



access to
medicine
FOUNDATION

ACCESS TO MEDICAL OXYGEN VIRTUAL ROUNDTABLE

Friday, 25 September, 9:00-10:30amET

REPORT



Credit: LifeBank, Nigeria

Co-hosted by the **Every Breath Counts Coalition**
and the **Access to Medicine Foundation**

I. OVERVIEW

On 25 September 2020, the [Every Breath Counts Coalition](#) and the [Access to Medicine Foundation](#) co-hosted a first-of-its-kind virtual roundtable to explore opportunities to increase access to medical oxygen in low and middle-income countries (LMICs) in the context of COVID-19 and the broader achievement of the [Sustainable Development Goals](#) (SDGs).

The organizations in attendance included select representatives from leading medical gas companies, corporate investors, multilateral development banks, UN agencies and NGOs (see Table 1). The roundtable was hosted under the [Chatham House Rule](#) and, accordingly, all comments in this record of proceedings will not be attributed to specific individuals or organizations.

The objectives of the roundtable, the first in a series, were to deepen relationships and build trust among the actors, to learn more about the work that companies, investors and global health agencies are already doing to increase access to oxygen, and to emerge with promising ideas for more impactful partnerships and an appetite to keep working together to bring them to fruition.

During the roundtable, representatives from the corporate investment community,¹ corporations and global health agencies each presented their “perspectives” on the access to medical oxygen challenge in LMICs and shared ideas for how to close oxygen gaps during COVID-19 and beyond. Dialogue followed with other companies, investors and global health agencies contributing their views.

The discussion generated 10 key actions required of stakeholders to improve access to medical oxygen, including:

1. All LMIC governments should list oxygen as an essential medicine on relevant national lists, develop national medical oxygen policies with specific targets and increase domestic health spending on medical oxygen for the health sector so that they are not totally reliant on external financing;
2. Corporate investors should communicate to medical gas company boards and executive leaders that access to medical oxygen is a material issue for investors and an area where they would like to see progress;
3. Companies should develop access to medical oxygen strategies with key performance indicators (KPIs) for broadening access in LMICs and monitor and report progress in annual reports as part of corporate “sustainability” agendas;
4. Global health agencies should work directly with LMIC governments (e.g., Ministries of Health) to develop national medical oxygen policies and help to quantify and cost the gaps in access to medical oxygen in LMIC health systems;
5. Development banks (e.g., the World Bank, International Finance Corporation etc) should support LMIC governments to finance oxygen capital infrastructure using all of the instruments at their disposal, including debt, equity, guarantees, innovative financing mechanisms and traditional grants and explore regional pooled procurement strategies to increase demand and reduce costs;
6. Global health donors (e.g., USAID, the Bill & Melinda Gates Foundation, Unitaid) should support LMIC governments to expand the use of oxygen-related diagnostic tools and therapies and train healthcare staff (including biomedical engineers) to install, operate and maintain the equipment promoting the long-term sustainability of new investments and initiatives;
7. Companies and global health agencies should invest in innovations that reduce the cost of oxygen in LMICs, stimulating demand, as the current high prices of medical oxygen have been cited by many stakeholders as a key barrier to access;
8. All stakeholders should strike more partnerships to close oxygen access gaps, including company-to-company (e.g., medical gas/pharmaceutical/mining), company-government, company-UN/NGO (e.g., UNICEF, CHAI, PATH), company-development finance institution (e.g., the International Finance Corporation), and other permutations;
9. The Every Breath Counts Coalition should advocate robustly for action on all of the 10 themes identified in this report and offer a “neutral” platform for stakeholders to meet, share information, build partnerships and execute programs; and
10. The Access to Medicine Foundation should report on company case studies and leverage stakeholders (e.g., investors, governments, companies etc) to collaborate to close medical oxygen access gaps in low-resource settings.

To make progress, participants agreed to continue the conversation in the coming months and report back at a second dialogue, which will be held no later than 15 December 2020.

¹ All corporate investors present had signed the [Access to Medicine Index Investor Statement](#) and committed to using the research of the Access to Medicine Foundation in their investment analysis and engagements with companies.

II. PURPOSE

During this session, the Every Breath Counts Coalition outlined the purpose of the Access to Medical Oxygen Roundtable as a critical step in mobilizing key stakeholders to work more effectively together to close the medical oxygen gaps that the pandemic had exposed.

Despite the [World Health Organization](#) (WHO) listing medical oxygen as an “essential medicine”, wide gaps in access remain in most LMIC healthcare systems. Now with rapidly rising COVID-19 caseloads, many health facilities are struggling to meet the demand for oxygen and patients and their families are paying the price, often literally, to provide oxygen for their own care or struggle to survive COVID-19 without it.

The Coalition cited WHO data that about one in five COVID-19 patients will need oxygen - and vast quantities of it - and acknowledged that the pandemic had exposed major cracks in medical oxygen infrastructure across Latin America, Asia and Africa. Since June, there have been credible reports of lack of access to oxygen in Peru, Mexico, Bolivia, Afghanistan, Iraq, Pakistan, Nepal, Nigeria, Guinea, the Democratic Republic of Congo, Somalia, South Africa and most recently India, where the national government has just stepped in.

Table 1: Access to Medical Oxygen Roundtable Participants

Companies	Corporate Investors	Global Health Agencies
Afrox (Linde Group)	BNP Paribas	Bill & Melinda Gates Foundation
Air Liquide	ClearBridge Investments	Clinton Health Access Initiative (CHAI)
Air Products and Chemicals	Legal & General Investment Management (LGIM)	International Finance Corporation (IFC)
BOC (Linde Group)	Nikko Asset Management	PATH
Deloitte	Nomura Asset Management	UNICEF
Messer Group		Unitaid
Nippon Gases Euro-Holding		USAID
Novartis		World Bank
PCI Gases		

However, even before the pandemic there was a growing body of studies that showed large patient populations were not receiving medical oxygen - including newborns, children hospitalized with pneumonia and other conditions, older patients with chronic diseases, patients requiring surgery, and others.² These studies documented many reasons for the lack of oxygen and found no one actor was responsible. They concluded that many actors needed to coordinate their efforts to close the gaps.

Closing access to oxygen gaps will not only reduce the death toll from the pandemic, but also early deaths from many other causes. Oxygen is one of those rare health interventions that can play a part in reducing early deaths from maternal and newborn conditions, communicable and non-communicable diseases and road traffic accident injuries. Governments have to make progress in all of these areas to achieve the Sustainable Development Goals by 2030. The health returns from investing in oxygen are considerable.

The Coalition argued that public-private partnerships are an extremely effective way of advancing public health goals, citing the dramatic reductions in infectious disease deaths of the last decade, particularly among children, which have been driven by large public-private partnerships - Gavi and the Global Fund. These partnerships pursue “shared value” by more closely aligning business objectives with strong public health outcomes.

² Graham, H.R. et al., 2020. Improving Hospital Oxygen Systems for COVID-19 in Low-Resource Settings: Lessons From the Field. *Global Health: Science and Practice*. Available at: <http://dx.doi.org/10.9745/ghsp-d-20-00224>.

With the inclusion of medical oxygen as part of the global effort to rally more financial support for COVID-19, there is now a window of opportunity to make rapid progress on increasing access to medical oxygen across LMICs. On 25 September, political and health leaders met at the United Nations to mobilize \$US35 billion to finance the [Access to COVID-19 Tools \(ACT\) Accelerator](#), including \$US9 billion for oxygen, PPE and health system strengthening efforts in LMICs. Following the roundtable, the Coalition released an Open Letter to the ACT leaders calling for robust oxygen financing to help close LMIC medical oxygen gaps (see Appendix A). It is vital that this funding is secured so oxygen access efforts can be accelerated.

III. PERSPECTIVES

During this session, representatives from the corporate investment community, medical gas companies and global health agencies each presented their perspective on the access to medical oxygen challenge.

Corporate investors have a duty to the clients whose assets they manage and are increasingly seeing access to medicines as a material Environmental, Societal and Governance (ESG) issue, and this would include access to oxygen as an essential medicine as defined by the WHO. Investors are looking for long-term, sustainable solutions that deliver business growth and achieve a sustainable impact on specific ESG goals. Clients are demanding it. Access to medical oxygen solutions will need to make sense from a business standpoint and deliver a return on investment.

More and more investors are increasingly willing to accept a lower profit margin if the company is achieving a sustainable impact on ESG issues. It is a big risk for a company to operate in a non-sustainable way – or be accused of simply maximizing profits – because it cannot be hidden. Investors are now operating in an environment where all stakeholders matter and where there are spheres of influence. The pharmaceutical industry has found an effective way of collaborating with all stakeholders on access to medicines and this could also work for medical gas companies wanting to do more to close access to medical oxygen gaps. But they will need to find common ground with all stakeholders.

Medical gas companies need to align around a common, public health goal for oxygen as an essential medicine. This should be part of the Sustainable Development Goal agenda. There is agreement that medical oxygen is vital to public health in every country and that no patient should die anywhere for lack of medical oxygen.

But most of the companies are still very reliant on high-income markets for the majority of their business and markets like Africa typically contribute less than 10% to revenues. There is an acknowledgement that the LMIC market potential is huge and a preference to produce oxygen locally - as close as possible to where the users are and with ongoing maintenance arrangements in place. This approach significantly reduces the costs, especially of transportation which can be enormous, and allows for local adaptations.

Delivering on this goal will require long-term financing for investments in capital infrastructure, human capital and local innovations. Primary healthcare facilities in LMICs are a good place to start because most currently do not provide oxygen and as they are often the point of entry to the healthcare system, many lives could be saved by targeting this sector.




Companies will need to partner with governments, UN agencies and/or NGOs to enter LMIC markets effectively. There are already examples of this happening in countries like Senegal and Ghana and promising models emerging (See Table 2). Governments and/or UN agencies can contract with companies to provide oxygen services to healthcare facilities who pay a monthly fee, social businesses supported by NGOs can serve clusters of hospitals at reduced cost, and governments and/or companies can lease equipment from other sectors (e.g., mining) to meet healthcare needs. We need to test these models to determine the most cost-effective solutions in specific settings.

Global health agencies are now accelerating access to oxygen efforts to help LMIC governments close medical oxygen gaps, building on work that predates COVID-19. There are several UN agencies and NGOs working on access to oxygen, with the support of the Bill & Melinda Gates Foundation, Unitaid and other donors. Several new tools have been developed to help LMIC governments calculate their oxygen needs and to recommend the best response to meet those needs (i.e., an oxygen plant, concentrators, or cylinders), and teams of UN and NGO experts are working directly with Ministries of Health in many countries to provide assistance (see Table 3).

These same actors are also providing oxygen-related diagnostic tools and therapies to support the COVID-19 response, including support with procurement, installation and commissioning of larger-scale oxygen solutions such as oxygen plants and liquid medical oxygen systems, oxygen concentrators, CPAP/BiPAP, ventilators, and all of the accessories and consumables that accompany them. A massive effort is underway to use video and other technologies to train LMIC healthcare staff in their safe and effective use and maintenance. The larger UN tenders for this work are on the UN Global Marketplace.

The global health community sees the COVID-19 response as an opportunity to address the wide gaps in medical oxygen in ways that benefit all patients who are likely to need it, including patients with COVID-19 and other respiratory conditions, women in childbirth, newborns and children under five, patients needing safe surgery, and older patients with chronic conditions. Global health agencies are committed to working in partnership with governments and industry to close medical oxygen gaps, and to testing different access models (e.g., fee-for-service, social business franchises, company-company models, traditional donor-NGO etc)

Table 2: Access to Medical Oxygen Corporate Efforts

Air Liquide/UNICEF in Senegal	Afrox/USAID in South Africa	PCI Gases/Newmont Mining in Peru
<p>Air Liquide’s partnership with UNICEF is equipping primary healthcare facilities in five districts in Senegal with oxygen. Built on Air Liquide’s “Oxygen House” program, facilities pay a monthly fee to Air Liquide, which installs and maintains the oxygen and trains healthcare staff in the safe and appropriate use of the equipment. To date, 1,800 patients have been treated and 300 staff have been trained 300. Air Liquide was selected through a competitive tender and at the end of the 18-month contract, the oxygen systems as well as their technical and clinical management will be under the responsibility of the Ministry of Health. This partnership is being delivered as part of UNICEF’s SPRINT (Scaling Pneumonia Response Innovations) program.</p>	<p>Afrox’s partnership with USAID increased the supply of oxygen by as much as eight times to meet COVID-19 needs in South Africa. This allowed the South African National Ministry of Health to meet the critical care needs of COVID-19 patients and avoid oxygen shortages. USAID provided an additional \$US3.5 million to estimate the supplies and equipment required, to make sure that oxygen therapies including high-flow nasal cannula devices and the U.S. government-donation of up to 1,000 ventilators were working properly, and to support biomedical engineers to increase hospital capacity for oxygen support to critical care and general ward beds. The partnership is managed by Right to Care, an NGO which also manages some of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).</p>	<p>PCI-Gases partnered with Newmont Mining to redirect a Deployable Oxygen Concentration System (DOCS) 500 unit from Minera Yanacocha, the fourth largest gold mine in the world, to Cajamarca Regional Hospital in northern Peru. The installation of the DOCS 500 helped the hospital secure an uninterrupted supply of oxygen to respond to the exponential growth in the numbers of infected COVID-19 patients. Peru is one of the worst-affected countries with more than 32,000 confirmed COVID-19 deaths. The President of Peru, Martin Vizcarra, visited the Cajamarca Regional Hospital and welcomed partnerships between mining and medical gas companies to support public hospitals during the pandemic.</p>
		

IV. DISCUSSION

During this session, many issues were raised in response to comments made during the perspectives session, with 10 key action areas emerging.

1. Increase LMIC oxygen demand

There was general agreement that demand for medical oxygen to fully equip LMIC health facilities was low, and certainly not commensurate with the COVID-19 needs, or the underlying gaps that predated the pandemic. At the very least, LMIC governments should list oxygen as an essential medicine on relevant national lists and develop national medical oxygen policies with specific targets, as Nigeria and Ethiopia have done, and several other countries are in the process of completing. LMICs need to be clear on unmet oxygen needs in the health system and to increase domestic health spending, as well as leverage financial support from international actors, to close the gaps. Multilateral development banks currently have “substantial underspent resources” to support governments to strengthen medical oxygen infrastructure, but without government demand, that financing cannot flow. New models of demand generation are needed that unlock external resources and deliver long-term co-financing from domestic resources, including regional pooled procurement.

2. Signal corporate boards

Corporate investors should communicate to medical gas company boards and executive leaders that access to medical oxygen is a material ESG issue for investors and a challenge that investors would like to see progress on, especially in emerging markets where the gaps are most acute and the opportunities for long-term business growth are significant. This could include investor letters to medical gas company board chairs and executives, information sessions with shareholders where companies can share details of access to medical oxygen efforts, regular reporting to stakeholders on progress to access to medical oxygen key performance indicators (KPIs) in company annual reports and other strategies recommended by the [Access to Medicine Foundation](#).

3. Develop corporate KPIs

Companies should develop, monitor and report key performance indicators (KPIs) relating to access to oxygen in markets where they are active and publish the results in annual reports as part of corporate “sustainability” agendas. Currently most medical gas companies focus on their environmental footprint as the key “sustainability” issue and should consider adding “access to medical oxygen” to their sustainability agendas. This approach has been key to the progress achieved in access to medicines by the pharmaceutical industry. Most pharmaceutical companies now have specific “access to medicines” KPIs and the Access to Medicine Index regularly assesses and ranks their performance.

4. Quantify oxygen gaps

Global health agencies should work directly with LMIC governments (e.g., Ministries of Health) to help quantify and cost the gaps in access to medical oxygen in LMIC health systems. Where possible, and with the agreement of governments, this data should be shared to enable all stakeholders to align around agreed national oxygen gap analysis that highlights the specific regions and facilities where the gaps are most acute. This will help to align the efforts of non-government partners and avoid duplication and misalignment of support. There are already several examples of successful NGO efforts to support the governments of Ethiopia, Malawi and Zambia to quantify oxygen needs using surveys developed by the WHO and UNICEF.

5. Finance oxygen infrastructure

Development banks (e.g., the World Bank, International Finance Corporation etc) should support LMIC governments to finance oxygen capital infrastructure using all of the instruments at their disposal, including debt, equity, guarantees and traditional grants. Regional solutions that “pool” the medical oxygen needs of multiple countries, or even multiple industries (e.g., health, mining, metals) within one region should also be explored. Development banks should not rush in to meet all of the LMIC medical oxygen needs, as this could disrupt markets and displace domestic resource mobilization. Rather development banks should aim to co-finance long-term (five to 10 year) projects that deliver a reliable, affordable supply of medical oxygen to the health sector. Medical gas companies can also pursue innovative financing tools such as bond financing, as Novartis is doing.

6. Finance oxygen workforce

Global health donors (e.g., USAID, BMGF, Unitaid) should not only support LMIC governments to expand the use of oxygen-related diagnostic tools (e.g. pulse oximetry) and therapies (e.g., oxygen concentrators, CPAP/BiPAP, ventilators etc) but should support the training of healthcare staff (including biomedical engineers) to install, operate and maintain the equipment. This is a critical overlooked area and one of the major reasons there is so much oxygen production equipment lying idle in LMICs. During the pandemic, many global health actors are supporting video training tools and hosting webinars to help train LMIC staff, and these efforts will need to be sustained beyond the pandemic.

Table 3: Access to Medical Oxygen Global Health Agency Efforts

UNICEF	WHO	Unitaid	PATH	CHAI
Oxygen Therapy Project	COVID-19 Disease Commodity Package	COVID-19 Response	Oxygen Access	Oxygen Therapy
Oxygen System Planning Tool	COVID-19 Essential Supplies Forecasting Tool	TIMCI project with PATH and Swiss Tropical and Public Health Institute in Kenya, Myanmar, Senegal, Tanzania and Uttar Pradesh (UP), India	Oxygen Delivery Tool Kit	National Medical Oxygen and Pulse Oximetry Scale Up Road Map in Ethiopia (2016-2021)
Technical Specifications and Guidance for Oxygen Therapy Devices Oxygen therapy for children: a manual for health workers		AIRE project with ALIMA, Institut National de la Santé et de la Recherche Médicale, Solthis and Terre des Hommes in Burkina Faso, Guinea, Mali and Niger	Oxygen Country Reports: Kenya, India, Indonesia, (see also DRC and Uganda).	National Strategy for the Scale-up of Medical Oxygen in Health Facilities 2017 - 2022
Supply Catalogue	COVID-19 Biomedical Equipment Case Management Inventory Tool	UnitaidExplore with Vayu Global Health Innovations in Kenya and Tanzania	Respiratory Care Coordination Project* in DRC, India, Kenya, Malawi, Myanmar, Senegal, Tanzania, Viet Nam, Zambia	Respiratory Care Coordination Project* in Cambodia, Ethiopia, India (Madhya Pradesh), Kenya, Lao, Liberia, Nigeria, Rwanda, Tanzania, Uganda
SPRINT (Scaling Pneumonia Response Innovations), Senegal and Ghana	Technical Specifications for Oxygen Concentrators		COVID-19 Catalog of Training Resources for Health Care Workers	MacArthur Foundation “100 & Change” finalist for Invest in Oxygen initiative in India, Nigeria, Ethiopia, Uganda and Kenya
PSA plant support in Sierra Leone, Sudan, Liberia and Zambia (tenders via UN Global Marketplace)	PSA plant support in South Sudan, Papua New Guinea and Somalia (tenders via UN Global Marketplace)		Markets Matter: Closing the Oxygen Access Gap Campaign	
COVID-19 Response: 13,900 oxygen concentrators delivered to 86 countries	COVID-19 Response: 12,300 oxygen concentrators delivered to 80 countries			
Liquid medical oxygen across 30 health facilities in Bangladesh	ACT-Accelerator \$US9 billion for oxygen, PPE and health system strengthening under the Health Systems Connector “pillar” co-chaired by World Bank and Global Fund			
Oxygen Task Force to help develop National Roadmap for Medical Oxygen in Malawi				
Regional Office for West and Central Africa and Air Liquide negotiated an offer for a defined monthly volume of oxygen gas for 11 countries				
MedAccess \$US50 million Revolving Fund				

* Project will be carried out in close coordination with separate initiatives led by CHAI, PATH and other partners in Bangladesh, Burkina Faso, Cameroon, Guinea, Indonesia, Lesotho, Nepal, Niger, Mali, South Africa and Zimbabwe.

7. Stimulate oxygen innovation

Companies should invest in innovations that reduce the cost of oxygen in LMICs, stimulating demand, as the current high prices of medical oxygen have been cited by many stakeholders as a key barrier to access. Global health agencies can support these efforts by financing product innovations and scaling new technologies, as Unitaid is doing with pulse oximetry and oxygen product innovations. In addition to product innovations, there are several emerging supply chain innovations that deserve support, including the [Africa Medical Supplies Platform](#), which is an online “marketplace” where African governments can procure COVID-19 tools directly and which is supported by the African Union and the Africa CDC.

8. Strike oxygen partnerships

All stakeholders should strike more partnerships to close oxygen access gaps, including company-to-company (e.g., medical gas/pharmaceutical/mining), company-government, company-UN/NGO (e.g., UNICEF, CHAI, PATH), company-development finance institution (e.g., International Finance Corporation), and other permutations. Company-to-company partnerships could even combine efforts to close oxygen and other treatment gaps for the same conditions, for example access to the recommended antibiotics to treat childhood pneumonia - amoxicillin dispersible tablets - which are still unavailable in many emerging markets.

9. Advocate for oxygen

The Every Breath Counts Coalition should advocate robustly for action on all of the 10 themes identified in this report, arguing that partnerships between governments, industry and global health agencies can make rapid progress on closing access to medical oxygen gaps during COVID-19 and beyond. The Coalition should offer a “neutral” platform for stakeholders to meet, share information, build partnerships and execute programs. The Coalition should continue to advocate for more financial support for oxygen from the [Access to COVID-19 Tools Accelerator](#) and other sources. The Coalition should continue to partner with the Access to Medicine Foundation to make progress on the themes identified in this report.

10. Keeping oxygen stakeholders engaged

The Access to Medicine Foundation should report on company case studies and leverage stakeholders (e.g., investors, governments, companies etc) to collaborate to close medical oxygen access gaps in low resource settings. The Foundation should continue to partner with the Every Breath Counts Coalition to make progress on the actions identified in this report.

CO-HOSTS

The independent [Access to Medicine Foundation](#) (est. 2003) stimulates and guides pharmaceutical companies to do more for the people living in low- and middle-income countries without access to medicine. The Foundation unleashes the power of other stakeholders (e.g., investors) to motivate and guide companies to take action through a unique model of engagement, highlighting best practices, and bringing together like-minded people from industry, global health, policy worlds, investors to create a culture of access to medicine.

The [Every Breath Counts Coalition](#) (est. 2017) is a public-private partnership representing United Nations and multilateral health agencies, donor governments and foundations, companies, non-government organizations (NGOs) and academic institutions, supporting low and middle-income countries to reduce deaths from pneumonia, especially among children and including from COVID-19. The Coalition is committed to engaging the world's leading suppliers of medical oxygen in the access to oxygen agenda in the context of COVID-19 and the Sustainable Development Goals.

OPEN LETTER

to the

Access to COVID-19 Tools (ACT) Accelerator Facilitation Council

28 September 2020

We are writing to underscore the critical role of access to medical oxygen in reducing deaths from COVID-19 across low- and middle-income countries (LMICs), and to appeal to the Access to COVID-19 Tools (ACT) Accelerator Facilitation Council to guarantee significant, additional financial support is provided to help LMIC governments ensure that no COVID-19 patient dies for lack of medical oxygen.

Oxygen is an “essential medicine”, according to the World Health Organization, but it is an essential medicine in name only for far too many. Evidence to date suggests that about 1 in 5 COVID-19 patients will need oxygen - and a lot of it.

The surge in demand has exposed major cracks in medical oxygen infrastructure across Latin America, Asia and Africa. Since June, we’ve seen credible reports of lack of access to oxygen in Peru, Mexico, Bolivia, Afghanistan, Iraq, Pakistan, Nepal, Nigeria, Guinea, the Democratic Republic of Congo, Somalia, South Africa and most recently India, where the Union government has just stepped in.

To meet the escalating demand for oxygen, governments are expected to equip hospitals with oxygen in record time; companies are being asked to ramp up supply to meet demand; and global health leaders are being called on to help countries by providing oxygen equipment and financial support.

This should not have surprised us. Even before the pandemic there was a growing body of studies that showed large patient populations were not receiving medical oxygen - including newborns, children hospitalized with pneumonia and other conditions, older patients with chronic diseases, patients requiring surgery, and others. These studies documented many reasons for the lack of oxygen. They found no one actor was responsible and concluded that many actors needed to coordinate their efforts to close the gaps.

Last week the Every Breath Counts Coalition and the Access to Medicine Foundation convened leading medical oxygen companies, their investors and global health and development agencies to accelerate coordinated action. There is strong commitment from all parties to collaborate to close the access to oxygen gaps, but financing remains a challenge. The inclusion of oxygen in the Health Systems Connector Pillar of the ACT Accelerator is an opportunity to address oxygen gaps in partnership with LMIC governments. We look forward to working closely with the pillar co-chairs, the World Bank and the Global Fund, to make rapid progress.

We stress that investments in medical oxygen will not only reduce deaths from COVID-19, but from many other causes, enabling countries to accelerate achievement of most of the health-related Sustainable Development Goals by 2030. Oxygen is one of those rare health interventions that can play a part in reducing deaths during childbirth and childhood, from both communicable and non-communicable diseases, and from road traffic accidents.

We are living through one of the most promising periods of medical innovation in history. Scientists, companies and governments are sharing information like never before, and collaborating in unprecedented ways. We urge you to make sure we don’t miss this opportunity to make advances in access to medical oxygen and wish you every success at your meeting on 30 September at the United Nations General Assembly to rally more support for the global coronavirus response – including for oxygen.

Also found here: <https://stopppneumonia.org/open-letter-to-the-access-to-covid-19-tools-accelerator-act-facilitation-council/>

The Every Breath Counts Coalition is a public-private partnership representing United Nations and multilateral health agencies, donor governments and foundations, companies, non-government organizations (NGOs) and academic institutions, supporting low and middle-income countries to reduce deaths from pneumonia, especially among children and including from COVID-19.

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