

Recent estimates by the World Health Organization (WHO) indicated growing absolute numbers and prevalences of people with disabling hearing loss (Olusanya et al., 2019; WHO, 2018a). Although the direct and indirect costs and some potential negative consequences of UNHS programs have to be taken into consideration (Kemper et al., 2000; Zhao et al., 2003), studies on parents' perspectives (Fitzpatrick et al., 2007; van der Ploeg et al., 2008; Young & Tattersall, 2007) and cost-benefit analyses of unaddressed hearing loss (WHO, 2017a) showed that advantages of early hearing detection and intervention (EHDI) outweigh the disadvantages. Universal newborn hearing screening (UNHS) and prevention of permanent childhood hearing loss (PCHL) are the most effective measures to reduce both the prevalence and negative consequences of PCHL, with UNHS being very effective for high-income countries (Joint Committee on Infant Hearing [JCIH], 2013; Pimperton et al., 2016; WHO, 2010; Wilson et al., 2017), and prevention expected to show higher relative effects for low-income countries (Ching et al., 2010; Ching et al., 2018; Neumann et al., 2006; Vohr et al., 2011; Vos et al., 2016; WHO, 2016, 2020a; Wilson et al., 2017). This has been shown for general language development (Ching et al., 2018; Neumann et al., 2006; Yoshinaga-Itano et al., 1998), vocabulary (Yoshinaga-Itano et al., 2017), developmental scores, and quality-of-life (Korver et al., 2010) for children whose hearing loss was identified by NIHS, who were fitted early with hearing aids (Tomblin et al., 2015) or cochlear implants (Yoshinaga-Itano et al., 2018), or who were enrolled in early intervention services (Vohr et al., 2011) compared to children without UNHS. Recent large-scale epidemiological studies in Australia and Great Britain have provided strong evidence of the positive long-term outcomes of earlier treatment of infant hearing loss that can be achieved through UNHS programs, compared to later treatment in terms of language, cognitive, reading, and general academic development of hearing impaired children and adolescents (Ching et al., 2018; Kennedy et al., 2006; Pimperton et al., 2016; Wake et al., 2016). The international study presented here aimed to assess the global status of coverage, strategies, and results of NIHS programs and child audiology services in as many countries or territories (referred to hereafter as countries) as possible to serve as a baseline for further evaluation and improvement of NIHS effectiveness. According to the recommendations of the Joint Committee on Infant Hearing (JCIH, 2007, 2019), babies should undergo UNHS before one month of age, those who fail the screening should get an audiological diagnosis before 3 months, and those with PCHL should be enrolled in early intervention before 6 months of age (EHDI 1–3–6 guidelines). If a country is already accomplishing this goal, it is advised that this country should strive to achieve the new goal of undergoing UNHS by 1 month of age, getting an audiological diagnosis before 2 months of age, and enrolling in early intervention by 3 months of age (JCIH, 2019). In addition, the study explores the relation between national economical indices and key screening parameter