Global failure to act on snake bite costs thousands of lives each year
27 October 2015

Earlier this year, antivenom manufacturer Sanofi-Pasteur announced it was no longer able to produce antivenom for snake bite. However, "the reality is that for the vast majority of Africa's snake bite victims, the loss of Sanofi's antivenom will mean little, if anything at all," argues David Williams, head of the Australian Venom Research Unit at the University of Melbourne.

This is because the product simply never reached them in the first place.

"For decades there have been chronic gaps in antivenom supply globally that have cumulatively cost millions of lives, maimed millions more, and contributed to the burden of poverty, and disenfranchisement that lingers heavily over many nations," he explains.

The antivenom never reached vulnerable populations because it "was simply too expensive, and produced in insufficient quantities to meet the needs of more than a small part of the African continent."

Successive efforts to drive change by people from outside Africa have also largely failed, he adds. For example, snake bite prevention initiatives and community education programmes exist on a small localised scale, or not at all, while treatment guidelines have not filtered through to local health workers.

There is an urgent need to train health workers and doctors on relevant practices and protocols for the diagnosis, management, and rehabilitation of people with snake bites, argues Williams.

Another problem is "snake oil salesmen" (unscrupulous parties) who take advantage of poorly resourced regulatory environments to introduce unproved imitations and poorly tested alternatives, he says. In Chad, for example, use of unsafe, ineffective antivenom resulted in mortality rates of 15.3% compared with 2.3% with the previous product.

The key to preventing the use of poor quality or ineffective antivenoms "is to strengthen the capacity of national regulatory agencies to assess these products," he writes.

Furthermore, with antivenom costs alone ranging from $56 to $640 "there is huge potential for snake bite to drive patients and their families into deeper poverty and debt," he adds.

He calls for urgent and more coordinated international action from the WHO—and argues that health ministries in nations where the burden of snake bite is felt most acutely "can no longer ignore their responsibility to their citizens."

"International effort to ensure effective reduction of the risks, burden, cost, and access to treatment for snake bite must be brought before the World Health Assembly and passed to mobilise resources," he concludes. "The time for talk has passed; action must be taken now."

More information: Snake bite: a global failure to act costs thousands of lives each year, The BMJ, www.bmj.com/cgi/doi/10.1136/bmj.h5378

Provided by British Medical Journal

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