SOS
STRIKE OUT SNAKEBITE
The Global Snakebite Taskforce

September 2025

Antivenoms, Advocacy, and Action:

Turning the tide on snakebite neglect

Up to 138,000 people die every year from venomous snakebites, disproportionately affecting the world's most vulnerable communities at great cost.

> **The biggest public health crisis you have never heard of.**
> - Former UN Secretary General Kofi Annan

High Burden: High Human Cost

Every five minutes, someone dies from a venomous snakebite. Causing up to 138,000 deaths annually, snakebite envenoming (SBE) claims more lives each year than all other Neglected Tropical Diseases (NTDs) combined [*WHO* 2020].

Each year, around 2.7 million people bitten by snakes are envenomed, and 400,000 survivors are left with serious injuries and lifechanging disabilities, including blindness, amputations, chronic kidney disease, neuropathies, or mental health disorders. [*Gutiérrez JM*, 2017].

The NTDs prioritized by WHO are a diverse set of 20 diseases and conditions, united by one common thread: their devastating impact on impoverished communities. Together, they are estimated to cause 261,000 deaths annually. Within this group, SBE stands out as a leading killer.

Figure 1 Cases and deaths per region, thousands, 2016

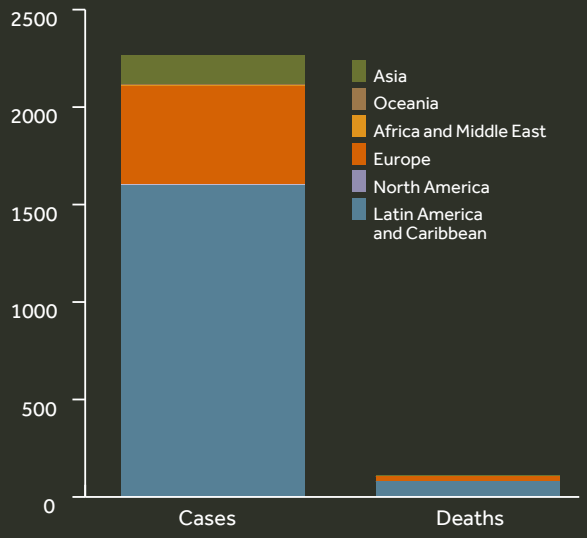
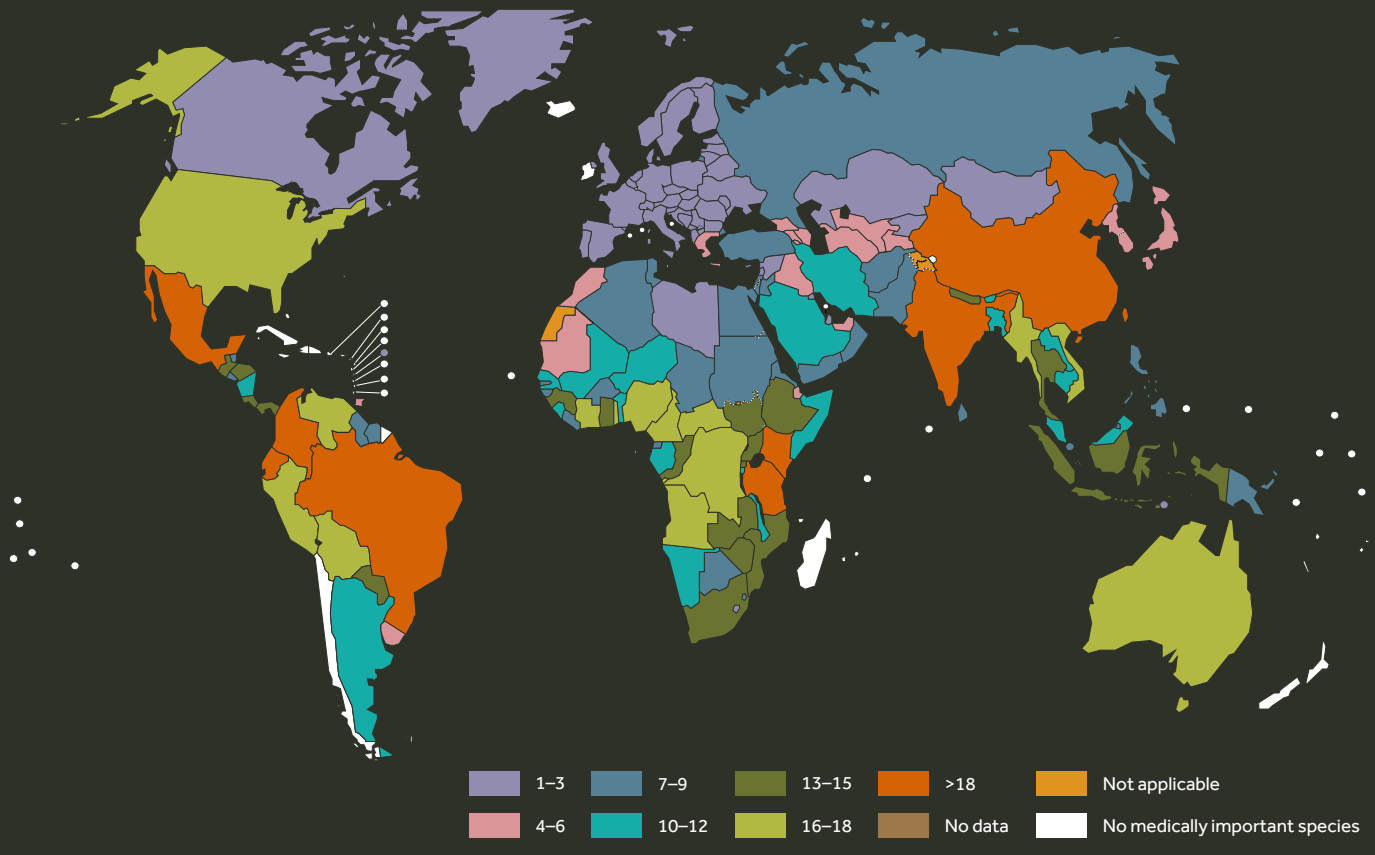


Figure 2 Number of venomous snake species per country



Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030, ISBN 978-92-4-001035-2 (electronic version), © World Health Organization 2020.

ABOUT 2.7 MILLION

people bitten by snakes with envenoming annually

ABOUT 81,000 – 138,000

deaths annually

ABOUT 400,000

people disabled by snakebite envenoming annually

132 COUNTRIES

There are an estimated 132 countries with incidence of snakebite, although global/regional/national data can be incomplete or of variable quality/completeness.

Disease and Epidemiology

- SBE occurs when a venomous snake injects a complex mixture of toxins ("venom") through a bite or when venom is sprayed into the eyes by certain species of cobras.
- These toxins can cause a range of severe affects, including shock (a dangerous drop in blood pressure), paralysis that may arrest breathing, and bleeding disorders that can lead to fatal hemorrhage. Other complications include acute kidney injury, tissue damage resulting in permanent disability, limb amputation, blindness and visual impairment, and a variety of physical and psychological sequelae.
- SBE disproportionately affects rural agricultural workers, children, and indigenous communities – primarily in low- and middle-income countries across Africa, Asia, and Latin America. These are populations least able to absorb the financial and social cost of the disease. As with other NTDs, SBE is closely associated with poverty. Risk factors include working in agriculture, walking barefoot, sleeping inside or outside on the ground without a tucked-in mosquito net, and walking outside at night without a light.
- Scientifically, SBE is highly complex. There is a wide diversity of snake species globally, each with venom that varies significantly in composition and toxicity. This leads to a broad and often overlapping range of clinical manifestations, with multiple syndromic profiles potentially arising from a single envenomation.

High Burden: High Economic Cost

NTDs place a heavy burden on the world's most vulnerable populations. Our inaction costs lives and harms economic growth and stability. Developing communities bear a burden equivalent to billions of US Dollars each year in direct health costs, loss of productivity, and reduced socioeconomic and educational attainment [*WHO* 2012]. NTDs also place considerable financial strain on patients and their families. SBE, as the largest killer among NTDs, wreaks a devastating economic cost.

Such is the concern around the impact of NTDs that they are explicitly included in Sustainable Development Goal (SDG) target 3.3, which calls for "ending the epidemics of [...] neglected tropical diseases" by 2030. Achieving the SDGs will therefore require full delivery on the NTD targets. A standout cost is preventable mortality and disability from SBE.

Five years out from the 2030 target, we have at best a partial picture of the SBE situation. In the current literature, evidence of the disease burden, economic impact, and return on investments for many NTDs – especially those such as SBE not covered by preventive chemotherapy – remains limited. The WHO has highlighted an urgent need to expand studies on all NTDs to provide a comprehensive picture of their economic impact [*WHO* 2022].

At the global level, a 'too-hard-basket' sentiment translates to poor to no representation of SBE burden data in global initiatives such as the Institute for Health Metrics and Evaluation (IHME), University of Washington's *Global Burden of Disease* (GBD) figures, and the exclusion of antivenoms from WHO prequalification.

The SDG and WHO targets for SBE must be seen in the context of this complex and opaque ecosystem.

Table 1 WHO 2023 target, sub-targets and milestones

Indicator	2020 (baseline)	2023	2025	2030
Number of countries having achieved reduction of mortality by 50%	Not Applicable	39 (30%)	61 (46%)	132 (100%)
Percentage of new antivenom producers joining market by 2030	Not Applicable	5%	15%	25%
Number of effective treatments for snakebite envenoming available worldwide	50,000	300,000	500,000	3 million
Minimum number of WHO-recommended poly-specific antivenom products in each region	Not Applicable	2	3	6

A doctor in Watamu, Kenya, displays a vial of antivenom

Addressing the Funding Challenge

Global funding for NTD research and development has largely remained stagnant over the last six years, with snakebite having only received £91 million in R&D funding from 2018 to 2023. To put this into context, dengue has received over five times this amount, despite having approximately a fifth of the health burden. SBE causes around one-sixth as many deaths as malaria each year but has only received about 2.5% of the R&D funding [*G-Finder*].

NTD programs face a significant barrier of inadequate and uncertain financing, now intensified by COVID-19 and the global economic slowdown [*WHO* 2022]. For SBE, this is particularly acute, as cost-effective, scalable interventions – such as mass drug administration – that attract donor and government support for other NTDs do not exist for snakebite.

Where there are not yet cost-effective interventions for mass treatment, R&D - including in diagnostics - is urgently needed, as is investment in monitoring and evaluation, access and logistics, and advocacy [*WHO* 2022]. These are precisely the shared gaps identified across all NTDs, but are especially limiting for SBE, where antivenom supply chains, regulatory pathways, and clinical management tools remain fragile and often commercially unattractive.

Compounding this issue, the SBE funder base is extremely narrow. The Wellcome Trust and the U.S. Department of Defense represented 62% of snakebite R&D funding in 2023, and more than half of snakebite funding is at risk from 2026 onwards [*G-Finder*].

NTDs in general – and SBE in particular – are still insufficiently integrated into national health planning [*WHO* 2020; *WHO* 2022]. Many countries burdened with SBE have not embedded prevention and control into their national health strategies or budgets, leaving SBE subject to volatile funding regimes [*WHO* 2019].

We urgently need to strengthen national efforts in tackling SBE, while securing more global funding, to make snakebite treatment more accessible, effective and affordable for the marginalized communities who continue to bear the heaviest burden.

By investing across SBE's four impact pillars – R&D, regulation and access, health system capacity, and advocacy, funding and policy – there is an opportunity for stakeholders to contribute to a significant and achievable victory in global health equity.

Prioritizing funding for the delivery and development of SBE treatment to address the challenges laid out within each pillar will be essential as we navigate immediate and medium-term action plans.

IMPACT PILLAR 1

RESEARCH AND DEVELOPMENT

Issue

An opaque, poorly funded and poorly aligned R&D pipeline for SBE therapeutics and diagnostics.

Despite its devastating impact, SBE receives less than 0.5 % of NTD research and funding. While snakebite may share company with HIV/AIDS, tuberculosis, and malaria, it does not benefit from the same level of prioritization and resourcing. Innovation in diagnostics and treatment is advancing, but translation into accessible tools is stalled by:

- Fragmented drug and biologic development pipelines; a pipeline nearly entirely filled with investigational candidates in discovery or preclinical stages;
- Underfunded trials;
- Poor collaboration within the sector on standardization in nomenclature, interpretation of terminology, and availability of essential data; and
- Lack of focused investments in optimizing the benefits of currently available treatments, and limited community involvement.

Solution

Build a coordinated, need-driven R&D ecosystem that balances immediate improvements with long-term breakthroughs.

Steps we can take

- **Governments & Multilaterals:** Establish and fund national/regional anti-venom serum banks; Harmonize regulatory processes to de-risk R&D and fast-track clinical trials.
- **Researchers & Innovators:** Focus on identified gaps in current SBE knowledge; Prioritize development of new therapeutics; Work with funders to bridge the "valley of death" between early-stage and the later-stage, large-scale clinical trials; Develop technical working groups to address standardization; Embed community voices in priority-setting and trial design.
- **Philanthropy & Impact Investors:** Provide catalytic capital for first-in-human trials; Offer challenge prizes to de-risk innovation.
- **Producers:** Enter joint ventures with local institutes to expand regionally appropriate antivenom production; Consider potential financial modelling of new generation, category-killing innovation.

Positive precedent

The Drugs for Neglected Diseases initiative (DNDi) turned fexinidazole from a shelved molecule into a first-line therapy for sleeping sickness – demonstrating how aligned philanthropy, R&D, and national leadership can deliver affordable innovation.[1]

1 DNDi. (2019). *Fexinidazole: The First All-Oral Cure for Sleeping Sickness*. Geneva: Drugs for Neglected Diseases Initiative

IMPACT PILLAR 2

REGULATION, PRODUCTION, AVAILABILITY, AND ACCESSIBILITY

Issue

A disorganized market for currently available SBE medicines.

This includes issues such as (but not limited to):

- Inconsistencies in approval processes (official vs unofficial use of products);
- Limited availability of preclinical and clinical evidence; and
- Confusion around species indication and para specificity of certain products.

National or regional priorities drive the antivenom market, which in turn influences manufacturing and regulation, rather than being guided by a global or cross-collaborative agenda. Antivenom markets are fragile and inequitable, with weak regulatory oversight, supply-demand mismatches, and reliance on a small number of producers.

Solution

Stabilize production and harmonize regulation to guarantee safe, affordable antivenoms for all high-burden regions; Enhance data on envenoming occurrence to inform product demand.

Steps we can take

- **Governments:** Streamline regulatory approval for antivenoms; Ensure procurement decisions are evidence based, not price based; Joint pooled procurement to reduce price volatility.
- **Multilaterals:** Support regional bodies, such as the African Medicines Agency, to harmonize standards and accelerate product approval.
- **Producers:** Build or expand regional manufacturing hubs to ensure local fit and affordability.
- **Philanthropy & Investors:** Underwrite volume guarantees; Provide blended finance to attract manufacturers into neglected markets.
- **Communities & Civil Society:** Document unmet needs and stock-outs to strengthen demand forecasting.

Positive precedent

Gavi's pooled procurement model reduced vaccine prices globally while stabilizing fragile markets – a strategy directly applicable to antivenoms.[2]

2 Gavi. (2022). *Regional Vaccine Manufacturing in Africa: Building Sustainable Capacity*. Geneva: Gavi

IMPACT PILLAR 3

PUBLIC HEALTH: MONITORING, PREVENTION, MANAGEMENT, AND CAPACITY

Issue

NTDs in general – and SBE in particular – are still insufficiently integrated into national health planning. Despite a 2018 World Health Assembly resolution recognizing SBE as an NTD, many countries have not embedded NTD prevention and control into their national health strategies or budgets. This leaves diseases like SBE vulnerable to policy neglect and highly dependent on volatile external funding. Weak health systems delay care, worsen mortality, and leave survivors without rehabilitation and continued care.

Solution

Embed SBE within Universal Health Coverage and strengthen frontline health system capacity.

Steps we can take

- **Governments:** Accelerate the mapping and integration of prioritized prevention and control of SBE in national health plans; Dedicate a corresponding line item in national health budgets.
- **Health Systems & Innovators:** Scale telemedicine; Integrate SBE into data information systems such as DHIS2 (District Health Information Software, version 2) for real-time surveillance and rapid response.
- **Governments & Philanthropy:** Support health worker training in recognition and syndromic management; Integrate community needs assessment and delivery design into planning; Build referral links with traditional healers.
- **Philanthropy:** Fund trials in monitoring and surveillance with data aggregation, analysis of integration pathways for SBE into existing health structures and protocols; Support rehabilitation, and psychosocial programs for survivors, leveraging lessons from other NTDs (e.g. leprosy and lymphatic filariasis services).

Positive precedent

Kenya's 2023 – 2027 National NTD Master Plan embedded SBE in the national strategy, ensuring visibility, training, and reporting.[3]

3 Kenya Ministry of Health (MoH). (2023). National NTD Master Plan 2023–2027. Nairobi: Government of Kenya

IMPACT PILLAR 4

ADVOCACY, FUNDING, AND POLICY COMMITMENTS

Issue

A fragmented funding and policy landscape.

Without political visibility, the health needs of SBE affected populations will continue to be sidelined in the drive towards Universal Health Coverage. Despite causing well over 100,000 deaths every year, SBE is often perceived as an environmental accident rather than a core public health challenge. A lack of sustained political voice translates into low visibility in national investment plans and donor portfolios, reinforcing a cycle of neglect.

Solution

Elevate SBE into Universal Health Coverage and SDG tracking, and global health agendas, and mobilize sustainable financing through coalitions and advocacy.

Steps we can take

- **Governments:** Champion SBE at the WHO World Health Assembly and Regional Meetings, United Nations General Assembly (UNGA), and regional summits; Embed targets in national NTD frameworks.
- **Multilaterals & Development Banks:** Link SBE investment to progress indicators in the Global NTD Reporting Framework (GNARF) and NTD Roadmap 2030; Integrate SBE into multi-annual investment plans.
- **Philanthropy & Investors:** Fund community-driven advocacy networks; Support rapid-response education campaigns.
- **Industry:** Integrate SBE into Corporate Social Responsibility (CSR) / Environmental, Social, and Governance (ESG) strategies in agriculture, extractives, and rural sectors; Provide referral support and prevention programs.
- Communities: Lead culturally adapted awareness campaigns to reduce delays and stigma to ensure accountability from the ground up.

Positive precedent

Coordinated advocacy helped elevate onchocerciasis and sleeping sickness onto global agendas, unlocking long-term funding and political commitments.[4]

4 Williams, D. J., et al. (2019). Strategy for a globally coordinated response to a priority neglected tropical disease: Snakebite envenoming. BMJ Global Health, 4(2), e001334. https://doi.org/10.1136/bmjgh-2018-001334

A Case Study in Developing a National SBE Investment Case[5]

India: Half of global snakebite deaths - a country at the epicenter of a global health crisis [*Banerjee S 2025*]

The Indian context is used to provide a working example of the type of investment case required to address SBE at the national level. Note: this is currently an unpublished paper.

SBE is India's most lethal NTD, killing approximately 58,000 people annually and disabling four times as many – largely agricultural workers and children in rural, low-income households [*Suraweera,* 2020; *Roberts,* 2022]. This accounts for nearly half of global snakebite deaths, positioning India as the epicenter of a global health crisis. Without decisive investment, India will fail to meet the World Health Organization (WHO) 2030 target of halving snakebite mortality and disability [*WHO,* 2019; *Minghui,* 2019].

The Problem

India's reliance on a single polyvalent anti-snake venom serum (ASV), manufactured from the "Big Four" snakes (*Naja naja, Bungarus caeruleus, Daboia russelii, Echis carinatus*), is fatally mismatched to its ecology. Venom variation across regions and medically important species – such as the monocled cobra (Naja kaouthia), banded krait (Bungarus fasciatus), pit vipers (Trimeresurus spp.), and king cobra (Ophiophagus hannah) – leave millions unprotected [*Senji Laxme,* 2019; *Deka,* 2019; *Wong,* 2020].

Delayed bite-to-needle times (TTN), centralized stocks, and inadequate critical care ensure that one-third of victims die outside hospital and approximately 14,000–15,000 die annually despite hospitalization [*Menon*, 2025; *Suraweera*, 2020].

Families face catastrophic out-of-pocket (OOP) costs – ₹6,000–10,000 (USD 80-120) in public and ₹25,000–40,000 (USD 275-450) in private hospitals – forcing asset sales and debt [*Rathnasamy, 2023*]. Intensive Care Units and dialysis costs drain health budgets, while productivity losses exceed ₹5,000–7,000 crore (USD 588 M-823 M) annually [*Kasturiratne,* 2008; *Menon,* 2025].

The Solution

A 10-year, nationally coordinated mission (2025–2035), anchored in a new autonomous National Snakebite Mission Delivery Unit (NSMDU), will deliver three pillars:

1. **Biology-Fit Products:** Upgraded polyvalent; Three monovalents (cobra, krait, viper); Rapid point-of-care testing (POCT); and Single-domain antibody (sdAb) biologics – heat-stable, potent, and globally innovative [*Hamers-Casterman,* 1993; *Silva-de-França,* 2024; *Rujas,* 2023].
2. **System-Fit Delivery:** Decentralized ASV stocks at Community Health Centers (CHCs) and First Referral Units (FRUs); Escorted referral networks; and District-level critical care readiness.
3. **Data-Driven Governance:** National registry, 24-hour helpline, real-time dashboards, and pharmacovigilance (PV), tied to quarterly independent verification.

The Investment

The ask is ₹14,600 crore (USD $1.72 billion) over 10 years:

Pillar I: ₹6,500 cr (USD $765 million) – venom banks, polyvalent upgrade, 3 monovalents, POCT scale-up, sdAb platform.

Pillar II: ₹3,300 cr (USD $388 million) – CHC/FRU stocking, escorted referral, training, ventilator/dialysis expansion.

Pillar III: ₹4,800 cr (USD $565 million) – registry, helpline, dashboards, PV, NSMDU operations.

Phases:

1. Eastern & North-Eastern India Accelerator anchored by a West Bengal GMP hub (₹6,200 cr).
2. Central & Western rollout (₹4,800 cr).
3. Southern rollout (₹3,600 cr).

This phased approach targets hotspots first, with cross-border spillover benefits to Nepal, Bhutan, Bangladesh, and Myanmar [*Longbottom,* 2018; *Ediriweera,* 2022].

5 Full references can be made available on request

A spectacled cobra (Naja naja) being milked for its venom

The Returns

By 2035, with full implementation:

- Annual mortality falls from approximately 68,600 (status quo) to approximately 27,800.
- Approximately 290,000 lives and 1.2 million disabilities prevented over a decade.
- 4–5 million disability-adjusted life years (DALYs) averted [*Ediriweera,* 2023].
- Household OOP savings of approximately ₹7,740 cr (USD $910 million).
- Health system efficiencies worth approximately ₹1,000 cr (USD $120 million).
- Productivity restored worth ₹15–30 lakh cr (USD $176–352 billion), yielding a 10–15 times ROI – surpassing returns from many TB or HIV investments [*Patikorn,* 2020; *World Bank,* 2023].

The Guarantee

The NSMDU will provide single-point accountability with:

- Batch-potency verification.
- Cold-chain monitoring.
- Pharmacovigilance.
- Quarterly independent verification.

Tranche-linked disbursements tied to Key Performance Indicators (KPIs) ensure investor-grade governance, transparency, and impact assurance.

The India Investment Call

To endorse and co-finance a ₹14,600 crore (USD $1.72 billion) commitment for India's National Snakebite Mission, beginning with the Eastern & North-Eastern Accelerator. This investment will save approximately 290,000 lives, protect millions from catastrophic costs, and establish India as a global leader in next generation antivenoms and NTD elimination.

A Multi-Stakeholder Return

Investing in the fight against SBE provides an opportunity for significant, immediate and lasting progress toward global and national health targets.

It means ensuring safe, effective treatments are available to everyone who needs them.

It means removing dangerous and ineffective products from the market, strengthening health systems to respond quickly and equitably, and equipping communities with the knowledge and tools to prevent bites and seek timely care.

This is about saving lives – and in the process, we can protect livelihoods, stabilize economies, and build trust in public health. It is about unlocking innovation, strengthening supply chains, and creating resilient systems that serve the most vulnerable. The returns are clear, measurable, and shared across health sectors.

Investing in SBE is one of the most cost-effective, high-impact actions we can take to advance global health equity.

The immediate returns are set out below.

- **Governments & Multilaterals:** Reduce strain on health systems; Protect agricultural productivity; and Accelerate progress towards Universal Health Care (UHC) and the delivery of SDGs.
- **Philanthropy & Investors:** Unlock innovation; Stabilize fragile markets; Achieve outsized impact at low cost, delivering the "double dividend": Saving lives while reshaping neglected markets.
- **Researchers & Innovators:** Build a platform that encourages and enables breakthrough science and equitable translation of research to practice.
- **Producers & Healthcare Providers:** De-risk markets; Create reliable supply chains of effective and safe medical products; Build the capacity of expert healthcare providers.
- **Communities:** Gain health security, resilience, dignity, economic security and equity.

THE TIME TO ACT IS NOW

The Time to Act is Now

Death and disability from snakebite are preventable with timely access to safe and effective treatment. Disability is avoidable. Death is not inevitable.

Every year of inaction costs lives, undermines economies, and erodes trust in health systems.

Breaking this cycle requires deliberate policy action and investment.

National governments and their partners must mainstream SBE into health strategies and budgets, close critical gaps in R&D and access, and elevate its political profile.

Addressing SBE is not only a matter of saving lives; it strengthens health systems, advances equity, and contributes directly to SDG 3.3 – to end the epidemics of NTDs by 2030.

The Global Snakebite Taskforce is calling on governments, philanthropy, investors, industry, and communities to mobilize – and seize this rare opportunity to achieve a major victory in global health equity.

Within the next decade, snakebite can shift from being "the biggest public health crisis you have never heard of" to a global health success story. We have a clear choice: allow preventable suffering to persist, or strike decisively to end it.

TOGETHER WE CAN – AND MUST – STRIKE OUT SNAKEBITE.

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World Health Organization (WHO) 2022 *Ending the neglect to attain the Sustainable Development Goals: a rationale for continued investment in tackling neglected tropical diseases 2021–2030*. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO.

Strike Out Snakebite & The Global Snakebite Taskforce

The Global Snakebite Taskforce (GST) is the strategic arm of Strike Out Snakebite (SOS) – a global initiative created to drive action and catalyze progress towards ending preventable deaths and disabilities from snakebite envenoming (SBE).

The GST is a dedicated, independent group working to spotlight effective strategies, catalyze action, and mobilise resources at national, regional, and international levels to achieve this aim and contribute to a future without preventable deaths and disabilities from snakebite envenoming (SBE).

Convened independently with the support of the Wellcome, the Taskforce is co-chaired by Hon. Aden Bare Duale E.G.H Cabinet Secretary, Kenyan Ministry of Health and Elhadj As Sy, Wellcome Board Member, Chancellor Liverpool School of Tropical Medicine and is formed of experts, governments and leaders at the forefront of the global response to snakebite.

For more information

Please visit https://www.linkedin.com/company/strike-out-snakebite-sos/

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