



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

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## World Health Organization 2019

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# 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

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## CHAPTER 1: INTRODUCTION

### History of the Interagency Emergency Health Kit

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

### Principles behind the Interagency Emergency Health Kit 2017

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

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

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

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

### Selection of medicines

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

## Key points about the kit

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

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

## Major changes since the IEHK 2011<sup>1</sup>

### 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 needs<sup>2</sup>.

### 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).

#### Diabetes

- Inclusion of human insulin (and insulin syringes) for stabilization of acute life-threatening hyperglycaemia or diabetic ketoacidosis.
- Inclusion of glucometer and urine test strips for ketones, glucose and albumin.

<sup>1</sup> A full report that contains all the changes from the 2011 version can be found on the WHO website: <http://www.who.int/medicines/publications/emergencyhealthkit2011/en/>

<sup>2</sup> Ibuprofen is not indicated in children aged less than three months

### **Pulmonary diseases**

- Inclusion of beclomethasone and increase in the amount of salbutamol inhalers for treatment of acute asthma and acute chronic obstructive pulmonary disease (COPD) exacerbation.
- Increase in the quantity of prednisolone 5 mg tablets to cover treatment of COPD and asthma.
- Inclusion of pulse oximeter for monitoring acute respiratory distress.

### **Other changes**

- Inclusion of morphine tablets (immediate release) 10 mg.
- Replacement of phenobarbital with carbamazepine 200 mg scored tablet for easier importation. Phenobarbital remains a secondary option in case carbamazepine is not available, or if the country allows for phenobarbital importation.
- Revision of anti-infective medicines (replacement of cloxacillin by cefalexin to adapt to new recommendations; miconazole muco-adhesive tablets by nystatin suspension; and removal of procaine benzylpenicillin – the latter two due to unavailability of quality-assured products).
- Removal of promethazine (no longer on EML).
- Replacement of amitriptyline by fluoxetine following EML.
- Increase in the amount of glucose for treatment of acute severe hypoglycaemia.
- Introduction of new types of sutures to cover skin and face.
- Inclusion of guidelines on mental Health<sup>3</sup> and non/communicable diseases<sup>4</sup>.

Items for treatment of malaria and post-exposure prophylaxis (PEP) were changed during an interim update in 2015 and these changes are incorporated in the IEHK 2017. The main changes from the IEHK 2011 are the following.

### **Malaria**

- Removal of quinine tablets 300 mg from the basic malaria unit.
- Removal of artemether injection and quinine injection from the supplementary malaria unit and replacement with artesunate injection 60 mg.
- Addition of injection devices and guidelines for management of severe malaria and reconstitution of artesunate injection.

### **Post-exposure prophylaxis**

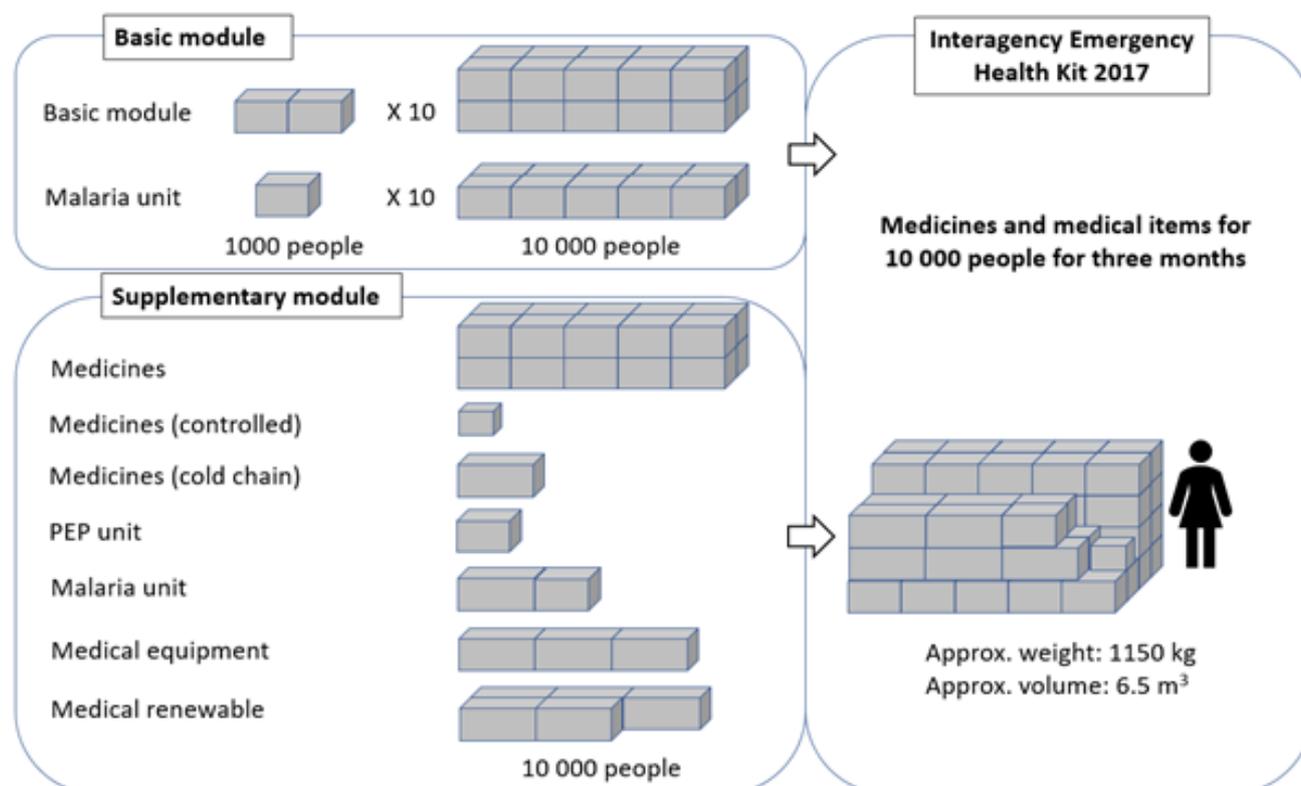
- Replacement of antiretroviral medicines to align content with updated treatment guidelines.
- Introduction of lamivudine + tenofovir tablets 300 + 300 mg and atazanavir + ritonavir tablets 300 + 100 mg for adults and adolescents. Introduction of lamivudine + zidovudine dispersible tablets 30 + 60 mg, lopinavir + ritonavir tablets 200 + 50 mg and lopinavir + ritonavir tablets 100 + 25 mg for children.

<sup>3</sup> mhGAP humanitarian intervention guide (mhGAP-HIG). Clinical management of mental, neurological and substance use conditions in humanitarian emergencies. Geneva: WHO/UNHCR; 2015

<sup>4</sup> Package of Essential Noncommunicable (PEN) disease interventions for primary health care in low-resource settings. Geneva: World Health Organization; 2010

## CHAPTER 2: CONTENTS OF THE IEHK 2017

### Overview of the IEHK 2017



### Contents

The IEHK comprises two modules, basic and supplementary.

**The basic module** is to cover the primary health care needs of a catchment population of 1000 people. It contains oral and topical medicines, medical devices and a malaria unit with oral antimalarial medicines and rapid diagnostic tests. The basic malaria unit can be removed on request. One full IEHK contains 10 basic modules.

**The supplementary module** is to cover the primary health care needs and basic hospital care needs of a target population of 10 000 people, when used together with 10 basic modules (total 10 basic modules and 1 supplementary module). It contains medicines and medical devices as well as a malaria unit for treatment of severe malaria and a PEP unit. The supplementary malaria unit and the PEP unit are included unless there is a specific request not to include them.

Some of the items in the supplementary module might be withdrawn by implementing agencies according to their own protocols and complementarity with other kits.

### Basic module (for 1000 people for three months)

Item description	Unit	Quantity
<b>Medicines</b>		
Albendazole, chewable tablets 400 mg	tablet	200
Amoxicillin, dispersible tablets 250 mg	tablet	3000
Benzyl benzoate, lotion 25%	bottle, 1 litre	1
Chlorhexidine digluconate, solution 5%	bottle, 1 litre	1
Ferrous sulfate + folic acid, tablets 200 mg + 0.4 mg	tablet	2000
Ibuprofen, tablets 200 mg	tablet	4000
Miconazole, cream 2%	tube 30 g	20
Omeprazole, solid oral dosage form 20 mg	tablet/capsule	100
ORS (oral rehydration salts) powder for dilution	sachet for 1 L	200
Paracetamol, dispersible tablets 100 mg	tablet	1000
Paracetamol, tablets, 500 mg	tablet	2000
Povidone iodine, solution 10%	bottle, 200 ml	12
Tetracycline, eye ointment 1%	tube 5 g	50
Zinc sulfate, dispersible tablets 20 mg	tablet	1000
<b>Medical devices, renewable</b>		
Bandage, elastic, 7.5 cm x 5 m, roll	unit	20
Bandage, gauze, 8 cm x 4 m, roll	unit	200
Compress, gauze, 10 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
<b>Stationary</b>		
Book, exercise, A4 size, 100 pages, hard cover	unit	4
Envelope, plastic, 10 cm x 15 cm	unit	2000
Health card	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

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## Basic module (for 1000 people for three months) ... continued

Item description	Unit	Quantity
<b>Guidelines for IEHK 2017 users</b>		
Flash drive with full set of guidance documents <sup>5</sup>	unit	1
Content list of the complete kit IEHK 2017	unit	1
<b>Medical devices, equipment</b>		
Basin, kidney, stainless steel, 825 ml	unit	1
Bottle, plastic, 1 L, wash bottle	unit	3
Bottle, plastic, 250 ml, with screw cap	unit	1
Bowl, stainless steel, 180 ml	unit	1
Brush, hand, scrubbing, plastic	unit	2
Drum, sterilizing, approximately 150 mm x 150 mm	unit	2
Pail, with water scoop, handle, polyethylene, 10 L or 15 L	unit	2
Scissors, Deaver, 140 mm, straight, sharp/blunt	unit	2
Surgical instruments, dressing set <sup>6</sup>	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 L or 15 L	unit	1

## Malaria unit in the basic module (can be withheld from the order upon request)

Item description	Unit	Quantity
Artemether + Lumefantrine, dispersible tablets 20 mg + 120 mg, 6 tablets, blister	Box, 30 blisters	5
Artemether + Lumefantrine, dispersible tablets 20 mg + 120 mg, 12 tablets, blister	Box, 30 blisters	1
Artemether + Lumefantrine, tablets 20 mg + 120 mg, 18 tablets, blister	Box, 30 blisters	1
Artemether + Lumefantrine, tablets 20 mg + 120 mg, 24 tablets, blister	Box, 30 blisters	6
Malaria rapid diagnostic tests <sup>7</sup> , with lancets and buffer	unit	800
Safety box, for used lancets 5 L <sup>8</sup>	unit	2
Biohazard bag, 2-5L	unit	10

<sup>5</sup> The full list of documents is described in Annex 1. The flash drive should be placed in a plastic pouch attached to the inner side of box number 1

<sup>6</sup> Dressing set:

- 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

<sup>7</sup> For selection follow latest WHO guidance (<http://www.who.int/malaria/areas/diagnosis/en/>).

Kit should be prequalified by WHO and include test devices, assay buffer, sample cups, alcohol swabs and blood lancets

<sup>8</sup> Other sharps containers can be considered

## Supplementary module (for 1000 people for three months)

Item description	Unit	Quantity
<b>Medicines</b>		
<b>Anaesthetics</b>		
Ketamine, injection 50 mg/ml	10 ml/vial	25
Lidocaine, injection 1%	20 ml/vial	50
<b>Analgesic<sup>9</sup></b>		
Morphine, injection 10 mg/ml [controlled substance]	1 ml/ampoule	50
Morphine, tablet 10 mg (immediate release) [controlled substance]	tablet	200
<i>Already in basic module</i>		
<i>Ibuprofen, tablets 200 mg</i>	<i>(10 x 4000)</i>	<i>40000</i>
<i>Paracetamol, dispersible tablets 100 mg<sup>10</sup></i>	<i>(10 x 1000)</i>	<i>10000</i>
<i>Paracetamol, tablets, 500 mg</i>	<i>(10 x 2000)</i>	<i>20000</i>
<b>Antiallergics</b>		
Hydrocortisone, powder for injection 100 mg (as sodium succinate)	vial	50
Prednisolone, tablet 5 mg	tablet	1000
<b>Anticonvulsants/antiepileptics</b>		
Carbamazepine, tablets (scored) 200 mg <sup>11</sup>	tablet	2200
Diazepam, injection 5 mg/ml [controlled substance]	2 ml/ampoule	200
Magnesium sulfate, injection 500 mg/ml	10 ml/ampoule	30
<b>Antidotes</b>		
Calcium gluconate, injection 100 mg/ml	10 ml/ampoule	10
Naloxone, injection 0.4 mg/ml	1 ml/ampoule	10

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<sup>9</sup> Analgesics included in the supplementary module are classified as controlled substances and their importation might be subject to special controls by the authorities. Guidance on management of importation of these substances in the context of emergencies is included in Annex 6

<sup>10</sup> Dispersible tablets are preferred for children, if available from supplier and quality assured. If not available, it is possible to procure non-dispersible tablets

<sup>11</sup> Phenobarbital tablets 50 mg is an alternative if carbamazepine is not available or if inclusion does not impact importation

## Supplementary module (for 1000 people for three months) ...continued

Item description	Unit	Quantity
<b>Medicines</b>		
<b>Anti-infective medicines</b>		
Benzathine benzylpenicillin, powder for injection 2.4 million IU (1.44 g)/vial	vial	50
Benzylpenicillin, powder for injection 5 million IU (3 g)/vial	vial	250
Cefalexin, solid oral dosage form 250 mg	tablet/capsule	2000
Ceftriaxone, powder for injection 1 g	vial	800
Clotrimazole, pessary 500 mg	pessary	100
Doxycycline, tablets 100 mg	tablet	3000
Metronidazole, tablets 500 mg	tablet	2000
Nystatin, oral liquid 100 000 IU/ml <sup>12</sup>	bottle, 30 ml	50
<i>Already in basic module</i>		
Albendazole, chewable tablets 400 mg	(10 x 200)	2000
Amoxicillin, dispersible tablets 250 mg	(10 x 3000)	30000
<b>Cardiovascular medicines</b>		
Acetylsalicylic acid, tablets 75–100 mg <sup>13</sup>	tablet	1500
Amlodipine, tablets 5 mg <sup>14</sup>	tablet	500
Bisoprolol, tablets 5 mg <sup>15</sup>	tablet	2000
Enalapril, tablets 5 mg <sup>16</sup>	tablet	5000
Glyceryl trinitrate, tablets 500 mcg <sup>17</sup> (sublingual)	tablet	500
Hydralazine, powder for injection 20 mg	ampoule	20
Methyldopa, tablets 250 mg	tablet	100
<b>Dermatological medicines</b>		
Silver sulfadiazine, cream 1%	tube, 50 g	30
<i>Already in basic module</i>		
Benzyl benzoate, lotion 25% <sup>18</sup>	(10 x 1 L)	10
Miconazole, cream 2% 30 g	(10 x 20)	200
Povidone iodine, solution 10% 200 ml	(10 x 12)	120
Tetracycline, eye ointment 1% 5 g	(10 x 50)	500

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<sup>12</sup> 1 bottle for 1 treatment of 7 days, adults and children

<sup>13</sup> For acute coronary syndrome and acute stroke. Tablets in strength 75–100 mg are suitable

<sup>14</sup> For acute severe hypertension. Can also be used for pregnancy-induced hypertension if required

<sup>15</sup> Replaces atenolol tablets. Quantity increased due to inclusion of treatment for acute heart failure

<sup>16</sup> For treatment of acute severe hypertension and acute heart failure

<sup>17</sup> For treatment of acute coronary syndrome and acute heart failure. Small pack size preferred.

<sup>18</sup> Can be procured in smaller sizes for single patient use

## Supplementary module (for 1000 people for three months) ...continued

Item description	Unit	Quantity
<b>Medicines</b>		
<b>Disinfectants and antiseptics</b>		
Sodium dichloroisocyanurate (NaDCC), tablet 1.67 g	tablet	1200
<i>Already in basic module</i>		
Chlorhexidine digluconate, solution 5%	(10 x 1 L)	10
<b>Diuretics</b>		
Furosemide, injection 10 mg/ml	2 ml/ampoule	20
Furosemide, tablets 40 mg <sup>19</sup>	tablet	500 <sup>20</sup>
Hydrochlorothiazide, tablets 25 mg	tablet	500
<b>Gastrointestinal medicines</b>		
Atropine, injection 1mg/ml	1 ml/ampoule	50
<i>Already in basic module</i>		
Omeprazole, solid oral dosage form 20 mg	(10 x 100)	1000
<b>Hormones, other endocrine medicines and contraceptives</b>		
Intermediate-acting insulin, injection <sup>21</sup> 100 IU/ml [cold chain]	10 ml/vial	20
Soluble insulin, injection 100 IU/ml [cold chain]	10 ml/vial	20
<b>Medicines affecting the blood</b>		
Folic acid, tablets 5 mg	tablet	1000
Heparin sodium, injection 5 000 IU/ml <sup>22</sup>	vial 5 ml	25
<i>Already in basic module</i>		
Ferrous sulfate + folic acid, tablets 200 mg + 0.4 mg	(10 x 2000)	20000
<b>Oxytocics</b>		
Misoprostol, tablets 200 mcg	tablet	60
Oxytocin, injection 10 IU/ml [cold chain]	ampoule	200

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<sup>19</sup> Oral dose introduced for treatment of acute heart failure

<sup>20</sup> Quantity increased, for treatment of acute severe hypertension

<sup>21</sup> For stabilization of acute life-threatening hyperglycaemia or diabetic ketoacidosis

<sup>22</sup> For treatment of acute coronary syndrome; no cold chain required

## Supplementary module (for 1000 people for three months) ...continued

Item description	Unit	Quantity
<b>Medicines</b>		
<b>Mental health medicines</b>		
Biperiden, tablets 2 mg	tablet	400
Diazepam, tablets 5 mg [controlled substance]	tablet	240
Fluoxetine, tablets 20 mg <sup>23</sup>	tablet	5000
Haloperidol, injection 5 mg/ml	1 ml/ampoule	20
Haloperidol, tablets 5 mg	tablet	1300
<b>Medicines acting on the respiratory tract</b>		
Beclomethasone, inhaler 100 mcg/dose <sup>24</sup>	unit	75
Epinephrine (adrenaline), injection 1 mg/ml	1 ml/ampoule	50
Salbutamol, inhaler 100 mcg/dose	unit	75 <sup>25</sup>
<b>Medicines used in diarrhoea</b>		
<i>Already in basic module</i>		
ORS (oral rehydration salts) powder for dilution	(10 x 200)	2000
Zinc sulfate, dispersible tablets 20 mg	(10 x 1000)	10000
<b>Solutions correcting water, electrolytes and acid-based disturbances</b>		
Compound solution of sodium lactate (Ringer's lactate), injectable solution, with giving set and needle	500 ml bag	200
Glucose 5%, injectable solution, with giving set and needle <sup>26</sup>	500 ml bag	100
Glucose 50%, injectable solution (hypertonic)	50 ml/vial	100 <sup>27</sup>
Water for injection	10 ml/plastic vial	2000
<b>Vitamins</b>		
Ascorbic acid, tablets 250 mg	tablet	4000
Retinol (vitamin A), capsules 200 000 IU	capsule	4000

<sup>23</sup> To treat 54 patients for 60 days

<sup>24</sup> For immediate follow-up treatment for acute asthma and acute COPD exacerbation

<sup>25</sup> Amount increased from 50, to treat acute asthma and acute COPD exacerbation

<sup>26</sup> Glucose 5% solution is kept for management of NCDs

<sup>27</sup> Increased from 50 to 100 for treatment of acute severe hypoglycaemia

### Supplementary module - Malaria unit (can be withheld from the order upon request)

Item description	Unit	Quantity
<b>Malaria</b>		
Artesunate injection 60 mg Each box contains the following: <ul style="list-style-type: none"> <li>• One vial of artesunate (as anhydrous artesunic acid), powder for injection, 60 mg</li> <li>• One ampoule of 5% sodium bicarbonate.</li> <li>• One ampoule of 0.9% sodium chloride injection</li> </ul>	vial	500
Syringe, 5 ml with needle 18G or 21G, sterile, single use	unit	1200
Syringe, 5 ml, sterile, single use	unit	500
Needle, 21G (0.8 x 40 mm), sterile, single use	unit	500
Needle, 23G (0.6 x 25 mm), sterile, single use	unit	500
Needle, 25G (0.5 x 16 mm), sterile, single use	unit	500
Guidelines for administration of injectable artesunate – poster A3 (English)	unit	2
Guidelines for administration of injectable artesunate – poster A3 (French)	unit	2
Guidelines for administration of injectable artesunate – poster A3 (Portuguese)	unit	2
Management of severe malaria: a practical handbook. Third edition, 2013. WHO	unit	1
Flash drive with full set of guidance documents <sup>28</sup>	unit	1
<b>Already in basic module malaria unit</b>		
Artemether + Lumefantrine, dispersible tablets 20 mg + 120 mg, 6 tablets, blister	(10 x 30 x 5)	1500
Artemether + Lumefantrine, dispersible tablets 20 mg + 120 mg, 12 tablets, blister	(10 x 30 x 1)	300
Artemether + Lumefantrine, tablets 20 mg + 120 mg, 18 tablets, blister	(10 x 30 x 1)	300
Artemether + Lumefantrine, tablets 20 mg + 120 mg, 24 tablets, blister	(10 x 30 x 6)	1800
Malaria rapid diagnostic tests, with lancets and buffer	(800 x 10)	8000
Safety box, for used lancets 5 L <sup>29</sup>	(10 x 2)	20

<sup>28</sup> The full list of documents is described in Annex 1. The flash drive should be placed in a plastic pouch attached to the inner side of box number 1.

<sup>29</sup> Other sharps containers can be considered

**Supplementary module - Post-exposure prophylaxis (PEP) unit  
(can be withheld from the order upon request)**

Item description	Unit	Quantity
<b>PEP unit, 50 treatments adults + 10 children</b>		
Azithromycin, powder for oral suspension, 200 mg /5 ml	bottle, 15 ml	10
Azithromycin, tablets/capsules 250 mg	tablet/capsule	200
Cefixime (as trihydrate), powder for oral suspension, 100 mg/5 ml <sup>30</sup>	bottle, 50 ml	10
Cefixime, tablets 200 mg <sup>31</sup>	tablet	112
Atazanavir (ATV) + ritonavir (r), tablets 300 + 100 mg	tablet	1500
Lamivudine (3TC) + tenofovir (TDF), tablets 300 + 300 mg	tablet	1500
Lamivudine (3TC) + zidovudine (AZT), tablets 30 + 60 mg	tablet	1800
Lopinavir (LPV) + ritonavir (r), tablets 100 + 25 mg <sup>32</sup>	tablet	180
Lopinavir (LPV) + ritonavir (r), tablets 200 + 50 mg	tablet	480
Levonorgestrel, tablets 1.50 mcg	tablet	50
Pregnancy test, (urine dipstick)	unit	50
Flash Drive with full set of guidance documents <sup>33</sup>	unit	1

**Supplementary module - Guidelines**

Item description	Unit	Quantity
<b>Guidelines</b>		
Flash Drive with full set of guidance documents <sup>33</sup>	unit	1
IEHK 2017 Booklet (English) <sup>34</sup>	unit	2
IEHK 2017 Booklet (French)	unit	2
IEHK 2017 Booklet (Spanish)	unit	2
IEHK 2017 Booklet (Arabic)	unit	2
MSF Essential drugs guideline (English)	unit	1
MSF Essential drugs guideline (French)	unit	1
MSF Essential drugs guideline (Spanish)	unit	1
MSF Clinical guideline (English)	unit	1
MSF Clinical guideline (French)	unit	1
MSF Clinical guideline (Spanish)	unit	1

<sup>30</sup> Can be substituted by cefixime dispersible tablets

<sup>31</sup> Could be interchanged with 400 mg

<sup>32</sup> LPV/r tablets must be swallowed and should not be crushed or dissolved in liquid. Children who are unable to swallow LPV/r tablets should use LPV/r liquid. If this is not available, an alternative age-appropriate drug should be used (refer to PEP guidelines). Lack of a suitable third drug should not be a barrier to prompt initiation of PEP with AZT/3TC

<sup>33</sup> The full list of documents is described in Annex 1. The flash drive should be placed in a plastic pouch attached to the inner side of box number 1

<sup>34</sup> The IEHK 2017 booklet is to be included in as many languages available at the time of kit deployment

## Supplementary module - Medical devices, renewable

Item description	Unit	Quantity
<b>Medical devices, renewable</b>		
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 x 10 cm, non-sterile	unit	2000
Compress, gauze, 10 x 10 cm, sterile	unit	1500
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, time, steam, temperature (TST) control spot, for sterilization pack	unit	300
Masking tape, 2 cm x 50 m, for sterilization pack	unit	1
Needle, 19G (1.1 x 40 mm), sterile, single use	unit	2000
Needle, 21G (0.8 x 40 mm), sterile, single use	unit	1500
Needle, 23G (0.6 x 25 mm), sterile, single use	unit	1500
Needle, 25G (0.5 x 16 mm), sterile, single use	unit	100
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, spinal, 22G (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	unit	100
Razor, safety, single use	unit	100
Safety box for used syringes/needles, 5 litres <sup>35</sup>	unit	50
Scalpel blade, no. 22, sterile, single use	unit	100
Suture, non-absorb., synthetic, monofilament, DEC 2 (3/0), curved needle 3/8 circle, 18 mm, cutting <sup>36</sup> or reverse-cutting, triangular point	unit	144

... continue on next page

<sup>35</sup> Other sharps containers can be considered

<sup>36</sup> Both cutting and reverse-cutting needles are considered as options

## Supplementary module - Medical devices, renewable ... continued

Item description	Unit	Quantity
<b>Medical devices, renewable</b>		
Suture, absorbable, synthetic, braided DEC2 (3/0), curved needle 3/8 circle, 26 mm, round body	unit	144
Syringe, 20 ml, sterile, single use	unit	100
Syringe, 10 ml, sterile, single use	unit	600
Syringe, 5 ml, sterile, single use	unit	2000
Syringe, 2 ml, sterile, single use	unit	700
Syringe, 1 ml, sterile, single use	unit	200
Syringe insulin, 1 ml with needle, graduated, single use <sup>37</sup>	unit	400
Syringe, feeding, 50 ml, conical tip, sterile	unit	10
Syringe, feeding, 50 ml, Luer tip, sterile	unit	10
Tongue depressor, wooden, single use	unit	500
Tube, aspirating/feeding, CH16, L125 cm, conical tip, sterile, single use	unit	10
Tube, feeding, CH08, L40 cm, Luer tip, sterile, single use	unit	50
Tube, feeding, CH05, L40 cm, Luer tip, sterile, single use	unit	20
Urine test strips for ketones, glucose and albumin <sup>38</sup>	unit	100
<b>Already in basic module: Medical devices, renewable</b>		
Bandage, elastic, 7.5 cm x 5 m, roll	(10 x 20)	200
Bandage, gauze, 8 cm x 4 m, roll	(10 x 200)	2000
Compress, gauze, 10 x 10 cm, non-sterile	(10 x 500)	5000
Cotton wool, 500 g, roll, non-sterile	(10 x 2)	20
Gloves, examination, latex, medium, single use	(10 x 100)	1000
Soap, toilet, bar, approximately 110 g, wrapped	(10 x 10)	100
Tape, adhesive, zinc oxide, 2.5 cm x 5 m	(10 x 30)	300
<b>Already in basic module: Stationery</b>		
Book, exercise, A4 size, 100 pages, hard cover	(10 x 4)	40
Envelope, plastic, 10 cm x 15 cm	(10 x 2000)	20000
Health card	(10 x 500)	5000
Pad, note, plain, A6 size, 100 sheets	(10 x 10)	100
Pen, ball-point, blue	(10 x 10)	100
Plastic bag, for health card, 11 cm x 25 cm, snap-lock fastening	(10 x 500)	5000

<sup>37</sup> Added for administration of insulin

<sup>38</sup> For diagnostic and management of acute severe hyperglycaemia

## Supplementary module - Medical devices, equipment

Item description	Unit	Quantity
<b>Medical devices, equipment</b>		
Apron, protection, plastic, single use <sup>39</sup>	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 x 180 cm	unit	2
Drum, sterilizing, approximately 150 mm x 150 mm	unit	2
Filter, drinking, candle, 10–80 litres per day	unit	3
Forceps, artery, Kocher, 140 mm, straight	unit	2
Glucometer including 250 glucose strips and 250 blood lancets <sup>40</sup>	unit	2
Otoscope set, cased <sup>41</sup>	unit	1
Pulse oximeter fingertip, adult, spot-check <sup>42</sup>	unit	1
Scale (only), infant, spring type, 25 kg x 100 g	unit	3
Scale, electronic, mother/child, 150 kg x 100 g	unit	1
Scissors, Deaver, 140 mm, straight, sharp/blunt	unit	2
Spare battery, R6 alkaline AA size, 1.5V (for otoscope)	unit	12
Sphygmomanometer (adult), aneroid	unit	4
Sterilizer, steam, 21 or 24 litres	unit	1
Stethoscope, binaural, complete	unit	4
Stethoscope, fetal, Pinard	unit	1
Stove, kerosene, single-burner, pressure	unit	1
Surgical instruments, delivery set <sup>43</sup>	unit	1
Surgical instruments, dressing set <sup>44</sup>	unit	5

... continue on next page

<sup>39</sup> Alternative: apron, protection plastic, reusable, 2

<sup>40</sup> For management and immediate follow up of acute severe hyperglycaemia. Display units in mg/dL. Suitable for use with multiple patients. Glucose strips and blood lancets can be reordered as needed. Contains batteries; need to consider shipping requirements

<sup>41</sup> Spare bulb must be included within the otoscope set

<sup>42</sup> Simple finger version for monitoring of acute respiratory distress, including COPD exacerbation and asthma. Contains batteries; need to consider shipping requirements

<sup>43</sup> Delivery set:

- 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

<sup>44</sup> Dressing set:

- 1 forceps, artery, Kocher, 140 mm, straight
- 1 forceps, dressing, standard, 155 mm, straight

## Supplementary module - Medical devices, equipment ... continued

Item description	Unit	Quantity
<b>Medical devices, equipment</b>		
Surgical instruments, suture set <sup>45</sup>	unit	2
Tape measure, arm circumference, mid-upper arm circumference (MUAC)	unit	50
Tape, measure, vinyl-coated, 1.5 m	unit	5
Thermometer, clinical, digital, 32–43°C	unit	10
Timer, 60 min	unit	1
Tourniquet, latex rubber, 75 cm <sup>46</sup>	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
<b>Already in basic module:</b>		
<i>Basin, kidney, stainless steel, 825 ml</i>	<i>unit</i>	<i>1</i>
<i>Bottle, plastic, 1 L, wash bottle</i>	<i>unit</i>	<i>3</i>
<i>Bottle, plastic, 250 ml, with screw cap</i>	<i>unit</i>	<i>1</i>
<i>Bowl, stainless steel, 180 ml</i>	<i>unit</i>	<i>1</i>
<i>Brush, hand, scrubbing, plastic</i>	<i>unit</i>	<i>2</i>
<i>Drum, sterilizing, approximately 150 mm x 150 mm</i>	<i>unit</i>	<i>2</i>
<i>Pail, with water scoop, handle, polyethylene, 10 L or 15 L</i>	<i>unit</i>	<i>2</i>
<i>Scissors, Deaver, 140 mm, straight, sharp/blunt</i>	<i>unit</i>	<i>2</i>
<i>Surgical instruments, dressing set</i>	<i>unit</i>	<i>2</i>
<i>Thermometer, clinical, digital, 32–43°C</i>	<i>unit</i>	<i>5</i>
<i>Tray, dressing, stainless steel, 300 mm x 200 mm x 30 mm</i>	<i>unit</i>	<i>1</i>
<i>Water container, PVC/PE, collapsible, 10 L or 15 L</i>	<i>unit</i>	<i>1</i>

<sup>45</sup> 1 scissors, Deaver, 140 mm, straight, sharp/blunt  
1 tray, instruments, stainless steel, 225 mm x 125 mm x 50 mm, with cover

One suture set should be reserved for repair of postpartum vaginal tears. Abscess/suture set:

- 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

<sup>46</sup> Alternative: tourniquet with Velcro

## CHAPTER 3: ORDERING THE IEHK 2017

### Obtaining the IEHK 2017

The IEHK 2017 can be ordered through different agencies that make it available for their own programmes and for third-party organizations. It can also be obtained from commercial wholesalers.

Additional details on the provision of IEHK 2017 and on the procedures for ordering can be found at the following links and by contacting the organizations using the email addresses indicated.

#### WHO

email: [procurement@who.int](mailto:procurement@who.int)

weblink: [WHO Intranet](#) <sup>47</sup>

#### UNICEF

email: [psid@unicef.org](mailto:psid@unicef.org)

weblink: <https://www.unicef.org/supply/>

#### MSF logistique

email: [office@bordeaux.msf.org](mailto:office@bordeaux.msf.org)

weblink: <https://www.msflogistique.org/>

#### MSF supply

email: [office-msfsupply@brussels.msf.org](mailto:office-msfsupply@brussels.msf.org)

[msfsupply.order@brussels.msf.org](mailto:msfsupply.order@brussels.msf.org)

weblink: <https://www.msfsupply.be>

### Before ordering the IEHK 2017

- Undertake a rapid assessment of the local situation to confirm that the emergency health kits are needed, which types are needed and where they are needed. The IEHK could also be stockpiled in reasonable quantity and for specific purposes. When stockpiling it is essential to monitor expiry dates and ensure that the storage conditions are in line with WHO good storage practices.
- Base the quantity and type (basic and/or supplementary modules) of emergency health kits requested on the size of the population to be served, the location and type of health centres and the skills of health care providers in these centres.
- Ensure that necessary funds are available to cover the cost of clearance, distribution and safe storage.
- Determine if the malaria modules (basic and supplementary) are required.

### Cost of the IEHK 2017

The cost of each kit changes periodically. The latest prices can be obtained by consulting the agencies listed above as well as from commercial suppliers. Additional overhead cost might apply and these should be confirmed with the provider early in the planning phase.

Airfreight costs: airfreight cost will vary widely depending on the route. The following weights and volumes can be used as reference for estimating cost.

<sup>47</sup> <http://intranet.who.int/tools/wcat/Categories.aspx?catid=71739>

Module	Approximate weight (kg)	Approximate volume (m3)	Approximate number of boxes
Basic (without malaria unit)	38	0.22	2
Basic – Malaria	19	0.14	1
Supplementary – Medicines (ex-cold chain/controlled)	330	1.20	20
Supplementary – Medicines (controlled)	5	0.04	1
Supplementary – Medicines (cold chain)	20	0.15	1
Supplementary – Malaria	46	0.26	2
Supplementary – PEP	20	0.12	1
Supplementary – Medical renewable	110	0.80	5
Supplementary – Medical equipment	50	0.32	3
<b>Full IEHK 2017</b> (10 basic + 1 supplementary modules)	<b>1150</b>	<b>6.50</b>	<b>63</b>

## Packaging

To facilitate logistics in the country, the boxes containing the supplies:

- are marked with the weight and volume of each module/unit;
- weigh no more than 25 kg, to be handled by one or two people;
- are clearly marked with kit number and box number, description, consignee and other relevant information;
- have a self-adhesive pouch attached to the outside, containing a detailed list of contents.

Each carton in the basic and supplementary module should contain an information slip in at least three languages (English, French and Spanish), with the text defined in Annex 7.

## Packaging and shipping of cold chain items

- The IEHK contains medicines that require cold storage (insulin and most brands of oxytocin). It is recommended that these medicines be packed together and shipped in consideration of manufacturer instructions.
- Products should be packed in a way to avoid breakage, contamination and theft. The packing should be adequate to maintain the storage conditions of the product during transport.
- It is recommended to place a temperature-monitoring device and instructions for use by recipient in the box to monitor temperatures during transport. A list of WHO PQS validated data-loggers can be found in the [PQS catalogue](#)<sup>48</sup>.
- Packaging systems should be validated before use. The supplier is responsible for ensuring product temperature compliance during transport. Refer to model guidance for the storage and transport of time- and temperature-sensitive pharmaceutical products: [WHO Technical Report Series, No. 961, 2011](#)<sup>49</sup>, and its related [Technical Supplement 12](#)<sup>50</sup>

<sup>48</sup> [http://apps.who.int/immunization\\_standards/vaccine\\_quality/pqs\\_catalogue/](http://apps.who.int/immunization_standards/vaccine_quality/pqs_catalogue/)

<sup>49</sup> [http://www.who.int/medicines/areas/quality\\_safety/quality\\_assurance/ModelGuidanceForStorageTransportTRS961Annex9.pdf?ua=1](http://www.who.int/medicines/areas/quality_safety/quality_assurance/ModelGuidanceForStorageTransportTRS961Annex9.pdf?ua=1)

<sup>50</sup> [http://www.who.int/medicines/areas/quality\\_safety/quality\\_assurance/supplement\\_12.pdf?ua=1](http://www.who.int/medicines/areas/quality_safety/quality_assurance/supplement_12.pdf?ua=1)

- Adequate notification of shipment arrival should be provided to consignee to ensure timely completion of import formalities and clearance of cargo on arrival. The labels in the boxes should identify clearly the storage temperature, need for urgency in handling and clearance, and a label indicating need to avoid freezing.
- [IATA Time and Temperature Sensitive Labels](#) apply to all shipments booked as time- and temperature-sensitive cargo.<sup>51</sup>

### Additional supplies to be considered to complement the IEHK 2017 for management of NCDs

Provision of comprehensive diagnostics and management of noncommunicable diseases is complex and requires equipment and resources that depend on the needs and capacity existing in country. The IEHK 2017 includes a hand held glucometer and set of strips and lancets validated for use in multiple patients. Other types of glucometers more appropriate for hospital settings are not included in the kit, as their management within kits is challenging; however, they can be considered for purchase after the needs assessment is done. It is also recommended that equipment such as electrocardiographs be considered for purchase after the needs assessment is conducted. This type of equipment is usually available from stock of medical wholesalers.

### Quality assurance

Agencies and suppliers are responsible for ensuring the quality of the supplies provided in the IEHK. [The model quality assurance system](#) for procurement agencies<sup>52</sup> should form the basis of the assessment of the capacity of kit suppliers to provide high-quality products. Suppliers should also have capacity to manage and supply the kits under applicable good distribution practices. The assessment and verification of the capacity of



suppliers is the responsibility of the agencies that prepare or purchase the kits. References to previous assessments can be requested from suppliers.

### Feedback

The IEHK is reviewed regularly to optimize its content and configuration to fit needs. Feedback from users is very important to ensure continuous improvement, especially in the following areas:

- appropriateness of content (selection, quantity, items not included)
- content and clarity of information provided (booklet, packing list, guidelines)
- Quality of kit's contents and packaging.

Please send your feedback to the IEHK Secretariat ([emp@who.int](mailto:emp@who.int)).

<sup>51</sup> <http://www.iata.org/whatwedo/cargo/pharma/Pages/index.aspx>

<sup>52</sup> <http://apps.who.int/medicinedocs/documents/s21492en/s21492en.pdf>



## ANNEX 1: RESOURCES

The documents listed below are included in electronic and/or hard copy in the basic and supplementary modules.

A full list of technical guidelines for health emergencies can be found at: <http://www.who.int/hac/techguidance/guidelines/en/>.

MSF medical guidelines and additional information for medical field workers can be access through a mobile app available at [medicalguidelines.msf.org](http://medicalguidelines.msf.org).

Guidelines and resources	Languages	Web links
<b>General</b>		
Clinical guidelines. MSF; 2018	English, French, Spanish	<a href="https://medicalguidelines.msf.org">https://medicalguidelines.msf.org</a>
Essential drugs. MSF; 2018	English, French, Spanish, Arabic	<a href="https://medicalguidelines.msf.org">https://medicalguidelines.msf.org</a>
IEHK 2017 Handbook. WHO; 2018	English, French, Spanish, Arabic	
<b>Malaria</b>		
Management of severe malaria – A practical handbook. Third edition. WHO; 2013	English, French, Spanish	<a href="http://www.who.int/malaria/publications/atoz/9789241548526/en/">http://www.who.int/malaria/publications/atoz/9789241548526/en/</a>
Guidelines for the treatment of malaria. Third edition. WHO; 2015	English	<a href="http://www.who.int/malaria/publications/atoz/9789241549127/en/">http://www.who.int/malaria/publications/atoz/9789241549127/en/</a>
Malaria control in humanitarian emergencies – An inter-agency field handbook. Second edition. WHO; 2013	English	<a href="http://www.who.int/malaria/publications/atoz/9789241548656/en/">http://www.who.int/malaria/publications/atoz/9789241548656/en/</a>
Universal access to malaria diagnostic testing – An operational manual. WHO, rev. 2013	English, French	<a href="http://www.who.int/malaria/publications/atoz/9789241502092/en/">http://www.who.int/malaria/publications/atoz/9789241502092/en/</a>
Injectable artesunate tool kit, including reconstitution and administration job aid (poster). MMV; 2015	English, French, Portuguese	<a href="https://www.mmv.org/access/tool-kits">https://www.mmv.org/access/tool-kits</a>
<b>HIV (including post-exposure prophylaxis)</b>		
Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Recommendations for a public health approach – Second edition. WHO; 2016	English	<a href="http://www.who.int/hiv/pub/arv/arv-2016/en/">http://www.who.int/hiv/pub/arv/arv-2016/en/</a>
<b>Noncommunicable diseases (NCD)</b>		
Package of Essential Noncommunicable (PEN) disease interventions for primary health care in low-resource settings. WHO; 2010	English	<a href="http://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf">http://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf</a>

## ANNEX 1: RESOURCES

Guidelines and resources	Languages	Web links
<b>Mental health</b>		
mhGAP humanitarian intervention guide (mhGAP-HIG). Clinical management of mental, neurological and substance use conditions in humanitarian emergencies. WHO/UNHCR; 2015	Arabic, English, French, Russian, Spanish, Ukrainian	<a href="https://www.who.int/mental_health/publications/mhgap_hig/en/">https://www.who.int/mental_health/publications/mhgap_hig/en/</a>
<b>Medicines and diagnostics</b>		
WHO Model Lists of Essential Medicines	English	<a href="http://www.who.int/medicines/publications/essentialmedicines/en/">http://www.who.int/medicines/publications/essentialmedicines/en/</a>
WHO Model Formulary	English	<a href="http://www.who.int/selection_medicines/list">http://www.who.int/selection_medicines/list</a>
WHO Model List of Essential in Vitro Diagnostics	English	<a href="http://www.who.int/medical_devices/diagnostics/Selection_in-vitro_diagnostics/en/">http://www.who.int/medical_devices/diagnostics/Selection_in-vitro_diagnostics/en/</a>
<b>Medicine management</b>		
The logistics handbook: A practical guide for the supply chain management of health commodities. Arlington (VA): United States Agency for International Development; 2011	English, French, Spanish, Arab, Hindi, Portuguese	<a href="https://www.jsi.com/JSIInternet/Resources/publication/display.cfm?txtGeoArea=INTL&amp;id=11497&amp;thisSection=Resources">https://www.jsi.com/JSIInternet/Resources/publication/display.cfm?txtGeoArea=INTL&amp;id=11497&amp;thisSection=Resources</a>
MDS-3: Managing access to medicines and other health technologies. Arlington (VA): Management Sciences for Health; 2012	English	<a href="http://www.msh.org/resources/mds-3-managing-access-to-medicines-and-health-technologies">http://www.msh.org/resources/mds-3-managing-access-to-medicines-and-health-technologies</a>
Further resources can be found in Annexes 4 and 5, which contain samples of a daily medicine consumption form and stock card, respectively.		
<b>Waste management</b>		
Safe management of wastes from health-care activities. Second edition. WHO; 2014	English	<a href="https://www.healthcare-waste.org/fileadmin/user_upload/resources/Safe-Management-of-Wastes-from-Health-Care-Activities-2.pdf">https://www.healthcare-waste.org/fileadmin/user_upload/resources/Safe-Management-of-Wastes-from-Health-Care-Activities-2.pdf</a>

## ANNEX 2: COMPLEMENTARY KITS FOR USE IN EMERGENCIES

The IEHK is designed to cater to the basic health conditions that can present in an emergency situation. There are other emergency health kits that meet other needs. Some of the most commonly used interagency and WHO kits are listed below.

Kit description	Agency
<b>Nutrition kits</b>	
Nutrition kit Standard anthropometric kit containing weighing and measuring equipment for children aged under 5 years and additional modules (registration, equipment and medical supplies), designed specifically for inpatient and outpatient therapeutic feeding centres, which can be ordered separately.	UNICEF
WHO severe acute malnutrition (SAM) kit To be used together with the UNICEF nutrition kit. For clinical treatment of 50 hospitalized patients.	WHO
<b>Trauma, emergency and surgical care kits</b>	
A number of kits are available to cover surgery, trauma care and emergency room needs.	WHO
<b>Cholera kits</b>	
The revised cholera kits are designed to help prepare for a potential cholera outbreak and to support the first month of the initial response to an outbreak. <ul style="list-style-type: none"> <li>• Three kits are designed for the treatment of cholera patients within existing structures at the central, peripheral and community levels.</li> <li>• One kit provides the necessary material to set up a provisional structure for patient care when no existing structure is in place.</li> <li>• Two kits include the equipment needed for the investigation of cholera outbreaks and for the laboratory confirmation of suspected cholera cases</li> </ul>	WHO, UNICEF
<b>Noncommunicable diseases kit</b>	
Addressing noncommunicable diseases within a population of 10 000 for three months focuses on the provision of essential care at the primary health care level. Two modules are available. <ul style="list-style-type: none"> <li>• The basic module is for management of the most common NCDs at the primary health care level.</li> <li>• The supplementary module is for management of acute exacerbations of NCDs/stabilization of patients before their referral to a higher level of care.</li> </ul>	WHO
<b>Reproductive health kits</b>	
Interagency reproductive health kits Set of reproductive health kits for use by humanitarian agencies.	UNFPA
Midwifery kit Pharmaceuticals and medical devices for 50 deliveries.	UNICEF
Obstetric kit Pharmaceuticals and medical devices for 100 deliveries, including 25 surgical deliveries.	UNICEF

Further information on the above kits as well as additional related resources can be found at the following webpages:

<b>WHO</b>	<a href="http://www.who.int/emergencies/kits/en/">http://www.who.int/emergencies/kits/en/</a>
<b>UNICEF</b>	<a href="https://supply.unicef.org/">https://supply.unicef.org/</a>
<b>UNFPA</b>	<a href="https://www.unfpa.org/resources/emergency-reproductive-health-kits">https://www.unfpa.org/resources/emergency-reproductive-health-kits</a>

## ANNEX 3: SAMPLE HEALTH CARD

HEALTH CARD										Card No.	
CARTE DE SANTE										Carte No.	
Site Lieu			Section/House No. Section /Habitation No.			Date of registration Date d'enregistrement					
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				
Family name Nom de famille			Given names Prénoms			Father's name Nom du père					
C H I L D R E F E N D S	Mother's name Nom de la mère		Weight Poids		Percentage weight/height Pourcentage poids/taille						
	Height Taille	CM	KG								
D E F E N D S	Feeding programme Programme d'alimentation										
	Immunization	Measles Rougeole	Date	1	2	BCG Date		Others Autres			
W O M E N	Immunization	Polio	Date		DPT Polio Date	1	2	3			
			DTC Polio								
W O M E N	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			
C O M M U N I T Y	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)					

## ANNEX 4: SAMPLE DAILY MEDICINE CONSUMPTION FORM

DATE:

LOCATION:

#	Item description	Unit	Quantity dispensed (*)	Total
1	Albendazole, chewable tablets 400 mg	tablet		
2	Amoxicillin, dispersible tablets 250 mg	tablet		
3	Artemether + Lumefantrine, dispersible tablets 20 mg + 120 mg			
		6 dispersible tablets	blister	
		12 dispersible tablets	blister	
		18 tablets	blister	
	24 tablets	blister		
4	Benzyl benzoate, lotion 25%	bottle		
5	Chlorhexidine digluconate, solution 5%	bottle		
6	Ferrous sulfate + folic acid, tablets 200 mg + 0.4 mg	tablet		
7	Ibuprofen, tablets 200 mg	tablet		
8	Miconazole, cream 2%	tube		
9	Omeprazole, tablets/capsules 20 mg	tablet/capsule		
10	ORS (oral rehydration salt) powder for dilution	sachet for 1 litre		
11	Paracetamol, dispersible tablets 100 mg	tablet		
12	Paracetamol, tablets 500 mg	tablet		
13	Povidone iodine, solution 10%	bottle		
14	Tetracycline, eye ointment 1%	tube		
15	Zinc sulfate, dispersible tablets 20 mg	tablet		

(\*) For example: 10 + 30 + 20...



## ANNEX 6: MANAGEMENT OF CONTROLLED SUBSTANCES IN EMERGENCIES

### 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 2017 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 substances under international control. Substances from the kit under international control are morphine injection 10 mg/ml, morphine tablets 10 mg, diazepam injection 5 mg/ml, diazepam tablets 5 mg and phenobarbital tablets 50 mg. Morphine and all products classified as C1 in the exporting country require import and export licences .

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

- UN Single Convention on Narcotic Drugs (1961, amended by Protocol Amending the Single Convention on Narcotic Drugs 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 website of the International Narcotics Control Board (INCB) at [www.incb.org](http://www.incb.org). The most recent lists of controlled substances can be found on the same website.

#### 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 another 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 sudden increased demand.

This procedure takes too long to meet the acute need for relief in emergency situations – from several weeks to many months. When the control authorities in the receiving country are themselves struck by a disaster, the procedure is even more challenging to employ.

### Procedure to be followed in disaster relief

Model guidelines have been prepared to enable adequate procurement of controlled substances in disaster relief<sup>1</sup>. 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 means 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 estimation to submit to the INCB either.

*The INCB recommends limiting control obligations in emergency situations to the authorities of exporting countries<sup>2</sup>.*

<sup>1</sup> Model guidelines for the international provision of controlled medicines for emergency medical care. Geneva: World Health Organization; 1996 (WHO/PSA/96.17; <http://apps.who.int/medicine-docs/en/d/Jwho32e/>, accessed 9 December 2017)

<sup>2</sup> 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.

### Who should do what?

The operator<sup>3</sup> should make a written request for emergency supplies of controlled substances to the supplier<sup>4</sup> using the attached model form (page 36). The operator is responsible for:

- selection of suppliers;<sup>5</sup>
- 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 during 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:

<sup>3</sup> Operators: organizations engaged in the provision of humanitarian assistance in health matters recognized by the control authorities of exporting countries

<sup>4</sup> Suppliers: suppliers of medicines for humanitarian assistance at the request of an operator (either a separate entity or a department of an operator)

<sup>5</sup> Suppliers should be limited to those recognized by the control authorities of exporting countries. They should have at least:

- 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 29 for an outline of the agreement)

- 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 during emergency deliveries.

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 countries<sup>6</sup>

The standard agreement should at least cover the following points.

#### 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.

- 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.
- 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.
- Availability of control authorities in the receiving country. Information on availability of control authorities in the receiving country.
- 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.

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 during emergency deliveries.

<sup>6</sup> When an operator is also a supplier, the agreement will be between the operator and the control authorities.

**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, provisions on 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.

**Requests the supplier:<sup>1</sup>**

Name:

Address:

Responsible pharmacist:

Phone no.

Fax no.

**For an emergency shipment<sup>2</sup> 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)*

<sup>1</sup> If the operator is exporting directly from its emergency stock, it should be considered as a supplier.

<sup>2</sup> 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.

**To the following recipient (whichever applicable):**

Country of final recipient  
Responsible person for receipt:  
Name:  
Organization/Agency:  
Address:  
Phone no. Fax no.

**For use by/delivery to:**

Location: Organization/Agency

**Consignee** (If different from above e.g. transit in a third country):

Name: Organization/Agency  
Address:  
Phone no. Fax no.

**Nature of the emergency** (Brief description of the emergency motivating the request):

Availability of and action taken to contact the control authorities in the receiving country:

I certify that the above information is true and correct. My organization will:

Take responsibility for receipt, storage, delivery to the recipient/end-user, or use for emergency care (strike out what is not applicable) of the above controlled medicines;

- Report the importation of the above controlled medicines as soon as possible to the control authorities (if available) of the receiving country;
- Report the quantities of unused controlled medicines, if any, to the control authorities of the receiving country (if available), or arrange for the end-user to do so (strike out what is not applicable).

Title: Date:

Location:

(Signature)

## Annex 7: Information slips

### English

The Interagency Emergency Health Kit 2017 is primarily intended for populations in emergencies with limited access to medical services; 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, severe acute respiratory syndrome (SARS) and avian influenza virus.

### Español

El Botiquín Médico de Emergencia Interinstitucional 2017 está destinado principalmente a las poblaciones en situaciones de emergencia 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 2017 est principalement destiné aux populations n'ayant pas accès à un système de soins médicaux dans les cas d'urgences. 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.





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