



World Health
Organization

THE INTERAGENCY EMERGENCY HEALTH KIT 2017

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



ICRC



International Federation
of Red Cross and Red Crescent Societies



HEALTH
EMERGENCIES
programme

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

ISBN 978-92-4-151522-1

World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-Non Commercial-Share Alike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. The interagency health kit 2017: medicines and medical devices for 10 000 people for approximately three months. Geneva: World Health Organization; 2019. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

THE INTERAGENCY EMERGENCY HEALTH KIT 2017

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

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

Abbreviations and acronyms

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

Contents

Abbreviations and acronyms	4
Acknowledgements	6
Chapter 1: Introduction	7
History of the IEHK	7
Principles behind the Interagency Emergency Health Kit 2017	7
Selection of medicines	7
Key points about the kit	8
Major changes since the IEHK -2011	8
Chapter 2: Contents of the IEHK 2017	10
Overview of the IEHK 2017	10
Contents	10
Basic module (for 1 000 people for three months)	11
Supplementary module (for 10 000 people for three months)	13
Chapter 3: Ordering the IEHK 2017	23
Obtaining the IEHK 2017	23
Before ordering the IEHK 2017	23
Cost of the IEHK 2017	23
Packaging	24
Packaging and shipping of cold chain items	24
Additional supplies to be considered to complement the IEHK for management of NCDs	25
Quality Assurance	25
Feedback	25
Annex 1: Resources	27
Annex 2: Complementary kits for use in emergencies	29
Annex 3: Sample health card	30
Annex 4: Sample daily medicine consumption form	31
Annex 5: Sample stock card	32
Annex 6: Management of controlled substances in emergencies	33
Model regulatory aspects of exportation and importation of controlled substances	33
Introduction	33
Standard procedure for international transfer of narcotic and psychotropic substances	33
Procedure to be followed in disaster relief	34
Outline of standard agreement between the supplier and control authorities of exporting countries	35
Shipment request/ notification form for emergency supplies of controlled substances	37
Annex 7: Information slips	39

Acknowledgements

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

Groningen University: Hans Hogerzeil

International Committee of the Red Cross (ICRC): Stephanie Arzac-Janvier

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

Médecins du Monde: Gerardo Muñoz

Médecins Sans Frontières (MSF): Tamma Aloudat, Myriam Henkens

Save the Children: Elizabeth Berryman

United Nations Population Fund (UNFPA):

Johnny Abas, Wilma Doedens, Giovanni Masiello, Roberto Mena

United Nations Children's Fund (UNICEF):

Brenda Kaaya-Hallen, Natasa Moracevic, David Muhia, Henrik Nielsen, Atieno Ojoo

United Nations High Commissioner for Refugees (UNHCR):

Ann Burton, Heiko Hering, Javier Utande

World Health Organization (WHO) Evidence, Research, Action on Mental & Brain Disorders:

Tarun Dua, Mark Van Ommeren

WHO Management of Noncommunicable Diseases:

Gojka Roglic, Marcello Tonelli

WHO Essential Medicines and Health Products:

Francisco Blanco, Bernadette Cappello, Gilles Forte, Lisa Hedman, Anita Sands, Adriana Velazquez

WHO Corporate Procurement Policy and Coordination:

Sophie Laroche

WHO World Health Emergencies:

Olexander Babanin, Rudi Coninx, Hyo-Jeong Kim, Alejandra Velez

CHAPTER 1: INTRODUCTION

History of the Interagency Emergency Health Kit

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

Principles behind the Interagency Emergency Health Kit 2017

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

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

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

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

Selection of medicines

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

Key points about the kit

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

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

Major changes since the IEHK 2011¹

BASIC MODULE

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

SUPPLEMENTARY MODULE

Cardiovascular diseases

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

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26470

