

File Sub: CF/EXD/SP/1988-0069
See also CF/EXSTMNT/1989-0002

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)

Washington, D.C.
16 December 1988



UNICEF Alternate Inventory Label



Ref0006HQT

Item # **CF/RAD/USAA/DB01/1998-02125**

ExR/Code: **CF/EXD/SP/1988-0069**

Closing of Third International Conference on Oral Rehydrat
Date Label Printed 17-Jan-2002

cover + 2 pp + 8b



United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia
Детскому фонду Объединенных Наций 联合国儿童基金会 منظمة الأمم المتحدة للأطفال

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On behalf of UNICEF, I would like to express my sincere appreciation to the United States Agency for International Development and to its Administrator, Alan Woods, for taking the initiative to organize this ICORT III. USAID has, during the past five years, demonstrated extraordinary commitment to going to scale with ORT in order to reach the unreached with this, to quote Lancet, "potentially greatest advance of this century". This AID leadership is particularly appropriate since it was the USAID which, in the late 1960s and 1970s, provided the majority of the funding that led to the ORT breakthrough in Bangladesh, supported by research elsewhere including, notably, in Egypt and the Philippines. We thank AID for its leadership in making ICORT III a reality. We are also grateful to the other cooperating agencies - WHO, UNDP and the World Bank - and commend the spirit of "shared mission" and unity of purpose that guided the planning and organization of ICORT III. Most importantly, we thank all participants for sharing so generously of their time, energy, wisdom and experience.

With respect to the substance of ICORT III, the satisfying consensus we have reached in the last two days, so effectively reported in the group reports this morning, tell us of a near miracle in the making.

However, this must not lull us into a sense of complacency. We must always remember that, despite the simplicity, feasibility and low cost of the ORT message, a staggering total of 10,000 children continue to die each day from diarrhoea-related causes - a total which daily equals four times the tragic toll at Bhopal four years ago which then commanded the headlines of every newspaper in the world, and which each week amounts to at least twice the death toll of the massive disaster in Armenia of last week. With this in mind, I offer four priorities to guide our work in the years ahead:

- first, we need to build a greater sense of urgency - of increased political commitment at all levels. The death and nutritional toll of diarrhoea needs to be dramatised in almost every country. No less than the elimination of dehydration as a major cause of child mortality should be our goal in the coming decade.
- Second, we need to reach the remaining unreached majority who are still not using ORT - the most isolated, vulnerable and underserved families within each country. As Dr. Bengzon pointed out two days ago, it is not only the magnitude of this problem but the inequity in applications of its solutions that requires our attention. The poorest children suffer first, most and with the least assistance.
- Third, to succeed in reaching the unreached - and sustaining it - we need to reach more effectively the unreached leadership in the medical system: the medical schools and their curricula, hospitals and private practitioners and drug manufacturers and pharmacists.
- Finally, we need to build on our success and develop still broader alliances in this struggle. While continuing to recognize the important role of health personnel, we need to enlist the support of potential leaders, educators, religious leaders, traditional healers, non-governmental organizations, the media and others in the struggle for sustainable, effective ORT programmes in the 1990s.

These are just four of the challenges that face us as we conclude ICORT III.

I wish you courage, determination and continued success in your efforts during the years immediately ahead to overcome this tragic disease and its consequence which have taken the lives of more than 500 million children in the past 40 years and, which, even under the best of circumstances, will take the lives of tens of millions more in the remaining years of this century. You who are on the front lines in individual countries can count on the continued support of the sponsors of this conference.