



Snakebite Envenoming in Zambia: A Neglected Public Health Emergency Requiring Urgent Policy Action

Kingford Chimfwembe*

Lusaka Apex Medical University, Faculty of Health Sciences, Department of Public Health, Lusaka, Zambia



Snakebite envenoming remains one of the most overlooked yet deadly public health threats in Zambia, silently affecting rural and agricultural communities where access to timely care is limited. Despite being entirely preventable and treatable, snakebite continues to cause significant morbidity, disability, and deaths, particularly among children, farmers, and economically active adults. The continued neglect of this condition within national health priorities represents a critical gap in Zambia's commitment to universal health coverage and equitable health systems.

Estimates suggest that snakebite envenoming affects hundreds of thousands of people globally each year, with sub-Saharan Africa bearing a substantial share of this burden. In Zambia, however, the true magnitude remains poorly documented due to underreporting, weak surveillance systems, and reliance on informal care pathways. Many victims first seek help from traditional healers or local remedies, often resulting in dangerous delays before reaching formal healthcare facilities where antivenom and supportive care may be available. These delays are a major determinant of poor outcomes, including amputations, long-term disability, and avoidable deaths.

A key challenge driving this burden is the intersection of geographic, socioeconomic, and health system barriers. Rural communities, where snake-human interactions are most common, often face long distances to health facilities, poor transport infrastructure, and limited availability of antivenom. Even when patients reach facilities, stock-outs of antivenom, inadequate training of healthcare workers, and inconsistent clinical protocols further compromise care. These systemic weaknesses perpetuate preventable mortality and undermine trust in the formal health system.

OPEN ACCESS

*Correspondence:

Kingford Chimfwembe, Lusaka Apex Medical University, Faculty of Health Sciences, Department of Public Health, Lusaka, Zambia,

E-mail: kchimfwembe@yahoo.com

Received Date: 22 Jun 2026

Accepted Date: 06 Aug 2026

Published Date: 08 Aug 2026

Citation:

Kingford Chimfwembe. Snakebite Envenoming in Zambia: A Neglected Public Health Emergency Requiring Urgent Policy Action. *WebLog J Public Health Epidemiol.* wjphe.2026.h0804. <https://doi.org/10.5281/zenodo.21859417>

Copyright© 2026 Kingford Chimfwembe. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Beyond the immediate clinical consequences, snakebite envenoming carries profound socioeconomic implications. Victims are frequently young adults who serve as primary income earners in their households. A single snakebite event can therefore push families deeper into poverty through medical costs, loss of productivity, and long-term disability. In this way, snakebite is not only a medical emergency but also a development and equity issue that reinforces cycles of rural poverty.

Despite this burden, snakebite has historically received limited political attention and funding compared to other infectious and non-communicable diseases. It remains absent from many national strategic health plans or is only briefly mentioned without clear implementation frameworks. This neglect persists even though the World Health Organization has recognised snakebite envenoming as a neglected tropical disease requiring urgent global action.

Addressing this gap requires a multi-pronged national response. First, Zambia needs to elevate snakebite envenoming to a clearly defined public health priority within national health policy and district health planning. This should include dedicated budget lines for antivenom procurement, distribution, and surveillance. Second, strengthening primary healthcare systems in rural areas is essential, particularly through ensuring consistent availability of antivenom and training healthcare workers in evidence-based snakebite management protocols.

Community-level interventions are equally critical. Public health education campaigns should be designed to improve early recognition of snakebite symptoms and encourage rapid presentation to health facilities. Such interventions must also engage traditional healers, who often serve as first points of contact, by integrating them into referral networks rather than excluding them from formal health strategies.

In addition, improved surveillance systems are urgently needed to generate accurate data on incidence, outcomes, and geographic distribution. Without reliable data, snakebite will continue to remain invisible in policy discussions, reinforcing its cycle of neglect. Research partnerships between local institutions and international collaborators can play a vital role in filling these evidence gaps

while also strengthening local research capacity.

Some may argue that competing health priorities, such as malaria, HIV, and tuberculosis, deserve greater attention given their established burden and funding streams. However, this should not justify continued neglect of snakebite envenoming. The issue is not competition but integration and equity. Snakebite shares many structural determinants with other rural health challenges and can be effectively addressed within broader health system strengthening efforts.

In conclusion, snakebite envenoming in Zambia represents a preventable tragedy that persists not because solutions are unavailable, but because it has not been prioritised. A coordinated national response, grounded in policy commitment, health system strengthening, community engagement, and research investment, is urgently needed. Elevating snakebite on the public health agenda is not only a medical necessity but also a moral imperative to protect some of the country's most vulnerable populations.