6th October, 2016

The Secretary of the 21st Expert Committee on the Selection and Use of Essential Medicines
Department of Essential Medicines and Health Products (EMP)
World Health Organization (WHO)
20 Avenue Appia
CH-1211 Geneva 27 Switzerland

Dear Committee Members:

On behalf of the Pneumonia Innovations Team, a global network of 350 organizations committed to accelerating uptake of the technologies with the greatest potential to reduce child deaths from pneumonia, we submit this letter in support of the application for the addition of oxygen inhalation (medicinal gas) for the indication of management of hypoxemia to the WHO Model List of Essential Medicines (EML) and List of Essential Medicines for Children (EMLc).

Increasing access to oxygen therapy in low-resource settings has the potential to significantly reduce the estimated one million child deaths from pneumonia that occur every year, with some studies showing a one third reduction in child pneumonia deaths in hospitals following introduction of oxygen.

The WHO EML and EMLc are important and influential normative standards from which countries adapt their individual national EMLs and prioritize expenditures and procurement. As such, the WHO lists can affect demand for and supply of oxygen and the rate at which oxygen as a lifesaving treatment can be expanded to the most vulnerable children.

We anticipate that WHO will conclude that the scientific evidence detailed in the application presents a compelling case that oxygen for management of hypoxemia will save the lives of millions of infants, children, and adults. Oxygen medical gas is a safe and relatively inexpensive medication that is commercially available by generator, cylinder, and concentrator suppliers.

The United Nations International Children’s Emergency Fund (UNICEF) Supply Division has included oxygen concentrators and other supplies for oxygen delivery in the UNICEF supply catalog. Oxygen is already listed in the WHO EML/EMLc, classified as an anesthetic. However, the current indication on the EML is not as clear as it could be and may lead to confusion by policy and program implementers, who often do not ensure that oxygen is available for indications beyond surgery and anesthesia.

The Pneumonia Innovations Team is committed to expanding access to oxygen treatment in low resource settings and was instrumental in the United4Oxygen alliance that brings together 20 partner organizations to support the Government of Ethiopia in implementing its national plan to scaleup access to pulse oximetry and oxygen. Our members remain deeply committed to the success of this plan and to working with other governments and stakeholders in the countries where child pneumonia deaths are high to expand access to oxygen therapy.

We respectfully urge the committee to consider the additional children’s lives that could be saved with expanded access to oxygen and accept the proposal for the inclusion of oxygen medical gas for the management of hypoxemia presented in the application.

Sincerely,

SIGNED

Leith Greenslade & Dr Amy Ginsburg
Co-Chairs
Pneumonia Innovations Team

The Pneumonia Innovations Team is a global network of 350 organizations committed to accelerating the development and adoption of the new technologies with the greatest potential to reduce child deaths from pneumonia, especially among the most vulnerable children. The Team works in support of the UN Secretary-General’s Every Woman, Every Child movement.