



ANNOUNCEMENT

THE LANCET GLOBAL HEALTH COMMISSION ON MEDICAL OXYGEN SECURITY

25 September

World Lung Day

On World Lung Day, the Every Breath Counts Coalition welcomes the announcement of **The Lancet Global Health Commission on Medical Oxygen Security** and pledges full support to ensure its recommendations make a significant contribution to strengthening health systems so that no country experiences a medical oxygen crisis again.

The pandemic exposed a tragic gap in health systems across the world - inadequate supplies of medical oxygen and respiratory therapies, and the workforce needed to install, operate, and maintain the lifesaving equipment.

The gap had always been there, contributing to a massive burden of death that was largely hidden. How many newborns in respiratory distress, children with pneumonia, adults with chronic obstructive pulmonary disease (COPD), and patients needing surgery were dying each year because of lack of access to medical oxygen, we don't know.

But on the eve of the pandemic, the Global Burden of disease estimated that conditions requiring oxygen¹ caused almost 25 million deaths, including nine million from heart disease, four million from injuries, four million from lower respiratory infections and tuberculosis, three million from COPD, two million from lung cancer, and two million from neonatal disorders.

When COVID-19 unleashed a new wave of patients needing oxygen - and massive amounts of it - hospitals across in low- and middle-income countries were unable to meet the demand. We all remember the heartbreaking images of patients lying on gurneys in the parking lots of hospitals, in the backseats of cars, or at home waiting for someone to bring oxygen.

Just how many of the 18 million COVID-19 deaths could have been prevented with equitable access to oxygen is another unknown. But a study of COVID-19 deaths in 64 intensive care units across ten African countries showed that one in two patients died without receiving medical oxygen.²

The *Lancet Global Health* Commission on Medical Oxygen Security is a major opportunity to address these unknowns, shed light onto the burden of hypoxemia, how to define and measure oxygen access, which oxygen solutions work best in different settings, and how to generate the financing and political will to achieve transformational change.

¹Conditions where oxygen can be required to treat patients include, lower respiratory infections (COVID-19, influenza, RSV, pneumococcus, and H. influenza type B), chronic obstructive pulmonary disease (COPD), asthma, malaria, HIV/AIDS, maternal disorders, birth trauma and asphyxia, preterm birth complications, neonatal sepsis and other neonatal infections, sickle cell disease, congenital heart disease, myocardial infarction, lung cancer, and injuries. Intermediate conditions such as sepsis, heart failure, and severe anemia should also be included.

²B Biccard, M Miller, WL Michell, et al. Patient care and clinical outcomes for patients with COVID-19 infection admitted to African high-care or intensive care units (ACCCOS): a multicentre, prospective, observational cohort study *Lancet*, 397 (2021), pp.1885-1894.

As the clinical indications for oxygen are so wide, so too must be the Commission's reach, addressing all levels of care from home to hospital, all age groups from neonates to the elderly, all health conditions where hypoxemia is a risk, and all the ways in which access to oxygen can contribute to health system strengthening.

Governments and global health and development agencies urgently need this information as they pivot from pandemic response to preparing for the next crisis and return to the job of achieving the Sustainable Development Goals. Improvements in access to oxygen can help them make rapid, simultaneous progress on many of these goals, especially those related to reducing deaths from infectious and chronic conditions, and injuries.

We applaud the institutions leading the Commission - Makerere University in Uganda, icddr,b in Bangladesh, and the University of Melbourne in Australia - and look forward to supporting this multi-year effort to transform the oxygen access.

We call on all Coalition members and any organization with a stake in oxygen therapy to embrace the vital work of the Commission and rally to implement its findings so that every health system has in place the infrastructure to ensure that no patient ever again dies for lack of medical oxygen.