

SLAKEBITE COMMUNITY ENGAGEMENT NETWORK

A MANIFESTO FOR COMMUNITY AWARENESS, ENGAGEMENT AND ACTION

Across the low- and middle-income countries (LMIC's), snakebite envenoming remains a pressing public health challenge, burdening particularly vulnerable people living in rural areas. Access to quality healthcare is low, often affected by limited availability and affordability of antivenom, lack of snakebite management skills from healthcare providers, alongside poor transportation infrastructure and deep-seated cultural beliefs in traditional healers.

To gain a better perspective of community experiences with snakebite incidences, a core group of snakebite experts came together to contribute to the mitigation of snakebite envenoming and formed the Snakebite Community Engagement Network (SCEN). Supported by Health Action International, the first Steering Committee of the network was appointed and the initiative was officially launched in late 2023. Currently, SCEN counts for over a hundred organisations and individual members working tirelessly to mitigate the burden of snakebite across the world.

Our Vision

We envision a world where communities are equipped with the knowledge, resources, and necessary support to prevent snakebite incidences, to respond effectively in case of a snakebite, and conserve the biodiversity of snakes. We believe that through collaborative efforts, we can create sustainable solutions that enhance public health, protect ecosystems, and promote coexistence between humans and snakes.

Our Mission

To engage communities in low and middle-income countries through collaborative initiatives that prioritise education, prevention, research, conservation, and advocacy, ultimately reducing the incidence and impact of snakebites globally.

Our Stride

The prevention and mitigation of snakebite incidences requires input and collaboration from members of various disciplines. The lack of funding channelled to prevention initiatives is concerning and the network aims to highlight areas that need support. Our six pillars of engagement seeks to address the lack of support to many communities that face the challenges of snakebite, including improving community education, training of medical personnel, development of standard treatment protocols and reducing human-snake conflict.

This manifesto attempts to be inclusive and solution oriented. To take it forward we encourage snakebite experts and community members from snakebite affected areas in LMIC's to join the network and contribute with ideas, plans and processes.

Our pillars of engagement

The Snakebite Community Engagement Network - through its growing network of individual experts and organisations - has identified 6 pillars of engagement to address the snakebite burden.

I. Health Promotion (Community Education)

Health promotion is central to our mission to reduce snakebite risk and promote safe co-existence. While education raises awareness, health promotion goes further by co-creating strategies with communities that build on local knowledge, address structural determinants, and foster environments that reduce snakebite risk.

II. Snakebite Prevention

Localised interventions carried out by SCEN members promote snakebite prevention strategies, including safe agriculture practices, habitat management, and community engagement initiatives. By fostering a proactive approach, we aim to significantly reduce the incidence of snakebite among vulnerable populations.

III. Community Based Research

We call for and commit to research approaches that are led by communities and grounded in local (Indigenous) knowledge systems. We recognise the deep ecological, cultural, and experiential insights held by local communities, particularly in relation to snakebite prevention. We will prioritize equitable power-sharing and co-design throughout the research process with local researchers taking leadership. By fostering respectful and reciprocal partnerships with local researchers and knowledge holders, we will strive towards co-creating interventions that are contextually relevant, culturally resonant, and rooted in the lived realities and priorities of the communities themselves.

IV. First Response

Through the implementation of training programs, we will equip community members with the skills necessary for immediate response to snakebite incidences. By establishing first-response networks and evaluating them through implementation research, we aim to reduce fatalities and long-term health impacts through timely and effective intervention.

V. Advocacy

SCEN engages with policymakers, health organizations, and stakeholders to advocate for increased funding, research, and awareness surrounding snakebite management. We work tirelessly to ensure that snakebite is recognized as a critical public health issue deserving of attention and resources. In addition, SCEN seeks to enhance advocacy for domestication and implementation of the WHO Snakebite

Strategy leveraging on Primary Health Care programmes to enhance prioritisation of snakebite interventions while availing resources and information at the lowest levels of care.

VI. Snake Conservation

Recognizing the ecological importance of snakes, we advocate for their protection as vital components of local ecosystems. The network will promote conservation strategies that not only safeguard snake populations but also educate communities on the benefits of biodiversity, fostering a culture of respect and coexistence.

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SIGNATORIES:

1. Hiral Naik – Save The Snakes **(South Africa)**
2. Priyanka Kadam – She-India **(India)**
3. Gerard Martin – The Liana Trust **(India)**
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6. Denis Kibira – Dumaic Global Health **(Uganda)**
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25. Namoni Simon – Snake Community Action Now (**Kenya**)
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36. Muhamad Na'im Bin Ab Razak – Wilderness and Austere Medicine Society (**Malaysia**)
37. Philippine Toxinology Society, Inc. (PhiTonS, Inc) – **Philippines**
38. Fernando Yanes – Fundacion Vivarium (**Venezuela**)
39. Matthias Dezetter – Nature Conserv'Action (**Peru and Cote d'Ivoire**)
40. Austin Gideon Adobasom-Anane – Lim Institute for Development Research Innovation and Training (LIDRIT) (**Ghana**)
41. Remote Envenomation Consultancy Services (RECS ASEAN) – (**Malaysia**)
42. Malaysian Society on Toxinology (MST) – (**Malaysia**)
43. Toxinology Education Resources & Development (TOXED Inc.) - (**Malaysia**)
44. Special Interest Group on Clinical Toxinology (SIGTOXIN) – (**Malaysia**)
45. Nantume Lilian Wampande – University of Global Health Equity (**Rwanda**)
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