Countries need to align policies with the World Health Organization’s Model List of Essential Medicines (EML) to prioritize access to oxygen therapy for hypoxemia. \( ^4 \)

For all care settings: \( ^5 \)

- **PEDIATRIC** for children at risk of death from common childhood illnesses, including pneumonia.
- **NEONATAL** for sick and small newborns.
- **MATERNITY** for mothers during complications of pregnancy and childbirth.
- **EMERGENCY** for emergency triage and in ambulances during transfer to higher levels of care.
- **INTENSIVE** for adults with severe and life-threatening illnesses and injuries.
- **SURGICAL** for patients undergoing anesthesia or recovering from surgery.
- **EMERGENCY** for emergency triage and in ambulances during transfer to higher levels of care.
- **INTENSIVE** for adults with severe and life-threatening illnesses and injuries.
- **SURGICAL** for patients undergoing anesthesia or recovering from surgery.

All oxygen programs should include: \( ^6 \)

- **PULSE OXIMETRY** for diagnosing hypoxemia and monitoring oxygen delivery.
- **OXYGEN SOURCE** via central pipelines, oxygen cylinders, or concentrators.
- **DELIVERY DEVICES** including airway interfaces, blenders, and mechanical ventilation equipment.
- **RESOURCES** for procurement, training, maintenance, and replacement parts.
- **MANAGEMENT** a more comprehensive approach at the facility, subnational, and national levels.

Oxygen therapy can be as cost-effective as pneumococcal vaccines in reducing mortality: \( ^7,^8 \)

- **PNEUMOCOCCAL VACCINES**: US $100 per DALY averted
- **OXYGEN SYSTEMS**: US $50 per DALY averted
- **PULSE OXIMETRY**: US $3 per DALY averted

(DALY: disability-adjusted life year)
OXYGEN IS HO2PE

SOURCES


