"> - Networking with NGO's - Availability of funding agencies supporting vaccination programs - The family as a very good resource for information dissemination
Threat	<ul style="list-style-type: none"> - changes in priority among GO's - unstable peace and order - prohibitive cost of medicines - poverty - presence of other competing priorities 	<ul style="list-style-type: none"> - shifting focus of leaders - lack of support/commitment from leaders - poverty - lack of public awareness - among NGO's, programs are dependent on individual donations 	<ul style="list-style-type: none"> - negative cultural and traditional practices/attitudes towards hearing conservation - non-inclusion of ototoxicity among compensable diseases - self-medication of most people in 	<ul style="list-style-type: none"> - influx of specialist leaving for greener pastures - limited and expensive facilities for diagnosing hearing impairment among newborns - refusal to cooperate because of tradition/cult

			rural areas are not afraid of ototoxicity - ototoxic drugs sold without prescription	- ure peace and order situation is priority in some places
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Prevention of Deafness and Hearing Impairment

The National ear and Hearing Health Care Program

VISION:

“BETTER HEARING FOR ALL IN 2024”

MISSION:

Ensure affordable, accessible, available, and quality services for the prevention of hearing impairment and rehabilitation of hearing disability

GOAL:

Reduce by 50% the preventable causes of hearing impairment by 2010

Table 2. Components and Outline of Activities for the National Ear and Hearing Health Care Program

COMPONENTS	2003-2004	2005-2010	2011 – 2016
A. Policy Development	<ul style="list-style-type: none"> ➤ Development of an Executive Order re: National Policy on the Prevention of Noise-Induced Hearing Loss through the Inter-Agency Committee on Environmental Health to initially serve as a legal basis for the program ➤ Finalization and dissemination of clinical practice guidelines on management of ototoxicity ➤ Creation of a multi-sectoral committee on ear and hearing health care through Department Order 	<ul style="list-style-type: none"> ➤ Inclusion of hearing disability among compensable diseases in health insurance ➤ Development of inter-/intra- agency Memorandum of Agreement on National Ear and Hearing Health Care Program ➤ Development and implementation by LGUs of ordinances and resolutions on NIHL 	<ul style="list-style-type: none"> ➤ Republic Act on compulsory audiometric examination of workers to include: <ul style="list-style-type: none"> a. Dlopment of monitoring/ evaluation mechanism b. Amendments to occupational safety and health standards e.g. sanctions to be imposed

B. Social Mobilization	<ul style="list-style-type: none"> ➤ Development of communication plan and prototype IEC materials on hearing health care: <ul style="list-style-type: none"> a. Otitis Media b. Ototoxicity c. Noise Induced Hearing loss d. Pre-/perinatal complications e. Presbycusis f. Congenital infections in the newborn leading to deafness 	<ul style="list-style-type: none"> ➤ Evaluation of awareness campaign 	<ul style="list-style-type: none"> ➤ Evaluation of awareness campaign
C. Research and Information System	<ul style="list-style-type: none"> ➤ Ototoxicity secondary to drugs and toxic chemicals ➤ Association of hearing impairment/disability and iodine deficiency among pregnant women ➤ Development of standards on cost-effective hearing aids 	<ul style="list-style-type: none"> ➤ Burden of disease ➤ Development of database on National Ear and Hearing Care Program 	<ul style="list-style-type: none"> ➤ Development of surveillance activities on rubella and ototoxicity
D. Service Delivery	<ul style="list-style-type: none"> ➤ Provision of otoacoustic emission equipment to prioritized hospitals in Northern Luzon, Visayas and Mindanao 	<ul style="list-style-type: none"> ➤ Institutionalization of ear and hearing screening in elementary schools and in the communities ➤ Provision of low cost hearing aids ➤ Strengthening of referral system among health facilities and health workers 	<ul style="list-style-type: none"> ➤ Provision of rubella vaccines to high risk groups ➤ Provision of diagnostic audiometers for all regional and provincial hospitals
E. Capability Building	<ul style="list-style-type: none"> ➤ Modification of training modules according to needs identified ➤ Conduct of training on the operation of otoacoustic emission and other audiometric equipment 	<ul style="list-style-type: none"> ➤ Conduct of training of trainers, implementors and school children (“Munting Doctor”) on National Ear and Hearing Health Care Program ➤ Implementation of the National Ear and Hearing Health Care Program at all levels 	

APPENDIX I. List of Participants

Non-Government Organization

1. World Health Organization – Prevention of Deafness and Hearing Impairment Program

World Health Organization
Avenue Appia 20
CH-1211 Geneva 27
Switzerland

- Andrew Smith, M.D.

2. Hearing International

Faculty of Medicine Siriraj Hospital,
Mahidol University
Pran Nok Road, Bangkok Noi District
Bangkok, Thailand
Telephone No: 66-2-4198043

E-mail: sispa@ksc.th.com

- Suchitra Prasansuk, M.D.

3. Better Hearing Philippines

c/o Hearing and Dizziness Center
UST Hospital, España, Manila
Tel/Fax: (02) 731-3101 loc 8230 or 749-9742
Email: earcenter@yahoo.com

- Norberto V. Martinez, MD
- Hubert Ramos, MCl. Aud.
- Celine dela Cruz, M.Cl.Aud.
- Emelie Tan, M.Cl.Aud.
- Emerick Valdez-Tan, M.Cl.Aud.
- Marilan Leuterio

4. Christoffel Blinden Mission

Southeast Asia and Pacific Regional Office
Unit 604 Alabang Business Tower
1216 Acacia Avenue, Madrigal Business Park
Alabang, Muntinlupa City
Telephone: 807-8586/ 807-8587

- Mike Davies
- Rainer Guetler
- Jonah Santos
- Dianna Ureta
- Stephen Alcantara

5. Philippine Service of Mercy Foundation – Cagayan de Oro City

32 Mabini Street, Cagayan de Oro 9000
Tel: (09922) 722 661; (088) 858 1728
Email: pbmnmcc@cdo.weblinq.com

- Jordan Apat
- Louella Maceren

6. Christian Foundation for the Deaf and Blind – Bacolod City

388 Mabolon St., Villamonte
Bacolod City 6100
Tel: (034) 434 8774
Email: cfdbi@wbi.ph

- Jeanne Labayen
- Edward Anthony Puey, MD
- Jose Eusebio, MD

7. Davao Jubilee Foundation for the Rehabilitation of Disabled Persons – Davao City

Sitio Escuela, Catalunan Grande
Davao City 8000
Telefax: (082) 297 1398
Email: e.cabigon@eudoramail.com

- Evelyn Cabigon
- Hernandita Sawit

8. International Deaf Education Association Philippines, Inc. – Tagbilaran City

21 Upper Calceta St., Tagbilaran City
Telefax: (038) 411 3683
Email: ideaphil@mozcom.com

- Analie Aguiluz
- Elodie Caton

9. Deaf Evangelistic Alliance Foundation, Inc. – Puerto Prinsesa City

c/o Lamoiyan Corporation, KM 15 West Service Road, Parañaque 1700
Tel: (02)646 4694 Fax: (02) 646 4678

- Sarah Sta. Ana
- Elisa Quiñaso
- Aimee Ada Coryell

10. Cataract Foundation Philippines, Inc.– Bacolod City

Door # 4 Cuejal Building
B.S. Aquino Drive, Bacolod City
Telefax: (63-64) 435-0714

- Jack Po

11. Project Luke Christian Ministries – Baguio

3rd Floor Bahay Pag-asa
Bokawkan Road, Baguio City
Tel: (074) 3003791; 442 5942
Email: pluke86@skyinet.net
- Rose Bayan
- Purita Puapo

12. IMPACT Foundation Philippines

c/o Nutrition Center of the Philippines Building
South Superhighway, Villamor Interchange
Makati City, Metro Manila
Telephone No: (02) 816-4240
- Florentino Solon, M.D.
- Carol Punzalan

14. Philippine Society of Otorhinolaryngology – Head and Neck Surgery

Unit 2515, 25th Floor, Medical Plaza Ortigas Condo
San Miguel Avenue, Ortigas Center
Ortigas, Pasig City
Telephone No. (02) 633-2783; Fax: (02) 683- 6329
- Charlotte Chiong, M.D.
- Jose Malanyaon, Jr. MD

15. Simon of Cyrene Development Foundation

1520 Banag, Daraga, Albay 4501
Tel: (052) 483 4195
E-mail: simon@globalink.net.ph
- Amy Bolinas

16. Association of Filipino Audiologist

- Celine dela Cruz, M.Cl.Aud.
- Hubert Ramos, M.Cl.Aud.
- Emelie Tan, M.Cl.Aud.
- Emerick Valdez-Tan, M.Cl.Aud.

17. Philippine Society of Audiology

- Jose A. Malanyaon, Jr., M.D.

Government Organization

1. Metro Manila Development Authority

Health Operations Center
Oronse St.,Guadalupe, Makati City
Telephone No: (02) 882-0870/ 882-4150 loc. 357
- Dir. Liwanag Godinez
- Betty M. Gendeve

2. Department of Education

Bonifacio Building
U.L. Complex
Meralco Avenue, Pasig City
Telefax: (02) 633 7270

- Leticia Bertumen
- Loida B. Ramos
- Gladys M. Ruiz

3. National Council for the Welfare of Disabled Persons

SRA Main Building, North Avenue
Diliman, Q.C.
Telephone No: 926-1105/ 929-8876

- Mateo A. Lee, Jr.
- Rolando T. Hernandez

4. UP College of Public Health

UP Manila Campus, Taft Avenue
Manila
Telephone No: (02) 522-9497

- Benjamin Vitasa, MD, MPH, PhD

5. UP-PGH Ear Institute

National Institutes of Health, Philippine General Hospital
University of the Philippines , Manila

- Generoso Abes, M.D.

6. Department of Social Welfare and Development

Batasan Pambansa Complex
Constitution Hills, Q.C.
Telephone No: (02) 931-8141/ 951-2802/ Fax: (02) 951-2802

- Cynthia Ilano

7. Department of Labor and Employment

4th Floor DOLE Building, Muralla St.
Intramuros, Manila
Telephone No: 527-3483/ 527-5496

- Jose David, Jr. M.D.
- Ma. Imelda Santos, M.D.

8. Philippine Disability Survey Research Team

- Christopher Guzman, M.D.

9. Philippine Councilor's League

Department of Interior and Local Government

3/F A. Francisco Gold Condo II
EDSA cor Mapagmahal St., Q.C.
Telefax: (02) 925-1147/434-2692
- Ester Cuadra

10. Department of Health

San Lazaro Compound
Rizal Avenue, Sta. Cruz, Manila
Telephone No. (02) 743-8301

- Usec. Antonio Lopez, MD (Undersecretary for Health Operations)
- Florante Trinidad, MD (Bureau of International Health Cooperation)
- Cristina Dablo, MD (Degenerative Diseases Office)
- Jane Mari Cabulisan, MD (Degenerative Diseases Office)
- Marina Baquilod, MD (National Epidemiology Center)
- Jacqueline Abola, MD (Environmental and Occupational Health Office)
- Elizabeth Matibag, MD (Health Policy Development and Planning Bureau)
- Ponciano Aberin, MD (Center for Health Development – CAR)
- Clementine Bautista, MD (Philippine Health Insurance Corporation)
- Cecille de Luna (Bureau of International Health Cooperation)

11. East Avenue Memorial Medical Center

- Marvin Tolentino, M.D.
- Jose A. Malanyaon, Jr. M.D.

12. Jose Reyes Memorial Medical Center

- Kerwin Mark Gubantes, M.D.

13. University of Santo Tomas Hospital

España, Manila
Telephone No: (02) 749-9775
- Philipp Po, M.D.

APPENDIX II: Programme

Hearing for All by 2024: Ear and Hearing
Health Care in the Philippines
A Strategic Planning Workshop for the National Ear and
Hearing Health Care Program

Coral Ballroom B, Manila Pavillion (formerly Holiday Inn)
UN Avenue, Manila
March 27 – 29, 2002

March 27, 2003

0730 – 0800 Registration

0800 – 0830 Opening Ceremonies

National Anthem

Invocation

Jeannie Labayen

Executive Director

Christian Foundation for the Deaf and Blind

Welcome Remarks

Mike Davies

Regional Representative

Christoffel Blinden Mission

Southeast Asia Pacific Regional Office

Introduction of Guest Speaker

Florante Trinidad, M.D, M.P.H..

Chief, International Relations Division

Bureau of International Health Cooperation

Department of Health

Opening Address

Antonio Lopez, M.D., M.P.H.

Undersecretary for Health Operations

Department of Health

Republic of the Philippines

0830 – 0915

Plenary Session I

Prevention of Deafness and Hearing Impairment: Global
Perspective

Andrew Smith, M.D.

World Health Organization – Prevention of Deafness and Hearing Impairment

0915 – 1000

**Primary Ear and Hearing Care in Developing Countries:
Hearing International Approach**

Suchitra Prasansuk, M.D.
President, Hearing International

1000 – 1030

Coffee Break

1030 – 1200

Plenary Session II
**Prevention of Deafness and Hearing Impairment in the
Philippines**

- Hearing Impairment in the Philippines
 - o The Philippine Disability Survey
Cris Guzman, M.D., M.P.H.
 - o Noise Induced Hearing Loss
Benjamin Vitasa, M.D., Ph. D.
- Programs and Policies
 - o The Non-Government Initiatives
Norberto Martinez, M.D.
 - o The Government Initiatives
Florante Trinidad, M.D., M.P.H.

1200 – 0100

Lunch Break

0100 – 0230

Presentation of Mechanics of the Workshop
**Workshop I: Vision, Mission and Goals of the National Ear
and Hearing Health Care Program; Strengths, Weaknesses,
Opportunities and Threats Analysis of Current Programs**

W.I.A. Otitis Media
W.I.B. Noise Induced Hearing Loss
W.I.C. Ototoxicity
W.I.D. Pre/Perinatal Complications

Presentation of SWOT Analysis

0230 – 0245

A. Otitis Media

0245 – 0300

B. Noise Induced Hearing Loss

0300 – 0315

C. Ototoxicity

0315 – 0330

D. Pre/Perinatal Complications

0330 – 0400

Coffee Break

0400 – 0530

Workshop II: Program/Projects and Objectives

W.II.A. Otitis Media
W.II.B. Noise Induced Hearing Loss

W.II.C. Ototoxicity
W.II.D. Pre/Perinatal Complications

March 28, 2003

0800 – 0930

Workshop III: Program/Project Implementation/Activities

W.III.A. Otitis Media
W.III.B. Noise Induced Hearing Loss
W.III.C. Ototoxicity
W.III.D. Pre/Perinatal Complications

0930 – 1000

Coffee Break

Presentation of Program/Projects, Objectives and Implementation with Open Forum

1000 – 1015

A. Otitis Media

1015 – 1030

B. Noise Induced Hearing Loss

1030 – 1045

C. Ototoxicity

1045 – 1100

D. Pre/Perinatal Complications

1100 – 1230

Workshop IV: Program/Project Monitoring and Evaluation

W.IV.A. Otitis Media
W.IV.B. Noise Induced Hearing Loss
W.IV.C. Ototoxicity
W.IV.D. Pre-Perinatal Complications

1230 – 0130

Lunch

0130 – 0300

Workshop V: Resource Generation and Mobilization

W.V.A. Otitis Media
W.V.B. Noise Induced Hearing Loss
W.V.C. Ototoxicity
W.V.D. Pre-Perinatal Complications

Presentation of Program/Project Monitoring and Evaluation, and Resource Generation and Mobilization

0300 – 0315

A. Otitis Media

0315 – 0330

B. Noise Induced Hearing Loss

0330 – 0345

C. Ototoxicity

0345 – 0400

D. Pre/Perinatal Complications

0400 – 0430

Coffee Break

March 29, 2003

0800 – 0830

Attendance

- 0830 – 0930 **Plenary Session III**
The Masterplan for the Prevention of Ear and Hearing Disorders:
The National Ear and Hearing Health Care Program
Florante Trinidad, M.D., M.P.H.
Chairman
Technical Working Group on National Ear and
Hearing Health Care Program
- 0930 – 1000 **Open Forum**
- 1000 – 1030 Coffee Break
- 1030 – 1100 **Analysis of the Program**
- **Program in Relation to WHO Vision and Mission**
Andrew Smith, M.D.
World Health Organization – Prevention of Deafness and Hearing
Impairment
- **Program in Relation to Experiences in Developing
Countries**
Suchitra Prasansuk, M.D.
President, Hearing International
- 1100 – 1130 **Statement of Commitment**

Florante Trinidad, M.D, M.P.H..
Department of Health
Republic of the Philippines

Mike Davies
Regional Representative
Christoffel Blinden Mission
- 1130 – 1200 **Organization of National Committee and Turn-over of
Responsibilities**

Closing Remarks

Norberto Martinez, MD
President
Better Hearing Philippines, Inc.

APPENDIX III: Workshop Groupings

OTITIS MEDIA

Facilitator: Cecille de Luna, RN
Co-Facilitator: Emerick Valdez-Tan, M. Cl. Aud
Chair: Evelyn Cabigon

1. Cynthia Ilano
2. Elodie Caton
3. Liwanag Godinez
4. Carol Punzalan
5. Analie Aguilo-Ponte
6. Jonah Santos
7. Gladys Ruiz
8. Evelyn Cabigon
9. Charlotte Chiong, M.D.
10. Amy Bolinas
11. Elisa Quiñosa
12. Aimee Coryell
13. Hernandita Sawit
14. Andrew Smith, M.D.
15. Mateo Lee, Jr.

NOISE POLLUTION

Facilitator: Jacqueline Abola, M.D.
Co-Facilitator: Hubert Ramos, M. Cl. Aud
Chair: Imelda Santos, M.D.

16. Marina Baquilod, M.D.
17. Clementine Bautista, M.D.
18. Loida Ramos
19. Diana Ureta
20. Jordan Apat
21. Betty Gendeve
22. Esther Cuadra
23. Jack Po
24. Purita Puapo
25. Jose David
26. Dir. Liwanag Godinez

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Chair:

27. Rainer Guetler
28. Jay Eusebio, M.D.
29. Ponciano Aberin, M.D.
30. Jeanne Labayen
31. Stephen Alcantara
32. Jose Malanyaon, M.D.
33. Edgar Mendoza, M.D.
34. Jose Mari Cabulisan, M.D.
35. Sarah Sta. Ana
36. Phillip Po, M.D.

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37. Antonio Lopez, M.D.
38. Suchitra Prasansuk, M.D.
39. Florentino Solon, M.D.
40. Michael Davies
41. Rose Bayan
42. Louella Maceran
43. Marvin Tolentino, M.D.