File Sub: CF/EXD/SP/1994-0012

Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
in the acceptance of the
ICDDR, B Award to UNICEF
on the occasion of
The 25th Anniversary of the Discovery of Oral Rehydration Solution

Dhaka, Bangladesh
5 February 1994

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It is a great privilege for me, on behalf of UNICEF, to accept this memorable award from the International Centre for Diarrhoeal Disease Research, Bangladesh. I feel especially honoured to receive the award from Prime Minister Begum Khaleda Zia, who has graced us with her presence in this celebration of the 25th Anniversary of the discovery of Oral Rehydration Solution.

I am both proud and delighted to accept this award here in Bangladesh, the home of ICDDR,B, which has played such a pivotal role in the development of this landmark scientific discovery. UNICEF has supported the Centre for many years and has remained an advocate of ICDDR,B's central role in research in diarrhoeal diseases as well as in the broader health and population fields.

Diarrhoea, as you know, has been a major killer throughout human history. And still today, it is the leading cause of childhood death in much of the developing world. In the 1960s, doctors at ICDDR,B were doing some of the most innovative cholera research and it was out of their work that ORS emerged. The Johns Hopkins cholera unit in Calcutta soon confirmed their dramatic results and demonstrated the effectiveness of ORS in the worst conditions -- in the refugee camps during the Bangladesh war of independence. The spectacular success of ORS during the epidemic in the refugee camps drew worldwide attention. Today this landmark discovery has become the standard treatment for diarrhoeal diseases. Even as we meet here today, it is being "rediscovered" as the "state of art" treatment for diarrhoea in the United States and other industrialized countries.

ORS is the cornerstone of the global Oral Rehydration Therapy programme and today, almost all countries of the world have initiated action on the ORT front. A million lives are being saved annually with the current estimated ORT use rate of 38 per cent. From Bangladesh to Mexico, from China to Peru, a growing number of nations have accelerated programmes to make this technology a family habit. The world community intends to reach a level of 80 per cent ORT use by 1995, thereby saving another 2.7 million children annually.

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This is the good news we are celebrating today. However, let us not lose sight of the bad news. More than three million under-fives still die needlessly, every year, from diarrhoeal dehydration. And for many millions more, diarrhoea interrupts their healthy growth and causes malnutrition, leaving them open to new cycles of infection and weakening.

An indication of the magnitude of the problem we face is the fact that, on current trends, more than 1.5 million young Bangladeshi children will die from diarrhoeal diseases before the turn of the century.

Such statistics serve as a grim and humbling reminder that, in spite of our knowledge, an enormous gap still exists -- 25 years after its discovery -- between the availability of ORS and its actual application.

This is all the more surprising when you consider that ingredients for the life-saving solution are available in virtually every home. ORS packet availability is also widespread, at low cost or no cost to those who need it. In Bangladesh, thanks to a decade of promotion, awareness of this technology is as high as 93 per cent. However, the rate of its actual use is much lower -- less than 25 per cent. So what is the problem with the solution? Is it perhaps too simple?

Although Oral Rehydration Solution itself may be simple, we suspect that programme designs in the past have been too simplistic to deal effectively with the complexities of human behaviour. We underestimated what it takes to empower families at the household level to take advantage of this simple solution.

Today, we recognize that we need to know more about the perceptions, preferences and practices of parents in order to effectively promote ORT. We need to project this "simple solution" and position it as a <u>first class, scientific treatment</u>, not as a family medicine for the poor. Dehydration needs to be recognized as the dreadful killer and debilitator it really is. We need to make greater investments on the communication front to motivate behavioural change. More impact requires more input.

Let us take a leaf from the success of the UCI programme in Bangladesh and throughout the developing world. If there is one great lesson we have learnt from the achievements of UCI, it is that no single agency or organization can sustain a successful project for long. Sustained success requires a combination of high level political commitment and social mobilization, involving partnerships and alliances with a great variety of social groups, along with the creation of enduring networks and infrastructure to institutionalize the new behaviour we seek at the grassroots level.

We must also recognize that dramatic changes are occurring in world thinking about health care systems and the roles of government, the private sector, NGOS, the community and the

individual. Powerful vested interests benefiting from the status quo resist change and there is always a lag time between the acquisition of new knowledge and its application on a mass scale. Our efforts with ORT need to take all these factors into account, and we must not be deterred by the evident difficulties we face.

In our favour is the vastly greater attention being given children by political leaders in the 1990s. What is happening here is a good example. As you are aware, under the leadership of Prime Minister Begum Khaleda Zia, the Government of Bangladesh has pledged its commitment to sharply reducing infant and child mortality and morbidity.

ICDDR,B researchers are leading the way in the search for even better forms of ORT, such as rice-based ORT. NGOs, such as BRAC, both large and small, are promoting the simple solution. The Scout Movement is accelerating its programme to make ORT a family habit. The media are a major partner -- witness the extensive reporting by all leading newspapers. New partners are coming forward such as the Hunger Project and the JCIs, in a grand alliance against diarrhoeal deaths. We can -- we must -- reach our 80 per cent ORT use goal by the end of 1995.

Seldom do we have in our hands the means to improve the lives of so many in such a short time, at such a low cost! The Lancet called ORT potentially the century's greatest medical breakthrough. Let us work together to convert that potential into reality. If Bangladesh was able to go from 2 per cent immunization coverage in 1986 to 70 per cent coverage by 1990, surely it can perform comparable miracles on the ORT front -- thus inspiring worldwide acceleration of ORT efforts.

Once again, my warmest thanks and grateful appreciation for this award and for your deep commitment to child survival and development.