

# Small country, big thinkers: Why it's only natural for the Netherlands to take on a pioneering role in snakebite advocacy

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Ask other nationalities what they associate with the Dutch and you'll most likely hear, "cheese, windmills and tulips". Annoying perennial prejudices—although the cheese really IS the best in the world (sorry, Swiss!). And who doesn't like tulips?



They celebrate King's day, we celebrate their pioneering spirit.

But there's another thing about the Dutch that's really striking: in spite of their relatively small number, they have a significant history of invention, innovation, discovery and exploration. (If you are keen on learning them all, we recommend reading your way through the 80-page Wikipedia article, ["List of Dutch inventions and discoveries"](#). Have fun!) Their range of innovations is as diverse as the tulips you can see at Keukenhof: They created the first modern world atlas in 1570, they founded the world's first multinational joint stock in 1602—they even invented kolf, a forerunner of modern golf (13<sup>th</sup> century). If you now think, that's old hat, consider this: The Dutch invented an invisible tool that helps us find our way when we get lost in the urban jungle and enables us to check our work emails while lying on the beach with a cocktail in our hands (if we actually want that): It's WIFI! And they created Nijntje, a cartoon bunny that is more famous than Bugs Bunny, at least among Dutch kids. But that's another story.

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Knowing that, we should not be surprised that the Netherlands took on a pioneering role in advocating for a particularly severe health issue, although its own citizens are not affected by it. It is the first western government to recognise snakebite as a global health emergency. And it doesn't end there. Among 18 countries, it was the only western government that supported a case which urged the World Health Organization's (WHO) Strategic and Technical Advisory Group (STAG) to adopt snakebite envenoming as a 'category A' neglected tropical disease (NTD)—the WHO's highest possible classification. We're still waiting for the WHO's final decision, but if the application by the group of countries is successful, it means the WHO's Department of NTDs would take large-scale action to control, eliminate and eradicate snakebite envenoming.

It's high time! Every year, more than 2.7 million people, mainly from poor rural communities, are seriously injured by snakebite. Over 125,000 of them die. Those who

survive suffer a range of disabilities, like irreversible kidney failure, blindness, or severe tissue damage that requires amputation. In addition, they also often face discrimination and social exclusion. But snakebite doesn't only affect those who have been bitten. Whole families are dragged into a vicious cycle of poverty due to loss of income and high treatment costs. Antivenoms, though indispensable for treating snakebite, are often ineffective, unaffordable and inaccessible.

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But snakebite envenoming is a solvable health issue. An essential component to the pending global strategy is Health Action International's [action plan](#) in order to prevent and treat snakebite in resource-poor settings. And here too, The Netherlands are in the forefront, supporting its rollout with a [generous grant](#). The two-year grant from the Dutch Ministry of Foreign Affairs is enabling us to train civil society organisations in Zambia, Kenya and Uganda to collect and analyse snakebite data, then use this evidence to lobby for greater national, regional, and international action. We will also eventually work with these civil society organisations to teach local populations effective methods to prevent and treat snakebite.

Thanks for being so visionary and responsible, Dutchies! If it was up to us, it would be "The Netherlands first"!