

# Letter to the Editor: First Humanitarian Experience of Hearing Aid of Deaf Patients in Sédhiou, Casamance

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## Abstract

The Sédhiou region, long deprived of specialized ENT resources, highlights the necessity of humanitarian medical missions in rural areas. For the first time, a hearing aid fitting mission was organized, enabling ten patients with hearing loss to receive free hearing aids through collaboration between a French team and local professionals. This intervention had an immediate impact on the beneficiaries' quality of life and underscored the persistent challenges related to the high cost of hearing aids in low- and middle-income countries. It also emphasizes the importance of mobilizing additional partners to sustain and expand such initiatives. These actions contribute tangibly to reducing health inequalities and could serve as a replicable model in other underserved regions.

## Keywords

Humanitarian, Hearing Rehabilitation, Sédhiou, Casamance

Dear Editor,

The Sédhiou region, located in southern Senegal in Casamance, is bordered by Kolda to the east, Ziguinchor to the west, The Gambia to the north, and Guinea-Bissau to the south [1]. Until 2021, it represented a true medical desert in terms of otorhinolaryngology (ENT). To address this deficit, periodic free consultations

and surgical campaigns were organized, reflecting the high demand for specialized care. In this context, it is important to note that humanitarian missions should not be limited to extreme situations—such as wars, natural disasters, or epidemics—but should also contribute, in resource-limited areas, to reducing health inequalities. Outside of emergency contexts, such initiatives play a fundamental role by providing technical expertise, diagnostic and therapeutic resources, and additional human support to local teams in need [2].

In Sédhiou, the management of hearing disorders has become an increasing concern, particularly through ENT consultations and mass hearing screening campaigns. According to the World Health Organization (WHO), hearing loss is the third most common chronic condition in adults, affecting approximately 360 million people worldwide and causing significant social consequences [3]. It therefore constitutes a major public health issue requiring a comprehensive approach to hearing rehabilitation [4]. In low-income countries, access to ear and hearing healthcare remains severely limited, with less than 10% of global hearing aid production reaching these populations [5]. WHO thus recommends that each country act at multiple levels, focusing on three main areas: screening and early intervention, prevention and management of ear diseases, and access to hearing technologies and rehabilitation services [6].

By comparison, in France, hearing rehabilitation relies on a professional triad—ENT physician, audiologist, and speech therapist. After a diagnosis by the ENT physician, the patient generally receives a suitable hearing aid fitted by the audiologist. In cases of severe to profound hearing loss, cochlear implants may be proposed, followed by speech therapy rehabilitation [7]. However, most individuals with hearing loss in low- and middle-income countries do not have access to these essential interventions [6]. This reality is particularly evident in Sédhiou, where the high cost of hearing aids and difficulties in identifying funding partners are major obstacles.

In this context, the 2025 implementation of a free hearing aid mission—the first in the region—represented a significant advance. This initiative was part of the Casamance ENT Meetings, a scientific platform gathering specialists from southern Senegal and inviting international partners. For this edition, a team composed of a French ENT physician and a French audiologist was mobilized. Ten patients with mixed or sensorineural hearing loss documented by pure-tone audiometry and/or tympanometry were selected. Due to the limited number of available devices, only patients with mild to moderate hearing loss were included. These ten patients thus received free hearing aids, individually adjusted to optimize their hearing. A follow-up consultation one month later assessed patient satisfaction; results will be reported in a subsequent publication. Notably, the prevalence of hearing loss in Sédhiou has not yet been documented, although studies are underway.

This mission also had tangible social impacts. Among the beneficiaries were two children, Moïse (11 years) and Alpha (15 years), both severely disadvantaged

in their schooling due to their hearing impairment. This finding aligns with United Nations observations, indicating that access to education often remains closed to children with disabilities, significantly limiting their future prospects [8]. Furthermore, Ms. Ndèye, aged 50 and a municipal employee, had to stop working due to progressive hearing loss that developed over four years.

In conclusion, this first hearing aid mission in Sédhiou demonstrates how human and professional solidarity can reduce inequalities, provide immediate hope to patients, and serve as a replicable model in other underserved regions, provided that more partners and donors become involved.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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