

FACT SHEET

HAI SNAKEBITE

PROGRAMME – UGANDA

19 JULY, 2018



Photo: Seth Dwyer (Unsplash)

ABOUT SNAKEBITE ENVENOMING

- Conservative global estimates show that snakebite envenoming kills 81,000–138,000 people every year and permanently disables 400,000 more.^{1,2}
- In sub-Saharan Africa, alone, snakebite is estimated to cause about 32,000 deaths and 6,000 amputations a year.
- The economic burden from snakebite envenoming in sub-Saharan Africa is under-researched and largely unknown; however, a socio-economic analysis of snakebite in Sri Lanka found that, annually, snakebite costs the government over \$10 million—and victims \$4 million, despite free healthcare in the country.³

- Women and children comprise between 30–45% of snakebite cases, and workers in impoverished, rural areas are most at risk.^{4,5}
- The World Health Organization (WHO) and its Member States have started prioritising snakebite envenoming. The WHO added snakebite to its high-priority ('Category A') list of neglected tropical diseases in 2017; the 71st World Health Assembly adopted a Resolution on Snakebite Envenoming in 2018.

KEY ISSUES IN UGANDA

- **Under-reporting:** Our research found that sampled Ugandan health facilities (n=144) recorded between 4 and 44 snakebite cases in a six-month span (October 2017–March 2018). These numbers are likely a vast

underestimation given that up to 70% of snakebite cases go unreported in sub-Saharan Africa⁶.

- **Traditional healers:** 50–68% of snakebite victims in sub-Saharan Africa seek initial treatment from traditional healers⁷; however, these treatments are not proven to work, can worsen snakebite injuries, and waste precious time for a victim to receive timely medical care.
- **Antivenom:** Quality antivenoms can make the difference between life and death, but there are serious shortages. Our research found that only 4% of surveyed healthcare facilities in Uganda (n=144) had antivenom in stock. Some antivenoms are not validated, safe, effective, or affordable. And poor access to healthcare services, limited transportation infrastructure, poverty, and cultural barriers also reduce treatment access in rural areas.
- **Survivors:** Many snakebite envenoming victims who survive are left with a permanent disability, such as a limb amputation and blindness. Survivors are also often plunged further into debt—even destitution—because of high treatment costs and the inability to work any longer.
- **Healthcare workers:** Most healthcare professionals in Uganda are not properly trained to treat snakebite. 92% of healthcare workers that we surveyed said they received no snakebite training.

THE HAI SNAKEBITE PROGRAMME

Health Action International's (HAI) Snakebite Programme operates in Uganda in collaboration with the Global Snakebite Initiative and HEPS Uganda.

Programme Activities

- **Building a snakebite evidence base:** We are gathering much-needed data from healthcare facilities and communities on snakebite cases and antivenom treatment.
- **Conducting evidence-based advocacy:** We are building a multi-stakeholder group of snakebite experts, led by civil society, which regularly meets to review and use our data to call for policy changes by national

stakeholders, including the Ministry of Health.

- **Increasing community education:** We are providing communities with information and tools to learn how to prevent snakebite and provide effective first-aid and treatment for it.

HAI is also contextualising and implementing this Programme in Zambia and Kenya.

Programme Goals

- **Empowered communities:** Communities across Uganda independently reduce the number of snakebite cases through awareness and education tools.
- **Mandatory snakebite reporting:** Government authorities make snakebite a notifiable or reportable disease by law.
- **Treatment available for all:** Ugandan health authorities take steps to ensure antivenom is provided to everyone, and is validated, safe, effective, and affordable.
- **Effective healthcare interventions:** Evidence from our Programme encourages proper training of healthcare workers, including tools for rehabilitation and disability services.

WHO WE ARE

- **Health Action International (HAI)** is an independent non-profit organisation. Using research and advocacy, we advance policies that enable access to medicines and rational medicine use.
- **Global Snakebite Initiative (GSI)** is a non-profit organisation of experts created to give voice to the forgotten victims of snakebite. HAI is the secretariat for GSI.
- **HEPS Uganda** is a coalition of health consumers, health practitioners, civil society organisations, and community-based organisations working to ensure equitable access to health services, with special focus on access to medicines for all Ugandans.

FOR MORE INFORMATION

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ENDNOTES

¹ Kasturiratne, A., Wickremasinghe, A.R., de Silva, N., et al, 2008. The Global Burden of Snakebite: A Literature Analysis and Modelling Based on Regional Estimates of Envenoming and Deaths. *PLoS Medicine*, 5(11): e218. doi: [org/10.1371/journal.pmed.0050218](https://doi.org/10.1371/journal.pmed.0050218).

² Gutiérrez, J.M., Burnouf, T., Harrison, R.A., et al, 2014. A multicomponent strategy to improve the availability of antivenom for treating snakebite envenoming. *Bulletin of the World Health Organization*, 92(7):526-532. doi:10.2471/BLT.13.132431.

³ Kasturiratne A, Pathmeswaran A,, Wickremasinghe AR, et al, The socio-economic burden of snakebite in Sri Lanka. *PLoS Negl Trop Dis*. 2017; 11(7): p 6–11.

⁴ José MG, Juan J, Abdulrazaq G, et al. (2017) Snakebite envenoming. *Nature Reviews Disease Primers*; Vol 3, p 17064.

⁵ www.who.int/snakebites/epidemiology/en

⁶ www.who.int/snakebites/epidemiology/en

⁷ Harrison, R.A., et al., Snake envenoming: a disease of poverty. *PLoS Negl Trop Dis*, 2009. 3(12): p. e569.