

MAPPING THE CURRENT STATE OF SNAKEBITE CARE IN KENYA, UGANDA AND ZAMBIA

INTRODUCTION

Over 138,000 people die from snakebites worldwide every year, with four times as many disabled and left in crippling debt, unable to support their families^{1,2,3}. This number is likely higher, because most don't make it to health facilities to be counted⁴. With a lack of knowledge and accessible health services, over two-thirds of victims seek traditional treatment which is unsupported and can do more harm than good.



CONCLUSION

The research and tools provided to our civil society partners have been successful in influencing policy changes, nationally and internationally. As highlighted by the WHO snakebite strategy, aimed at reducing deaths from snakebite by 50% by 2030, a strong, community-driven evidence base is essential when mobilising countries to invest resources into saving lives and limbs from snakebite⁸. HAI will continue to hold governments and the global health community accountable to ensure that the political commitments will be implemented. We also will expand the pivotal evidence on the actual snakebite burden in hard to reach communities. Besides that, HAI will accelerate the distribution of first aid and prevention tools to minimise unnecessary snakebite death and disability.

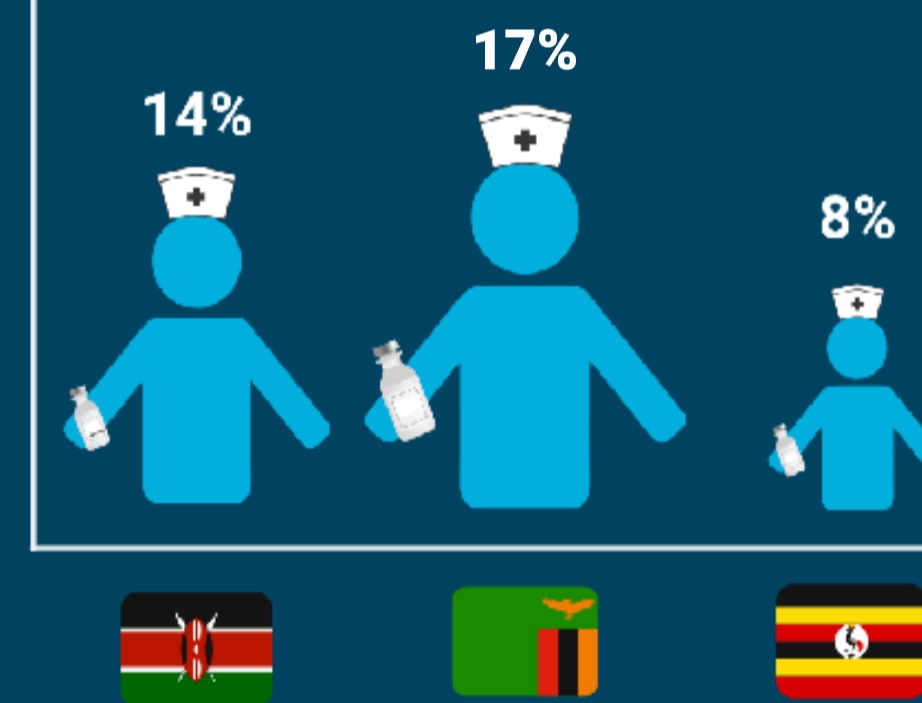
METHODS

HAI works at the interface of science and evidence-based advocacy in access to medicines. The main features of the snakebite project— conducted in Kenya, Uganda, and Zambia— are:

- 1. Building an evidence base** on snakebite cases and treatment. This includes health facility and community research, leading to results such as those presented here.
- 2. Conducting evidence-based advocacy** and empowering civil society and communities to review and use our data to call for policy changes.
- 3. Increasing community education** by providing communities with guidance and life-saving tools.

RESULTS

% OF SNAKEBITE-TRAINED HEALTHCARE WORKERS



one vial of antivenom can cost up to

71.9

days of wages in Uganda.



Farmers aged

20-30

are most commonly bitten



1 of 10

Healthcare facilities in Zambia stock antivenom



7%

of surveyed health facilities in Kilifi, Kenya reported treating patients with antivenom.

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Snakebite has a very negative economic impact. My brother died, he was the backbone of his family. He gave the adults advice and economically he looked after the family. Then he had all this treatment, so that caused more economic harm. And leaving behind now the little ones, that harms a lot. And also the transport is expensive, to where you can access actually good treatment.

Lira, Uganda

Resources

- 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.
- 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.
- Harrison, Robert A., Casewell, Nicholas R., Ainsworth, Stuart A., Lalloo, David G., 2019. *The time is now: a call for action to translate recent momentum on tackling tropical snakebite into sustained benefit for victims*. Transactions of The Royal Society of Tropical Medicine and Hygiene, try134, <https://doi.org/10.1093/trstmh/try134>
- www.who.int/snakebites/epidemiology/en
- Health Action International, 2019. *Snakebite Incidents, Response, and Antivenom Supply (Uganda)*
- Health Action International, 2018. *Snakebite Incidents, Response, and Antivenom Supply (Kenya)*
- Health Action International, 2019. *Snakebite Incidents, Response, and Antivenom Supply (Zambia)*
- World Health Organization, 2019. *Snakebite envenoming – A strategy for prevention and control*. World Health Organization.

