

Addressing the burden of snakebite envenoming

The Seventy-first World Health Assembly,

Having considered the report on global snakebite burden;¹

Deeply concerned that snakebite envenoming² kills an estimated 81 000–138 000 men, women and children a year worldwide and causes physical and psychological disability in four or five times that figure;

Noting that the individuals affected by snakebite are overwhelmingly members of impoverished agricultural and herding communities, the great proportion of whom are 10–40 years of age;

Concerned that several factors, including poor prevention, health worker training, diagnosis and treatment of cases of snakebite envenoming and inadequacy of available tools for prevention, diagnosis and treatment of the disease, impede further progress in addressing snakebite envenoming;

Recognizing that snakebite envenoming causes disproportionate suffering, but has to date been largely overlooked by the global health community even though it can induce catastrophic health expenditure and exacerbate poverty;

Recognizing further that snakebite envenoming has been categorized by WHO as a high priority neglected tropical disease,³ following the recommendation of WHO's Strategic and Technical Advisory Group for Neglected Tropical Diseases at its 10th meeting (Geneva, 29 and 30 March 2017),⁴ in response to the urgent need to implement effective control strategies, tools and interventions;

Recognizing also the lack of statistics and accurate information and the need to further improve data on the epidemiology of snakebite envenoming for a better understanding of the disease and its control;

Aware that early diagnosis and treatment are essential for reducing the morbidity, disability and mortality that snakebite envenoming can cause;

¹ Document A71/17.

² Snakebite envenoming is the disease resulting from the pathological and pathophysiological alterations induced by the deleterious action of venom injected in the body as a consequence of snakebite.

³ See <http://www.who.int/snakebites/resources/s40409-017-0127-6/en/> (accessed 8 December 2017).

⁴ See http://www.who.int/neglected_diseases/NTD_STAG_report_2017.pdf?ua=1 (accessed 24 May 2018).

Noting with satisfaction the progress made by some Member States with regard to research into snakebite envenoming and improved case management;

Acknowledging the urgent need to improve access to safe, effective and affordable treatments in all regions of the world where snakebite envenoming is endemic;

Recognizing the work of WHO towards developing guidelines for the diagnosis and management of snakebite envenoming and for the production, control and regulation of antivenoms and the need to make these available to all regions of the world;

Mindful that achievement of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, particularly those concerning poverty, hunger, health and education, may be hampered by the negative impact of neglected diseases of the poor, including snakebite envenoming,

1. URGES Member States:¹

- (1) to assess the burden of snakebite and, where necessary, establish and/or strengthen surveillance, prevention, treatment and rehabilitation programmes;
- (2) to improve the availability, accessibility and affordability of antivenoms to populations at risk, and develop mechanisms to ensure that additional costs related to treatment and rehabilitation after snakebite envenoming are affordable for all;
- (3) to promote the transfer of knowledge and technology between Member States in order to improve the global availability of antivenoms and the effective management of cases;
- (4) to integrate, where possible and appropriate, efforts to control snakebite envenoming with other relevant disease-control activities;
- (5) to improve access to specific treatment and rehabilitation services for the individuals affected by snakebite envenoming, by mobilizing national resources;
- (6) to provide training to relevant health workers on the diagnosis and management of snakebite envenoming, with particular emphasis in regions of high incidence;
- (7) to intensify and support research on snakebite envenoming, particularly in order to develop new tools to diagnose, treat, prevent and measure the burden of the disease;
- (8) to promote community awareness of snakebite envenoming, through culturally contextualized public campaigns, in support of early treatment and prevention, and intensify community participation in awareness and prevention efforts;
- (9) to foster cooperation and collaboration among Member States, the international community and relevant stakeholders in order to strengthen national capacities to control, prevent and treat snakebite envenoming;

¹ And, where applicable, regional economic integration organizations.

2. REQUESTS the Director-General:

- (1) to accelerate global efforts and provide coordination to the control of snakebite envenoming, ensuring the quality and safety of antivenoms and other treatments and prioritization of high impact interventions;
- (2) to continue to offer technical support to institutions working on research into snakebite envenoming, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;
- (3) to foster international efforts aimed at improving the availability, accessibility and affordability of safe and effective antivenoms for all;
- (4) to provide support to Member States for strengthening their capacities for improving awareness, prevention and access to treatment and for reducing and controlling snakebite envenoming;
- (5) to foster technical cooperation among Member States as a means of strengthening surveillance, treatment and rehabilitation services;
- (6) to cooperate, as appropriate and in accordance with their respective mandates, with international agencies, nongovernmental organizations, foundations and research institutions, directly to provide support to Member States in which snakebite envenoming is prevalent, upon request, in order to strengthen snakebite management activities;
- (7) to report on progress in implementing this resolution to the Seventy-third World Health Assembly.

Seventh plenary meeting, 26 May 2018
A71/VR/7

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