MANDATORY NEWBORN HEARING SCREENING

By John Masaba

Government is in advanced stages of introducing mandatory hearing screening for all newborns as part of efforts to reduce the growing burden of deafness and hearing impairment in the country.

The initiative aims to address hearing loss early in life, which health ministry officials say often goes undetected, until it leads to lifelong disabilities, placing significant social and economic burdens on families and the state.

As part of the plan, the Government is also moving to include hearing implants and related assistive devices on the Essential Medicines and Health Supplies List of Uganda (EMHSLU) to improve access and affordability.



A mother holding a newborn baby. Health experts say that many children are born blind and deaf because their mothers missed rubella immunisation during pregnancy

DEAFNESS ADDRESSED EARLY

Moses Muwanga, the assistant commissioner for Disability and Rehabilitation at the health ministry, announced the initiative during World Hearing Day commemorations held on Wednesday last week.

Muwanga said the first three months of life are a critical window for effective intervention. "If deafness is addressed within the first three months, outcomes are very good," Muwanga said.

"After that, interventions become much more challenging. That is why we need systematic screening at birth for every child."

The proposed policy follows findings from a recent pilot study conducted in Mubende district, which revealed a link between maternal rubella (German measles) infection and hearing impairment in newborn babies. Muwanga said the study showed that children born to mothers who contracted rubella during pregnancy were more likely to have hearing problems.

"Unfortunately, many mothers are unaware of this risk," he noted.

CONCERNS OF HEARING LOSS

The move comes amid growing concern over hearing loss in Uganda.

According to the health ministry, nearly 60% of Ugandans could be experiencing some form of hearing loss much of it linked to preventable causes, which health experts attribute mostly to infectious diseases, such as meningitis, chronic ear infections (otitis media) and vaccine-preventable illnesses like measles and rubella, which can damage the auditory nerve.

Other causes include the use of ototoxic medications, such as certain antibiotics like gentamicin and anti-malarial drugs like quinine, which, while essential, require careful medical supervision to avoid harmful side effects.

THE PREVALENCE

Increasing occupational noise exposure in urban industrial settings, birth complications, such as neonatal jaundice or oxygen deprivation and untreated conditions like impacted earwax or foreign objects in the ear also contribute to the high prevalence of hearing impairment.

"Prevalence rises from 1.7% among children to about 7% among adults, although high-quality national data remains limited," Muwanga said.

He added that most deliveries occur at health centres, where midwives can conduct initial screening and refer accordingly. Expanding this nationwide would ensure that no child is left behind.

He also noted that limited vaccination coverage for rubella among women of reproductive age has historically worsened the problem.

Muwanga said that early detection combined with vaccination can transform lives.

INTERNATIONAL MODELS

Eddie Mukaaya, founder and team leader of Hear His Voice Uganda, an NGO, emphasised the importance of early intervention. "The earlier we intervene, the better," he said, citing World Health Organisation recommendations for universal newborn hearing screening.

He pointed to international models like the Netherlands, where newborns are screened on the first day of life, diagnosed by three months, and provided with cochlear implants by six months, known as the "one-three-six" approach.

Mukaaya welcomed the Government's proposal to add hearing implants to the EMHSLU, saying it would significantly improve their availability and affordability.