Poor access to medical oxygen in low-income countries leads to hundreds of thousands of deaths each year. These deaths can be prevented with a simple intervention: oxygen therapy.

**OUR CHALLENGE**

Low blood oxygen, or hypoxemia, is a life-threatening condition common in many illnesses when children are unable to breathe normally, like pneumonia, sepsis, and even malaria. Hypoxemia contributes to over 800,000 preventable deaths in low-income countries every year.

Providing concentrated medical oxygen, known as oxygen therapy, can prevent many of these deaths. But facilities in many low-income countries lack the tools needed to diagnose and treat hypoxemia.

Pulse oximeters, simple handheld devices that measure blood oxygen saturation to identify which patients need oxygen, aren't available in over 90% of facilities. Less than half the facilities that need oxygen have a quality, reliable supply. As a result, only 20% of hypoxemic patients are diagnosed – and less than half of those who are diagnosed can access oxygen therapy.

By strengthening the systems required to supply oxygen to health facilities, we can improve patient outcomes. To do this, we must:

- Screen all patients for hypoxemia with pulse oximeters
- Provide access to oxygen at all in-patient wards
- Improve referral systems at clinics without oxygen to rapidly transfer hypoxemic patients to specialist care
While access to oxygen is taken for granted in wealthy countries, high prices and weak maintenance systems keep these tools out of reach for the most vulnerable in low-income settings. We partner with governments and health administrators to overcome these barriers with a three-pronged approach:

**NEGOTIATE LOWER PRICES FOR ESSENTIAL DEVICES**
We are experienced negotiators, helping establish national and global agreements that radically reduce the price of oxygen therapy products and include after sales maintenance services.

**STRENGTHEN POLICIES & CLINICAL GUIDELINES**
We develop tools to better organize product delivery - starting with specific, measurable policies that prioritize hypoxemia management and guidelines on clinical care and equipment use.

**INTRODUCE AND MAINTAIN OXYGEN SYSTEMS**
We help facilities update protocols, mentor staff, and establish quality audits so health workers can confidently diagnose and manage hypoxemia, and technicians can keep equipment running.

CHAI and MCRI have achieved dramatic results with government partners so far. Pilots in 74 Nigerian and Ethiopian hospitals more than doubled the proportion of hypoxic children receiving oxygen, and a peer-reviewed evaluation showed sites in South West Nigeria halved child pneumonia deaths.

**YOUR SUPPORT**
Together, we can close the oxygen access gap and save hundreds of thousands of lives.

With a **$5 to $10 million investment**, we can partner with governments to introduce sustainable oxygen systems in **70 to 140 facilities** and improve quality of care for **20,000 to 40,000 patients** per year.

Sources and more information available [here](#). Pulse oximeter and oxygen therapy illustrations provided by UNICEF/L’IV Com Sarl/Steiner

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**OUR APPROACH**

**PILOT PROGRAM RESULTS**

**NIGERIA**

In Kano, Kaduna and Niger states, oxygen administration for hypoxic children increased from **23% to 78%** across **30 hospitals**.

**ETHIOPIA**

In Amhara, Oromia, Tigray, and SNNP regions, pulse oximetry was used in primary health centers for the first time, reaching **66% screening** and **100% treatment** rates in **12 facilities**.

**KENYA**

Reduced the cost of oxygen by **70% in Baringo county** and the cost of pulse oximeters by **62% nationally**.

**UGANDA**

The first national oxygen scale-up strategy led to the installation of oxygen plants at **13 regional hospitals**.

**INDIA**

In Madhya Pradesh, pulse oximetry screening increased from **9% to 77%** in district hospitals.

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Better hypoxemia management in just the
5 highest-burden countries can prevent
**40,000 deaths** every year.