

# Breathing

# New Life

December 2020

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

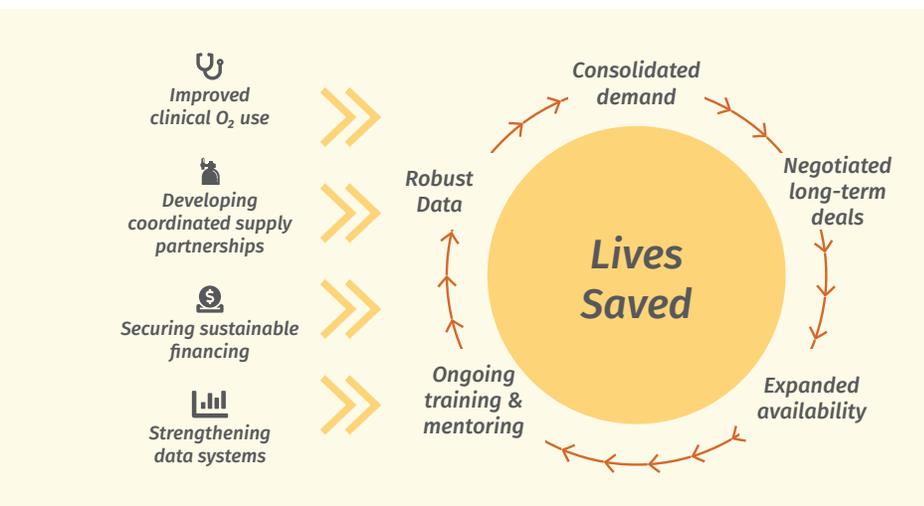
Reduced the cost of oxygen by **70% in Kajiado county** and the cost of pulse oximeters by **62% nationally**.

### 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 global hypoxemia-related deaths by at least 30 percent by 2026. Your contribution will help us reach our first milestone of \$50 million to start scaling in five countries.

*Contributions of \$1M to \$10M can help fund critical activities on the pathway to scale...*

- \$1M** Provide hypoxemia management training for health workers in over 300 health facilities in one country

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- \$5M** Develop and launch partnerships with industrial gas suppliers to reduce the cost of oxygen by up to 70% in one country

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- \$10M** Develop and scale a Public-Private Partnership model to install oxygen plants in all referral hospitals for one country