

IMPROVING ACCESS TO ESSENTIAL OXYGEN THERAPY AND PULSE OXIMETRY FOR CHILDHOOD PNEUMONIA TREATMENT

Gwen Ambler¹, Jaclyn Delarosa¹, Grace Wu², Bonnie Keith¹, Darin Zehrung¹
¹PATH, ²Boston University

BACKGROUND

Oxygen treatment is essential for reducing mortality linked to hypoxemia, a common complication of childhood pneumonia. Child mortality from pneumonia fell by 58% from 1990 to 2013; however, much of the progress was outside high-burden areas where oxygen access is most limited.¹ Oxygen and pulse oximetry remain scarce resources for many health facilities in low- and middle-income countries (LMIC) (Table 1).



PATH/Cabe Bienczycki

Global impact of oxygen access on childhood pneumonia

- Hypoxemia increases the risk of death from pneumonia by almost five times.²
- Introducing oxygen and pulse oximetry can reduce mortality from childhood pneumonia by 35–55%.^{3,4}
- Annually, 122,000 child pneumonia deaths could be averted with strengthened oxygen delivery and pulse oximetry monitoring systems.⁵

Table 1. Select LMIC assessments of oxygen availability.

| Study | Country | Setting | Oxygen availability |
|----------------------|---------|--|--|
| Vo et al. 2012 | 22 LMIC | Anesthesia capacity in 590 health facilities | No access: 35% Consistent access: 45% |
| Manasyan et al. 2013 | 7 LMIC | Emergency obstetric/ neonatal care in 136 hospitals and 228 health clinics | No access: 40% (African hospitals), 17% (Asian hospitals) No access: 91% (African clinics), 69% (Asian clinics) |
| Hadler et al. 2016 | 22 LMIC | Anesthesia capacity in 614 hospitals | Functional pulse oximetry: 51% |

PATH is collaborating with diverse stakeholders to identify barriers and implement scalable solutions to improve oxygen and pulse oximetry access in LMIC.

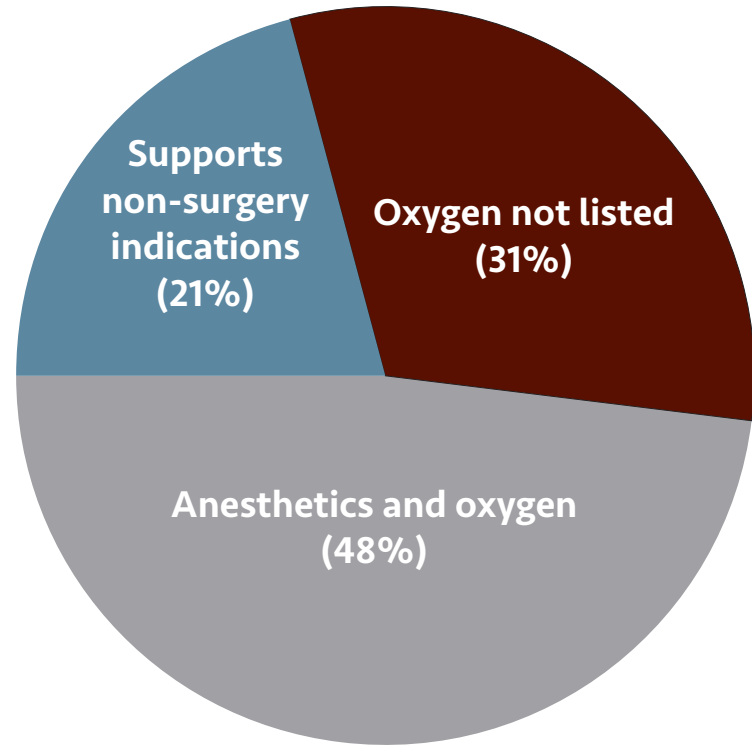
OXYGEN AS AN ESSENTIAL MEDICINE

We reviewed 105 searchable national essential medicines lists (NEMs). Almost a third of NEMs (31%) did not include oxygen (Figure 1).

PATH is submitting an application to the World Health Organization (WHO) Model List of Essential Medicines (EML) for a listing for oxygen medical gas to manage hypoxemia outside of anesthetic settings.

OXYGEN AS AN ESSENTIAL MEDICINE CONTINUED

Figure 1. Listing of oxygen in 105 National Essential Medicines Lists.



The proposed revisions to the EML would create alignment with recent WHO publications on the safe use of oxygen and pulse oximetry (Table 2).

Table 2. Recently released WHO guidance on oxygen and pulse oximetry use for children.

| Year | Title |
|------|--|
| 2016 | Standards for improving quality of maternal and newborn care in health facilities |
| 2016 | Oxygen therapy for children: a manual for health workers |
| 2016 | Paediatric emergency triage, assessment and treatment: Care of critically ill children |
| 2015 | Technical specifications for oxygen concentrators |

STAKEHOLDER CONSULTATIONS ON OXYGEN AND PULSE OXIMETRY ACCESS

Through a series of stakeholder meetings with manufacturers, policymakers, and technical experts, PATH identified opportunities to increase access to oxygen and pulse oximetry in LMIC (Figure 2).

Manufacturer consultation meeting

Stakeholders: 60+ suppliers of oxygen concentrators and pulse oximeters and international partners.

Perceived barriers to oxygen and pulse oximetry availability in LMIC include low awareness of good-quality devices and insufficient maintenance capacity.

Landscape analysis of oxygen access in India

Stakeholders: 45+ program and procurement staff, health care policymakers, and local manufacturers.

Perception that oxygen needs are being met, but actual oxygen-related device use, cleaning, and maintenance does not match local and global recommendations.

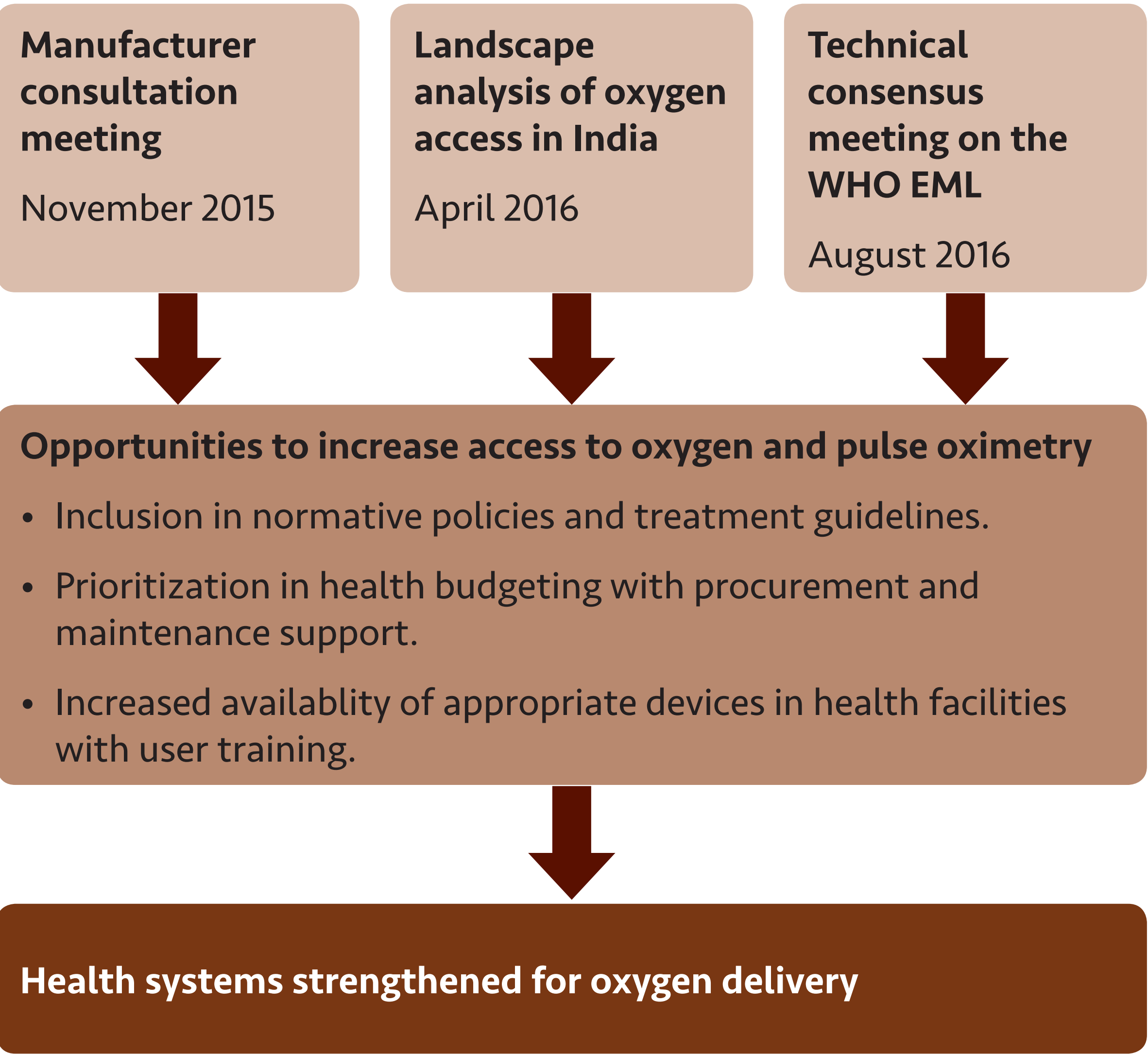
Technical consensus meeting on the WHO EML

Stakeholders: 7 WHO staff from 4 departments.

Advocates can leverage an EML update to promote increased access to oxygen and pulse oximetry in LMIC.

STAKEHOLDER CONSULTATIONS ON OXYGEN AND PULSE OXIMETRY ACCESS CONTINUED

Figure 2. Stakeholder consultations identified opportunities for increasing oxygen access.



CONCLUSION

Ensuring endorsement and prioritization of oxygen and pulse oximetry in countries with high burdens of child pneumonia deaths are key to reducing child mortality. PATH is working to increase access to oxygen and pulse oximetry for children with hypoxemia by generating broad support among global and local stakeholders and increasing understanding of the oxygen access issue and solutions for scale-up.

REFERENCES

1. GBD 2013 Mortality and Causes of Death Collaborators. Global, regional, and national levels of age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2015;385(9963):117–171.
2. Lazzerini M, Sonogo M, Pellegrin MC. Hypoxaemia as a mortality risk factor in acute lower respiratory infections in children in low and middle-income countries: systematic review and meta-analysis. *PLOS One*. 2015;10(9):e0136166. doi: 10.1371/journal.pone.0136166.
3. Duke T, Graham SM, Cherian MN, et al; Union Oxygen Systems Working Group. Oxygen is an essential medicine: a call for international action. *Int J Tuberc Lung Dis*. 2010;14(11):1362–8.
4. Enarson PM, Gie R, Enarson DA, Mwansambo C. Development and implementation of a national programme for the management of severe and very severe pneumonia in children in malawi. *PLoS Med*. 2009 Nov 10;6(11):e1000137.
5. Catto AG, Zgaga L, Theodoratou E, et al. An evaluation of oxygen systems for treatment of childhood pneumonia. *BMC Public Health*. 2011;11(Suppl 3):S28.