To critically appraise policy formulation and implementation gaps at the national and sub-national level.

To assess the readiness of public health systems for the management of snakebite in India.

Aims:

• A review of documents relevant to health policy and systems will be conducted using a systematic database search, reference screening, and physical/electronic retrieval of documents referred by policy and systems actors.

• In-depth interviews will be conducted with all relevant stakeholders, and focus groups will be held with affected communities to understand gaps in implementation of current responses to address the burden of snakebite.

• The readiness of public health systems for snakebite management will be assessed using District Level Household & Facility Survey (DLHS-4) data from physical infrastructure, services, human resources, equipment and medicines (including availability and snake anti-venom stock levels).

Methods:

• The project will provide insights into health system and policy gaps, and inform the development of evidence-based health systems and policy interventions to address the burden of snakebite.

• The project is the first comprehensive analysis of health policies and systems regarding snakebite and will inform strategies and action plans to address its burden nationally, and sub-nationally.

Background:

• Every year, 2.8 million people are bitten by snakes in India, resulting in 46,900 deaths, which is half of all snakebite deaths globally. There is no reliable data on snakebite-related morbidity.

• Snakebite was designated as a neglected tropical disease (NTD) in 2017 by the World Health Organization (WHO). It is the only non-communicable condition on the WHO NTD list.

• Snakebite affects rural and tribal communities, which have high snake-human interaction. The burden in these populations is accentuated due to weak primary health care systems. Health systems and policy responses to address snakebite burden have not yet been studied.

Impact:

• Globally, up to 138,000 people die each year due to snakebites, and around three times as many disabilities are caused by snakebites annually.

• Weak health systems, lack of burden data and poor availability of snake anti-venom are thought to be attributing to the death, disability and socio-economic impact of the condition. Data on snakebites in India is limited.

• In May 2019, WHO released a roadmap for the prevention, management and control of snakebite. Though some states such as Odisha and West Bengal have recognised the need for priority action on snakebite, a comprehensive strategy is yet to be formulated, and action plans are still in the early stages of development.

Facts:

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