

Impact of COVID-19 pandemic on care of victims of snakebite

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As the world battles COVID-19, other longstanding global health challenges continue to cause illness, disabilities, and death. Among them is the neglected crisis of Snakebite Envenoming (SBE). COVID-19 pandemic comes with lockdowns and movement restriction, however, exposure to snakes did not change in many rural agrarian communities, where incidences are usually highest. For instance, in the year after the COVID-19 pandemic was declared, an estimated 2.7 million SBE led to over 100,000 deaths and 400,000 long-term disabilities in the poorest and most rural communities of the world.

Health systems were seriously affected by the pandemic. Health care budget, healthcare personnel, beds and equipment were diverted to COVID-19 services. Patients' ability to reach care was affected due to transport barrier, decreasing access. Healthcare facilities and providers faced an increased burden from COVID-19, which had the most acute consequence for all patients requiring hospitalisation, including people bitten by a snake. Prioritisation of COVID-19 by health authorities further restricted essential healthcare resources necessary for the treatment and care.

The pandemic comes with flight restrictions, which results in challenges with delivering antivenom products to several African countries. In Sub-Saharan Africa, where the burden of snakebite is second only to that of Asia, there is only one

antivenom (AV) producer based in South Africa out of 46 producers.^{1,2} As such dependence on AV imports places African countries at supply risks. These countries expend foreign currency on AV based on burden and available resources. For instance, Burkina Faso spent an annual average of US\$107,811 (or US\$5,458 per million population) from 2010 to 2014,² while the Nigerian government released only US\$12,000 in 2020 for snakebite activities.

Existing community education and outreach programmes ceased due to COVID-19 pandemic. Even the implementation of WHO road map on snakebite was suspended.

COVID-19-driven economic woes results in devaluation of local currencies with increasing cost of antivenom. A vial of effective and potent AV cost about N45,000 (100 USD) in Nigeria, this is worsened by the fact that most snakebite victims will require more than 1 vial during their treatment. These high prices lead to potentially catastrophic cost when victims need to pay out-of-pocket.

Because of the pandemic there is risk of decrease in funding to snakebite services and research by wealthier nations. For instance, recently the British government announced suspension of funding to snakebite activities, a major public health challenge seen commonly in developing countries.

The way forward is for WHO Road map to support and strengthen logistics of procurement and distribution of AV. Moreover, African countries should prioritize local Antivenom production through public-private partnership. So that appropriate and reliable antivenoms would be made available in a sustainable way at facilities managing bites.

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