Health Action International Hails Adoption of Milestone Resolution on Snakebite Envenoming at 71st World Health Assembly

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Health advocacy NGO urges donors to fund WHO snakebite programme to reduce snakebite death and disability and ensure Resolution's success

GENEVA—Health Action International and the Global Snakebite Initiative commended the 71st World Health Assembly (WHA) today for adopting the Resolution on Addressing the Burden of Snakebite Envenoming in Geneva.

"This Resolution is a momentous achievement in the fight against snakebite envenoming," said Ben Waldmann, Snakebite Programme Manager with Health Action International. "We are extremely proud to have led the charge to earn snakebite its rightful place on the global health agenda with the Global Snakebite Initiative and other partners."

Waldmann praised the Resolution as an instrumental tool that will strengthen the World Health Organization's (WHO) mandate to develop and implement a global action plan to reduce snakebite death and disability.

He cautioned, however, that the Resolution will fall flat unless donors step up to adequately fund the WHO's programme of work on snakebite—and governments in snakebite-affected countries heighten coordinated action to improve snakebite prevention, treatment and rehabilitation.

"Education and uptake of snakebite prevention measures and first aid are desperately needed in snakebite-affected communities," said Waldmann. "Consistent access to safe, effective, affordable and quality-assured antivenom and other medical care—along with training of healthcare workers to manage snakebite—is also critical for saving lives and limbs."

Waldmann pointed to the need for greater use of publicly-funded biomedical innovation models to address high antivenom prices, which often drive snakebite patients and their families further into debt. Improvements to medicine supply chains are also crucial.

The Snakebite Envenoming Resolution was co-sponsored by the Governments of Costa Rica and Colombia and championed by more than 25 other Member States. Its adoption follows the addition of snakebite envenoming to the WHO's high-priority 'Category A' list of neglected tropical diseases on 9 June, 2017.

The historic achievement is, in part, the result of more than three years of advocacy by Health Action International, the Global Snakebite Initiative and other partners, including the Lillian Lincoln Foundation, which produced the *Minutes to Die* documentary, Médecins Sans Frontières and other partners.

In addition to its global advocacy strategy, Health Action International's Snakebite Programme is reducing snakebite death and disability in Kenya, Uganda and Zambia by building civil society capacity to gather and analyse evidence base on snakebite incidence and access to antivenom and use this data to advocate at a national level for greater government action. The Programme is being rolled out in collaboration with the Global Snakebite Initiative, the James Ashe Antivenom Trust, HEPS Uganda and MeTA Zambia and is funded, in part, by the Netherlands Ministry of Foreign Affairs.

Facts about snakebite envenoming:

- The true burden of snakebite envenoming is believed to be enormously underestimated due to a lack of reliable in-country data—in some countries, by as much as 70 percent.
- Conservative estimates show that of the 5.4 million snakebites that occur each year:
  - 8–2.7 million people develop clinical illness (known as "envenoming");
  - 81,000–138,000 people are killed; and
  - 400,000 people are disabled (blindness, amputations and other injuries).
- Injuries from a venomous snakebite are excruciating and may include paralysis and suffocation, bleeding disorders that may lead to a fatal haemorrhage, irreversible kidney failure, blindness, severe tissue damage (necrosis) that requires amputation and causes permanent disability, as well as severe psychological trauma.
- People living in impoverished rural areas of tropical and sub-tropical countries in Africa, the Middle East, Asia, Oceania and Latin America are at greatest risk of snakebite envenoming.
  - Those at greatest risk of snakebite envenoming are agricultural workers, herders, fishermen, hunters; working children (aged 10–14 years); and people living in poorly constructed housing.
- Morbidity and mortality occur most frequently among people that are 10 to 30 years of age—often the most economically productive members of a community.
- The loss of a working family member and/or the unaffordable cost of

antivenom and other medical care for snakebite often drags families further into poverty—even destitution.

Background:

- Fact sheet: The Devastating Impact of Snakebite Envenoming
- Fact sheet: Preventing and Treating Snakebite Envenoming
- Policy brief: The Need for Global Action to Reduce Snakebite Death and Disability

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Health Action International is a non-profit organisation that conducts research and advocacy to advance policies that enable access to medicines and rational medicine use for all people around the world. We pursue advocacy from the patient level up to the highest levels of government through our 'official relations' status with the World Health Organization and respected relationship with the European Medicines Agency. To safeguard our objectivity and integrity, we are resolutely independent of the pharmaceutical industry and protect ourselves from all other conflicts of interest.