African Experts, Ignored Again on Snakebite, Move Forward Alone

05/31/2016- Management of snakebite envenomation to be regional, not global

GENEVA- The May 25 World Health Assembly side meeting on management of snakebite envenomation concluded without hearing the findings of the African Society of Venimology (ASV), which was denied a place on the agenda.

One million African people are bitten by venomous snakes, each year. Twenty-five to thirty thousand die, and more than 10,000 suffer permanent disability from loss of limbs. After a 2015 press announcement by Doctors without Borders regarding the severe shortage of antivenom in Africa, 18 health ministries – 12 of them African, and with regional leadership by the ASV – successfully petitioned to put snakebite on the side agenda of the annual World Health Assembly.

ASV President Achille Massougbodji states that he now regrets having convinced so many Ministers of Health to attend the meeting. “The ASV includes medical doctors and venom scientists from Algeria, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Ivory Coast, Gabon, Ghana, Guinea, Kenya, Mali, Mauritania, Morocco, Niger, Nigeria, Senegal, Swaziland, Togo, DR Congo, and Tunisia,” he said. “We have worked for years on this problem, with very little in the way of resources, but we have made progress with important implications for the health of the African people. We wanted to present our findings to our Ministers of Health, and to the world.”

In Africa, the lack of locally-produced antivenoms means that they are imported, which distances the issue of snakebite from the local public health agenda. Some products require refrigeration, so they cannot be transported to or stored at remote clinics. In most places, there is no compensatory healthcare financing system, so patients may need to come up with several months of family income, which can prevent or delay care. Finally, complex and varied local health practices mean that most victims consult traditional healers, delaying effective treatment.

Decades of international discussion failed to result in consensus on how to correct this difficult situation, until in 2012 when the ASV brought regional experts together. Members reviewed the contributing factors, defined a remediation strategy, then began an intensely regional effort, giving priority to local practices and resources. In 2016, at last, evidence of success has emerged:

- Reporting of cases, to define needs better, is now taking place in Benin, Burkina Faso, Cameroon, Senegal and Togo, showing that cases have been previously underestimated.
- Training of healthcare personnel, by ASV members, has been conducted in Benin, Burkina Faso, Cameroon, Congo, Democratic Republic of Congo, Ghana, Guinea, Ivory Coast, Kenya, Mali, Senegal and Togo. Online training modules are under development for widespread use.
- Clinical trial partnerships, to evaluate polyvalent, highly purified, lyophilized antivenoms, have been established and the first results from these are complete.
- Government subsidies now make antivenom more affordable in Burkina Faso, Cameroon and Togo, and ASV is seeking additional funding mechanisms.
- Increased distribution and use of appropriate, heat-stable, polyvalent antivenom has resulted in significantly more snakebitten people receiving treatment in Benin, Burkina Faso, Cameroon, Ghana, Guinea, Kenya, Senegal and Togo.

Naja nigricollis (J. Benjamin)

“We must continue on this course, with or without external agreement or support,” said Massougbodji. “It is the only strategy that has worked.”

For more information in English or French, contact Jean-Philippe Chippaux at jean-philippe.chippaux@ird.fr. Interviews, in French, may also be arranged with ASV President Achille Massougbodji (Benin), at massougbodjiachille@yahoo.fr. Additional interviews may be arranged on request, with representatives from Kenya, Ghana, Cameroon, Burkina Faso, Senegal and Mali.