



BACKGROUND

23 November, 2017

For immediate release

Evidence, Education, Empowerment: Health Action International Snakebite Programme – Kenya

Global Snakebite Burden

- Snakebite is a major cause of death, particularly in tropical countries. Worldwide, about 138,000 people per year die from a venomous snakebite. Up to 400,000 snakebite victims are left with a permanent disability. These estimates are likely low; in some countries, under-reporting of snakebite is more than 70 percent, especially in rural areas with poor infrastructure, because many victims seek treatment from traditional healers, rather than health facilities.¹
- Snakebite most greatly impacts rural communities with poor access to basic healthcare services.
- Women and children make up 30 to 45 percent of snakebite cases, and agricultural workers in impoverished areas are at greatest risk.^{2 3}
- Treatments from traditional healers are not proven to work; only worsen injuries and waste critical time for a victim to receive medical treatment.
- Snakebite survivors are often left with significant disability and unable to return to work.
- High snakebite treatment costs force victims further into debt or destitution.
- Healthcare workers are often inadequately trained and/or unqualified to treat snakebites.
- The World Health Organization reinstated snakebite as a priority neglected tropical disease in June 2017.

Snakebite in Kenya and Sub-Saharan Africa

- In sub-Saharan Africa, snakebite causes approximately 32,000 deaths and 6,000 amputations every year. As in the rest of the continent, many snakebite cases go unreported in Kenya, which shows the urgent need to gather baseline data on snakebite.
- Good-quality antivenoms can make the difference between life and death, but there is a critical shortage of safe, effective and affordable antivenom in Kenya and throughout sub-Saharan Africa, which contributes to a heavy loss of life.

¹ See www.who.int/snakebites/epidemiology/en/.

² See Gutiérrez, JM, Calvete, J et al. 2017. 'Snakebite envenoming', *Nature Reviews Disease Primers*, vol. 3, p. 17064. Available at: www.nature.com/articles/nrdp201764.

³ See www.who.int/snakebites/epidemiology/en/.

Health Action International's Snakebite Programme in Kenya

- To reduce snakebite death and disability, Health Action International launched a Snakebite Programme in Kilifi County, Kenya, with the Global Snakebite Initiative and James Ashe Antivenom Trust.
- The Snakebite Programme will:
 - a. Gather **evidence** from Kenyan health facilities on snakebite incidence rates, as well as the price, availability and affordability of antivenom.
 - b. **Educate** and inform communities and civil society about effective snakebite prevention, first-aid and treatment. The Programme will also support appropriate training of healthcare workers to deliver snakebite treatment and provide recommendations for health authorities to manage snakebite across the health system, particularly in rural communities.
 - c. **Empower** members of civil society by equipping them with evidence and advocacy skills to press for greater action on snakebite. The Snakebite Programme will form a multi-stakeholder group, chaired by a civil society representative. This group will use the Programme's evidence to develop and deliver policy recommendations on snakebite prevention and treatment to Kenyan government and health authorities.

About Health Action International and Our Programme Partners

- **Health Action International** is an independent non-profit organisation, which conducts research and advocacy to advance policies that enable access to medicines and rational medicine use. It provides the secretariat for the Global Snakebite Initiative.
- The **Global Snakebite Initiative** is a non-profit organisation that gives voice to the forgotten victims of snakebite.
- The **James Ashe Antivenom Trust** is a member of the Global Snakebite Initiative. It provides antivenoms to reduce snakebite death and disability.
- Health Action International and the Global Snakebite Initiative are working with the World Health Organization and national governments, including those in Kenya, Uganda and Zambia, to increase attention, education and funding for snakebite.

For comment and additional information:

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