

THE INTERAGENCY EMERGENCY HEALTH KIT 2017

Medicines and medical devices
for 10 000 people for approximately three months



The interagency health kit 2017: medicines and medical devices for 10 000 people for approximately three months

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World Health Organization
International Committee of the Red Cross
International Federation of the Red Cross and Red Crescent Societies
Médecins Sans Frontières
United Nations Children's Fund
United Nations High Commissioner for Refugees
United Nations Population Fund

Abbreviations and acronyms

| | |
|--------|--|
| COPD | chronic obstructive pulmonary disease |
| EML | Essential Medicines List |
| EPI | Expanded Programme on Immunization |
| IATA | International Air Transport Association |
| IEHK | Interagency Emergency Health Kit |
| ICRC | International Committee of the Red Cross |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| INCB | International Narcotics Control Board |
| MSF | Médecins Sans Frontières |
| NCD | noncommunicable disease |
| ORS | oral rehydration salts |
| PEP | post-exposure prophylaxis |
| SAM | Severe acute malnutrition |
| SARS | Severe acute respiratory syndrome |
| TST | Time, steam, temperature |
| UN | United Nations |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |

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CHAPTER 1: INTRODUCTION

History of the Interagency Emergency Health Kit

The Interagency Emergency Health Kit (IEHK) was first developed in 1990. Since its inception it has been revised several times to better fit the changing needs of various emergency situations and the health profiles of affected populations. The last revision was conducted in 2011 and incorporated content to better address mental health and special needs of children. The malaria and post-exposure prophylaxis modules were further reviewed in 2015. The revision of the IEHK 2017 has followed the same process as was used in 2011, involving several expert consultations with representatives from different partner agencies. The World Health Organization (WHO) acts as the Secretariat for coordination of updates of the kit. The IEHK has been widely accepted and used to respond to various emergencies. It is one of the most popular emergency health kits available and has been benchmarked for the development of other health kits.

Principles behind the Interagency Emergency Health Kit 2017

The IEHK 2017 is designed principally to meet the priority health needs of a population affected by emergencies, who have limited access to routine health care services. The kit is designed primarily for “life-saving” purposes, not for health conditions requiring continued care. Given its use in emergency situations, the IEHK fills immediate medical gaps; it does not aim to replace existing medical supply chain mechanisms.

The kit contains essential drugs, supplies and equipment to be used for a limited period of time and target a defined number of people. Some of the medicines and medical devices contained in the kit may not be appropriate for all cultures and countries, or every kind of emergency. This is inevitable as it is a standardized emergency kit, designed for worldwide use, which is pre-packed and kept ready for immediate dispatch.

The kit and its modules are not intended as re-supply kits and, if used as such, may result in the accumulation of items and medicines which are not needed.

It must be emphasized that, although supplying medicines and medical devices in standard pre-packed kits is convenient early in an emergency, specific local needs must be assessed as soon as possible and further supplies must be ordered accordingly. Therefore, once basic health care services have been established, the health care coordinator should assess primary health care needs and re-order medicines, renewable medical devices and medical equipment based on consumption of these items. All efforts should be made to strengthen or develop a medical supplies logistics management information system that can enable appropriate quantification and stock management as soon as the emergency situation stabilizes.

Selection of medicines

The selection of medicines in the kit is based on the global burden of disease, expert knowledge on the types of health conditions presented by the affected population in recent emergencies and recommendations of the WHO Expert Committee on Selection and Use of Essential Medicines. The IEHK includes relevant clinical guidelines and information to support appropriate use (a full list of documents included is described in Annex 1).

Key points about the kit

- The full IEHK contains medicines and medical devices for 10 000 people for approximately three months.
- The IEHK is designed for use in the early phase of an emergency situation.
- The IEHK is designed to be self-sufficient and is made up of a basic module for use by health care workers with limited training and a supplementary module for use by physicians or senior health care workers.
- The supplementary module should only be used together with at least one basic module.
- The IEHK is updated on a regular basis using the most up-to-date information available.
- The IEHK is not designed to cover needs for:
 - immunization and nutrition
 - reproductive health services
 - HIV/AIDS, tuberculosis and leprosy diagnosis and treatment
 - chronic management of noncommunicable diseases
 - major surgery.

Information on other kits available to complement the IEHK is included in Annex 2.

Major changes since the IEHK 2011¹

BASIC MODULE

- Removal of magnesium trisilicate and replacement with omeprazole in line with Essential Medicines List (EML) recommendations.
- Lower strength of ibuprofen from 400 mg to 200 mg to cater to children's needs².

SUPPLEMENTARY MODULE

Cardiovascular diseases

- Inclusion of medicines for treatment of acute severe hypertension, acute coronary syndrome, acute stroke and acute heart failure (acetylsalicylic acid, amlodipine, enalapril, glyceryl trinitrate, furosemide and heparin sodium).
- Increase in the quantity of hydrochlorothiazide to allow for treatment of acute severe hypertension.
- Replacement of atenolol by bisoprolol (based on EML update).

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