I would like to begin with a quotation from a speech which Dr Gro Harlem Brundtland, Director General of the World Health Organization, is giving this afternoon to the United Nations Commission on Human Rights in Geneva. The speech is on the subject of health and human rights - "The Right to Health"

This is what she said: “Today I would like to make an appeal for the most vulnerable citizens of Iraq - the elderly, women and children, and people with disabilities. With Iraq's vital infrastructure already devastated, the most basic human rights to clean water or to basic health care cannot be met. We must do everything we can to mitigate this humanitarian disaster. I reiterate yesterday's call from the UN Secretary-General, Kofi Anna, to the international community to protect Iraq's most vulnerable citizens, and respond with generosity and speed.”

For many weeks, WHO has been working to prepare for the potential impact of this conflict on the health of the Iraqi people. WHO leads the Health Coordination Group, which is working with governments, other UN agencies, Intergovernmental organizations and NGOs to support the health of Iraqis in the event of a humanitarian crisis. That means preparing to support the health system inside Iraq, as well as in the surrounding countries.

The Health Coordination Group is working to:

- Achieve the highest possible level of preparedness at national, sub-national, community and family level to limit the health consequences of intensified armed conflict;
- Ensure appropriate ordering, procurement, placement and distribution of drugs and medical supplies and equipment;
- Mitigate the effects of the conflict on the health of the general population, Internally Displaced Persons (IDPs and refugees and other vulnerable groups);
- Move as rapidly as possible, post-conflict, to restore services and support recovery and rehabilitation of the health sector.

**Health measures required in a humanitarian crisis:**
The most pressing health-related measures in the event of war would be:

- Providing supplies and treatment for handling trauma and injuries;
• Preventing outbreaks of communicable and endemic diseases such as cholera, typhoid or measles;
• Providing adequate, safe drinking water and access to sanitation;
• Making sure that adequate stocks of essential drugs, medicines and medical supplies are in position;
• Minimizing, as much as possible, the discontinuation of routine treatments for chronic illnesses, such as kidney dialysis, and diabetes and cancer treatments;
• Tending to the needs of especially vulnerable populations, i.e. pregnant and lactating women, children, the elderly, chronically ill and disabled; and
• Responding to health risks of internally displaced or refugee populations who due to their poorer living conditions are more vulnerable to disease.

Priority population groups:
Planning of response efforts to the health crisis has taken into consideration that different groups of people would have different health needs:

- Resident population: The main activity in the last months has been to strengthen the capacity of the Iraqi health care system by positioning medical supplies and drugs inside the country in order to support Iraqi health workers manage an eventual health crisis.

- Internally Displaced Persons (IDPs): Health kits already stored in the region would be brought into the areas where displaced people concentrate, as soon as security clearance is given.

Supplies and health staff are already in place

Kits containing supplies for basic health care are already in place in Iraq (15 emergency health kits. One kit is for 10,000 people for three months. In addition, supplies stored in Government warehouses are estimated to be the equivalent of three months normal consumption. In surrounding countries, kits to cover around 150,000 refugees for three months are in place. Supplies for another 750,000 are reported to be in the pipeline or available to be called on within a few days for use in Iraq and the region.

Local staff

Although international UN staff have left Iraq, national staff – including more than 300 WHO local staff are continuing to work and continuing to prepare for the potential impact of conflict.