



TIME TO STRIKE BACK AT SNAKEBITE AND END THE ANTIVENOM ACCESS CRISIS



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Every year, an estimated 2.7 million people are bitten by venomous snakes, resulting in death for more than 100,000 people and life-long disfigurement and disability for 400,000 more.

Banywich Bone, 18, had to have his leg amputated above the knee after being bitten by a snake in South Sudan.

Although effective treatment exists for snakebite envenoming (poisoning from snakebites), the vast majority of people aren't able to access it.

We now have an opportunity to end this terrible neglect and needless suffering by working together to deliver lifesaving treatment to victims of snakebite.

WHO'S AFFECTED?

- Snakebite hits the poorest of the poor: farmers who work barefoot in the fields and people living in the most remote rural areas who have very limited access to health education and medical care.
- Displaced people fleeing conflict or violence who may hide out in snake habitats are also at risk.
- Children are particularly vulnerable to death and disability from snakebite poisoning due to their smaller body mass.
- The total numbers of people affected are only rough estimates. Hospital records are an unreliable guide because many people bitten by snakes never make it to the hospital for treatment.

HOW DOES SNAKEBITE AFFECT PEOPLE?

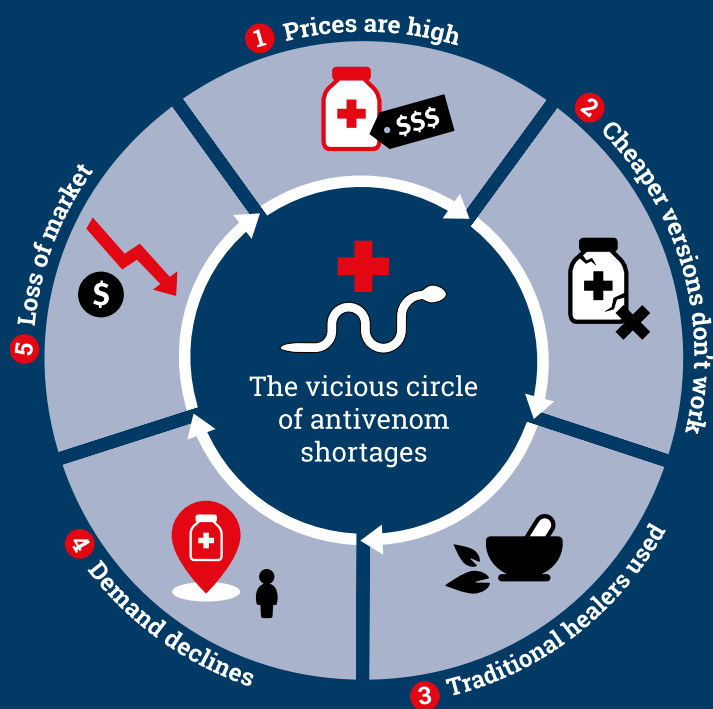
- Snakebites can kill or cause permanent and severe disabilities. Victims can suffer a variety of immediate physical effects, including respiratory paralysis, suffocation, bleeding disorders, kidney failure and severe tissue damage that can require amputation.
- Many families are driven into debt and destitution in their attempts to get hold of treatment.

- Over the longer term, death and disability can also spell financial ruin for individuals and families when breadwinners die or can no longer work as a result of their injuries.
- Stigma and discrimination against disabled snakebite survivors are also commonplace.
- Snakebites kill at least 40 times more people each year than landmines and leave at least 60 times more people with severe and permanent disabilities.

HOW IS SNAKEBITE TREATED?

- Medicines known as antivenoms are the only effective treatment for snakebite. Quality antivenoms can prevent or reverse most of the effects caused by snake venom, saving lives. Intravenous fluids and breathing machines are also vital and difficult to access.
- Without urgent treatment, severe envenoming can lead to death in a matter of hours, yet few people bitten by snakes have access to affordable and effective antivenom.
- The World Health Organization (WHO) includes antivenoms in its Essential Medicines List to guide countries in purchasing the medicines.

WHY CAN'T PEOPLE ACCESS EFFECTIVE SNAKEBITE TREATMENT?



The major reasons include: high prices for antivenoms that must be paid out of pocket, the unavailability of effective antivenom in remote places when urgently needed, and a lack of skilled health-care workers. In a study carried out in 2010, it was estimated that only 2% of people bitten by venomous snakes in sub-Saharan Africa have access to quality antivenom treatment. Here's why:

1. Prices for antivenoms vary, but often reach hundreds of dollars for the multiple doses people may need for treatment.
2. High prices mean patients turn to more affordable antivenoms; however, some of these antivenoms are substandard, toxic or ineffective.
3. When these poor-quality products don't cure snakebite, people develop distrust for all antivenom products and avoid them, often turning instead to traditional healers.
4. Due to reduced demand for antivenom, health authorities fail to prioritise the supply of these products to local health facilities. In turn, local health workers don't receive adequate training and do not gain experience diagnosing and administering antivenom treatment.
5. Low market demand prohibits the achievement of economies of scale for antivenom manufacturers. Pharmaceutical companies avoid entering the antivenom market – or stop production and exit the market – because the products are not sufficiently lucrative, and prices remain high for the few quality products that do exist.

WHAT NEEDS TO HAPPEN NOW?

In 2017, the WHO placed snakebite on its list of the world's most neglected diseases.

WHO is publishing a 'roadmap' to tackle snakebite through a multifaceted plan. This will focus on effective prevention, diagnosis, education and surveillance. To beat snakebite, governments – of both donor and affected countries – need to get behind the plan.

- WHO needs to publish a list of safe and effective antivenom products available for governments to purchase.
- Quality antivenoms must be made available free of charge or at a price all people can afford.
- Governments need to map snakebite 'hot spots' and register their specific antivenom needs.
- National and regional stockpiles of quality antivenoms must be established.
- Governments must finance R&D for better tools, including new generation antivenoms.

“Imagine how frightening it must be to be bitten by a snake – to feel the pain and venom spread through your body – knowing it may kill you and there is no treatment available, or that you can't afford to pay for it.”

- DR GABRIEL ALCOBA, MSF MEDICAL ADVISER ON SNAKEBITE

MSF AND SNAKEBITE

Médecins Sans Frontières (MSF) admitted more than 3,000 patients to its clinics for snakebite in 2017, predominantly in sub-Saharan Africa and the Middle East. Around half of these people required antivenom treatment, which MSF provides free of charge.

The majority of snakebite patients were treated in MSF projects in Central African Republic, South Sudan, Ethiopia and Yemen. MSF also treated significant numbers of people in Tanzania, Kenya, Cameroon, Sudan and Sierra Leone.



MSF Access Campaign

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