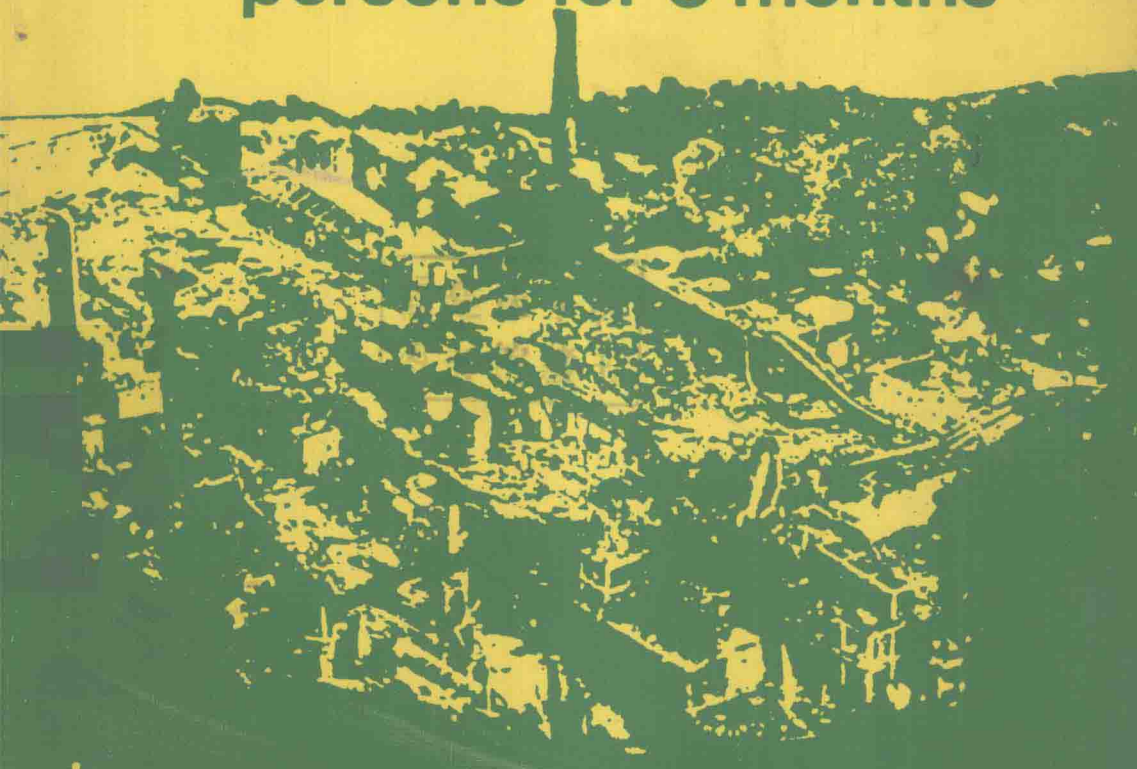
WHO EMERGENCY HEALTH KIT

Standard drugs and clinic equipment for 10 000 persons for 3 months



World Health Organization Geneva

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Useful addresses are given inside the front and back covers.

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INTRODUCTION

In recent years large-scale emergencies and disasters have increased in frequency and in magnitude, and international involvement has grown in parallel. The various organizations and agencies within the United Nations system respond to these disasters according to their field of competence and according to the nature of the emergency, and many intergovernmental and nongovernmental organizations and voluntary associations have a remarkable record of service. In almost all emergencies the health of the population involved is imperilled or at risk. The World Health Organization responds to immediate needs both by assisting disaster-stricken countries and by coordinating the health work of the United Nations system and advising other organizations.

Almost invariably an important proportion of the aid provided in emergencies consists of drugs and essential health supplies. In the face of disaster, quantities of requested or unsolicited drugs and supplies are provided for relief by donor agencies, governments, voluntary organizations, WHO and others. The usefulness of such aid is often diminished by lack of assessment of the real needs, unrealistic requests, inappropriate donations, inessential pharmaceuticals, diversity of medicaments, unsorted shipments, unintelligible labelling, expensive medicines, perishable goods, out-dated products, late arrival, and customs restrictions.

After several years of study, field testing and modifications, WHO has developed essential lists of standard drugs and clinic equipment which significantly obviate the above-mentioned difficulties and facilitate emergency response.

Originally developed by the WHO Emergency Relief Operations in conjunction with the Office of the United Nations High Commissioner for Refugees (UNHCR)[1] and the London School of Hygiene and Tropical Medicine in the United Kingdom, the WHO Emergency Health Kit is now adopted by organizations and national authorities as a reliable, standardized, inexpensive, appropriate and quickly available source of the essential drugs and health equipment urgently needed in a disaster situation. The contents are calculated for the needs of 10 000 persons over 3 months. The material is packaged ready for dispatch and is available for shipment anywhere in the world from the UNIPAC[1] depot in Copenhagen, Denmark.

National authorities may wish to stockpile the same or equivalent drugs and equipment as part of their emergency preparedness programme. The kit can also serve as a useful baseline of essential drugs in primary health care.

[1] For the addresses see the inside front and back covers.

THE WHO EMERGENCY HEALTH KIT

Explanatory notes

1. *Lists A, B and C*

The WHO Emergency Health Kit is made up of two drug lists (List A and List B), one equipment list (List C), and re-order forms. Together the items on these lists make up a complete prepackaged parcel ready for use.

The purposes are to encourage standardization of the drugs and equipment used in an emergency, to permit swift initial supply from outside, to rationalize urgent requests and response, and to promote disaster preparedness by the provision of a kit that may be kept in readiness as a stock of essential items.

List A drugs are for use by auxiliary and basically trained health workers. **List B** drugs are for use by doctors and senior health workers; they are additional to the drugs in List A. **List C** comprises generally available, simple, standard clinic equipment.

With one exception, the drugs are those in the revised Model List of Essential Drugs published in the report[1] of the WHO Expert Committee on the Use of Essential Drugs. The consecutive reference numbers used in Lists A and B, however, are not the same as the numbers used in that report, where only categories and subcategories of drugs are numbered, not the individual drugs themselves. These category and subcategory numbers are shown in Lists A and B in square brackets against each main type of drug.

The drugs shown in Lists A and B are those actually supplied in the kit. Attention is drawn to the fact that in many instances various other drugs could serve as alternatives to those supplied, which may be considered as *examples of a therapeutic group*; these are distinguished in Lists A and B by a square symbol (□). It is important that this is understood when drugs are selected at the national level, since the choice is then influenced by whether equivalent products are immediately available in an emergency and by their comparative cost.

2. *The basis of the kit*

The composition of the kit is based on epidemiological data, population profiles, disease patterns, and certain assumptions borne out by emergency experience, as follows:

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[1] *The use of essential drugs*. Report of the WHO Expert Committee on the Use of Essential Drugs. Geneva, World Health Organization, 1983 (WHO Technical Report Series, No. 685).

(*a*) an assumption that clinics will usually be staffed by health workers with only basic training, who will treat symptoms rather than diagnosed diseases and will refer patients who need more specialized treatment;

(*b*) an assumption that half the population is 0–14 years of age (5000 persons) and half is 15 years old or more (5000 persons);

(*c*) for each half of the population, an estimate of the likely numbers of the more common symptoms or diseases presenting in a 3-month period at the early stage of an emergency (see Table 1), and an assumption that standardized schedules (see Table 2) will be used to treat these.

3. *Emergency needs*

The drugs on the lists are *intended to cover initial needs only* pending a proper assessment of, among other things:

- the demographic pattern of the community;
- the physical condition of individuals;
- the incidence of symptoms and diseases as determined, for example, from clinic and health centre records and nutritional surveillance;
- the prevalence of symptoms as determined, for example, from household and nutrition surveys;
- the causes of mortality and morbidity;
- likely seasonal variations of symptoms and diseases;
- the likely impact of improved public health measures;
- local availability of drugs and equipment, taking account of national drug policies (see above);
- drug resistance;
- the capabilities of the health workers;
- the referral system.

When this assessment has been made, a special list should be drawn up in the light of the situation and appropriate arrangements made to supply the necessary quantities.

4. *Drug shipment*

Whatever the source of drugs, it is important that:

(*a*) no drugs are sent from a donor country without prior clearance;

(*b*) no drugs arrive with a future life (before expiry date) of less than 6 months;

(*c*) the labelling on containers is in the appropriate language or languages and gives the generic name and the strength and quantity of the drug;

(*d*) drugs are packaged to withstand rough handling and the climatic conditions likely to be met.

5. *Prescribing*

When prescribing any drug, attention must be paid to possible contraindications, the risk of adverse reactions, drug interactions, and the special risks associated with pregnancy, children (especially newborn infants) and the malnourished. *Patients must be given clear instructions in their own language on how to take or use the drug.*

6. *Exclusions*

Lists A and B do not include vaccines or drugs to control certain communicable diseases. To be sure of acting in accordance with national policies (for example, for an expanded programme on immunization or a tuberculosis or leprosy control programme), the vaccines and drugs needed and the best methods of supply should be discussed with the national health authorities without delay. Particular attention should be paid to ensuring a cold-chain to maintain these vaccines and drugs at the right temperature.

7. *Re-ordering*

Examples of re-order forms are given at the end of this booklet. Much time and trouble may be saved by adapting these to the needs of the situation and then standardizing re-order procedures for all locations and health teams, regardless of whether supplies are available locally or must come from abroad.

8. *Technical data*

(1) Pharmaceutical, prescribing and other medical data will be found in the respective lists.

(2) Weight: the total weight of the kit is about 730 kilograms (List A, 490 kg; List B, 36 kg; List C, 203 kg).

(3) Volume: the total volume is approximately 2.80 cubic metres (List A, 1.27 m^3; List B, 0.15 m^3; List C, 1.35 m^3).

LIST A

BASIC DRUG REQUIREMENTS FOR 10 000 PERSONS FOR 3 MONTHS

Reference No.	Drug [group in Essential Drugs list[a]]	Pharmaceutical form and strength	Total required for 3 months (rounded up)
A.1	**Analgesics** [2.1]		
	A.1.1 acetylsalicylic acid	tab. 300 mg	17 000 tab.
	A.1.2 paracetamol	tab. 500 mg	4 500 tab.
A.2	**Anthelmintics** [6.1]		
	A.2.1 mebendazole □	tab. 100 mg	2 100 tab.
	A.2.2 piperazine	syrup 500 mg/5 ml (30-ml bottles)	5 litres
A.3	**Antibacterials** [6.3]		
	A.3.1 ampicillin □	pulv. susp. 125 mg/5 ml	420 bottles of 60 ml
	A.3.2 benzylpenicillin	pulv. inj. 0.6 g (1 million IU)	500 vials
	A.3.3 phenoxymethylpenicillin	tab. 250 mg	9 500 tab.
	A.3.4 procaine benzylpenicillin	pulv. inj. 3.0 g (3 million IU)	375 vials

[a]The figures in square brackets refer to the categories and subcategories in the Model List of Essential Drugs contained in the report of the WHO Expert Committee on the Use of Essential Drugs (WHO Technical Report Series, No. 685, 1983).

□ Square symbol indicates that alternative drugs could be used. See page 7, under Explanatory note 1.

Abbreviations used:

amp.	= ampoule(s)
cap.	= capsule(s)
oint.	= ointment
pulv. inj.	= powder for injection
pulv. susp.	= powder for suspension
tab.	= tablet(s)

Reference No.	Drug [group in Essential Drugs list[a]]	Pharmaceutical form and strength	Total required for 3 months (rounded up)
	A.3.5 sulfamethoxazole + trimethoprim □	tab. 400 mg + 80 mg	7 500 tab.
	A.3.6 tetracycline □	tab. 250 mg	9 000 tab.
A.4	**Antimalarials** [6.7][b]		
	A.4.1 chloroquine □	tab. 150 mg	8 000 tab.
	A.4.2 chloroquine □	syrup 50 mg/5 ml	3 litres
A.5	**Antianaemia** [10.1]		
	A.5.1 ferrous salt + folic acid (for use during pregnancy only)	tab. 60 mg + 0.2 mg	15 000 tab.
	A.5.2 ferrous salt	tab. 60 mg	30 000 tab.
A.6	**Dermatologicals** [13]		
	A.6.1 benzoic acid + salicylic acid	oint. 6% + 3%, 25-g tube	100 tubes
	A.6.2 neomycin + bacitracin □	oint. 5 mg + 500 IU/g, 25-g tube	50 tubes
	A.6.3 calamine lotion □	lotion	5 litres
	A.6.4 benzyl benzoate	lotion 25%	35 litres
	A.6.5 gentian violet [not in Essential Drugs list]	crystals	200 g (8 bottles)

[a]The figures in square brackets refer to the categories and subcategories in the Model List of Essential Drugs contained in the report of the WHO Expert Committee on the Use of Essential Drugs (WHO Technical Report Series, No. 685, 1983).

[b]For treatment of chloroquine-resistant malaria, see List B—item B.6.2.

□ Square symbol indicates that alternative drugs could be used. See page 7, under Explanatory note 1.

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