

Halving snakebite deaths and disabilities by 2030 - How can we reach WHO's goal?

By Benjamin Waldmann

In 2019, estimates suggest that at least 138,000 people will have died and a further 400,000 will be left with permanent disabilities from [snakebite](#). Under-reporting in rural areas could put the true figures up by more than 70%. The number of deaths, the ones recorded at least, are comparable to the entire populations of Pasadena, CA or Cambridge, UK. But over the last few years, civil society has fought tirelessly to successfully put what the late [Kofi Annan](#) called 'the biggest public health crisis you've never heard of' on the political map.

This past spring in Geneva, the World Health Organization (WHO) launched its [global strategy on snakebite](#)—a clear and comprehensive plan of action aimed at ending unnecessary suffering faced by many of the world's poorest communities. The launch event coincided with the 72nd World Health Assembly (WHA72), only one year after the WHO was given a policy mandate by its 193 Member States with the adoption of a resolution that put snakebite in its rightful place as a global health priority.

Snakebite victims across the Global South are hardest hit, facing many challenges such as poor access to lifesaving treatments and social discrimination as a consequence of disability and disfigurement. But with WHO's comprehensive strategy, bold global action finally looks within our reach. It aims to halve the number of snakebite deaths and disabilities by 2030. However, the strategy is not an end in itself, the work has really only just begun and the following steps are of urgent importance if we are going to start saving lives and limbs:



Members of the HAI team at the 72nd World Health Assembly.

1. Civil society are integral to focus policy makers on the needs of the communities they aim to serve

Civil society organisations have a unique role in conveying the voice of the marginalised, who are often not heard. They represent communities at all levels, helping to mobilise decision-makers to tackle neglected diseases like snakebite. Through the lens of addressing health inequities, they implement programmes, promote community behaviour change, collect real-time data, convene stakeholders and deploy problem-solving innovations.

They have the dynamism to measure what programmes are working or need to be changed, unravel the evidence base to strengthen policies and, crucially, empower grassroots communities to take action.

Their input is invaluable to ensure disease programmes like snakebite progress towards global health targets (e.g., halving the number of snakebite deaths and disability by 2030) and align with the WHO's overarching mission of serving the world's most vulnerable

2. Donors must recognise investment opportunities and help fund prevention and control efforts

We recently witnessed a change of stance from the donor community in beginning to recognise the urgent need for resources to support policy advancements made by the WHO. The Wellcome Trust became the first global funding agency to announce considerable investment in this space, with a pledge of GBP80 million. However, we still have a way to go

to secure the necessary resources to adequately implement and operationalise the strategic objectives set out in the WHO's strategy, especially on activities involving community mobilisation and empowerment, which have been notoriously overlooked in the field of snakebite so far.

Analysis on the investment made in NTD control programmes demonstrates that prevention and control is an extremely cost-effective intervention, and one from which countries can unravel cross-cutting benefits across disease programmes when searching to integrate efforts alongside snakebite. Strengthening surveillance and research, community-level education programmes and health systems all have converging relevance and make valuable strides towards universal health coverage (UHC) when done collectively.

A recent trip to Uganda by the HAI Snakebite Team to review the draft national snakebite strategy.

3. National decision makers must turn recommendations into practice

Member States requested WHO to take action in 2018th resolution, but those same countries now have to take ownership in securing the funds, both domestically and with partners, to spearhead efforts in prevention and control. Meaningful and sustained high-level leadership is essential and some governments are already beginning to play their part. For example, the Ministry of Health in Uganda recently appointed a snakebite focal point to stimulate multi-stakeholder dialogue and coordinate activities among partners aimed towards effective snakebite management. Civil society organisations such as Health Action International and HEPS-Uganda are contributing to community and health system research that aims to support the government's ambitious national plan of action, which can be a model for other countries. Meanwhile, in Costa Rica, decades of focus has resulted in a publically funded, country-wide model of prevention and treatment, ready for others to follow, contextualise and replicate.

But for countries at the beginning of their journey in tackling snakebite, partnering with civil society can help deliver cost effective results that will positively impact the communities they aim to serve before pursuing more resource-intensive interventions further along the road when the groundwork has been done.

It's only if we flank WHO's ambitious strategy with collective action that we can beat snakebite—it will take leadership, resources and accountability to halve the incidence of deaths and disabilities by snakebite, halve the suffering, and halve the burden that this devastating issue has on the world's poorest communities. But if we double our efforts, we can reach this goal.