HO2PE

OXYGEN GIVES LIFE

OXYGEN IS ELEMENTAL, BUT NOT ALWAYS ACCESSIBLE.

OXYGEN IS FOR EVERYO2NE

MORE THAN

40%

of deaths in children under

FIVE

ARE CAUSED BY PNEUMONIA, preterm birth complications, and intrapartum complications.

Many of these deaths could be prevented with **simple interventions,** like

O2XYGEN

AT LEAST **1.5 MILLION CHILDREN** HOSPITALIZED FOR **PNEUMONIA** WILL REQUIRE OXYGEN TREATMENT.[1]

15% OF ALL PREGNANT WOMEN develop a potentially life-threatening complication that may require emergency intervention—including oxygen—to survive.[2]

OXYGEN SUPPLIES ARE UNAVAILABLE IN

ONE OUT OF THREE HEALTH FACILITIES IN LOW-RESOURCE SETTINGS.[3]

BARRIERS TO ACCESS INCLUDE:

LIMITED INFRASTRUCTURE, IMPROPER MAINTENANCE, AND INSUFFICIENT PROVIDER TRAINING.

VO2ICE

SPREAD THE WORD AND HELP ENSURE **ACCESS TO OXYGEN** IS NOT LIMITED BY LOCATION OR LUCK.

BE AN ADVOCATE FOR OXYGEN

CALL ON GLOBAL, NATIONAL, AND SUBNATIONAL LEADERS TO PRIORITIZE OXYGEN ACCESS FOR THE MOST VULNERABLE.

FIND OUT MORE: INFO@PATH.ORG

IF OXYGEN WERE READILY AVAILABLE:

CHILDHOOD DEATHS FROM PNEUMONIA

could be reduced by at least

35%[4,5]

THE LIVES OF UP TO **122,000** CHILDREN AND THOUSANDS OF PREGNANT WOMEN COULD BE SAVED EACH YEAR.[6]

OXYGEN IS HO2PE

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1. Subhi R, Adamson M, Campbell H, Weber M, Smith K, Duke T; Hypoxaemia in Developing Countries Study Group. The prevalence of hypoxaemia among ill children in developing countries: a systematic review. Lancet Infect Dis. 2009;9(4):219–27. **2.** Holmer H, Oyerinde K, Meara JG, Gillies R, Liljestrand J, Hagander L. The global met need for emergency obstetric care: a systematic review. BJOG 2015;122:183–189. **3.** Vo D, Cherian MN, Bianchi S, Noël L, Lunde G, Lundeg G, et al. Anesthesia capacity in 22 low and middle income countries. J Anesth Clin Res. 2012;3(4):1000207. **4.** Duke T, Wandi F, Jonathan M, et al. Improved oxygen systems for childhood pneumonia: a multihospital effectiveness study in Papua New Guinea. The Lancet. 2008;372(9646):1328–1333. doi:10.1016/S0140-6736(08)61164-2. **5.** 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. **6.** Catto AG, Zgaga L, Theodoratou E, Huda T, Nair H, El Arifeen S, et al. An evaluation of oxygen systems for treatment of childhood pneumonia. BMC Public Health. 2011;11(Suppl 3):S28. United Nations Children's Fund (UNICEF), World Health Organization, World Bank, United Nations Population Division. Levels & trends in child mortality: report 2015. New York: UNICEF; 2015.