



The Global
Snakebite
Taskforce

PILLAR D

Advocacy, Governance
& Partnership

Turning Neglect Into Priority

**A Solvable Crisis: The Global
Investment Case to End
Snakebite Deaths and Disabilities**
A Four-Pillar Framework for
Strategic Action by Governments,
Funders, and Global Health Partners





Advocacy, Governance & Partnerships

Turning Neglect Into Priority

This brief outlines how strategic investment in advocacy and governance elevate snakebite into a national and global priority – aligning financing, strengthening accountability, and coordinating action across R&D, access, and public health through the World Health Organization, regional bodies, governments, and civil society.



The Heavy Global Burden of Snakebite Envenoming

Technical solutions alone cannot end preventable deaths and disabilities from snakebite. Political commitment, coordinated governance, and sustainable financing are essential – and achievable with the right advocacy and partnerships.

Each year, an estimated **5.4 million people** suffer snakebites, resulting in **1.8–2.7 million envenomings** and **81,000–138,000 deaths** globally.⁶ A further 400,000 individuals suffer lifelong injuries. These figures likely underestimate the true burden because of incomplete reporting, reliance on informal care systems, and the absence of comprehensive surveillance in many high-incidence regions.⁷

Snakebite disproportionately affects **rural, low-income communities** in Low- and Middle-Income Countries (LMICs), particularly those engaged in agricultural labour, seasonal fieldwork, or daily tasks that increase human–snake conflict.

Investing in snakebite response is not only a humanitarian imperative. It is a test case for global equity, resilience, and the future of Universal Health Coverage.

// The biggest public health crisis you have never heard of. //

Kofi Annan, Former United Nations Secretary General

The Heavy Human and Economic Burden

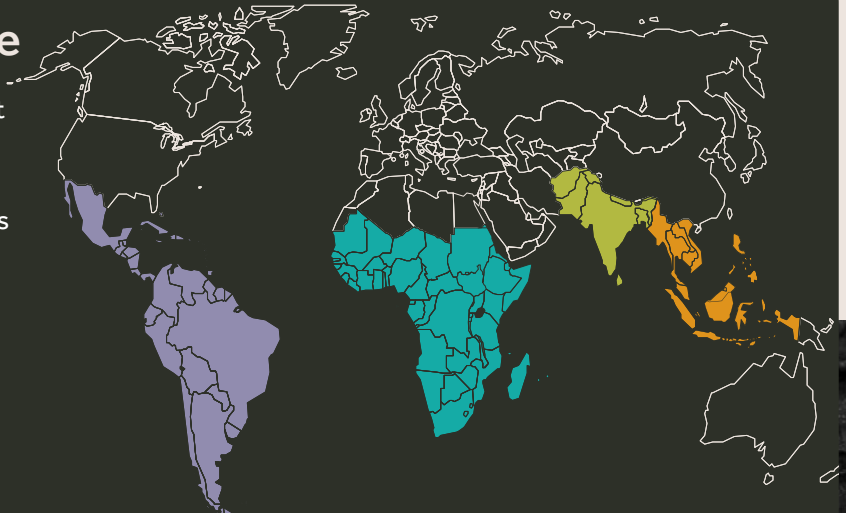
- **Death:** **138,000 deaths per annum** and this figure is undoubtedly underreported.
- **Severe Disability:** For every snakebite death, up to four survivors experience permanent disabilities such as amputations, contractures, blindness, or chronic neurological injury.⁸ Snakebite accounts for **up to 400,000 long-term disabilities** each year and more than **1 million Disability-Life Adjusted Years (DALYs)** across Africa and Asia.⁹
- **Mental Health Impacts:** Between **25-54%** of survivors show major depressive symptoms, and up to **43%** experience PTSD – yet these impacts rarely inform policy, planning or practice.¹⁰
- **Who Suffers Most:** Rural families, farmers, herders, seasonal labourers, women, and children in regions where poverty, climate change, and weak health systems intersect.
- **Economic Consequences:** Snakebite drives catastrophic expenditure, reduces household productivity, and strips assets – fuelling entrenched cycles of rural poverty and inflicting significant cost to national economies and health budgets.¹¹

Why Snakebite Is Solvable

- **Proven tools already exist:** Antivenoms, supportive care, prevention, and trained clinical staff can dramatically reduce preventable mortality and life-changing injuries.
- **Science is advancing rapidly:** High throughput venom analyses, recombinant antibody technologies, repurposed small molecule inhibitors, and improved diagnostics provide unprecedented opportunities for innovation.
- **The route to impact is clear and investment pathways exist,** spanning R&D, access to quality antivenoms, public health systems, and market stability.
- **Advocacy builds alignment,** strengthens policy coherence, and mobilises multisectoral action.
- **Partnerships unlock financing,** accelerate technology adoption, and coordinate regulatory and manufacturing reforms.

Geography at a Glance

- **South Asia:** India alone may account for **up to 58,000 deaths annually**.¹²
- **South-East Asia:** Around **250,000 bites** and circa **16,000 deaths** across ASEAN countries.¹³
- **Sub-Saharan Africa:** Thousands of deaths each year, with 16 countries exceeding **4,500 deaths combined** annually.¹⁴
- **Latin America:** High burden in Brazil and other forested or rural agricultural regions.¹⁵



The Advocacy Influence Pathway for Effective Snakebite Action

SURVIVOR VOICES & COMMUNITY MOBILISATION

- Under-represented voices
- Weak local organisation
- Failure to share success stories widely
- Survivor networks driving political visibility
- Community engagement supporting prevention and treatment

FINANCING PARTNERS
Foundations, governments, MDBs

- Fragmented, small-scale funding
- Multi-donor investment framework

ACTION TO PREVENT DEATH AND INJURY

NATIONAL CHAMPIONS & MINISTRY OF HEALTH FOCAL POINTS


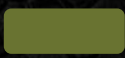
- No designated SBE leads
- Fragmented ownership
- Empowered focal points
- Strong national plans

GLOBAL PARTNERS
WHO, donors, multilaterals

- Limited global visibility
- No unified platform
- Aligned financing & coordinated support

REGIONAL BODIES
AU, SAARC, ASEAN

- Inconsistent regional coordination
- Regional scorecards
- Political milestones are agreed and monitoring measures implemented

 Current bottlenecks  Where investment unlocks impact

Advocacy moves solutions from technical proposals to political priorities.

The Failures Advocacy, Governance and Partnership Fix

Snakebite remains neglected not because it is unsolvable, but because it sits at the intersection of multiple sectors – neglected tropical diseases, rural health, agriculture, emergencies, and climate change. As a result:

- No single institution has clear ownership, leading to fragmented responsibility.¹⁶
- Funding is scarce and unpredictable.
- National action plans are absent and/or unfunded in many high-burden countries.
- Survivor voices are rarely included in policy debates.
- Climate-driven changes in snake ecology are insufficiently incorporated into national preparedness strategies.¹⁷

Advocacy creates the political visibility and policy coherence needed to overcome these systemic barriers.

What Investment Enables

- **Strong Coalitions and Secretariats:** Including stable, well-supported bodies such as the Global Snakebite Taskforce (GST), ALMA, END Fund to convene multisectoral partners and coordinate action.
- **National Leadership and Focal Points:** Government-appointed leads with budgets, authority, and accountability.
- **Regional Platforms and Scorecards:** Regional economic communities adopting harmonised milestones, reporting frameworks, and policy commitments.
- **Survivor and Community Engagement:** Amplifying lived experience to increase accountability, stigma reduction, and policy demand.
- **Financing Alignment:** Donors, multilateral development banks, health ministries, research institutions, and industry coordinated through a shared investment agenda.

Headline Impact

- Visibility drives domestic and external financing.
- Governance clarity, reflected in national snakebite envenoming plans, improves coordination and accountability.
- Political commitment accelerates adoption of new tools, including reporting, new generation antivenoms and diagnostics.
- Advocacy strengthens the enabling environment for regulation, manufacturing, and health-system reform.

Illustrative 10-Year Scenario

With sustained advocacy investment:

- Multiple regional blocs adopt harmonised snakebite targets and scorecards.
- National action plans are developed, budgeted, and implemented in high-burden countries.
- Financing frameworks align global donors, philanthropic partners, and governments around multi-year investment pathways.

**SNAKEBITE IS PREVENTABLE.
DISABILITY IS AVOIDABLE.
DEATH IS NOT INEVITABLE.**

Political will is the multiplier that makes every other snakebite envenoming impact pillar succeed. With effective advocacy, coordinated governance, and aligned partnerships, ending avoidable snakebite deaths becomes an achievable global health breakthrough.

CASE EXAMPLE 1

Snakebite-Focused: Coalition Impact: A Global Snakebite Taskforce (GST) for example

The emergence of coordinated global platforms has elevated SBE from an overlooked rural issue to a recognised global health priority.³ Such coalitions help harmonise clinical guidance, consolidate advocacy messages, and elevate the issue within multilateral agendas. The emergence of GST from 2024 as a coordinating platform has elevated snakebite across global health agendas, catalysing commitments and improving coherence among researchers, governments, and technical agencies.

CASE EXAMPLE 2

Analogous Global Health Success: Neglected Tropical Diseases and Malaria Alliances

Neglected Tropical Disease coalitions and malaria scorecard initiatives have shown that high-level champions, structured accountability tools, and unified advocacy unlock:

- Increased financing.
- Improved coordination.
- Streamlined policy adoption.
- Measurable reductions in morbidity and mortality.⁴

These models demonstrate what is possible for snakebite.

PROOF POINTS

What the evidence shows:

- **Visibility drives financing** as seen repeatedly across Neglected Tropical Disease & vaccine programmes.
- **Scorecards elevate political visibility** and improve political accountability.
- **Civil society networks amplify survivor voices which humanise the issue** and increase accountability.
- **Regional political blocs can accelerate priority-setting while national plans improve coordination** and integration across ministries and partners.⁵



World Health Organization

What You Can Do Now

Governments

- Appoint national snakebite focal points.
- Develop, finance, and implement national action plans.
- Engage in regional scorecards and reporting initiatives.
- Integrate snakebite with community health and climate resilience considerations.
- Support local and nationwide community education campaigns focused on snakebite prevention and response.

Foundations & Philanthropists

- Provide core operating support to the Global Snakebite Taskforce (GST) Secretariat, regional and national advocacy networks.
- Fund strategic communications campaigns and survivor leadership mobilisation initiatives.
- Support development of investment cases and policy analysis.

Multilateral Development Banks & Global Agencies

- Integrate snakebite into climate, rural livelihoods, and health strategies.
- Create coordinated financing frameworks supporting all four snakebite envenoming impact pillars.
- Support regional policy dialogues, cross-country learning, and scorecard processes.

Private Investors, Industry & Social Enterprise

- Join multi-stakeholder advocacy coalitions.
- Support communication platforms and community engagement.
- Promote responsible technology development and deployment.

Political commitment and coordination, driven by advocacy and through partnership, are the multiplier that makes SBE a solvable global health crisis.

ENDNOTES

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To download the full GST publications series: www.snakebitetaskforce.org

For more information on the Global Snakebite Taskforce go to:
www.linkedin.com/company/strike-out-snakebite-sos/

In support of the nation state endorsed WHO Snakebite Envenoming Strategy

