

The Interagency Emergency Health Kit and its Relevance to Non-Communicable Diseases: A Review of the Literature

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Background: The need for standardized drug donations in emergencies is an issue that has long been called upon and sought by relief organization. Before the 1980s and not until an emergency health kit was first developed, poorly coordinated humanitarian efforts in emergencies either lead to a deficiency in timely delivery of necessary medicines and equipment, or to dumping of useless medicines. As a response, the World Health Organization with other organizations developed a standardized health kit, referred to as the Interagency Emergency Health Kit (IEHK). Although the IEHK has proven to be of great effectiveness in addressing acute diseases and injuries, it has failed to adequately include medicines and technologies that address non-communicable diseases (NCDs).

This review was conducted to provide a critical review of the literature on the previous and current efforts of adapting the IEHK to integrate medicines for NCDs' treatment, and the challenges on the way to that.

Methods: Following a predesigned conceptual framework, eight bibliographic databases and six search engines were searched using MeSH terms and keywords. Other sources of information included key informants and literature identified from the reference lists of included records.

Results: Out of 1402 records initially retrieved, and after screening and applying the pre-identified inclusion and exclusion criteria, 34 records have been included in the final analysis of the review. Twenty-one records exclusively discussed NCDs management in emergencies. The Katarina tornado was the most prevalent event (ten records), other emergencies included complex emergencies (n=5), earthquakes, floods (n=2 for each), and tsunamis (n=1). The records covered a time span within 2001-2016.

Discussion: Different and discrete tailor-made NCD kits have been developed to address the ever increasing needs for NCD medicines in emergencies; those were developed post emergencies to cater for the urgent NCD medicine demands in specific emergency contexts, a standard NCD kit however has not been developed till today. This is primarily because of the NCDs' fundamental need for continuity of care, an element that is not part of the conventional emergency medical assistance framework.

Conclusions: Addressing NCDs in the preparedness plan for emergencies is challenging since it calls upon a cross cutting and health system wide approach. Emergency relief organizations as well as their development counterparts have to realize the urging need to adapt their scopes of work in order to fit to the changing healthcare demands during emergencies. Low resource countries on the other hand need to see the great opportunity that lies in undertaking the measures to integrate NCDs in primary health care. Not only that those measures would strengthen the national emergency preparedness capacities to address NCDs, those would also bring countries closer towards strengthening their health systems, and eventually, towards Universal Health Coverage.