

THE STATE OF HEARING HEALTH & OTORHINOLARYNGOLOGY (ORL) PRACTICE IN NIGERIA AND WHAT GOVERNMENT, PRIVATE ORGANIZATIONS AND NGOS CAN DO TO SUPPORT THE PRACTICE.

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Preamble/Introduction:

This paper will follow this outline:

- Burden of Hearing Loss and Level of hearing Care in Nigeria;
- Level of Otorhinolaryngology Practice (manpower and Development) in Nigeria;
- Problems & Solutions;
- Roles of Government, Private Sector and NGOs by ways of Recommendation
- and Conclusion.

The following concepts are defined to give insight into the discussion:

Hearing health: This is simply disease prevention and health promotion of the hearing function of the Ear.

Ear health: This is more encompassing and involves the disease prevention and health promotion of the functions of the ear (Hearing and Balance).

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹

Otorhinolaryngology: A specialized field of medicine and surgery that deals with treatment and prevention of diseases of the Ear, Nose, Throat, Sinuses, Head, Neck and Face.

The Burden of Hearing Loss in Nigeria:

Nigeria is the largest black nation in the world with a teeming population of over 170million of which the youth constitutes about 60%.² To this end, the global health-economic importance of Nigerians cannot be ignored.

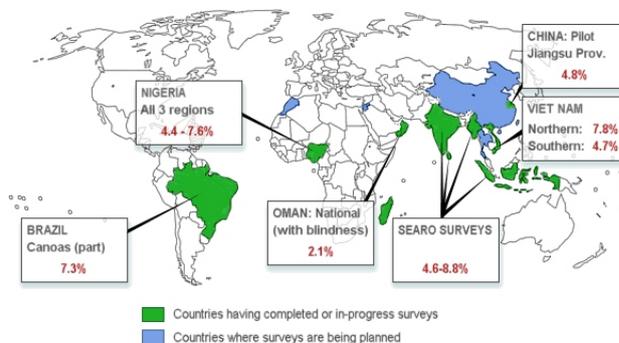


Figure 1: WHO survey of hearing loss (Culled from: http://www.who.int/pbd/deafness/en/survey_countries.gif)

WHO estimate that over 360million globally have significant hearing loss of which about 60% are from the developing countries.³ Also according to a WHO survey the prevalence of hearing loss in Nigeria (4.7-7.8%), may rank among the highest globally which is similar to values recorded in Vietnam (4.4-7.6%) and Brazil, 7.3%(see figure 1)⁴. It is projected that up to 10 million Nigerians fall within the category of handicapped Hearing loss.

Manpower level and distribution in Nigeria

CURRENT Medical & Dental Council of Nigeria Data(2017)	No of Doctors	Service
Total No of Registered Medical Practitioners (since1963)	85,331	Alive, Dea d & diaspora
Total No of Registered Medical Practitioners currently practicing in Nigeria(2017)	42,044	Serving over 170Million Population
No of Registered ENT Surgeons	94	Serving over 170Million Population

Table 1: Medical and Dental Council of Nigeria (MDCN) Register of Medical personnel and ENT Specialists.

According to the Medical and Dental Council of Nigeria's records June 2017 (accessed directly by the investigator from the Statistics Unit of MDCN), the total number of registered medical practitioners (dead and alive) since the inception of the council in 1963 till date stands at 85,331. Those who are currently practicing in Nigeria as at 2017 are 42,044; these doctors are apparently servicing over 170million populace. This record collaborated the outcome of the Nigerian Medical Association's needs assessment across the country in 2014 which revealed a Doctor/Patient ratio of approximately 1:6000 as against the minimal recommended ratio of 1:600 by WHO.⁵ Worse still is that the distribution of medical doctors and health personnel across the country is grossly skewed in favor of the urban areas in negligence of the hinter lands that form up to 60% of the country's population.

The same MDCN's record revealed that only 94 ENT surgeons are registered currently in Nigeria (Table 1). However, we know that from rough head counts and attendance at the Otorhinolaryngological Societies Meetings / NPMC and WACS records that we have more than this registered number. Therefore, we embarked on a census of qualified ENT surgeons and those in training across the country. This effort was with the help of some of our active fellows within each geopolitical zone and states. They are acknowledged at the end of this paper.

STATES	RESIDENT DRs	SPECIALIST DRs	STATES	RESIDENT DRs	SPECIALIST DRs	STATES	RESIDENT DRs	SPECIALIST DRs
SOUTH WEST	44	45	SOUTH SOUTH	35	29	NORTH EAST	9	10
LAGOS	14	20	AKWA IBOM	3	1	ADAMAWA	0	0
OGUN	4	0	BAYELSA	3	3	BAUCHI	0	1
OYO	9	9	CROSS RIVERS	6	5	BORNO	7	7
ONDO	0	4	EDO	10	9	GOMBE	2	1
OSUN	17	8	DELTA	0	4	TARABA	0	1
EKITI	0	4	RIVERS	13	7	YOBE	0	0
SOUTH EAST	30	17	NORTH WEST	29	35	NORTH CENTRAL	52	45
ABIA	3	2	KADUNA	11	10	FCT	22	23
ANAMBRA	3	2	KANO	9	8	BENUE	2	2
ENUGU	6	8	KATSINA	0	5	NASARAWA	3	2
IMO	11	2	KEBBI	1	1	NIGER	2	4
EBONYI	7	3	JIGAWA	0	0	KOGI	0	2
			SOKOTO	7	9	KWARA	10	7
			ZAMFARA	1	2	PLATEAU	13	5

Table 2: Regional distribution of ORL doctors in Nigeria

The outcome was revealing as shown in table 2. The total number of qualified Specialists ENT Surgeons were 181 and Resident doctors 199.

This means that roughly half of the ENT specialists practicing in Nigeria are yet to be registered with MDCN. This record is poor and does not give room for regulation and planning in the system. Furthermore, the authentic ENT Specialist /Patient ratio today in

Nigeria is about 1: 1million. This is disturbing and quite unrealistic for a viable health care system. The distribution of this scarce manpower is also grossly skewed with troubled areas like the North East having the least number.

Challenges with Specialist Training:

The above mentioned challenges call for an urgent action towards the promotion of residency training in Nigeria in order to encourage more people in this field and ensure that those already enrolled, graduate at record time having had exposure to qualitative training. There is need to expedite the passage into law, the Residency training bill which has just scaled through the 2nd reading in the Legislative chamber of Nigeria. In addition, other factors featured as prominent impediments against training of ENT surgeons and by extension other specialist fields in Nigeria include poor equipment, lean to none investments in both human & material resources, inability to meet up with accreditation standards for training desired medical personnel, capital flight and fright (emanating from poor conditions of services and also draconian terms of investments into the health sector of the country). The overall literacy level among the governed and leaders appear to be below minimal expectations and calls for a paradigm shift to promote prioritization in areas of health care, education and security of lives and property.

Problems and Solutions

The sore points that MUST be addressed to ensure hope towards an acceptable ear care in the country include discouraging consanguineous unions in order to avoid overt expression of some non-dominant genes of deafness. Antenatal care should be promoted to avoid ototoxicity and dangerous infectious diseases associated with hearing loss such as the TORCH infections etc. Safe delivery and maternal care is also key to obviate birth injuries; effect of jaundice etc. Early detection of hearing loss through hearing screening for newborn which is slowly evolving in the country is necessary. The immunization program should be sustained and extended to hard-to-reach areas of the land to ensure protection of every Nigerian child.

Sustained health education is imperative and bad habits like insertion of Q-tip (cotton buds) into the ear; abuse of ear drops and noise (self & non-self-inflicted) should be discouraged; while, keeping the ear dry , regular ear checks and rehabilitation/hearing

conservation must be enforced. The nuisance value of noise which goes beyond noise induced hearing loss (NIHL) to the aggravation of cardiovascular diseases and psychological disturbances must be echoed at all times. Legislation against noise in all states must not only be passed but enforced. Employers of Labour, captain of industries and religious homes must also be made to obey these laws. It is unfortunate that Nigeria is fast becoming a noisy abode. There is also the problem of self-inflicted noise injuries through some unwholesome habits like frequent attendance of Night Clubs without protective devices, habitual use of ear piece for loud music etc. Such individuals need consistent health education and advocacy. People should also be educated that using ear phones is far safer than using the ear piece which forms tight seal to the ear canal unlike the former. Furthermore, sound muffs should be used consistently in highly industrialized companies and dangerously noisy environments like the airport traffic controlling units and music club houses.

Early & late-onset Hearing losses from endemic diseases

The effect of some of the endemic infectious diseases within Nigeria and some West African countries on the ear should not be neglected. Lassa fever associated sensorineural hearing loss which is seen in up to 30% of survivors should be noted. Certain areas of the country like Irrua-Ekpoma Edo state, Abakalilki Ebonyi state, Jos-plateau Nasarawa state are endemic for Lassa fever; a hemorrhagic arena viral infection transmitted by *Mastomys natalensis* (multimammate rats).⁶ Also, Meningitis which is associated with similar neurological sequelae is characterized by sensorineural hearing loss of varying degree.⁷ Rehabilitation of these infection-induced hearing loss is a serious challenge since the cochlea system, during the disease process, in most cases is deeply calcified. Just recently, sensorineural hearing loss was also observed among survivors of the Ebola virus disease who developed Ebola virus syndrome. The otorhinolaryngological manifestations of this lethal illnesses have also been documented.⁸

Most of the cases of hearing losses manifest late during the convalescent stage of the illnesses, however early onset have also been noted in some cases especially Lassa fever infections.

Recommendations: Health Education must be scaled up to promote prevention of diseases among our

populace. Advocacy and legislation on ear care and related health matters should be pursued and actualized. A robust national health insurance including Community Based Health insurance should be promoted to limit the less fancied out of pocket expenses on health. The concept of Public Private Partnership (PPP) must evolve in our managerial system across the country as this will reduce capital flight.

There should be adequate health care financing/budgeting aimed at fulfilling the Abuja declaration of a minimum of 15% annual National budget dedicated to health. There should be also prudence in the method of execution of our budget, defiance of the envelope system etc.

Investment into human resource development (especially rare fields like otorhinolaryngology, audiology etc.) and research are fulcrum that will ensure a sustainable health system.

Conclusion:

There is need for rapid development in the field of Otorhinolaryngology to meet Nigeria's health needs. This can be achieved through collaboration between all-tiers of government, private sectors and the Non-Governmental Organizations.

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