International Conference on Oral Rehydration Therapy
Agency for International Development in cooperation with ICDDB/R, UNICEF and WHO

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SPEECH BY

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BEFORE THE

INTERNATIONAL CONFERENCE ON ORAL REHYDRATION THERAPY

SHOREHAM HOTEL

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It is again a great pleasure to come before this distinguished and dedicated audience. This meeting, the International Conference on Oral Rehydration Therapy, has been a unique event.

It has brought together some of the greatest scientific minds in the field.

It has united statesmen with physicians and program administrators. It has provided an opportunity for scholars to learn from men and women of action and vice versa.

We have discussed at length the technology involved. We have understood how the salts work to rehydrate a person who is suffering from diarrhea. We know that in most instances it works as well as intraveneous therapy. It works at a fraction of the cost, with minimal trauma for the child, and with less risk of complication.

We have discussed some of the next steps in research. We are aware that a serious search is underway for a formula which could reduce the amount of diarrhea per episode and of the research to find a more stable mixture. However, we are also aware that the current formula is safe and effective.

We have spent a great deal of time discussing the problems of making this safe, effective therapy available for every mother who needs it for her child. We are aware that availability is not an easy problem to overcome, but one that can be solved.

We have discussed the linkage of diarrhea and disease with the whole syndrome of malnutrition and substandard sanitation facilities as a cause of death.

We discussed ways to incorporate the therapy into a primary health care package which includes breast feeding, growth monitoring, immunization and family planning, and also some minimum sanitation.

I agree with the concern of dealing with these problems and the importance of doing so.

However, I say to you that the Green Revolution did not wait for fertilizer production to be put into place or for credit to finance the necessary seed purchases. That hybrid seed with incredible yield was, in many parts of the world, the engine which drove change and which pulled fertilizer plants and credit behind it.

We may be able to do the same thing with oral rehydration therapy.

We have heard continuously over the last few days about the appeal of the therapy to the mothers who use it. We can save their children, now, while they are accutely sick and we can win their faith when we do so.

There must be follow-up -- we cannot wait.

I, and my colleagues, have consulted extensively with leaders and participants of this conference and I would like to set forth a statement to the governments and peoples of the world of what I believe to be the sense of this conference.

FELLOW CITIZENS -- we have a deep concern about a global problem of staggering proportions. The problem of diarrheal disease.

Five million children a year who die could be saved and we believe we must act now.

Oral rehydration therapy provides a technology, magic in its simplicity, which can save these lives. The combination of sugar, water, and salt can be available everywhere for little cost.

The problem is largely one of communication and delivery systems. We know that, with action, the mortality rates can immediately drop.

Accordingly, we call upon governments in developing countries, donors and private groups around the world to increase their efforts to save childrens lives through this therapy. We wish all to feel our sense of urgency, our sense that we can save millions of children.

To that end we ask the world community and we pledge our efforts to make substantial progress to having the therapy widely available within five years. We challenge each developing country government to determine specific goals for ORT use in their land. Worldwide doubling of the use of ORT each year for the next five years is a reasonable goal.

Further, we ask the world community and we pledge ourselves to the effort to attain near universal availability of the therapy within ten years. These are practical goals -- goals that must be achieved.

That concludes my statement of the sense of the conference but we need to discuss the next steps to achieve our goals.

I believe by the end of 1984, the sponsoring organizations of this conference should organize a follow-up meeting or meetings. That meeting would be quite different than the one we are now attending. The primary focus would be on national health leaders and on an invitation to governments to report to each other on the progress they have made in putting into place an ORT program and their plans for the future.

Also, we would invite all donors to come and report on their efforts.

It seems to me that the United Nations Development Program, a long supporter of the International Diarrheal Research Center, might wish to play a major role at that meeting. As we all know, the UNDP has residential representatives in most countries in the world.

The United Nations Fund for Population Activities may also wish to be deeply involved in this meeting or meetings.

The World Bank and other regional banks, of course, play a very important role as donors and need to be extensively consulted.

It may be that there should be regional meetings or workshops instead of a world-wide forum.

If there is a world-wide meeting, it need not be in the U.S. Some other donor may wish to host the meeting, but the U.S. certainly stands ready to serve as host again and clearly intends to put substantial resources into the overall effort.

The goal of the meeting or meetings would be to stimulate governments at the highest level to focus on this problem. My own experience is that preparations for such meetings result in very high levels focusing on matters which may otherwise not be brought to their attention. Obviously there is a great deal of work to be done and consultation to be undertaken in connection with this proposal, but it is the intent of the sponsors of this conference to begin to go to work on the idea.

There is, of course, much that you participants of this conference can do. You are important people in your countries and you must return home and make a point of sensitizing decision-makers, at the highest levels of your governments, of the importance, both from a humanitarian point of view and politically, of ORT.

The Agency for International Development is prepared to do the following:

First -- Continue its long standing support for diarrheal disease research in the critical areas you have identified. We will work in cooperation with the International Center for Diarrheal Disease Research in Bangladesh, in collaboration with the World Health Organization, and through other institutions.

Second -- We will include oral rehydration therapy to the maximum extent possible through our primary health care programs around the world.

Third -- Next week I will contact A.I.D. representatives abroad to inform them of the conclusions of this conference and to urge them to seek opportunities to initiate or strengthen ORT activities in programs both ongoing and new -- through whatever delivery mechanisms are most appropriate.

Fourth -- We have recently approved a new worldwide program whose purpose is to promote the use of sets of effective health technologies, such as oral rehydration therapy. We expect this program to give great impetus to ORT programs in the developing world.

Fifth -- We are working with the Peace Corps to develop a collaborative program to further promote the use of oral rehydration therapy at the community level.

A.I.D. will lend its support to more effective mechanisms for consulting and coordinating activities among ourselves, and with other donors. It is not our intent to act as coordinator but rather to help strenghen the mechanism already in place.

Also, one of the lessons of this conference is that we need a better information exchange network and A.I.D. stands ready to help finance such a network.

Let me say that we have attended a conference of deep significance -- one that, no doubt, will have a significant impact. Not because of what we have done here but because of what we will all do when we go home.

To conclude, let me read again from my statement of the consensus of the conference..

We ask the world community and we pledge our efforts to make substantial progress to having the therapy widely available within five years. We challenge each developing country government to determine specific goals for ORT use in their land. World-wide doubling of the use of ORT each year for the next five years is a reasonable goal.

These are practical goals, goals that we must achieve.

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