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The Interagency Emergency Health Kit 2011

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



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

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

WHO Library Cataloguing-in-Publication Data:

The interagency emergency health kit 2011: medicines and medical devices for 10 000 people for approximately three months.

1.Essential drugs - standards. 2.Pharmaceutical preparations - supply and distribution. 3.Emergency medicine - instrumentation. 4.Emergencies. 5.Equipment and supplies, Pharmaceutical - standards. 6.Guidelines. I.World Health Organization.

ISBN 978 92 4 150211 5

(NLM classification: WB 105)

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This document has been produced with the financial assistance of the European Community. The views expressed herein are those of the authors and can therefore in no way be taken to reflect the official opinion of the European Community.

Printed in France

First edition 1990, Reprinted 1992, Second edition 1998, Third edition 2006, Fourth edition 2011.

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Acknowledgements

The following individuals and organizations contributed to the development of this revision and their advice and support are gratefully acknowledged.

HealthNet TPO: Peter Ventevogel

International Committee of the Red Cross (ICRC): Stephanie Arsac-Janvier,
Elisabeth Le Saout

International Federation of Red Cross and Red Crescent Societies (IFRC): Selma Bernardi,
Tammam Aloudat

International Medical Corps (IMC): Lynne Jones

Marie Stopes Initiative

Medicos del Mundo -España (Mdm-E, Doctors of the World Spain): Pau Perez-Sales

Médecins Sans Frontières: Myriam Henkens

United Nations Population Fund (UNFPA): Wilma Doedens, Tomo Calain

United Nations High Commissioner for Refugees (UNHCR): Hervé le Guillouzic

UNHCR, Public Health and HIV Section: Marian Schilperoord

United Nations Children's Fund (UNICEF): Atieno Ojoo, Edith Chueng, Henrik Nielsen,
Monique Supiot, Hanne Bak Pedersen

WHO Collaborating Centre for Research and Training in Mental Health, University of
Verona, Italy: Corrado Barbui

WHO/Contracting and Procurement Services (CPS): Ahmed Bellah

WHO/Control of Neglected Tropical Diseases (NTD): Michelle Gayer, John Watson

WHO/Essential Medicines and Pharmaceutical Policies (EMP): Hans Hogerzeil, Clive
Ondari, Suzanne Hill, Helene Moller

WHO/Health Action in Crises (HAC): Jon Carver, Jules Pieters, Olexander Babanin, Michel
Tomaszek

WHO/Injection Safety: Selma Khamassi

WHO/Making Pregnancy Safer (MPS): Matthews Matthai

WHO/Department of Mental Health and Substance Abuse (MSD/NMH): Mark van
Ommeren

WHO/Reproductive Health and Research: Metin Gulmezoglu

WHO/Roll Back Malaria (RBM): Andrea Bosman

Abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization
HIV	Human immunodeficiency virus
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group
IEHK 2006	Interagency Emergency Health Kit 2006
IEHK 2011	Interagency Emergency Health Kit 2011
INCB	International Narcotics Control Board
IUD	Intrauterine device
MISP	Minimum Initial Service Package
MSF	Médecins Sans Frontières
ORS	Oral rehydration salts
PEP	Post-exposure prophylaxis
RDT	Rapid diagnostic test
SAM	Severe acute malnutrition
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
WFP	World Food Programme
WHO	World Health Organization

Introduction

UN agencies and international and nongovernmental organizations are increasingly called upon to respond to large-scale emergencies to prevent and manage serious threats to the survival and health of the affected populations. Medicines and medical devices (renewable and equipment) have been supplied by relief agencies for decades. In the 1980s, the World Health Organization (WHO) facilitated a process to encourage the standardization of medicines and medical devices needed in emergencies to allow efficient and effective responses to the need for medicines and medical devices. This initial work led to the supply of standard, pre-packed kits that could be kept in readiness to meet priority health needs in emergencies.

The first “WHO Emergency Health Kit” was launched in 1990. After revision and further harmonization, the contents of the second kit, “The New Emergency Health Kit 98” were endorsed by WHO in collaboration with international and nongovernmental agencies. The third kit, the “Interagency Emergency Health Kit 2006” (IEHK 2006), accommodated: emergency prophylaxis to prevent human immunodeficiency virus (HIV) infection after sexual violence; the increasing antimicrobial resistance to commonly available antimalarials and antibiotics; injection safety policy; and the experience of agencies using the emergency health kit in the field.

Over the years, the complexity in updating the kit grew as the number of partners rose. As a result, the WHO secretariat proposed a process to formalize future revisions. An agreed procedure was published in the report of the 2007 meeting of the WHO Expert Committee on Selection and Use of Essential Medicines (1). The procedure was expanded upon in July 2008 during the first meeting of the review committee of the Interagency Emergency Health Kit, and further improved during the review process that followed the meeting. The current kit, the Interagency Emergency Health Kit 2011 (IEHK 2011), further improves the kit content and takes into account the need for mental health care in emergency settings and the special needs of children.

The concept of the emergency health kit has been adopted by many organizations and national authorities as a reliable, standardized, affordable and quickly available source of the essential medicines and medical devices (renewable and equipment) urgently needed in a disaster situation. Its content is based on the health needs of 10 000 people for a period of three months. This document provides background information on the composition and use of the emergency health kit. Chapter 1 describes supply needs in emergency situations and is intended as a general introduction for health administrators and field officers. Chapter 2 explains the selection of medicines and medical devices – renewable and equipment – that are included in the kit, and also provides more technical details intended for prescribers. Chapter 3 describes the composition of the kit, which consists of basic and supplementary units.

The annexes provide references for treatment guidelines, sample forms, a health card, guidelines for suppliers, other kits for emergency situations, a standard procedure for importation of controlled medicines, and useful addresses. A feedback form is also included to report on experiences when using the emergency health kit, and to encourage comments and recommendations on the contents of the kit from distributors and users for consideration when updating the contents.

The WHO Department of Essential Medicines and Pharmaceutical Policies (formerly known as the Department of Medicines Policy and Standards) has coordinated the review process and is publishing this interagency document on behalf of all collaborating partners.

Chapter 1: Essential medicines and medical devices in emergency situations

What is an emergency?

The term “emergency” is applied to various situations resulting from natural, political and economic disasters. The IEHK 2011 is designed to meet the initial primary health-care needs of a displaced population without medical facilities, or a population with disrupted medical facilities in the immediate aftermath of a natural disaster or during an emergency. It must be emphasized that, although supplying medicines and medical devices (renewable and equipment) 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.

Medicine and medical device needs in the context of an emergency situation

The practical impact of many well-meaning donations and support sent in emergencies has often been diminished because the supplies did not reflect real needs or because requirements were not adequately assessed. Often this resulted in donations of unsorted, unsuitable, inadequately labelled and expired medicines and other medical devices, which could not all be used at the receiving end. The WHO *Guidelines for drug donations* describe "good donation practices" and promote the principles necessary for improved quality medicine donations (2).

Morbidity patterns may vary considerably between emergencies. For example, in emergencies where malnutrition is common in the affected population, morbidity rates may be very high. For this reason an estimate of medicine requirements can only be approximate, although certain predictions can be made based on previous experience.

Principles behind the Interagency Emergency Health Kit 2011

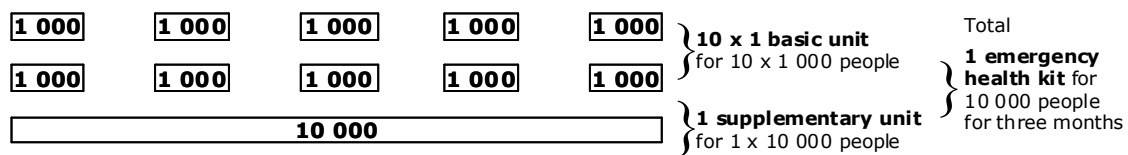
IEHK 2011 is designed principally to meet the first primary health-care needs of a displaced population without medical facilities. For the kit to be ready for shipment at short notice, it has to be pre-positioned. Hence, its content is a compromise and there will always be some items that do not completely meet requirements. An ideal kit can only be designed with an exact knowledge of the population characteristics, disease prevalence, morbidity patterns, and level of training of those using the kit.

The IEHK 2011 consists of two different sets of medicines and medical devices, named a *basic unit* and a *supplementary unit*. To facilitate distribution to smaller health facilities on site, the quantities of medicines and medical devices in the basic unit have been divided into 10 identical units for 1000 people each.

Terminology

Confusion has arisen over the words "kit" and "unit". In this context, a kit refers to 10 basic units plus one supplementary unit as explained in Figure 1.

Figure 1: Composition of the Interagency Emergency Health Kit 2011



Basic unit

The basic unit contains essential medicines and medical devices, and can be used by primary health-care workers with limited training. It contains oral and topical medicines, none of which are injectable. Combination therapy for the treatment of uncomplicated falciparum malaria is provided unless there is a specific request not to include it in the kit.

Two printed copies of this booklet describing the contents and use of the kit in English, French and Spanish are included in each basic unit. Additional printed copies can be obtained from the WHO Press (bookorders@who.int). Electronic copies can be downloaded from the web site: www.who.int/medicines.

Supplementary unit

The supplementary unit contains essential medicines and medical devices for 10 000 people, and is to be used only by professional health workers or physicians. It does not contain any medicines or devices from the basic unit and can therefore only be used when these are available as well. Modules for malaria and for patient post-exposure prophylaxis (patient PEP) are provided unless there is a specific request not to include them in the kit.

The supplementary unit does not contain any medicines or medical devices from the basic units. The supplementary unit should only be used together with one or more basic units.

Selection of medicines

The selection of medicines in the kit is based on treatment guidelines recommended by the WHO Expert Committee on Selection and Use of Essential Medicines. References to current treatment guidelines are included in Annex 1. Two copies of a manual describing the standard treatment guidelines for target diseases, developed by Médecins Sans Frontières (MSF) and WHO, are included in English, French and Spanish in each supplementary unit. Additional printed copies can be obtained from MSF (see Annex 7).

Quantification of medicines

The estimation of medicine requirements in the kit is based on:

1. the average morbidity patterns among displaced populations;
2. the use of standard treatment guidelines;
3. figures provided by agencies with field experience.

The quantities of medicines supplied will therefore only be adequate if prescribers follow the standard treatment guidelines.

Referral system

Health services can be decentralized by the use of basic health-care clinics (the most peripheral level of health care) to provide simple treatment using the basic units. Such decentralization will: (1) increase the access of the population to curative care; and (2) avoid overcrowding of referral facilities by treating common health problems at the most peripheral level. Standard treatment guidelines included in the kit will provide primary health-care workers with information to enable them to take the right decision on treatment or referral, according to the symptoms.

The first referral level should be staffed by professional health-care workers, usually medical assistants or doctors, who will use medicines and medical devices from both the basic and supplementary units.

It should be stressed that the basic and supplementary units are not intended to enable health-care workers to treat rare diseases or major surgical cases. For such patients a second level of referral is needed, usually a district or general hospital. Such facilities are normally part of the national health system and referral procedures should be arranged with the local health authorities.

Immunization and nutrition in emergency situations

IEHK 2011 is not designed for immunization or nutritional programmes: kits covering nutritional requirements may be ordered after an assessment of needs (see Annex 5).

Experience in emergencies involving displaced populations has shown that measles is one of the major causes of death among young children. Measles and serious respiratory tract infections spread rapidly in overcrowded conditions, particularly in malnourished children.

Measles vaccine administration should therefore be given a high priority, with all children between six months and five years old being immunized, irrespective of history. Children immunized before nine months should be re-immunized as soon after nine months as possible. In the future, more vaccines may be added to the vaccination protocol applicable to emergency response.

Children with clinical measles should be treated promptly for complications, enrolled in a feeding programme and given appropriate doses of vitamin A.

Reproductive health

IEHK 2011 is not designed for reproductive health services: reproductive health kits for emergencies may be ordered after a basic assessment of needs (see Annex 5).

A number of priority reproductive health interventions have been defined as essential for a displaced population during an emergency. The Minimum Initial Service Package (MISP)¹ for Reproductive Health is a coordinated set of activities, including the provision of: emergency obstetric care to prevent excess neonatal and maternal morbidity and mortality; provisions to reduce HIV transmission; and activities to prevent and manage the consequences of sexual violence.

Professional midwifery care is an essential service for which the necessary instruments and medicines are included in the kit. A small quantity of magnesium sulfate for severe pre-eclampsia and for eclampsia is included in the supplementary unit to start treatment prior to referral.

In the context of patient post-exposure prophylaxis (patient PEP), a limited quantity of medicines is included in the kit for: (1) presumptive treatment of sexually transmitted infections, including *Neisseria gonorrhoeae* and *Chlamydia trachomatis*; (2) prevention of transmission of HIV; and (3) prevention of pregnancy (emergency contraception) for survivors/victims of sexual assault (rape). A manual with guidance on the clinical management of survivors/victims of sexual assault is included in the supplementary unit of the kit (3). The use of emergency contraception is a personal choice that can only be made by the woman herself. Women should be offered counselling on this method so as to reach an informed decision. A health worker should always be available to prescribe emergency contraception to victims of sexual violence should they wish to use it. Supplies for routine and general treatment of sexually transmitted infections and contraception have to be ordered separately according to need (see Annex 5).

Comprehensive reproductive health services need to be integrated into the primary health-care system as soon as possible, and a referral system for obstetric emergencies must be made accessible to the population. It is recommended that a qualified and experienced person be appointed as reproductive health coordinator.

To assist the implementation of a reproductive health programme, the Inter-Agency Working Group (IAWG) on Reproductive Health in Emergencies has designed a number of reproductive health kits for all levels of the health-care system during an emergency (see Annex 5). The kits can be ordered through the United Nations Population Fund (UNFPA; see Annex 7).

IEHK 2011 will always be supplied with a patient PEP module unless there is a specific request not to include these items at the time of ordering.

1 See <http://misp.rhrc.org>

Malaria

In recent years, parasite resistance against the safest and least expensive antimalarials has been increasing. The current recommended treatment for malaria is combination therapy. Artemether + lumefantrine is a fixed-dose antimalarial combination containing an artemisinin derivative and is included in the kit for the treatment of malaria due to *Plasmodium falciparum*. It is not recommended for prophylaxis and should not be used by women in the first trimester of pregnancy for uncomplicated malaria, since safety in pregnancy has not yet fully been established. Rapid diagnostic tests (RDTs) are included in the malaria modules for the confirmation of suspected malaria cases.

IEHK 2011 will always be supplied with malaria modules unless there is a specific request not to include these items at the time of ordering.

HIV/AIDS, tuberculosis and leprosy

IEHK 2011 does not include any medicines for the management of communicable diseases such as HIV/AIDS, tuberculosis or leprosy. Other than the standard supplies for post-exposure prophylaxis provided, supplies for prevention and/or treatment of these communicable diseases have to be ordered separately after an assessment of needs.

Psychotropic medicines in the Interagency Emergency Health Kit 2011

The 2011 version of the IEHK includes a small supply of psychotropic medicines to initiate mental health care in the early phases of emergencies. The Inter-Agency Standing Committee *IASC guidelines on mental health and psychosocial support in emergency settings* (4) focus on minimum responses during emergencies and cover a wide range of mostly social interventions for the population at large as well as psychological first aid for people experiencing acute distress. The guidelines also recommend that as a minimum, at least (a) one anti-depressant, (b) one anxiolytic, (c) one anti-psychotic (d) one anti-Parkinsonian (to deal with extra-pyramidal side effects of anti-psychotic medicines), and (e) one anti-epileptic medicine be available in emergencies.

Fluoxetine and amitriptyline are the only anti-depressant medicines on the WHO Model List of Essential Medicines (5). Following a review of the advantages and disadvantages of these two similarly effective medicines (6), amitriptyline was selected for inclusion in the IEHK 2011 as it was considered to be more frequently in line with the recommended treatment guidelines in recipient countries.

People presenting with non-disordered, acute anxiety are common in the early phases of all emergencies. Non pharmacological measures [e.g. psychological first aid (4)] should be used as first line care, as benzodiazepines may slow down recovery from traumatic stress (7) and can produce dependence. However, there are occasions when anxiolytics are indicated, such as in cases of severe agitation or sleeplessness that interfere with the person's ability to address their own and their family's survival needs, and who do not respond to non-pharmacological interventions. A small supply of diazepam tablets was therefore added to

the 2011 version of the IEHK to reduce the need for using the injectable form of diazepam. Injectable diazepam is also indicated for the management of status epilepticus.

In the 2011 version of the IEHK, chlorpromazine injection is replaced by haloperidol tablets and injections. The addition of a tablet form of anti-psychotic medication was proposed as oral administration is preferred in chronic psychosis, which may occur throughout an extended humanitarian emergency. Tablets also have the advantage that they can be provided by family members after prescription by busy health staff. Haloperidol injection replaced chlorpromazine injection. The latter has a number of side-effects including acting as a local irritant if given intramuscularly. Biperiden was included to treat the side-effects of the anti-psychotics.

Procurement of the Interagency Emergency Health Kit 2011

Pharmaceutical suppliers who supply the IEHK should ensure that (1) the contents of the IEHK is updated according to the current version of the kit, and (2) manufacturers comply with the international guidelines for quality, packaging and labelling of medicines and medical devices. Pharmaceutical suppliers should follow the general instructions given in Annex 4. Some suppliers may have a permanent stock of IEHK ready for shipment within 24 hours.

Post-emergency needs

IEHK 2011 is intended for use only in the early phase of an emergency. The kit is neither designed nor recommended for re-supplying existing health-care facilities.

After the acute phase of an emergency is over and basic health needs have been covered by the basic and supplementary units, specific needs for further supplies and equipment should be assessed as soon as possible.

Chapter 2: Selection of medicines and medical devices included in the Interagency Emergency Health Kit 2011

The contents of the IEHK 2011 are based on assumptions derived from epidemiological data, population profiles, disease patterns and experience gained from using the kit in emergency situations. These assumptions are as follows.

- ◆ The most peripheral level of the health-care system will be staffed by health-care workers with limited medical training, who will treat symptoms rather than diagnosed diseases using the basic units, and refer patients who need more specialized treatment to the next level.
- ◆ Half of the population is under 15 years of age.
- ◆ The average number of patients presenting themselves with the more common symptoms or diseases can be predicted.
- ◆ Standard treatment guidelines will be used to treat these symptoms or diseases.
- ◆ The rate of referral from the most peripheral to the next level of health services is 10%.
- ◆ The first referral level of health care is staffed by experienced nurses, midwives, medical assistants or physicians, with no or limited facilities for inpatient care. They will use the supplementary unit in conjunction with one or more basic units.
- ◆ If both the most peripheral and first referral health-care facilities are within reasonable reach of the target population, every individual will, on average, visit such facilities four times per year for advice or treatment. The supplies in the kit therefore serve a population of 10 000 people for a period of approximately three months.

Selection of medicines for the Interagency Emergency Health Kit 2011

Injectable medicines

There are no injectable medicines in the basic unit as most common diseases in their uncomplicated form do not require injectable medicines. Any patient who needs an injection must be referred to the first referral level. Injectable medicines are provided in the supplementary unit and are intended for use by professional health-care workers at the first referral level.

Antibiotics

Infectious bacterial diseases are common at all levels of health care, including the most peripheral, and basic health-care workers therefore should have the possibility to prescribe an antibiotic. However, many basic health-care workers have not been trained to prescribe antibiotics in a rational way. Amoxicillin is the only antibiotic included in the basic unit, and this will enable the health-care worker to concentrate on making the right decision between prescribing an antibiotic or not, rather than on choosing between several antibiotics. Amoxicillin is active against bacterial pneumonia and otitis media. The risk of increasing bacterial resistance must be reduced by rational prescribing practices.

Medication for children

Paediatric formulations included in the kit are paracetamol (100 mg tablets), the fixed-dose antimalarial combination artemether + lumefantrine (20 mg + 120 mg tablets for infants and children weighing 5–14 kg), artemether injection (20 mg/ml), zinc sulfate (20 mg dispersible tablets), and oral rehydration salts (ORS) sachets for the preparation of ORS solution.

With the exception of two syrups included in the PEP module (as special consideration is given to case of rape in children), syrups for children are not included because of their instability, their short shelf-life after reconstitution, and their volume and weight. Instead, for children, half or quarter adult tablets may be crushed and administered with a small volume of fluid or with food.

The IEHK review committee considered the use of more appropriate paediatric formulations such as solid paediatric formulations. Where sufficient numbers of quality-assured sources for these formulations were identified, dispersible tablets were recommended. A footnote was added to those products that ideally should be supplied as dispersible formulations, stating that change will be considered once adequate sources are identified. These changes will be coordinated between suppliers and users of the kit to facilitate transition.

Medicines not included in the Interagency Emergency Health Kit 2011

The IEHK 2011 does not include the common vaccines or any medicines against communicable diseases such as HIV/AIDS, tuberculosis (8) or leprosy.

No specific medicines are included for the treatment of sexually transmitted infections other than a small quantity as presumptive treatment of gonococcal infection, chlamydia and prevention of HIV infection in the context of post-exposure prophylaxis. Supplies for regular contraception and condoms are not included in the kit.

Selection of medical devices for the Interagency Emergency Health Kit 2011

Syringes, needles and safety boxes

Unsafe injection leads to the risk of transmission of bloodborne pathogens including hepatitis B virus, hepatitis C virus and HIV. Injection-associated risks for patients and health workers should be limited by:

- ◆ limiting the number of injections;
- ◆ using single-use syringes and needles only;
- ◆ using safety boxes designed for the collection and incineration of used syringes, needles and lancets;
- ◆ strictly following the destruction procedures for single-use material.

Only single-use syringes and needles are provided in the supplementary unit. Estimates of needs are based on the number of injectable medicines included in the supplementary unit, which are to be used in line with the treatment guidelines provided.

Gloves

Single-use protective gloves are provided in the basic unit and the supplementary unit to protect health workers against possible infection during dressings or handling of infected materials. Sterile single-use surgical gloves are supplied in the supplementary unit to be used for deliveries, sutures and minor surgery, all under medical supervision.

Sterilization

A complete sterilization set is provided in the kit. The basic units contain two small drums, each to be used as containers for sterile dressing materials. Two drums are included to allow sterilization of one while the other is being used. The supplementary unit contains one steam sterilizer, drums for steam sterilization, crepe paper sheets and masking tape for sterilization packs, TST (time, steam, temperature) indicators, a timer and a kerosene stove.

Dilution and storage of liquids

The kit contains several plastic bottles to dilute and store liquids (e.g. chlorhexidine, benzyl benzoate and polyvidone iodine solution).

Water supply

The kit contains several items to help provide clean water at the health facility. Each basic unit contains a collapsible water container and two plastic pails with water scoops. The supplementary unit contains a water filter with candles, and tablets of sodium dichloroisocyanurate (NaDCC) to chlorinate the water.

Medical devices not included in the Interagency Emergency Health Kit 2011

Resuscitation/major surgery

The kit has been designed to meet the first primary health-care needs of a displaced population without medical facilities, and for that reason no equipment for resuscitation or major surgery has been included. In situations of war, earthquakes or epidemics, specialized teams with medicines and medical devices will be required.

IEHK 2011 does not contain equipment for resuscitation or major surgery.

Major medicine and medical device changes since the 2006 edition of the Interagency Emergency Health Kit

Basic unit

Dispersible tablets to replace adult-only formulations as soon as sufficient quality-assured suppliers of products are available (see footnotes for selected products).

Miconazole, cream 2%, 30g moved from the supplementary unit to the basic unit.

Polyvidone iodine, solution 10% (equivalent to 1% available iodine), bottle, 200 ml to replace gentian violet powder due to removal of gentian violet from the WHO Model List of Essential Medicines (5).

Supplementary unit

Dispersible tablets to replace adult-only formulations as soon as sufficient quality-assured suppliers of products are available (see footnotes for selected products).

Mental health is addressed with the inclusion of one generic anti-psychotic, one anti-Parkinsonian drug (to deal with potential extra-pyramidal side-effects), one anti-convulsant/anti-epileptic, one anti-depressant and one anxiolytic as oral formulations.

Miconazole cream moved to basic unit, to be recalled as needed.

Misoprostol 200 micrograms tablets added for management of incomplete abortion.

Patient PEP revised to include paediatric formulations of azithromycin, cefixime, zidovudine and lamivudine tablets.

Phenobarbital strength reduced from 100 mg to 50 mg or 60 mg, pending availability of products.

Promethazine, injection 25 mg/ml removed due to removal from WHO Essential Medicines List (5).

Salbutamol tablets replaced with salbutamol inhalers.

Chapter 3: Contents of the Interagency Emergency Health Kit 2011

The IEHK 2011 consists of 10 basic units and one supplementary unit (see Figure 1).

Ten basic units – for use by health-care workers with limited training

Each basic unit contains medicines and medical devices (renewable and equipment), for a population of 1000 people for three months.

To facilitate identification in an emergency, one green sticker should be placed on each carton. The word “BASIC” should be printed on stickers for basic units.

One basic unit contains:

- medicines
- medical devices, renewable
- medical devices, equipment
- module: malaria items (uncomplicated malaria)¹.

One supplementary unit – for use by physicians and senior health-care workers

A supplementary unit contains medicines and medical devices (renewables and equipment) for a population of 10 000 people for three months (see Figure 1) and is packed in cartons of a maximum weight of 50 kg. To be operational, the supplementary unit should be used together with one or more basic units.

One supplementary unit contains:

- medicines
- essential infusions
- medical devices, renewable
- medical devices, equipment
- module: patient PEP¹
- module: malaria items¹.

One IEHK 2011 weighs approximately 1000 kg and may occupy more than 4 m³ space. Weights and volumes should be confirmed with the supplier.

1 These items are automatically provided unless a specific request is made not to include them in the kit.

Contents of one basic unit (for 1000 people for three months)

Items	Unit	Quantity
Medicines		
albendazole, chewable tablets 400 mg	tablet	200
aluminium hydroxide + magnesium hydroxide, tablets 400 mg + 400 mg ¹	tablet	1000
amoxicillin, tablets 250 mg ²	tablet	3000
benzyl benzoate, lotion 25% ³	bottle, 1 litre	1
chlorhexidine gluconate, solution 5% ⁴	bottle, 1 litre	1
ferrous sulfate + folic acid, tablets 200 mg + 0.4 mg	tablet	2000
ibuprofen, scored tablets 400 mg	tablet	2000
miconazole, cream 2%	30 g	20
ORS (oral rehydration salts) ⁵	sachet for 1 litre	200
paracetamol, tablets 100 mg ²	tablet	1000
paracetamol, tablets 500 mg	tablet	2000
polyvidone iodine, solution 10% (equivalent to 1% available iodine)	bottle, 200 ml	12
tetracycline, eye ointment 1%	tube, 5 g	50
zinc sulfate, dispersible tablets 20 mg ⁶	tablet	1000

Malaria module (can be withheld from the order upon request)			
artemether + lumefantrine, tablets 20 mg + 120 mg		tablet	
Weight group	Treatments by weight		
5–14 kg	6 dispersible tablets	dispersible tablet	900
15–24 kg	12 dispersible tablets	dispersible tablet	360
25–35 kg	18 tablets	tablet	540
> 35 kg	24 tablets	tablet	4320
lancet for blood sampling (sterile)		unit	1000
quinine sulfate, tablets 300 mg		tablet	2000
rapid diagnostic tests		unit	800
safety box for used lancets, 5 litres		unit	2

- 1 WHO recommends aluminium hydroxide and magnesium hydroxide as single antacids. The Interagency Group agreed to include in the kit the combination of aluminium hydroxide + magnesium hydroxide tablets.
- 2 A change to dispersible tablets will be considered once adequate sources of quality products are identified. Suppliers and users will be notified accordingly.
- 3 WHO recommends benzyl benzoate, lotion 25%. The use of 90% concentration is not recommended.
- 4 WHO recommends chlorhexidine gluconate 5% solution. The use of 20% solution needs distilled water for dilution, otherwise precipitation may occur. Alternative: the combination of cetrimide 15% and chlorhexidine gluconate 1.5%.
- 5 Updated information about the oral rehydration salts (ORS) formulation is provided in the 2011 WHO Model List of Essential Medicines (5).
- 6 In addition to oral rehydration salts (ORS) for the treatment of acute diarrhoea in children.

Items	Unit	Quantity
Medical devices, renewable		
bandage, elastic, 7.5 cm x 5 m, roll	unit	20
bandage, gauze, 8 cm x 4 m, roll	unit	200
compress, gauze, 10 cm x 10 cm, non-sterile	unit	500
cotton wool, 500 g, roll, non-sterile	unit	2
gloves, examination, latex, medium, single-use	unit	100
soap, toilet, bar, approximately 110 g, wrapped	unit	10
tape, adhesive, zinc oxide, 2.5 cm x 5 m	unit	30
Stationery		
book, exercise, A4 size, 100 pages, hard cover ¹	unit	4
envelope, plastic, 10 cm x 15 cm	unit	2000
health card ²	unit	500
pad, note, plain, A6 size, 100 sheets	unit	10
pen, ball-point, blue	unit	10
plastic bag, for health card, 11 cm x 25 cm, snap-lock fastening	unit	500
Guidelines for IEHK 2011 users		
<i>Interagency Emergency Health Kit 2011</i> , English version	unit	2
<i>Interagency Emergency Health Kit 2011</i> , French version	unit	2
<i>Interagency Emergency Health Kit 2011</i> , Spanish version	unit	2
Medical devices, equipment		
basin, kidney, stainless steel, 825 ml	unit	1
bottle, plastic, 250 ml, wash bottle	unit	1
bottle, plastic, 1 litre, with screw cap	unit	3
bowl, stainless steel, 180 ml	unit	1
brush, hand, scrubbing, plastic	unit	2
drum, sterilizing, approximately 150 mm x 150 mm	unit	2
forceps, artery, Kocher, 140 mm, straight	unit	2
pail, with water scoop, handle, polyethylene, 10 litre or 15 litre	unit	2
scissors, Deaver, 140 mm, straight, sharp/blunt	unit	2
surgical instruments, dressing set ³	unit	2
thermometer, clinical, digital, 32–43° Celsius	unit	5
tray, dressing, stainless steel, 300 mm x 200 mm x 30 mm	unit	1
water container, PVC/PE, collapsible, 10 litre or 15 litre	unit	1

1 It is recommended that one exercise book be used for recording daily medicine dispensing and another for daily basic morbidity data (see Annex 2).

2 For a sample health card, see Annex 3.

3 Surgical instruments, dressing set (3 instruments + box):

- 1 forceps, artery, Kocher, 140 mm, straight
- 1 forceps, dressing, standard, 155 mm, straight
- 1 scissors, Deaver, 140 mm, straight, sharp/blunt
- 1 tray, instruments, stainless steel, 225 mm x 125 mm x 50 mm, with cover.

Contents of one supplementary unit (for 10 000 people for three months)

Items	Unit	Quantity
Medicines		
Anaesthetics		
ketamine, injection 50 mg/ml	10 ml/vial	25
lidocaine, injection 1% ¹	20 ml/vial	50
Analgesics²		
morphine, injection 10 mg/ml ³	1 ml/ampoule	50
Recall from basic unit		
<i>ibuprofen, tablets 400 mg</i>	<i>(10 × 2000) 20 000</i>	
<i>paracetamol, tablets 100 mg⁴</i>	<i>(10 × 1000) 10 000</i>	
<i>paracetamol, tablets 500 mg</i>	<i>(10 × 2000) 20 000</i>	
Anti-allergics		
epinephrine (adrenaline) see "respiratory tract"		
hydrocortisone, powder for injection 100 mg	vial	50
prednisolone, tablets 5 mg	tablet	100
Anticonvulsants/antiepileptics		
diazepam, injection 5 mg/ml	2 ml/ampoule	200
magnesium sulfate, injection 500 mg/ml	10 ml/ampoule	40
phenobarbital, tablets 50 mg ⁵	tablet	1000
Antidotes		
calcium gluconate, injection 100 mg/ml ⁶	10 ml/ampoule	10
naloxone, injection 0.4 mg/ml ⁷	1 ml/ampoule	10
Anti-infective medicines		
benzathine benzylpenicillin, injection 2.4 million IU/vial (long-acting penicillin)	vial	50
benzylpenicillin, injection 5 million IU/vial ⁸	vial	250
ceftriaxone, injection 1 g	vial	800
clotrimazole, pessary 500 mg	pessary	100
cloxacillin, capsules 250 mg	capsule	2000

- 1 20 ml vials are preferred, although 50 ml vials may be used as an alternative.
- 2 Alternative injectable analgesics, such as pentazocine and tramadol, are not recommended by WHO. It is recognized however that these may be practical alternatives to morphine in situations where opioids cannot be sent.
- 3 Controlled substance (see Annex 6 for more details).
- 4 A change to dispersible tablets will be considered once adequate sources of quality products are identified. Suppliers and users will be notified accordingly.
- 5 Interchangeable with 60 mg formulation depending on availability.
- 6 For use as an antidote to magnesium sulfate overdose in case of severe respiratory depression or arrest.
- 7 Naloxone is an opioid antagonist given intravenously for the treatment of morphine overdose and to reverse the effects of therapeutic doses of morphine.
- 8 Benzylpenicillin injection 5 million UI/vial is provided for diseases requiring high dosage treatment. The vials are not intended for multiple use because of concerns over contamination.

Items	Unit	Quantity
Medicines		
Anti-infective medicines (continued)		
doxycycline, tablets 100 mg	tablet	3000
metronidazole, tablets 500 mg	tablet	2000
miconazole, muco-adhesive tablets 10 mg ¹	tablet	350
procaine benzylpenicillin, injection 3–4 million IU/vial ²	vial	200
Recall from basic unit:		
<i>albendazole, tablets 400 mg</i>	<i>(10 x 200)</i>	<i>2000</i>
<i>amoxicillin, tablets 250 mg</i>	<i>(10 x 3000)</i>	<i>30 000</i>
Cardiovascular medicines		
atenolol, tablets 50 mg	tablet	1000
hydralazine, powder for injection 20 mg ³	ampoule	20
methyldopa, tablets 250 mg ⁴	tablet	1000
Dermatological medicines		
silver sulfadiazine, cream 1%	tube, 50 g	30
Recall from basic unit:		
<i>benzyl benzoate, lotion 25%</i>	<i>(10 x 1 litre)</i>	<i>10</i>
<i>miconazole, cream 2% 30 g</i>	<i>(10 x 20)</i>	<i>200</i>
<i>polyvidone iodine, solution 10% (equivalent to 1% available iodine)</i>	<i>(10 x 12)</i>	<i>120</i>
<i>tetracycline, eye ointment 1%</i>	<i>(10 x 50)</i>	<i>500</i>
Disinfectants and antiseptics		
sodium dichloroisocyanurate (NaDCC), tablets 1.67 g ⁵	tablet	1200
Recall from basic unit:		
<i>chlorhexidine, solution 5%</i>	<i>(10 x 1 litre)</i>	<i>10</i>
Diuretics		
furosemide, injection 10 mg/ml	2 ml/ampoule	20
hydrochlorothiazide, tablets 25 mg	tablet	200
Gastrointestinal medicines		
atropine, injection 1 mg/ml	1 ml/ampoule	50
promethazine, tablets 25 mg	tablet	500
Recall from basic unit:		
<i>aluminium hydroxide + magnesium hydroxide, tablets 400 mg + 400 mg</i>	<i>(10 x 1000)</i>	<i>10 000</i>

- 1 WHO recommends nystatin, tablet, lozenge and pessary as an antifungal agent. The Interagency Group agreed to include miconazole muco-adhesive tablets in the kit as they are more agreeable for patients than oral nystatin.
- 2 The combination of procaine benzylpenicillin 3 million IU and benzylpenicillin 1 million IU (procaine penicillin fortified) is used in many countries and may be included as an alternative.
- 3 For the acute management of severe pregnancy-induced hypertension only.
- 4 For the management of pregnancy-induced hypertension only.
- 5 Each effervescent tablet contains 1.67 g of NaDCC and releases 1 g of available chlorine when dissolved in water.

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Items	Unit	Quantity
Medicines		
Medicines affecting the blood		
folic acid, tablets 5 mg	tablet	1000
Recall from basic unit:		
<i>ferrous sulfate + folic acid, tablets 200 mg + 0.4 mg</i>	<i>(10 x 2000)</i>	<i>20 000</i>
Oxytocics		
misoprostol, tablets 200 micrograms ¹	tablet	60
oxytocin, injection 10 IU/ml ²	1 ml/ampoule	200
Psychotherapeutic medicines		
amitriptyline, tablets 25 mg	tablet	4000
biperiden, tablets 2 mg	tablet	400
diazepam, tablets 5 mg	tablet	240
haloperidol, injection 5 mg/ml	1 ml/ampoule	20
haloperidol, tablets 5 mg	tablet	1300
Respiratory tract, medicines acting on		
epinephrine (adrenaline), injection 1 mg/ml	1 ml/ampoule	50
salbutamol, inhaler 0.1 mg/dose ³	unit	50
Solutions correcting water, electrolyte and acid-base disturbances⁴		
compound solution of sodium lactate (Ringer's lactate), injection solution, with IV-giving set and needle	500 ml bag	200
glucose 5%, injection solution, with IV-giving set and needle ⁵	500 ml bag	100
glucose 50%, injection solution (hypertonic)	50 ml/vial	20
water for injection	10 ml/plastic vial	2000
Recall from basic unit:		
<i>oral rehydration salts, sachets</i>	<i>(10 x 200)</i>	<i>2000</i>
Vitamins		
ascorbic acid, tablets 250 mg	tablet	4000
retinol (vitamin A), capsules 200 000 IU	capsule	4000

- 1 For management of incomplete abortion only: single dose of 600 micrograms (3 tablets of 200 micrograms) orally for women with uterine size less than or equal to 12 weeks gestation.
- 2 For the prevention and treatment of postpartum haemorrhage.
- 3 Spacer devices made from plastic soft drink or mineral water bottles can be used as needed.
- 4 Because of the weight, the quantity of infusions included in the kit is minimal.
- 5 Glucose 5%, bag 500 ml, for administration of quinine by infusion.

Items	Unit	Quantity
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Malaria module (can be withheld from the order upon request)		
artemether, injection 20 mg/ml ¹	1 ml/ampoule	200
artemether, injection 80 mg/ml ¹	1 ml/ampoule	75
quinine dihydrochloride, injection 300 mg/ml ²	2 ml/ampoule	100
Recall from basic unit: malaria module		
artemether + lumefantrine, tablets 20 mg + 120 mg	(10 x 6120)	61 200
lancet for blood sampling (sterile)	(10 x 1000)	10 000
quinine sulfate, tablets 300 mg	(10 x 2000)	20 000
rapid diagnostic tests	(10 x 800)	8000
safety box for used lancets, 5 litres	(10 x 2)	20

Patient PEP module, 50 treatments (can be withheld from the order upon request)		
azithromycin, suspension 200 mg/5 ml	bottle	5
azithromycin, tablets/capsules 250 mg ³	tablet/capsule	200
cefixime, suspension 100 mg/5 ml	bottle	10
cefixime, tablets 200 mg ⁴	tablet	100
lamivudine, tablets 150 mg	tablet	360
levonorgestrel, tablets 1.50 mg ⁵	tablet	50
pregnancy test	unit	50
zidovudine, capsules 100 mg	capsule	840
zidovudine (AZT) + lamivudine (3TC), tablets 300 mg +150 mg ⁶	tablet	3000
<i>Clinical management of rape survivors. Developing protocols for use with refugees and internally displaced persons, revised ed. Geneva, World Health Organization, 2004.</i> ⁷	unit	1

- 1 Alternative: artesunate, 60 mg for injection, 300; and 5 ml of glucose 5% or NaCl 0.9% injection, 300, is acceptable. Before using, inject the added 1 ml sodium bicarbonate 5% injection solution into the artesunate vial, dissolve and then add 5 ml of glucose 5% or NaCl 0.9% injection. Tuberculin syringe, single-use, 1 ml, sterile, 200, needs to be included too for administration purposes.
- 2 Intravenous injection of quinine must always be diluted in glucose 5%, bag 500 ml.
- 3 A change to dispersible tablets will be considered once adequate sources of quality products are identified. Suppliers and users will be notified accordingly.
- 4 For presumptive treatment of sexually transmitted infections (gonococcal infection) by sexual assault (rape). It may be used in pregnancy.
- 5 Women who seek help within five days of rape and wish to use emergency contraception to prevent pregnancy, should take one tablet of levonorgestrel 1.50 mg. Alternative: levonorgestrel 0.75 mg tablets and doubling the quantity is acceptable.
- 6 For presumptive treatment to reduce the chances of HIV infection by sexual assault (rape) and by needle stick.
- 7 Protocols and leaflets included in the manual.

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Items	Unit	Quantity
Guidelines		
<i>MSF clinical guidelines, diagnostic and treatment manual (latest edition)</i>		
- English version	unit	2
- French version	unit	2
- Spanish version	unit	2
<i>MSF essential drugs, practical guide (latest edition)</i>		
- English version	unit	2
- French version	unit	2
- Spanish version	unit	2
Medical devices, renewable		
bag, urine, collecting, 2000 ml	unit	10
cannula, IV short, 18G (1.3 x 45 mm), sterile, single-use	unit	100
cannula, IV short, 22G (0.8 x 25 mm), sterile, single-use	unit	50
cannula, IV short, 24G (0.7 x 19 mm), sterile, single-use	unit	50
catheter, Foley, CH12, sterile, single-use	unit	10
catheter, Foley, CH14, sterile, single-use	unit	5
catheter, Foley, CH18, sterile, single-use	unit	5
clamp, umbilical, sterile	unit	100
compress, gauze, 10 cm x 10 cm, non-sterile	unit	1500
compress, gauze, 10 cm x 10 cm, sterile	unit	2000
gloves, examination, latex, large, single-use	unit	100
gloves, examination, latex, medium, single-use	unit	100
gloves, examination, latex, small, single-use	unit	100
gloves, surgical, 6.5, sterile, single-use, pair	unit	50
gloves, surgical, 7.5, sterile, single-use, pair	unit	150
gloves, surgical, 8.5, sterile, single-use, pair	unit	50
indicator, TST (time, steam, temperature) control spot	unit	300
masking tape, 2 cm x 50 m ¹	roll	1
needle, scalp vein, 21G (0.8 x 19 mm), sterile, single-use	unit	100
needle, scalp vein, 25G (0.5 x 19 mm), sterile, single-use	unit	300
needle, single-use, 19G (1.1 x 40 mm), sterile ²	unit	2000
needle, single-use, 21G (0.8 x 40 mm), sterile	unit	1500
needle, single-use, 23G (0.6 x 25 mm), sterile	unit	1500
needle, single-use, 25G (0.5 x 16 mm), sterile	unit	100
needle, spinal, 20G (0.9 x 90 mm), sterile, single-use	unit	25
needle, spinal, 22G (0.7 x 40 mm), sterile, single-use	unit	25
paper sheet, crepe, approximately 1 m x 1 m, for sterilization pack	sheet	100
razor, safety, single-use	unit	100
safety box for used syringes/needles, 5 litres ³	unit	50
scalpel blade, No. 22, sterile, single-use	unit	100

1 To secure small paper parcels of instruments for sterilization allowing contents and date to be written.

2 Included mainly for reconstitution purposes.

3 WHO/UNICEF standard E10/IC2: boxes should be prominently marked.

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Items	Unit	Quantity
suture, absorbable, synthetic, braided DEC2 (3/0), curved needle 3/8 circle, 26 mm, triangular point	unit	144
syringe, feeding, 50 ml, catheter tip, sterile	unit	10
syringe, feeding, 50 ml, Luer tip, sterile	unit	10
syringe, single-use, 1 ml, sterile ¹	unit	200
syringe, single-use, 2 ml, sterile	unit	700
syringe, single-use, 5 ml, sterile	unit	2000
syringe, single-use, 10 ml, sterile	unit	600
syringe, single-use, 20 ml, sterile ²	unit	100
tongue depressor, wooden, single-use	unit	500
tube, aspirating/feeding, CH16, L125 cm, catheter tip, sterile, single-use	unit	10
tube, feeding, CH05, L40 cm, Luer tip, sterile, single-use	unit	20
tube, feeding, CH08, L40 cm, Luer tip, sterile, single-use	unit	50
Recall from basic unit:		
Medical devices, renewable		
<i>bandage, elastic, 7.5 cm x 5 m, roll</i>	<i>(10 x 20)</i>	<i>200</i>
<i>bandage, gauze, 8 cm x 4 m, roll</i>	<i>(10 x 200)</i>	<i>2000</i>
<i>compress, gauze, 10 cm x 10 cm, non-sterile</i>	<i>(10 x 500)</i>	<i>5000</i>
<i>cotton wool, 500 g, roll, non-sterile</i>	<i>(10 x 2)</i>	<i>20</i>
<i>gloves, examination, latex, medium, single-use</i>	<i>(10 x 100)</i>	<i>1000</i>
<i>soap, toilet, bar, approximately 110 g, wrapped</i>	<i>(10 x 10)</i>	<i>100</i>
<i>tape, adhesive, zinc oxide, 2.5 cm x 5 m</i>	<i>(10 x 30)</i>	<i>300</i>
Stationery		
<i>book, exercise, A4 size, 100 pages, hard cover</i>	<i>(10 x 4)</i>	<i>40</i>
<i>envelope, plastic, 10 cm x 15 cm</i>	<i>(10 x 2000)</i>	<i>20 000</i>
<i>health card</i>	<i>(10 x 500)</i>	<i>5000</i>
<i>pad, note, plain, A6 size, 100 sheet</i>	<i>(10 x 10)</i>	<i>100</i>
<i>pen, ball-point, blue</i>	<i>(10 x 10)</i>	<i>100</i>
<i>plastic bag, for health card, 11 cm x 25 cm, snap-lock fastening</i>	<i>(10 x 500)</i>	<i>5000</i>
Medical devices, equipment		
apron, protection, plastic, single-use ³	unit	100
basin, kidney, stainless steel, 825 ml	unit	2
bowl, stainless steel, 180 ml	unit	2
brush, hand, scrubbing, plastic	unit	2
drawsheet, plastic, 90 cm x 180 cm	unit	2
drum, sterilizing, approximately 150 mm x 150 mm	unit	2
filter, drinking, candle, 10-80 litre per day	unit	3
forceps, artery, Kocher, 140 mm, straight	unit	2
otoscope set, cased ⁴	unit	2
scale, electronic, mother-and-child, 150 kg x 100 g	unit	1
scale, infant spring (only), 25 kg x 100 g	unit	3

1 Included for the administration of artemether in children only.

2 Included for the administration of magnesium sulfate only.

3 Alternative: apron, protection plastic, reusable unit, 2, may be supplied.

4 Spare bulb must be included within the otoscope set.

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Items	Unit	Quantity
scissors, Deaver, 140 mm, straight, sharp/blunt	unit	2
spare battery R6 alkaline AA size, 1.5 V (for otoscope)	unit	12
sphygmomanometer, (adult), aneroid	unit	4
sterilizer, steam, approximately 21 litre or 24 litre	unit	1
stethoscope, binaural, complete	unit	4
stethoscope, fetal, Pinard	unit	1
stove, kerosene, single-burner, pressure	unit	1
surgical instruments, delivery set ¹	unit	1
surgical instruments, dressing set ²	unit	5
surgical instruments, suture set ³	unit	2
tape measure, arm circumference, MUAC (mid-upper arm circumference)	unit	50
tape measure, vinyl-coated, 1.5 m	unit	5
thermometer, clinical, digital, 32–43° Celsius	unit	10
timer, 60 minutes	unit	1
tourniquet, latex rubber, 75 cm ⁴	unit	2
tray, dressing, stainless steel, 300 mm x 200 mm x 30 mm	unit	1
weighing trousers for scale infant spring, set of 5	unit	3

1 Delivery set (3 instruments + box)

- 1 scissors, Mayo, 140 mm, curved, blunt/blunt
- 1 scissors, gynaecological, 200 mm, curved, blunt/blunt
- 1 forceps, artery, Kocher, 140 mm, straight
- 1 tray, instruments, stainless steel, 225 mm x 125 mm x 50 mm, with cover.

2 Dressing set (3 instruments + box)

- 1 forceps, artery, Kocher, 140 mm, straight
- 1 forceps, dressing, standard, 155 mm, straight
- 1 scissors, Deaver, 140 mm, straight, sharp/blunt
- 1 tray, instruments, stainless steel, 225 mm x 125 mm x 50 mm, with cover.

3 One suture set should be reserved for repair of postpartum vaginal tears.

Abscess/suture set (7 instruments + box)

- 1 forceps, artery, Halsted-mosquito, 125 mm curved
- 1 forceps, artery, Kocher, 140 mm, straight
- 1 forceps, tissue, standard, 145 mm, straight
- 1 needle holder, Mayo-Hegar, 180 mm, straight
- 1 probe, double-ended, 145 mm
- 1 scalpel handle, No. 4
- 1 scissors, Deaver, 140 mm, curved, sharp/blunt
- 1 tray, instruments, stainless steel, 225 mm x 125 mm x 50 mm, with cover.

4 Alternative: tourniquet with Velcro, unit, 2, may be supplied.

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Items	Unit	Quantity
<i>Recall from basic unit:</i>		
<i>Medical devices, equipment</i>		
<i>basin, kidney, stainless steel, 825 ml</i>	<i>(10 x 1) 10</i>	
<i>bowl, stainless steel, 180 ml</i>	<i>(10 x 1) 10</i>	
<i>drum, sterilizing, approximately 150 mm x 150 mm</i>	<i>(10 x 2) 20</i>	
<i>forceps, artery, Kocher, 140 mm, straight</i>	<i>(10 x 2) 20</i>	
<i>scissors, Deaver, 140 mm, straight, sharp/blunt</i>	<i>(10 x 2) 20</i>	
<i>surgical instruments, dressing set</i>	<i>(10 x 2) 20</i>	
<i>thermometer, clinical, digital 32–43° Celsius</i>	<i>(10 x 5) 50</i>	
<i>tray, dressing, stainless steel, 300 mm x 200 mm x 30 mm</i>	<i>(10 x 1) 10</i>	

References

1. *The selection and use of essential medicines. Reports of the WHO Expert Committees.* Geneva, World Health Organization. (http://www.who.int/medicines/publications/essentialmeds_committeereports/en/index.html).
2. *Guidelines for drug donations*, revised 2010. Geneva, World Health Organization, 2011. (http://www.who.int/medicines/publications/med_donationsguide2011/en/index.html).
3. *Clinical management of rape survivors. Developing protocols for use with refugees and internally displaced persons*, revised ed. Geneva, World Health Organization, 2004.
4. *IASC guidelines on mental health and psychosocial support in emergency settings.* The Inter-Agency Standing Committee (IASC), 2007 (http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf).
5. *WHO Model Lists of Essential Medicines.* Geneva, World Health Organization (<http://www.who.int/medicines/publications/essentialmedicines/en/index.html>).
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7. Freeman C. Drugs and physical treatment after trauma. In: Ørner R, Schnyder U, eds. *Reconstructing early intervention after trauma*, Oxford, Oxford University Press, 2003:169–76.
8. Connolly MA, Gayer M, Ottmani S, eds. *Tuberculosis care and control in refugee and displaced populations: an interagency field manual (Second edition).* Stop TB Department and Disease Control in Humanitarian Emergencies Programme, WHO and UNHCR. Geneva, World Health Organization, 2007 (WHO/HTM/TB/2007.377, http://whqlibdoc.who.int/publications/2007/9789241595421_eng.pdf)
9. *Medical device donations: considerations for solicitation and provision.* Geneva, World Health Organization, 2011 (http://whqlibdoc.who.int/publications/2011/9789241501408_eng.pdf).
10. *The international pharmacopoeia*, 4th ed. Geneva, World Health Organization, 2011 (<http://apps.who.int/phint/en/p/about/>).
11. *Model guidelines for the international provision of controlled medicines for emergency medical care.* Geneva, World Health Organization. (WHO/PSA/96.17 <http://apps.who.int/medicinedocs/en/d/Jwho32e/>).

Annex 1: Useful resources

The books and documents referenced below may be obtained (some are priced; others are free of charge) from the respective organizations. Contact details are provided in Annex 7 or can be found on the organizations' web sites.

Medicines

WHO Model List of Essential Medicines. Geneva, World Health Organization (<http://www.who.int/medicines/publications/essentialmedicines/en/index.html>).

WHO Model Formulary. Geneva, World Health Organization (www.who.int/selection_medicines/list).

Medicine management

The logistics handbook: a practical guide for supply chain managers in family planning and health programs. John Snow, Inc./DELIVER. Arlington, Virginia, United States Agency for International Development (USAID), 2009 (<http://www.jsi.com/JSIInternet/Resources/Publications/healthlogistics.cfm>).

Guidelines for the storage of essential medicines and other health commodities. John Snow, Inc./DELIVER in collaboration with the World Health Organization. Arlington, Virginia, United States Agency for International Development (USAID), 2003 (<http://apps.who.int/medicinedocs/en/d/Js4885e/1.html>).

Communicable diseases

Communicable disease control in emergencies. A field manual. Geneva, World Health Organization, 2005 (http://www.who.int/infectious-disease-news/IDdocs/whocds200527/ISBN_9241546166.pdf).

Guidelines for the control of shigellosis, including epidemics due to Shigella dysenteriae type 1. Geneva, World Health Organization, 2005 (<http://whqlibdoc.who.int/publications/2005/9241592330.pdf>).

The treatment of diarrhoea - a manual for physicians and other senior health workers. Geneva, World Health Organization, 2005 (<http://whqlibdoc.who.int/publications/2005/9241593180.pdf>).

Control of communicable diseases and prevention of epidemics. In: *Environmental health in emergencies and disasters. A practical guide*. Geneva, World Health Organization, 2002:168–174 (http://www.who.int/water_sanitation_health/hygiene/emergencies/em2002chap11.pdf).

General public health

Health Cluster Guide. A practical guide for country-level implementation of the Health Cluster. Geneva, World Health Organization, 2009 (http://www.who.int/hac/network/global_health_cluster/health_cluster_guide_6apr2010_en_web.pdf).

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Annex 2: Sample data collection forms

Daily morbidity data

Location:

Clinic:

Date:

	Children under five years old	Children aged five years and older, and adults	Total
Diarrhoea with blood			
Diarrhoea without blood			
Fever			
Confirmed malaria			
Malnutrition			
Measles			
Meningitis			
Acute respiratory infections/pneumonia			
Sexually transmitted infections			
Others			
Totals			

Number of cases referred to other services:

Other information:

Weekly mortality statistics

Location:

Total population:

Week:

Cause of death	Children under five years old		Children aged five years and older, and adults		Total	
	Male	Female	Male	Female	Male	Female
Acute respiratory infection/pneumonia						
Diarrhoea						
Diarrhoea with blood						
Fever						
Confirmed malaria						
Malnutrition						
Maternal deaths						
Measles						
Meningitis						
Others						
Totals						

Other information

Daily medicine consumption form

Date:

Location:

Item/medicine	Quantities dispensed*	Total
1. albendazole 400 mg chewable tablets		
2. aluminium hydroxide 400 mg + magnesium hydroxide 400 mg tablets		
3. amoxicillin 250 mg tablets		
4. artemether + lumefantrine, 20 mg + 120 mg tablets		
6 tablets		
12 tablets		
18 tablets		
24 tablets		
5. benzyl benzoate 25%, lotion		
6. chlorhexidine 5%, solution		
7. ferrous sulfate + folic acid 200 mg + 0.4 mg tablets		
8. ibuprofen 400 mg scored tablets		
9. miconazole 2% cream		
10. oral rehydration salts (ORS) sachets		
11. paracetamol 100 mg tablets		
12. paracetamol 500 mg tablets		
13. polyvidone iodine, solution 10% (equivalent to 1% available iodine), bottle, 200 ml		
14. quinine sulfate 300 mg tablets		
15. tetracycline 1% eye ointment		
16. zinc sulfate 20 mg dispersible tablets		

* For example: 10 + 30 + 20...

Annex 3: Sample health card

HEALTH CARD CARTE DE SANTE										Card No. Carte No.	
Site Lieu			Section/House No. Section /Habitation No.			Date of registration Date d'enregistrement					
Family name Nom de famille			Given names Prénoms			Date of arrival at site Date d'arrivée sur le lieu					
Date of birth or age Date de naissance ou âge		Or Ou	Years Ans	Sex Sexe	M/F	Name commonly known by Nom d'usage habituel					
CHILDREN ENFANTS	Mother's name Nom de la mère		Father's name Nom du père								
	Height Taille	CM	Weight Poids	KG	Percentage weight/height Pourcentage poids/taille						
DEFENSE DEFENSE	Feeding programme Programme d'alimentation										
	Immunization	Measles Rougeole	Date	1	2	BCG Date	Others Autres				
	Immunization	Polio	Date	DPT Polio Date		1	2	3			
WOMEN FEMMES	Pregnant Enceinte	Yes/No Oui/Non	No. of pregnancies No. de grossesses		No. of children No. d'enfants		Lactating Allaitante	Yes/no Oui/Non			
	Tetanus Tétanos	Date	1	2	3	4	5				
OBSCURITIES OBSURÉTÉS	Feeding programme Programme d'alimentation										
	General (Family circumstances, living conditions etc.) Générales (Circonstances familiales, condition de vie, etc.)					Health (Brief history, present condition) Médicales (Résumé de l'état actuel)					

The Interagency Emergency Health Kit 2011

DATE	CONDITION (Signs/symptoms/diagnosis) ETAT (Signes/symptômes/diagnostic)	TREATMENT (Medication/dose time) TRAITEMENT (Médication/durée de la dose)	COURSES (Medication due/given) APPLICATION (Médication requise/effectuée)	OBSERVATIONS (Change in condition) NAME OF HEALTH WORKER OBSERVATIONS (Changement d'état) NOM DE L'AGENT DE SANTE

Annex 4: Guidelines for suppliers

Specifications for medicines and medical devices

1. Medicines and medical devices – renewable and equipment – in the kit should comply with specifications given in the UNICEF online supply catalogue at:
<https://supply.unicef.org>
<http://www.supply.unicef.dk/Catalogue/>
2. Suppliers should purchase medicines and medical devices from quality-assured sources following internationally accepted quality standards. Where possible, medicines and devices should be sourced from manufacturers that are prequalified by WHO. The list of prequalified manufacturers and products can be found at <http://mednet3.who.int/prequal/>
3. Medicines and medical devices – renewable and equipment – in the kit should comply with specifications and advice given in latest versions of the interagency *Guidelines for drug donations*, published by WHO (2) and in the document *Medical device donations: considerations for solicitation and provision* (9).
4. Suppliers should contact WHO/Procurement Services (see Annex 7) for the latest specifications of rapid diagnostic tests (RDTs) for malaria, and information on the most appropriate tests for use in different regions (see also http://www.who.int/malaria/diagnosis_treatment/en/).

Packaging

1. The tablets or capsules should be packed in sealed waterproof containers with replaceable lids, protecting the contents from light and humidity.
2. There is "no objection" against blister packaging provided it is waterproof and protects the contents from light and humidity where applicable.
3. Liquids should be packed in unbreakable leak-proof bottles or containers.
4. Containers for all pharmaceutical preparations must conform to the latest edition of internationally recognized pharmacopoeial standards (10).
5. Ampoules must either have break-off necks, or sufficient files must be provided.
6. Each basic unit should be packed in one carton, with the malaria module packed separately. The supplementary unit must be packed in cartons with a maximum weight of 50 kg each.

7. Medicines, infusions and medical devices (renewables and equipment) should all be packed in separate cartons, with corresponding labels. The cartons should preferably have two handles attached.
8. Each carton must be marked with labels permitting identification and classification. The word "BASIC" must be printed on each label for the basic unit.

Packing list

Each consignment must be accompanied by a list of contents, stating the total number of cartons. For each carton, the following should be clearly specified:

1. name of each product;
2. batch number of each product;
3. quantity of each product;
4. expiry date of each product, especially for pharmaceutical products.

Information slips

Each basic unit carton and a number of the supplementary unit cartons should contain an information slip in at least three languages (English, French, Spanish), which reads as follows:

English

"The Interagency Emergency Health Kit 2011 is primarily intended for displaced populations without medical facilities; it may also be used for initial supply of primary health-care facilities where the normal system of provision has broken down. It is **not** intended as a re-supply kit and, if used as such, may result in the accumulation of items and medicines which are not needed.

It is recognized that some of the medicines and medical devices contained in the kit may not be appropriate for all cultures and countries. 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 is not designed for immunization programmes, cholera, meningitis or specific epidemics such as those caused by Ebola virus, SARS and avian flu virus."

Español

<< El botiquín médico de emergencia interorganismos 2011 está destinado principalmente a las poblaciones desplazadas carentes de servicios médicos; podrá utilizarse también para la prestación inicial de servicios de atención primaria de salud donde el sistema normal de prestación esté paralizado. **No** tiene por objeto reabastecer el botiquín, pues si se utiliza con este fin ello puede dar lugar a que se acumulen artículos y medicamentos innecesarios.

Se reconoce que algunos de los suministros y medicamentos contenidos en el botiquín pueden no ser apropiados en todos los contextos culturales y países. Esto es inevitable, ya que se trata de un botiquín estándar de emergencia destinado para su uso en todo el mundo, preempaquetado y listo para su envío inmediato.

El botiquín no está destinado a los programas de inmunización ni a combatir el cólera, la meningitis o epidemias particulares como la provocada por el virus de Ébola, SRAS y la gripe aviar. >>

Français

<< Le Kit Sanitaire d'Urgence Inter-institutions 2011 est principalement destiné aux populations déplacées n'ayant pas accès à un système de soins médicaux. Il peut également être utilisé pour donner des soins de santé primaires, partout où le système habituel n'est plus fonctionnel. Il ne doit **en aucun cas** servir de réapprovisionnement car cela pourrait entraîner une accumulation inappropriée de matériel médical et de médicaments.

Dans la mesure où ce kit est standardisé, destiné à être utilisé dans le monde entier et préconditionné afin d'être distribué immédiatement en cas de nécessité, il est inévitable qu'une partie du matériel médical et des médicaments qu'il contient ne conviennent pas à tous les pays et à toutes les cultures.

Ce kit n'est ni conçu pour les programmes de vaccination, choléra, méningite, ni pour des épidémies spécifiques comme celles dues au virus Ebola, SARS et le virus de la grippe aviaire. >>

Annex 5: Other kits for emergency situations

The following additional kits covering nutrition and reproductive health may be provided after assessment of needs. Please see Annex 7 for the addresses of Médecins Sans Frontières (MSF), Oxfam, the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA).

Nutrition

Nutrition kits

Nutrition kits are used by health workers for the assessment of the nutritional status of populations, for therapeutic feeding programmes, and for supplementary feeding programmes. These kits were initially produced by the British-based nongovernmental organization Oxfam, and were known as 'Oxfam kits'. In 2007, Médecins Sans Frontières (MSF) managed the production of the nutrition kits for partners while a review of the kit composition was undertaken by the Nutrition Cluster¹. The revised recommendation by the Nutrition Cluster includes a standard anthropometric kit containing weighing and measuring equipment for children under five years of age, combined with additional modules designed specifically for inpatient and outpatient (ambulatory) therapeutic feeding centres that can be ordered separately. The revised composition takes into account the need for scaling-up treatment of severe acute malnutrition (SAM) in some countries. Kits are available from MSF and UNICEF.

The following kits and modules are available:

Kit 1. Nutrition kit, anthropometric

Kit 2. Nutrition kit for an inpatient therapeutic feeding centre

Kit 3. Nutrition kit for an outpatient therapeutic feeding centre

Module 1. Nutrition kit, inpatient, module-registration

Module 2. Nutrition kit, inpatient, module-equipment

Module 3. Nutrition kit, inpatient, module-medical supplies

Module 4. Nutrition kit, inpatient, module-medical devices

Module 5. Nutrition kit, outpatient, module-registration

Module 6. Nutrition kit, outpatient, module-equipment

1 In December 2005 the Inter-Agency Standing Committee (IASC) designated global cluster leads for nine sectors or areas of activity, which in the past either lacked predictable leadership in situations of humanitarian emergency, or where there was considered to be a need to strengthen leadership and partnership with other humanitarian actors, e.g. agriculture (led by FAO), logistics (led by WFP), refugees (led by UNHCR) and nutrition and education (led by UNICEF). See <http://onerresponse.info/Coordination/ClusterApproach/Pages/Cluster%20Approach.aspx>.

Kit 1. Anthropometric nutrition kit

This kit contains equipment for measuring weight and height, allowing two teams to perform a nutritional anthropometric survey among children under five years of age.

It also provides the necessary measuring equipment for inpatient and outpatient therapeutic feeding centres.

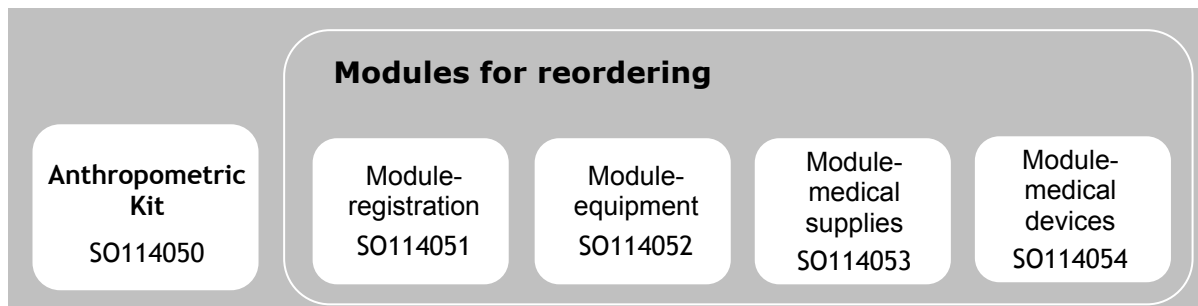
MSF reference: KMEDKNUT4

UNICEF reference: S0114050

Kit 2. Nutrition kit for an inpatient therapeutic feeding centre

The nutrition kit for an inpatient therapeutic feeding centre consists of one **anthropometric nutrition kit (see above: Kit 1)** plus modules 1 to 4 as additional consumables to be ordered separately (see Figure 2).

Figure 2: Nutrition kit for an inpatient therapeutic feeding centre



This kit is sufficient for one inpatient therapeutic feeding centre caring for 50 severely acute malnourished children for a period of three months.

Module 1. Inpatient registration module

Module 1 contains medical stationery and identification equipment for an inpatient therapeutic feeding centre.

MSF reference: KMEDMNUTI11

UNICEF reference: S0114051

Module 2. Inpatient equipment module

Module 2 contains cooking and distribution materials for an inpatient therapeutic feeding centre.

MSF reference: KMEDMNUTI12

UNICEF reference: S0114052

Module 3. Inpatient medical supplies module

This module contains medical consumables (renewables) for an inpatient therapeutic feeding centre and consists of two cartons of supplies.

MSF reference: KMEDMNUTI13

UNICEF reference: S0114053

Module 4. Inpatient medical devices module

Module 4 contains a glucometer and haemoglobinometer for use in an inpatient therapeutic feeding centre. This module consists of one carton.

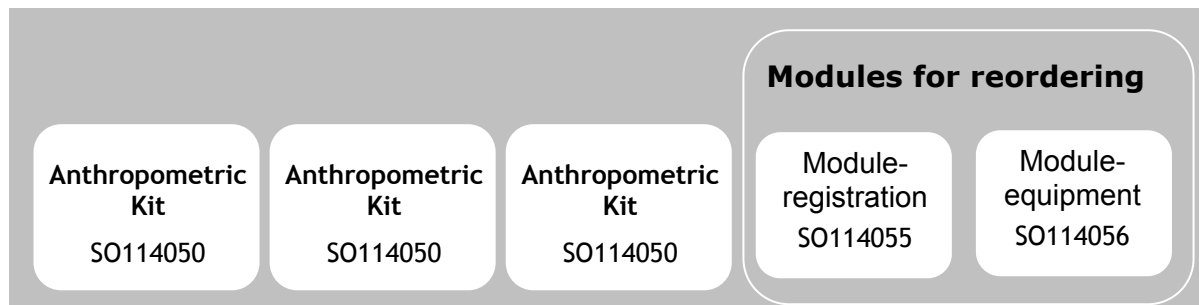
MSF reference: KMEDMNUTI14

UNICEF reference: S0114054

Kit 3. Nutrition kit for an outpatient therapeutic feeding centre

The nutrition kit for an outpatient therapeutic feeding centre consists of three **anthropometric nutrition kits** (see above: **Kit 1**) plus modules 5 and 6 as additional consumables to be ordered separately (see Figure 3).

Figure 3: Nutrition kit for an outpatient therapeutic feeding centre



This kit is sufficient for five outpatient therapeutic feeding centres intended for 500 severely acute malnourished children for a period of three months. If more than five sites are to be covered, supplementary anthropometric equipment kits should be ordered separately.

Module 5. Outpatient registration module

Module 5 contains medical stationery and identification equipment for an outpatient therapeutic feeding centre, and consists of two cartons.

MSF reference: KMEDMNUTO11

UNICEF reference: S0114055

Module 6. Outpatient equipment module

This module contains cooking and feeding material for an outpatient therapeutic feeding centre and consists of one carton.

MSF reference: KMEDMNUTO12

UNICEF reference: S0114056

Reproductive health

Interagency reproductive health kits for crisis situations

The reproductive health kits prepared by UNFPA provide the supplies needed to implement basic reproductive health services during the early phase of a crisis.

The reproductive health kits are designed for a varying population for three months. There are 12 kits divided into three blocks.

Block 1. Six kits for use at the community and primary health-care level for a population of 10 000 people for three months. The kits contain mostly medical devices – renewables for single use, and equipment.

- Kit 0 - Administration kit**
To facilitate administration and training activities.
- Kit 1 - Condoms kit**
120 gross (17 280) male condoms with 400 safe sex leaflets
3.8 gross (540) female condoms with 25 use leaflets.
- Kit 2 - Clean delivery kit**
200 individual packets containing items and pictorial instruction sheets for home delivery plus material for use by traditional birth attendants.
- Kit 3 - Rape treatment kit**
Management of the immediate consequences of sexual violence with appropriate medicines and supplies: basic treatment after a rape and PEP treatment for HIV (including treatment for children).
- Kit 4 - Oral and injectable contraception**
To respond to women's needs for hormonal contraception.
- Kit 5 - Treatment of sexually transmitted infections**
To diagnose and treat sexually transmitted infections in people presenting with complaints.

Block 2. Five kits for use at primary health-care and referral hospital levels, designed for a population of 30 000 people for three months.

- Kit 6 - Clinical delivery kit**
To perform normal deliveries, repair episiotomies and perineal tears under local anaesthetics and stabilize women with obstetric complications (eclampsia and haemorrhage) before transfer to a referral unit. For use by trained personnel, midwives, nurses with midwifery skills and medical doctors.
- Kit 7 - Intrauterine device (IUD) kit**
To place IUDs either as contraception or as emergency contraception, and to remove IUDs and provide preventive antibiotic treatment. For use by trained personnel.
- Kit 8 - Management of miscarriage and complications of abortion**
To treat the complications arising from miscarriage and unsafe abortion, including sepsis, incomplete evacuation and bleeding. For use by trained personnel.
- Kit 9 - Suture of tears vaginal/cervical and vaginal examination kit**
To allow vaginal examination and suturing of cervical and vaginal tears. For use by trained personnel, midwives, physicians, and nurses with midwifery skills.

Kit 10 - Vacuum extraction delivery kit

To assist in vaginal delivery by using manual vacuum extraction method to deliver the newborn.

Block 3. Two kits designed for referral surgical/obstetric level for 150 000 people for three months.

Kit 11 – Referral-level kit for reproductive health (parts A+B)

Medical devices – renewable and equipment – and medicines for use at the referral level for caesarean sections, resuscitation of mothers and babies, treatment of complications of sexually transmitted infections, and complications of pregnancy and delivery.

Kit 12 - Blood transfusion kit

To perform safe blood transfusion after testing for HIV, syphilis and hepatitis B and C.

Annex 6: Model regulatory aspects of exportation and importation of controlled substances

Introduction

Organizations involved in the provision of medical supplies in emergency situations are often faced with serious difficulties in providing narcotic and psychotropic medicines because of the regulatory requirements concerning their exportation and importation. The lack of these medicines results in additional human suffering by depriving those in need of adequate pain relief and sedation. This makes these medicines an essential part of medical supplies in emergency situations.

The basic unit of the Interagency Emergency Health Kit 2011 does not contain any substances that are regarded as narcotics or psychotropics, so they are not under international control and do not require additional formalities for international transport.

However, the supplementary unit contains several substances under international control, and other substances that are under discussion for future control. Also, certain countries have additional national regulations for medicines not under international control.

Substances from the kit under international control are *morphine injection 10 mg/ml, diazepam tablets 5 mg and injection 5 mg/ml and phenobarbital tablets 50 mg*. Morphine and all products classified as C1 in the exporting country require import and export licences. For the two other substances this may vary by country.

Some countries have national regulations for some additional substances. This could be the case in some countries for *ketamine injection 50 mg/ml, promethazine tablets 25 mg and haloperidol injection 5 mg/ml*.

An assessment is under way to decide whether ketamine needs to be brought under international control.

There are three international treaties that control narcotic and psychotropic substances:

- UN Single Convention on Narcotic Drugs (1961, amended by protocol of 1972);
- UN Convention on Psychotropic Substances (1971) ;
- UN Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

Texts of the treaties can be found on the web site of the International Narcotics Control Board (INCB) at www.incb.org. The most recent lists of controlled substances can be found on the same web site.

Standard procedure for international transfer of narcotic and psychotropic substances

The international transportation of narcotic medicines and psychotropic substances in emergencies is classified as "exportation" from one country and "importation" to the other one. This action therefore requires an export authorization from the authorities of the sending country as well as an import authorization from the authorities of the receiving country. The export authorization is granted only *after* the issue of the import authorization.

As such, the import/export authorization system makes the quick international transportation of controlled medicines to sites of emergencies virtually impossible. In addition, countries have to estimate their narcotic drug consumption in advance and send the estimates to the INCB. Only after the INCB has received an estimate for a substance from a receiving country, will the sending country grant an application for an export authorization. It is clear that the rigorous application of the estimate system can further complicate the procedure, especially in situations of suddenly risen demands.

This procedure takes too long to meet the acute need for relief in emergency situations – from several weeks to many months. This limitation is more inappropriate when the control authorities in the receiving country are themselves struck by the disaster.

Procedure to be followed in disaster relief

Model guidelines have been prepared to enable adequate procurement of controlled substances in disaster relief (11). These procedures allow suppliers to ship controlled medicines internationally in emergency situations at the request of recognized agencies providing humanitarian assistance, without prior export/import authorizations. The defined procedures are acceptable to the control authorities and the INCB.

The INCB has advised control authorities that emergency humanitarian deliveries are considered as being consumed in the exporting country. This makes that no additional estimate has to be sent by the authorities of the receiving country. As the sent amounts are usually relatively small in comparison to the domestic use of the sending country, in most cases the existing estimation is large enough to comprise the amount sent, and hence, the sending country has no additional estimations to submit to the INCB either.

The INCB recommends limiting control obligations in emergency situations to the authorities of exporting countries.¹

1 This principle was endorsed by the UN Commission on Narcotic Drugs in 1995, and was further reinforced by its resolution entitled "*Timely provision of controlled medicines for emergency care*" adopted at the 39th session in 1996. This, and a similar resolution adopted by the 49th session of the World Health Assembly, requested WHO to prepare model guidelines to assist national authorities with simplified regulatory procedures for this purpose, in consultation with the relevant UN bodies and interested governments (11).

Who should do what?

The *operator*¹ should make a written request for emergency supplies of controlled substances to the supplier,² using the attached model form (page 53). The operator is responsible for:

- ◆ selection of suppliers;³
- ◆ information provided on the form;
- ◆ actual handling of controlled medicines at the receiving end or adequate delivery to the reliable recipient;
- ◆ reporting to the control authorities of the receiving country (whenever they are available) as soon as possible;
- ◆ reporting to the control authorities of the receiving country on unused quantities, if any, when the operator is the end-user or to arrange for the end-user to do so;
- ◆ reporting to the control authorities of the exporting country through the supplier, with copy to the INCB, any problems encountered in the working of emergency deliveries.

Before responding to the request from the operator, the *supplier* should be convinced that the nature of the emergency justifies the application of the simplified procedure without export/import authorizations. The supplier is also responsible for:

- ◆ submitting immediately a copy of the shipment request to the control authorities of the exporting country;
- ◆ submitting an annual report on emergency deliveries and quantities of medicines involved as well as their destinations, with copy to the INCB;
- ◆ reporting to the control authorities of the exporting country, with copy to the INCB, any problems encountered in the working of emergency deliveries.

-
- 1 Operators: organizations engaged in the provision of humanitarian assistance in health matters recognized by the control authorities of exporting countries.
 - 2 Suppliers: suppliers of medicines for humanitarian assistance at the request of an operator (either a separate entity or a department of an operator).
 - 3 Suppliers should be limited to those recognized by the control authorities of exporting countries. They should at least have:
 - adequate experience as a supplier of good quality emergency medical supplies;
 - managerial capability to assess the appropriateness of requests for the simplified procedure from operators;
 - adequate level of stock and a responsible pharmacist;
 - sufficient knowledge about the relevant international conventions;
 - a standard agreement with the control authorities of exporting countries (see page 50 for outlines for the agreement).

The *control authorities of the exporting country* should inform their counterpart in the receiving country (whenever they are available) of the emergency deliveries. The *control authorities of the receiving country* have the right to refuse the importation of such deliveries.

Outline of standard agreement between the supplier and control authorities of exporting countries¹

The standard agreement should at least cover:

1. Criteria for acceptance of shipment requests from operators

The criteria for immediate acceptance of shipment requests from operators should at least specify the essential information to be furnished to the supplier concerning the following.

a. Credibility of the requesting operator

A pre-determined list of credible operators should be prepared. A credible operator should (i) be an established organization; (ii) have adequate experience for international provision of humanitarian medical assistance; (iii) have responsible medical management (medical doctor(s) or pharmacist(s)); and (iv) have appropriate logistic support.

b. Nature of the emergency and the urgency of the request

A statement to the supplier on the nature of the emergency should be written by the operator, or if appropriate, by a UN agency.

c. Availability of control authorities in the receiving country

d. Diversion prevention mechanism after delivery

It should be indicated if the requesting operator itself is the user of the supplies. If not, the name and organization of the person responsible for receipt and internal distribution of the supplies should be indicated. As far as possible, the recipients in the receiving country should be identified.

2. Timing and mode of reporting to the control authorities and the International Narcotics Control Board (INCB)

When control authorities are available in the receiving country, they should be notified as soon as possible by the control authorities of the exporting country and the operator of a consignment of the emergency delivery, regardless of the fact that their import authorization may not be required under an emergency situation.

Suppliers should inform the control authorities of the exporting country of each emergency shipment being made in response to a request from an operator so that the control authorities can intervene if necessary. Suppliers should submit to the control authorities of the exporting country an annual report on emergency deliveries and quantities of medicines involved as well as their destinations in duplicate, so that one copy can be forwarded to the INCB.

¹ When an operator is also a supplier, the agreement will be between the operator and the control authorities.

Suppliers, or operators through the suppliers, should inform the control authorities of the exporting countries, with a copy to the INCB, of any problems encountered in the working of emergency deliveries.

3. Other relevant matters

As appropriate, the agreement may include provisions on other relevant matters such as inspection and guidance by the control authorities. Although the quantities involved would be rather small, the inspection may touch upon estimated/assessed requirements, based on the principle that the medicines provided should be regarded as having been “consumed” in the exporting country.

Shipment request/notification form for emergency supplies of controlled substances

Operator:

Name:.....
Address:
Name of the responsible medical director/pharmacist:
Title:.....
Phone No. Fax No.
Email:

Requests the supplier:¹

Name:.....
Address:
Responsible pharmacist:
Phone No. Fax No.
Email:

For an emergency shipment² of the following medicine(s) containing controlled substances:

Name of product (in INN/generic name) and dosage form, amount of active ingredient per unit dose, number of dosage units in words and figures.

Narcotic medicines as defined in the 1961 Convention (e.g. morphine, pethidine, fentanyl)

[e.g. morphine injection 1 ml ampoule; morphine sulfate corresponding to 10 mg of morphine base per ml; two hundred (200) ampoules]

.....
.....
.....
.....

Psychotropic substances as defined in the 1971 Convention (e.g. buprenorphine, pentazocine, diazepam, phenobarbital)

.....
.....
.....
.....

Others (nationally controlled in the exporting country, if applicable)

.....
.....

-
- 1 If the operator is exporting directly from its emergency stock, it should be considered as a supplier.
 - 2 Emergency deliveries do not affect the estimate of the recipient country since they have already been accounted for in the estimate of the exporting country.

Annex 7: Useful addresses

Partners

Ecumenical Pharmaceutical Network
Community Initiatives Support Services
International
P.O. Box 73860
Nairobi
Kenya
Tel: +254 20 444 4832/5020
Fax: +254 20 444 5095/444 0306
E-mail: epn@wananchi.com
Web site: <http://www.epnetwork.org/>

International Committee of the Red Cross
19 Avenue de la Paix
CH-1202 Geneva
Switzerland
Tel: +41 22 734 6001
Fax: +41 22 733 2057
Web site: <http://www.icrc.org>

**International Federation of Red Cross and
Red Crescent Societies**
17 Chemin des Crêt
Petit-Saconnex
P.O. Box 372
CH-1211 Geneva
Switzerland
Tel: +41 22 730 4222
Fax: +41 22 733 0395
E-mail: secretariat@ifrc.org
Web site: <http://www.ifrc.org>

International Organization for Migration
17 route des Morillons
P.O. Box 71
CH-1211 Geneva 19
Switzerland
Tel: +41 22 717 9111
Fax: +41 22 7986150
E-mail: info@iom.int
Web site: <http://www.iom.int>

John Snow, Inc.
JSI Logistics Services
1616 N Fort Myer Drive, 11th floor
Arlington VA 22209
United States of America
Tel: +1 703 528 7474
Fax: +1 703 528 7480
E-mail: info@jsi.com
Web site: <http://www.jsi.com> or
<http://www.deliver.jsi.com>

Médecins Sans Frontières
Médecins Sans Frontières
Rue de Lausanne 78
CP 116 - 1211 - Geneva 21
Switzerland
Tel: +41 22 849 84 00
Fax: +41 22 849 84 04
E-mail: info@msf.org
Web site: <http://www.msf.org>

Merlin
207 Old Street, 12th floor
London EC1V 9NR
United Kingdom
Tel: +44 20 7014 1600
Fax: +44 20 7014 1601
Web site: <http://www.merlin.org.uk>

Oxfam
Oxfam House
John Smith Drive
Cowley
Oxford OX4 2JY
United Kingdom
Tel: +44 1865 473 727
Web site: <http://www.oxfam.org.uk>

United Nations Children's Fund

UNICEF House
3 United Nations Plaza
New York, NY 10017
United States of America
Tel: +1 212 326 7000
Fax: +1 212 887 7465
Web site: <http://www.unicef.org>

United Nations High Commissioner for Refugees

Case Postale 2500
CH-1211 Geneva 2 Dépot
Switzerland
Tel: +41 22 739 8111
Fax: +41 22 731 9546
Web site: <http://www.unhcr.org>

United Nations Population Fund

UNFPA/HRU
11 Chemin des Anémones
CH-1219 Geneva
Switzerland
Tel: +41 22 917 8315
Fax: +41 22 919 8016
E-mail: hru@unfpa.org
Web site: <http://www.unfpa.org>

Suppliers

Centrale Humanitaire Médico-pharmaceutique

4 voie militaire des Gravanges
F-63100 Clermont-Ferrand
France
Tel: +33 4 73982481
Fax: +33 4 73982480
E-mail: contact@chmp.org
Web site: <http://www.chmp.org>

IDA Foundation

Slocherweg 35
1027 AA Amsterdam
PO Box 37098
NL-1030 AB Amsterdam
The Netherlands
Tel: +31 20 403 3051
Fax: +31 20 403 1854
E-mail: info@idafoundation.org
Web site: <http://www.idafoundation.org>

World Council of Churches

Christian Medical Commission, Churches' Action for Health
150 Route de Ferney
P.O. Box 2100
CH-1211 Geneva 2
Switzerland
Tel: +41 22 791 6111
Fax: +41 22 791 0361
E-mail: koa@wcc-col.org
Web site: <http://www.oikoumene.org/>

World Health Organization

20 Avenue Appia
CH-1211 Geneva 27
Switzerland
Tel: +41 22 791 2111
Fax: +41 22 791 3111
E-mail: info@who.int
Web site: <http://www.who.int>

IMRES Medical Solutions

Larserpoortweg 26
8218 NK Lelystad
The Netherlands
Tel: +31 (0)320 29 69 69
Fax: +31 (0)320 29 69 29
E-mail: info@imres.nl
Web site: <http://www.imres.nl>

Missionpharma

Vassingerodvej 9
3540 Lyngø
Denmark
Tel.: +45 4816 3200
Fax: +45 4816 3248
E-mail: info@missionpharma.com
Web site: <http://www.missionpharma.com>

MSF - Supply

Preenakker 20
B-1785 Merchtem
Belgium
Tel.: +32 52 2610 00
Fax: +32 52 2610 04
E-mail: office-msfsupply@msf.org
Web site: <http://www.msfsupply.be/>

The Medical Export Group BV

Papland 16
P.O. Box 598
4200 AN Gorinchem
The Netherlands
Tel: +31 183 356 100
Fax: +31 183 356 122
E-mail: sales@meg.nl
Web site: <http://www.meg.nl>

**United Nations Children's Fund - Supply
Division**

UNICEF Plads
Freeport
DK-2100 Copenhagen Ø
Denmark
Tel: +45 35 37 35 27
Fax: +45 35 26 94 21
E-mail: supply@unicef.org
Web site: <http://www.unicef.org/supply>

**UNFPA Procurement Services Branch (for
Reproductive Health Kits)**

Midtermolen 3
DK-2100 Copenhagen Ø
Denmark
Tel: +45 35 467 000
Fax: +45 35 467 018
E-mail: rhkits@unfpa.org
Web site: <http://www.unfpa.org/>

World Health Organization

Procurement Services
20 Avenue Appia
CH-1211 Geneva 27
Switzerland
Tel: +41 22 791 2111
Fax: +41 22 791 0746
Web site: <http://www.who.int/>

Feedback form

The purpose of this form is to seek your opinion about the contents of the **Interagency Emergency Health Kit 2011**. We welcome any remarks, suggestions or recommendations that you may have. We will use your written feedback during the next revision of its contents which is planned for 2014. Your input will be acknowledged.

Please send your feedback either by post to WHO, Department of Essential Medicines and Pharmaceutical Policies, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland; or by fax: +41 22 791 4167 or e-mail: empinfo@who.int

Feedback on the Interagency Emergency Health Kit 2011

Emergency situation

Please describe briefly the situation in which you used the Interagency Emergency Health Kit 2011.

Date/period and year:

Country:

Kind of emergency situation:

.....

Your qualification and position:

.....

I. Contents of the basic unit

Selected medicines

1. Are the contents of the basic unit appropriate for the needs of the displaced population in terms of the selected medicines? Yes No

If **no**, which medicines are inappropriate? _____

If **no**, which medicines are missing? _____

Selected renewable medical supplies

2. Are the contents of the basic unit appropriate for the needs of the displaced population in terms of the selected renewable medical supplies? Yes No

If **no**, which renewable medical supplies are inappropriate? _____

If **no**, which renewable medical supplies are missing? _____

Selected health equipment

3. Are the contents of the basic unit appropriate for the needs of the displaced population in terms of the selected health equipment? Yes No

If **no**, which health equipment is inappropriate? _____

If **no**, which health equipment is missing? _____

II. Contents of the supplementary unit

Selected medicines

4. Are the contents of the supplementary unit appropriate for the needs of the displaced population in terms of the selected medicines? Yes No

If no, which medicines are inappropriate? _____

If no, which medicines are missing? _____

Selected renewable medical supplies

5. Are the contents of the supplementary unit appropriate for the needs of the displaced population in terms of selected renewable medical supplies? Yes No

If no, which renewable medical supplies are inappropriate? _____

If no, which renewable medical supplies are missing? _____

Selected health equipment

6. Are the contents of the supplementary unit appropriate for the needs of the displaced population in terms of selected health equipment? Yes No

If no, which health equipment is inappropriate? _____

If no, which health equipment is missing? _____

III. Information

7. Does the booklet the *Interagency Emergency Health Kit 2011* provide appropriate information and instructions to understand the emergency health kit's guiding principles? Yes No

If no, why not? _____

8. Does the booklet the *Interagency Emergency Health Kit 2011* provide sufficient links to appropriate treatment guidelines for the use of the contents of basic units? Yes No

If no, why not? _____

9. Are all sections of the booklet the *Interagency Emergency Health Kit 2011* relevant?

Yes No

If no, what would you take out? _____

If no, what would you like to see included? _____

10. Are all annexes of the booklet the *Interagency Emergency Health Kit 2011* relevant?

Yes No

If no, what would you take out? _____

If no, what would you like to see included? _____

11. Was there any technically inaccurate or incomplete information? Yes No

If yes, what? _____

12. What are your three suggestions to improve the contents of the kit and the booklet the *Interagency Emergency Health Kit 2011* for the next update?

- 1.
- 2.
- 3.

Thank you for your feedback.

UN agencies and international and nongovernmental organizations are increasingly called upon to respond to large-scale emergencies to prevent and manage serious threats to the survival and health of the affected populations. Medicines and medical devices have been supplied by relief agencies for decades. In the 1980s, the World Health Organization (WHO) facilitated a process to encourage the standardization of medicines and medical devices needed in emergencies to allow efficient and effective responses to the need for medicines and medical devices. This initial work led to the supply of standard, pre-packed kits that could be kept in readiness to meet priority health needs in emergencies. The concept of the emergency health kit has been adopted by many organizations and national authorities as a reliable, standardized, affordable and quickly available source of the essential medicines and medical devices (renewable and equipment) urgently needed in a disaster situation. Its content is based on the health needs of 10 000 people for a period of three months.

The *Interagency Emergency Health Kit*, now in its fourth edition, explains how to use standardized packages of essential medicines, supplies and equipment in such circumstances. The fourth edition, the *Interagency Emergency Health Kit 2011 (IEHK 2011)*, improves the kit content and takes into account the need for mental health care in emergency settings and the special needs of children. This document provides background information on the composition and use of the emergency health kit. Chapter 1 describes supply needs in emergency situations and is intended as a general introduction for health administrators and field officers. Chapter 2 explains the selection of medicines and medical devices – renewable and equipment – that are included in the kit, and also provides more technical details intended for prescribers. Chapter 3 describes the composition of the kit, which consists of basic and supplementary units.

The annexes provide references to treatment guidelines, sample forms, a health card, guidelines for suppliers, other kits for emergency situations, a standard procedure for importation of controlled medicines, and useful addresses. A feedback form is also included to report on experiences when using the emergency health kit, and to encourage comments and recommendations on the contents of the kit from distributors and users for consideration when updating the contents.

This is an interagency document published by the WHO Department of Essential Medicines and Pharmaceutical Policies on behalf the organizations listed.



World Health
Organization



ICRC



International Federation
of Red Cross and Red Crescent Societies



unicef 



UNHCR

United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés

ISBN 978 92 4 150211 5



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