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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
at the opening of the
Third International Conference on Oral Rehydration Therapy (ICORT III)

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I join Alan Woods of USAID in welcoming you to this third International Conference on ORT. UNICEF is proud to be one of the cooperating agencies in organizing this conference, and thus in bringing all of us together today at a time of truly historic advances in the health and well being of children - with so many of us in this room in the lead. At this critical moment, a set of the world's most important goals is within our reach. ICORT and ICORT II made landmark contributions to the progress which has brought us to this point; we need an equally decisive contribution from ICORT III if we are to succeed.

At the outset of the first International Conference on Oral Rehydration Therapy in 1983, I spoke about a "silent emergency" - a deadly combination of extreme poverty and underdevelopment - which was claiming the lives of over 40,000 small children each day. A global economic depression was strangling development assistance, government budgets, and family incomes, threatening to wipe out precious, hard-earned progress toward meeting children's needs. It was in response to this silent emergency that UNICEF had, just a year earlier, invited a group of experts from international agencies (WHO, the World Bank, WFC, FAO, USAID, UNU, IFPRI) and non-governmental organizations to discuss what might realistically be done to protect children from the forces of recession and shrinking resources.

We saw, at that time, that despite darkening economic circumstances, an unprecedented potential to improve the health and well-being of children was emerging as a result of certain converging forces. We saw that the majority of child deaths were due to causes for which we had long-since discovered low-cost cures and preventions - such as oral rehydration therapy (ORT). And

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we saw that the rapidly expanding capacity to communicate with and organize among the world's poor could breathe a whole new life into the principles of primary health care, with their emphasis on community participation, self-reliance, prevention, cost effectiveness, and use of paraprofessionals and appropriate technologies to bridge the vital gap between available health knowledge and its actual use by those who need to know. It was the combination of these forces, of course, which gave rise to the potential for what is now widely known as the "Child Survival and Development Revolution" (CSDR). I know that among today's gathering of "veterans" of this revolution for children you will remember that we coined a new acronym, "GOBI-FFF". GOBI stood for Growth monitoring, ORT, Breastfeeding with proper weaning practices, and Immunization - for the four low-cost, relatively easy key interventions of mass applicability which were originally singled out as a high-impact "leading edge" of primary health care. FFF stood for Family spacing, Food supplementation as with Vitamin A, and Female literacy, which also were of mass applicability and importance, but were less easy or more costly to apply than the GOBI interventions.

We might say that "the rest is history", but it is history in-the-making, and those of us in this room have more than a small role in the outcome of the story.

The magnitude of potential in this arena was articulated by WHO Director-General Hiroshi Nakajima in an address last August to 1,500 health educators in which he stated:

> "Parents and families, properly supported, could save two-thirds of the 14 million children who die every year - if only they were properly informed and motivated. Immunization alone could save 3 million lives - and another 3 million deaths a year could be prevented by oral rehydration, a simple and cheap technology."

This breakthrough on child survival and development to which ORT has contributed so much has had major additional implications, two of which deserve special mention as we open this session.

First there has been a significant increase in attention at the highest levels to child health and well-being in many countries, even at a time when economic difficulties were pushing in the opposite direction and enabling us to mount the counter attack of "adjustment with a human face" which called not only for protecting - as opposed to sacrificing - investment in the social sectors, but for making these sectors far more effective, as through shifting investment from costly hospitals to far more cost effective primary health care, with particular attention to the leading edges of control of diarrhoeal diseases (CDD), ORT, and expanded programmes of immunization (EPI). In many countries, leaders from several sectors - including presidents and prime ministers - have adopted child survival as their own.

A "Grand Alliance for Children" is now emerging, involving every sector of global and national societies - the media, non-governmental organizations (NGOs) such as the League of Red Cross and Red Crescent Societies, the Rotarians (who have raised more than $246 million for Polio Plus), Save the

Children, and many others, as well as religious structures and thousands of indigenous NGOs and enterprises. Children have even become for the first time the subject of "summitry", beginning with the SAARC summit at Bangalore in November 1986, and since then at such meetings as two summit gatherings of the Organization of African Unity, a summit of Central American leaders, and at the Moscow Summit of the two superpowers in May - when the health breakthrough now underway for children was the only aspect of Third World development discussed by President Reagan and General-Secretary Gorbachev.

It is worth noting that health structures world-wide are noticeably stronger as a result of the new attention paid to child health and well-being through activities of the CSDR.

Second, these - your - successes have contributed to the generally unexpected progress we are now seeing on the draft Convention on the Rights of the Child which addresses the responsibilities of societies and parents to assure a child's rights in measures for survival as well as for their protection from abuse and their right to develop physically and mentally. The draft Convention, first proposed in 1979, is nearing completion. Just last week the Human Rights Commission working group completed its final reading of the text, so that it can be adopted by the Human Rights Commission in February, submitted to the United Nations Economic and Social Council in May, and - hopefully - adopted by the U.N. General Assembly in the fall of 1989. Adoption and the eventual ratification by countries of the Convention will not in itself mean that children's rights are met, but these steps will establish an important global standard on behalf of children which will make it impossible for any society to countenance, as today, large numbers of deaths readily preventable at low costs. The Convention will be an important ally for all of us promoting ORT.

Having set forth all these causes for congratulations, we must remember that an average of some 10,000 children are still dying every day from causes associated with diarrhoeal dehydration - the equivalent of the death toll of the Armenian earthquake twice every week - 20 years after the scientific confirmation of ORT's life-saving effectiveness, 10 years after we began to seriously promote ORT, and 5 years after the intensification of our global effort began at ICORT I. The fact that the equivalent of some 30 jumbo jets full of children die each day from a condition that we know can be reversed with a 10 cent cure is, today, unconscionable. How to urgently reduce that unconscionable lag between low-cost, readily usable knowledge and its use in the community should be a central theme of ICORT III as a complement to the issue of sustaining progress already made.

Today, the silent emergency is still with us, but we are armed for action with proven tools. The fact that considerable progress has been made in this remarkable revolution for children - and that there is potential for further major advances - was affirmed in mid-March at a meeting in Talloires, France, convened by the international Task Force on Child Survival (often referred to as the "Bellagio Group"), which gathered a dozen health ministers and health secretaries from most major developing countries of the world (Brazil, China, Colombia, India, Mexico, Nigeria, Pakistan); heads of major international

organizations such as Barber Conable of the World Bank, Halfdan Mahler of WHO, and myself; plus major bilateral aid agency administrators such as Alan Woods of USAID; Margaret Catley-Carlson of CIDA (Canada); and Carl Tham of SIDA (Sweden), and private leadership from the Rockefeller Foundation and Rotary International.

The "Declaration of Talloires" jointly issued by the five sponsoring agencies composing the Task Force on Child Survival begins with the statement:

> "Remarkable health progress has been achieved during the past decade. Global recognition that healthy children and healthy families are essential for human and national development is steadily increasing. Consensus has been reached on the strategy for providing essential community primary health programmes. The international community has become engaged in partnership with national governments in the creation of successful global programmes, ensuring the availability of financial support and appropriate technologies."

Out of this Talloires review of the global child survival effort came the exciting conclusion that, with a modest additional amount of political will, it is do-able - by the end of this century - in twelve years - to reduce the 1980 child death rate by more than half, saving from death or disability in this process well over one-hundred million children over the period. In fact, in one major part of the world from which I have just returned, UNICEF's Middle East and North Africa region (encompassing the Arab countries, Iran and Turkey), the countries as a whole should achieve the historically unprecedented progress of halving their 1980 region-wide child-death rates by December 1990.

Another measure of accomplishment is the fact that in the past 12 months alone the lives of some 1.5 million young children have been saved by immunization and up to another million have been saved by the use of ORT - while almost comparable numbers have been saved from lives of crippling disability as a result of childhood diseases.

As we begin the deliberations of ICORT III, let us focus the utmost of our skills as scientists, social mobilizers, planners and as creative individuals, on these two questions: First what needs to be done to reach the 3.5 million children still dying each year - 10,000 a day - from diarrhoeal diseases? Second, how do we sustain past progress?

The capacity to save these lives is so clearly before us. Gathered in this room are the world's leaders on this issue. This is our domain, our responsibility. While whole societies and communities must become involved in spreading the use of ORT, there is no one else to take the lead besides those of us in this room. Can we emerge from these three days of deliberations with the plan - and the redoubled commitment - that will ensure achieving the WHO Programme for CDD goal of providing access to ORT for at least 80 per cent of childhood diarrhoeal cases in developing countries by 1990 - a single measure which would save the lives of millions of young children annually by the beginning of the decade? Can we reach the unreached with this powerful low-cost intervention? Can we sustain our successes? Together, I think we can.