

Technical Bulletin No.11

INTERAGENCY EMERGENCY HEALTH KIT 2006 - COMPLETE

Background:

The Emergency Health Kit is an integral part of UNICEF's immediate response to most emergencies.

The Interagency Emergency Health Kit 2006 (IEHK 2006) is the third edition of the World Health Organization (WHO) Emergency Health Kit. It takes into account the global HIV/AIDS epidemic, the increasing parasite resistance to commonly available antimalarials and the field experience of agencies that use the emergency health kit.

Purpose:

Over the years many organizations and national authorities have adopted the concept of the emergency health kit as a reliable, standardised, affordable and quickly available source of the essential medicines and medical devices needed urgently in a disaster situation.

The contents of the IEHK 2006 are based on epidemiological data, population profile, disease patterns and assumptions based on experience gained in emergency situations. The IEHK 2006:

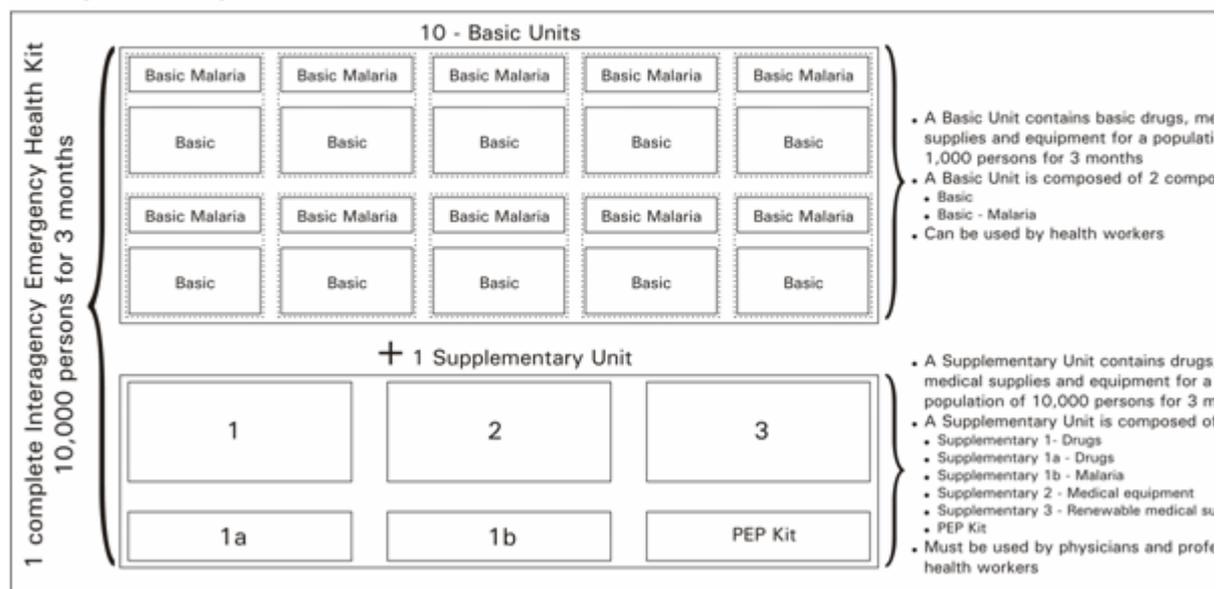
- is designed principally to meet the primary health care needs of a displaced population without medical facilities, where more serious cases should be referred to the nearest hospital.
- contains essential medicines and medical devices (renewables and equipment) for a population of 10,000 persons for a period of 3 months.
- consists of two different sets of medicines and medical devices, namely the **Basic Unit** and the **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 1,000 people each (see the figure on the kit concept below).
- should always be supplied with the Basic unit – malaria, the Supplementary Unit 1b – malaria and the Patient Post-Exposure Prophylaxis (PEP) Kit, unless there is no need for antimalarial medicines and/or post-exposure prophylaxis treatments.
- is not designed for immunization, nutritional programmes, reproductive health services, resuscitation/surgical activities and communicable diseases such as HIV/AIDS, tuberculosis or leprosy. Supplies related to these diseases should be identified on the basis of a needs assessment.

Terminology

Confusion has arisen over the word "kit" and "unit". In this context, a kit refers to 10 Basic Units plus one full Supplementary Unit as explained in the figure on the kit concept below.

Kit concept: Interagency Emergency Health Kit 2006 - complete

Kit Concept
Interagency Emergency Health Kit 2006 - Complete



The first order for the IEHK shall include 10 Basic Units (each made of two components) and one full Supplementary Unit (made of six components).

Contents of a kit:

A complete Interagency Emergency Health Kit 2006 consists of 10 Basic Units to be used by health workers and 1 full Supplementary Unit to be used by physicians and other professional health workers.

To review the specific contents of kit Units, please search the UNICEF web catalogue:

PRODUCT LIST 07 – MEDICAL/HYGIENE KITS - Medical kits

Basic Unit for health workers

The Basic Unit can be used by healthcare workers with limited training.

A Basic Unit contains essential medicines, medical devices (renewable and equipment) for a population of 1,000 persons for a period of 3 months.

Below are the components of the Basic Unit with their respective UNICEF catalogue numbers.

- S9906621 - IEHK2006 kit, Basic
- S9906622 - IEHK2006 kit, Basic malaria

Supplementary Unit for Physicians and Professional Health Workers

The Supplementary Unit must be used only by physicians and other professional health workers.

A Supplementary Unit contains essential medicines, medical devices (renewable and equipment) for a population of 10,000 persons for a period of 3 months. It does not contain any medicines and medical devices (renewables and equipment) from the Basic Unit. The Supplementary Unit can only be used with one or more Basic Units.

Below are the components of the Supplementary Unit with their respective UNICEF catalogue numbers.

- S9906623 - IEHK2006 kit, Supplementary 1-drugs
- S9906624 - IEHK2006 kit, Supplementary 1a-drugs
- S9906625 - IEHK2006 kit, Supplementary 1b-malaria
- S9906626 - IEHK2006 kit, Supplementary 2-equipment
- S9906627 - IEHK2006 kit, Supplementary 3-renewable
- S9901000 - PEP kit

Notes:

Basic Unit:

The Basic Unit contains essential medicines, none of which can be injected. Medical devices (renewables and equipment) contained in the Basic Unit are essentially for dressing purposes. A simple treatment guideline based on symptoms has been developed by WHO to help train personnel in the proper use of the medicines and is included in each Basic Unit.

Basic Unit-malaria:

The Basic Unit-malaria contains antimalarial medicines for the treatment of uncomplicated malaria (none of which can be injected), and a rapid diagnostic test kit.

Supplementary 1 – drugs:

The Supplementary 1-drugs contains essential medicines. The selection and quantification of the medicines included are based on recommendations for standard treatments. Manuals developed by Médecins sans Frontières (MSF) describing the standard treatments for target diseases, MSF Essential Drugs practical guidelines, MSF Clinical diagnostic and treatment guidelines.

Supplementary 1a – drugs:

Important: The Supplementary 1a-drugs contains medicines that normally need import authorisations (narcotic/psychotropic substances). Since this kit is usually urgently required and needs to be shipped within 24 hours, it does not allow time to apply for import and export authorisations.

Until further notice, Supply Division will not require import authorisations for this kit. However, Country Offices ordering or receiving this kit are advised to investigate if their national authorities require an import authorisation.

For these shipments, Supply Division will complete the “Notation Form for Emergency Supplies of Controlled Substances” and forward it to the Danish Medicines Agency (DMA).

Please refer to Supply Directive: CF/SD/2008-002 Rev 01 - Ordering of narcotic and/or psychotropic pharmaceutical products.

The Supplementary 1a-drugs also contains medicines that need to be stored at controlled temperatures (cold chain). **The Supplementary 1a-drugs is therefore only supplied via air shipment.**

Supplementary 1b – malaria:

The Supplementary 1b-malaria contains injectable antimalarial medicines.

Supplementary 2 – equipment:

The Supplementary 2 contains essential medical equipment (e.g. diagnostic, sterilisation, dressing and suture instruments). It also includes items to allow for the provision of clean water.

Supplementary 3 – renewable:

The Supplementary 3 contains essential medical devices consumables. Most of the items are single use and sterile.

PEP kit: contains post-exposure prophylaxis treatments.

Ordering an Interagency Emergency Health Kit 2006 complete:

To fulfil the objectives outlined above, a complete Interagency Emergency Health Kit (see below) should be ordered against the following item numbers.

Complete Interagency Emergency Health Kit 2006

Item No	Description	Quantities
S9906621	IEHK2006,kit,basic unit	10
S9906622	IEHK2006,kit,basic unit,malaria	10
S9906623	IEHK2006,kit,suppl.1-drugs	1
S9906624	IEHK2006,kit,suppl.1a-drugs	1
S9906625	IEHK2006,kit,suppl.1b-malaria	1
S9906626	IEHK2006,kit,suppl.2-equipment	1
S9906627	IEHK2006,kit,suppl.3-renewable	1

S9901000	PEP kit	1
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Important

Customers are recommended to order the Complete Interagency Emergency Health Kit 2006. However, where there is no need for antimalarial medicines and/or post exposure prophylaxis treatments, customers should order all the other Units except for:

S9906622	IEHK2006,kit,basic unit,malaria
S9906625	IEHK2006,kit,suppl.1b-malaria
S9901000	PEP kit

Note:

It is possible to order each pre-packed kit separately. The type of kits selected and quantities requested should be based on a needs assessment in the field. The ability to re-order these pre-packed kits separately gives the necessary flexibility to adapt supplies to needs, limits the risk of overstocking equipment and running short of consumables, and allows for fast replenishment in the early phase of an emergency.

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 should be assessed as soon as possible.

Contact:

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