Poor access to medical oxygen leads to **over one million deaths** each year. These deaths can be prevented with a simple intervention: medical oxygen.

**Our Challenge**

Low blood oxygen, or hypoxemia, is a deadly complication of respiratory infection, preterm birth, surgery, labor and delivery, and many other conditions.

Medical oxygen, a staple of modern medicine for over 100 years, can prevent many of these deaths. But it is often unavailable in lower-income countries, where health facilities lack the tools to diagnose and treat hypoxemia.

Fragmented, inefficient oxygen supply landscapes, where individual health facilities must plan and procure their own oxygen supplies, limit oxygen availability, increase prices, lead to rationing—and create a vicious cycle that causes preventable deaths.

> **“Through the pandemic, the demand for oxygen has grown exponentially.”**

**WHO Director-General, Oct. 23, 2020**

The worst pandemic in a century, COVID-19, has brought unparalleled attention to the value of oxygen. With it, we have a once-in-a-generation opportunity to close the oxygen access gap.

**A Simple Solution**

- **Hypoxemia is a life-threatening complication of severe illnesses**
- **1 in 6 children under five admitted to hospital have hypoxemia**
- **Hypoxemia increases the odds of death by 7x**
- **Pulse oximetry is the most reliable way to diagnose hypoxemia**
- **Oxygen therapy is the only treatment for hypoxemia**
- **But only 44% of facilities in sub-Saharan Africa have uninterrupted access to oxygen**
- **And 80% of hypoxemic patients go undiagnosed**
- **Strengthening oxygen systems reduces child mortality in health facilities by up to 50%**
We Are Ready for This Moment

We help governments build robust, comprehensive oxygen ecosystems. This transition from inefficient, uncoordinated systems to efficient, organized ones breaks the vicious cycle to save lives well into the future.

Since 2015, we have worked with partner governments in India, Nigeria, Ethiopia, Uganda, and Kenya to build the evidence base, refine our approach, and lay a foundation for scale.

These countries are dedicated to making oxygen access a cornerstone of vibrant, inclusive health systems. Success here will demonstrate that equitable oxygen access is as attainable as it is necessary.

Pilot Program Results

Nigeria
In Kano, Kaduna, and Niger states, oxygen administration for hypoxemic 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 Kajiado 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.

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

We are building a coalition of funders to support our work with governments to reduce hypoxemia-related mortality by at least 30 percent globally by 2026. Your contribution will ensure we can reach those most in need.

Sources and more information are available here or by contacting oxygen@clintonhealthaccess.org.

Pulse oximeter and oxygen therapy therapy illustrations provided by UNICEF/L’IV Com Sàrl/Steiner.