

Strengthening Oxygen Coordination Mechanisms to Improve Service Delivery in Nigeria

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Background:

In low- and middle-income countries (LMICs) like Nigeria, access to medical oxygen remains a critical health systems priority. Despite increased investment in infrastructure, oxygen delivery remains constrained by weak coordination, poor intergovernmental alignment, and limited sub-national mechanisms. These systemic gaps have led to fragmented interventions, inefficient resource use, and poor integration into service delivery, particularly at the primary healthcare (PHC) level.

Methods:

To address these challenges, the Clinton Health Access Initiative (CHAI), with Nigeria's Federal and State Ministries of Health, implemented a phased, multisectoral strategy to strengthen oxygen coordination. In 2016, the National Oxygen Desk (NOD) and the United for Oxygen (U4O) platform were established to create a unified forum for implementing partners, funders, private sector actors, and key government agencies like the National Primary Health Care Development Agency. This positioned Nigeria as a regional leader in oxygen system coordination. State-level oxygen desk officers and coordinating forums were appointed with clear roles aligned to the National Oxygen Strategy. CHAI facilitated stakeholder mapping, capacity building, development of onboarding resources, and promoted data-driven decision-making to ensure program sustainability and impact.

Results:

By 2023, all 36 states and the Federal Capital Territory had active oxygen coordinating forums under NOD oversight, improving communication, policy alignment, and joint monitoring across government levels. Advocacy supported data-driven procurement, strategic siting of oxygen infrastructure, and inclusion of hypoxemia indicators in the National Health Management Information System. Ongoing engagement with health financing agencies aimed to include oxygen in benefits packages. Approximately 110 new Pressure Swing Adsorption plants were procured, and oxygen was incorporated into national and state health budgets, reflecting stronger prioritization and financing of oxygen systems in Nigeria.

Conclusion:

These coordination forums improved national to subnational alignment, drove key policy shifts, and supported oxygen integration into PHC planning, enhancing service delivery, evidence-based decisions, and equitable oxygen access.