Modifying the Interagency Emergency Health Kit to include treatment for non-communicable diseases in natural disasters and complex emergencies: the missing clinical, operational and humanitarian perspectives

We welcome Tonelli et al’s contribution to raising the profile of non-communicable diseases (NCD), especially on NCD medicines in humanitarian emergencies, a topic that to date has received very little attention. However, we would question the message and conclusion of this paper on three grounds.

First, from a clinical perspective, the inclusion only of mixed insulin for diabetes exacerbations would seem to be a mistake, with rapid acting and NPH being more important. Although we agree with the authors that the benefits of treatment of NCDs will take time to accrue as well as the exclusion of cancer and chronic kidney disease, it would seem to make little sense then to include statins which would be more for long-term prevention of adverse events. The authors negate an important fact that people with NCDs represent a spectrum of individuals and individual risk for an adverse event. A child with type 1 diabetes is possibly more at risk of an adverse event than a man aged 40 years with a myocardial infarction, etc. Also from a methodological perspective, we wonder whether it would have been better to look at numbers needed to treat in order to get a better view of cost implications.

The second point of disagreement with the authors is operational. Focusing only on medicines in scenario 1 negates the additional costs of managing an acute exacerbation of an NCD, such as the need for oxygen during an acute episode of asthma, beds, drips, different human resources, etc. These resources will already be stretched managing the humanitarian emergency and adding acute episodes of NCDs will overburden the system. More and more humanitarian settings are also adding acute episodes of NCDs will overburden the system. More and more humanitarian settings are also

REFERENCES