The World Health Organization (WHO) recently released figures that showed rising prevalence and absolute numbers of individuals with debilitating hearing loss (Olusanya et al., 2019; WHO, 2018a).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) revealed that the benefits of early hearing detection and intervention (EHDI) outweigh the drawbacks, even though direct and indirect costs as well as some potential negative consequences of UNHS programs must be taken into consideration.The best ways to lessen the incidence and detrimental effects of persistent childhood hearing loss (PCHL) are through universal newborn hearing screening (UNHS) and PCHL prevention. UNHS is particularly useful for prevention is anticipated to have greater 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) than for high-income countries (Joint Committee on Infant Hearing [JCIH], 2013; Pimperton et al., 2016; WHO, 2010; Wilson et al., 2017).Research has demonstrated the following: children whose hearing loss was identified by NIHS, who were fitted early with cochlear implants (Yoshinaga-Itano et al., 2018) or hearing aids (Tomblin et al., 2015), who were enrolled in early intervention services (Vohr), 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).In terms of language, cognitive, reading, and general academic development of hearing impaired children and adolescents, recent large-scale epidemiological studies conducted in Australia and Great Britain have demonstrated 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 (Ching et al., 2018; Kennedy et al., 2006; Pimperton et al., 2016; Wake et al., 2016).In order to provide a baseline for future assessments and enhancements of NIHS effectiveness, the worldwide study reported here set out to evaluate the current state of coverage, tactics, and outcomes of NIHS programs and child audiology services in as many nations or territories (henceforth referred to as countries) as feasible.As per the suggestions made by the Joint Committee on Infant Babies should have UNHS before one month of age, those who fail the screening should receive an audiological diagnosis within three months, and those who have PCHL should be enrolled in early intervention, according to Infant Hearing (JCIH, 2007, 2019).prior to the age of six months (EHDI 1-3-6 guidelines)

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