

## **Microbicides 2006: Opening Ceremony April 23, 2006**

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[START RECORDING]

**HELEN REES:** Honorable colleagues, ladies and gentlemen, I am not the formal owner of the official ceremony, but I have a very wonderful and special task to perform this evening. You have, on your program, an official ceremony that's going to be very exciting with designated speakers. But we have, in addition, one speaker who, for us in South Africa, is one of our most extraordinary sons and icons. I can see that many of you internationally have recognized the Archbishop Desmond Tutu, as he came into the hall. He was an enormous inspiration in the fight against apartheid, and since then, he is continued to be an inspiration for many of us in the fight against HIV and AIDS. And it was his wish to come and to address this conference before the formal opening. He's a true rainbow warrior. He is one of the most loved leaders of this country, and we are very honored to the Archbishop to have you here today. Thank you.

[Applause]

**ARCHBISHOP DESMOND TUTU:** Thank you. Thank you. Thank you so very much all you very, very beautiful people and especially, no, not especially, but nearly yes, yes, yes, all of you are wonderful people. [Applause] I was asked if you could come and welcome people today, actually, come and greet the people. So, hi! I could now walk away [laughter]. No, I won't do that. But welcome all of you, dear friends, from

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other parts of the world, but also you from our beautiful South Africa. You've come to a part of the world where it seems God spent just a little more time creating this part of God's beautiful world than any other. He's given us a mountain, and then, not just one ocean, two oceans! Eh? And welcome to the beautiful Cape. Welcome you very, very dear friends. But you know, Cape Town was also famous for graffiti. When I was Archbishop and lived in Bishop's Court, there was a graffiti that said, "I was an Anglican until I put tu and tu together" [Laughter]. And then, there was another one that said, "God loves Tutu and [inaudible]" and you're still feeling nice about it. And then, somebody edited the portion "the gods must be mad" [laughter].

I have come also to say to you, you know what? This part of the world has also seen some extraordinary firsts. This is where the first pioneering heart transplant happened. It is here that the first march against a vicious, vicious apartheid at that time. A march that happened in September, 1989, was the mother of all marches, for, after that, people marched all over South Africa and South Africa was never to be the same again. And sometimes we say, "We marched in Cape Town and the Berlin Wall fell." But it was here, too that Nelson Mandela, emerging from Victor Verster Prison in Paarl, made his first speech as a free person. And it was here, in 1994, that I had the incredible privilege of introducing him as our first

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democratically elected president. Why do I mention all those firsts? I mention them because, wouldn't it be wonderful, that as a result of your extraordinary efforts in this research that you engaged in, that as a result of your being here, that having come to the country that has the highest infection rate in the world, you should then step away and have produced what would cure this pandemic? Why not? [Applause] Why not? [Applause] I want to pay a very, very warm tribute to you, scientists, working away almost anonymously, working away, striving, so that one day, one day, we will be able to say, just as happened with things like TB, malaria, smallpox, leprosy, whatever, that we are now your efforts, your dedication, your commitment, have been crowned with success. I want to clap you, you wonderful, wonderful, extraordinary human beings, I would like to clap you. But if I did it all on my own, they would say, "We always did think, [chuckle], there was a screw loose in that guy's head." [Laughter] Eh? So, friends, I ask you to join me in giving a very warm hand to you and you and you and the many others toiling away assiduously in the laboratories. Let us give them a real hum-dinger. [Applause] Thank you so very much. You know, I wish that sometimes, you will be able to have a size that was sufficiently sensitive to be able to compute the deep feelings in the hearts of people. When you think of a mother, who, for no reason, no fault of her own, suffers. And then, she sees

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her baby, and knows that the baby has this as well. On behalf of such as those, I want to say, "Thank you" to you. I want to say, "thank you." Thank you. And may I also pay a very, very special tribute to you who are activists? All of you in tech, [misspelled?] all of you, [applause] all of you, all of you, [applause]. No, no, no, no. You should have waited. I am the conductor. You should wait because you don't mind if I just pick one or two people representatively? Zackie? Edwin? Where are you? How about if you stood, man [laughter]? It's very, very nice you can order judges around a little bit. Come on, stand, Edwin, let's see you, man [applause]. Also, Zackie Achmat, where are you? [Applause] Thank you very, very much for the inspiration that you are, but, you would be the first people to say, "We're really nothing without all of those others who support us." And all of you others, let's give you a very, very warm hand, too. [Applause]

When, as you grow older, you discover actually that you are a connoisseur, a connoisseur of feminine beauty. And as an old man, I can say things to you beautiful ones, which, in a younger man's mouth, would be considered sexual harassment [laughter]. But I would be quite remiss if I didn't say, first of all, to Professor Rees, thank you for your own, special kind of leadership. You have genes that you have passed onto your son who was at Harvard and has been working very hard at this AIDS thing. And Graca, as an old man, I can say what a

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gorgeous creature you are [laughter] and we want to clap all of you, all of you, all of you! [Applause]

Finally, [chuckles] you were waiting for this finally, [laughter] finally, eventually, finally. You know, God looks down on God's world and God sees the carnage in Iraq, Afghanistan, Darfur, Zimbabwe, and God weeps, God weeps, God weeps and there are times, maybe, that God says, "What the heck ever got into me to create that lot?" And then, God sees you, God sees you and your commitment, and your passion [chuckles]. God is beginning to smile. A smile breaks over God's face through the tears just like sunshine breaking through the rain and then a little angel who goes up and wipes the tear from God's eyes and God wraps God's hands and says, as God sees you, God says, "Ahhh, they have vindicated me. That's just why I created them." God bless you. [Applause]

[BAND PERFORMS MUSICAL PIECE] [MALE SINGER SINGS A CAPPELLA] [Applause]

**FEMALE CHILD SPEAKER:** Eleven years ago, I was born. At 10am, on the 27th of April, 1994. I am a democracy baby [skip in audio] new era for Africa. I am free but what sort of Africa am I born into? Is it an Africa that will support my hopes and dreams? Is it an Africa that will allow me to grow without the fear of abuse and disease? Or, is it an Africa that cares? Is it in a world that cares? Well, I care. As I grow, I can and I will make a difference. I shall shine like

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the rainbow of hope at the end of a storm. I am a child-woman of Africa. A rainbow warrior who will fight the cause!

[Applause]

[FEMALE SINGER SINGS] [Applause]

**MALE STORYTELLER:** This is a story that I heard and it happened not so long ago. In a small town with one main road. The only tarred road, of course, and there was the police station. There was the migrant laborers, the recruitment center, whatever. There was also the small hospital. Little basic shops nearby. And people came from different villages all around and they came by bus and there was this big, big bus stop where they came to do their business in town. This little town was striving. It was trying and there were villages all around and one such village, it was called [inaudible] and in that village, there was a girl, who lived with her parents. Her name was Nomzamo [misspelled?] she was the pride of her school. Her marks! She was getting taught marks. Her teachers were proud. Her parents, what can I say? Proud. And other students believed that she would go far in life. Now, Nomzamo [misspelled?] had a dream. She dreamt that one day she would become a doctor. She wanted to work in that little hospital to make a difference there. She strived year after year until she finally passed her matric with flying colors. And she was lucky enough to get a bursary to go and study at one of the prestigious universities in the country. She

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studied hard. Oh, the years went by, she worked and she worked. Nothing could take Nomzamo [misspelled?] away from her dream. She was focused! She knew what her goal was. Oh, not wild parties, you couldn't take her to wild parties, you couldn't tell her to go to experiment with some new experiences with her friends. No, no, no. She knew what she was at that University for.

The years were long and hard but pass they did. And finally, she graduated a doctor at last. When Nomzamo [misspelled?] was a doctor, she went back home to that village called [inaudible]. The parents, the villagers, oh, they made a big feast for her! [speaking in foreign language] They were so excited. The first doctor to ever come out of [inaudible] village, hey, hey! Nomzamo [misspelled?], she got a job at that little hospital, where she had always hoped she would work and make a difference. Day and night she worked, trying to help the sick. She worked, trying to find out more about new developments in the medical fraternity. As she was working like this, she knew that it was not going to be easy. She was hearing many, many new things happening and sicknesses and it was hard, I tell you. People dying from sicknesses that could have been cured. Knowledge is needed, compassion, oh yes, more medicines, economics, you know it! But she kept on, trying, knowing, that she just had to put her mind and everything,

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throw herself, bones and all [inaudible] and throw herself into her job.

[MUSIC PLAYING AND WOMAN SINGING]

[Applause]

**MALE STORYTELLER:** She's still standing there. Our Nomzamo [misspelled?] kept on working. She knew why she was doing this job. She was caring for the sick and she was watching people being infected by this HIV/AIDS. It was difficult to hear people judging one another. Neighbors saying horrible things. Not caring for one another and looking down upon those families that were affected by this sickness they called [foreign word] like an axe that stood forever, ready to chop down on young and old, whatever your name, however special you think you are. She watched as people buried their children, buried their parents. Oh yes, it seemed as if the hungriest didn't have enough! And Nomzamo [misspelled?] was striving. Nomzamo [misspelled?] was listening and learning, trying to see what she could do but the long, long hours, and weeks and months were taking their toll. No rest she was getting and she was hearing about other young doctors who were just as passionate and dedicated as she was. Some of them giving in to nervous breakdowns. And it happened to her. Yes, it hit her. Nomzamo [misspelled?] was in another place and she was, felt, oh, by her parents, by the neighbors, by the community, by the hospital, their only doctor, the doctor they

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had produced, was now in this state. People were saying, "[foreign language]. It must be witchcraft! You know those people who are jealous because of how much she had worked." And others were saying, "[Foreign language]. She has always been so pompous. I think that's what happens when people are pompous." [Chuckle] People liked to talk but Nomzamo [misspelled?] was in another place. God had been on her side. The ancestors took pity on her. It seemed as if she was called into another place because she was called to be trained to become a [foreign word], a traditional healer.

Many, many months, more than a year, she was away in training. And, when she finally returned, she came back wearing a different hat. She was wearing two hats, in fact. By day, she was a western-trained medical doctor; by night she was a traditional healer, a [foreign word]. And she worked hard. Her community needed her. And at the hospital, she went back and worked. And now, you remember that difficult time where she was burnt out? [Chuckle] it wasn't easy. She had to think fast. So, she spoke to the superintendent at the hospital, she spoke to members of the community, "We've got to do something." And so, they agreed to build a center where traditional healers can feel at home, too. So, people volunteered their services from the different villages around. They built big, round huts inside the hospital property. They built six, round huts, fat grass and the teenage girls said,

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"[foreign language]." They went and found different colors of clay, orange, they brought yellows and browns and black and, oh, they brought all those colors and took sheepskins and they started decorating the walls. Yes, patterns! Oh, they made them up as they went along spontaneous, creative, it was one of the most good-looking places of healing you ever saw. And now, it was the place and a time for cross-pollination of ideas. The western-trained doctors, watching, [foreign language], "How are you doing it?" and the [foreign word] looking to the western-trained doctors. So, it was opening: all the channels of communication. No more whispering about that sickness we call, [foreign words]. No more whispering untruths about things that people made up and said, "If you do this, you shall be cured." "If you do such-and-such, then abusing children," no more of that. They had to talk about this sickness.

And now, different doctors from different hospitals were coming to visit to see what is going on in this place. Yes, there were inspiring, many, many other people. Their goal was clear. Their path was set. They were united in a fight. They were building gardens of health so that people can have food. And they don't just take medicine without having the right kind of food. And young schoolchildren were roped into volunteer services where they tried to support and encourage children whose parents and adult relations had died from this AIDS. [Foreign language] Yes, the children felt that they were

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a part of it, too. And Nomzamo [misspelled?] was happy to see all of this going on in her community. It felt like it was an army moving, moving forward. And as there were so many inspiring people, the hospital got a new name. It was called [foreign word]. That's right, [foreign word], "Striving For Health". And as they worked like this, they inspired different people but we, as Africans from different parts of the continent, we should be inspired by this story. People from different parts of the world be inspired to go and find the light, to strive even harder to find the cure, to try and deal with this scourge of the 21st Century, and be inspired so that we don't ever, ever give up. We fought and conquered and made it past apartheid, and other stinking, colonial, horrible, experiences, we can fight and unite against this too. [Foreign word]

[Applause]

[MUSIC PLAYING]

**MALE SPEAKER:** Ladies and gentlemen, to begin the proceedings, please welcome to the stage the Western Cape MEC for Health Mr. Pierre Uys.

[MUSIC PLAYING]

**MR. PIERRE UYS:** Sure, can I say anything more?

[Laughter] Outstanding. But good evening and good afternoon, ladies and gentlemen. Our conference chairs, Dr. Dickson, Dr. Ramjee, Professor Rees, our speakers of the day, Mrs. Graca

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Machel, Judge Cameron and Ambassador Christiansen. Delegates, welcome in South Africa, welcome in our Western Cape province and welcome in Cape Town. Thank you very much for deciding to have your Fourth International Microbicide Conference here in Cape Town. Every day, whether we realize it or not and we've seen it, HIV and AIDS impacts on all our lives in some way or another. In the Western Cape, and that's one of the nine provinces in South Africa, we now have more than 250 thousand people HIV/AIDS infected. As the Western Cape, we form part of the national government's comprehensive HIV and AIDS plan, to deliver more on prevention, care and treatment. I want to mention some of our targets in this financial year. Our voluntary counseling and testing, we looking at seven comma eight percent and that's an uptake of 270 thousand people. Of peer educators, we have over three thousand now. And in this financial year, we want to upgrade it to 4070. Our ARE treatment now 16,200, by the end of this year, 22,800. And of prevention of mother to child rates, I can say we're already dropping and we're below five percent. South Africa declared 2006 a year of accelerated prevention. Current HIV prevention methods are not always feasible. And there's an urgent need for other approaches to control the epidemic, in particular, female control prevention. This conference is very important: important to create a platform for near developments to be discussed on microbicide research and of course, also to share

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our knowledge between the researches, the public, the health workers, the communities. As all the past conferences have been in Europe and America, I must congratulate you and thank you for coming to South Africa and coming to Cape Town. I'm sure that this occasion being here in Cape Town will raise public awareness on microbicides as a promising HIV prevention technology. I hope that you will really enjoy your stay in Cape Town. We do have some rain now but I'm sure by the end of the conference, the sun will shine again and those of you that will stay behind will really enjoy, as we heard, "the fairest Cape." But, the Cape is not only the waterfront and the areas you've seen here on the screen. The Cape is also the [foreign word], the [foreign word], the crossroads, the areas where there's also people suffering. And I would also like you to think of those people and give us the necessary support in also helping them in alleviating poverty in those areas.

Ladies and gentlemen, it's my privilege to now introduce the first speaker. The first speaker is Mrs. Graca Machel. She's the renowned international advocate for women and children's rights. And she has been a social and political activists for many decades. She's been a former minister of education and culture in Mozambique and that's from '75 to '89. She's the president of the Foundation for Community Development, facilitates social and economic justice and assists in reconstruction and development of post-war

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Mozambique. She has received the inter-race service, international achievement award for her work on behalf of children internationally, the African Distinguished Humanitarians Service Award and the North-South Prize of the council of Europe amongst others. Mrs. Graca Machel, first husband Samora Machel, inaugural president of Mozambique, was killed in a plane crash in 1986. She wed former South African President, Nelson Mandela in 1998. She has served on boards of numerous international organizations, the U.N. Foundation, the Forum of African Women and Educationalists, the African Leadership Forum and the International Crisis Group. Amongst her many current commitments, she's chair of the Global Alliance for Vaccines and Immunization Fund, Chancellor of the University of Cape Town here in South Africa and she's also panel member of the African Peer Review Mechanism. Ladies and gentlemen, please welcome to the stage the first speaker of today, one of Africa's most loved women, Mrs. Graca Machel.

[Applause]

**GRACA MACHEL, PRESIDENT:** I must say I am so embarrassed with this introduction [laughter]. I wish you'd just have said that I'm Graca. I'm Mozambiquan by birth and South African by heart and I'm African, that's all! Just before this opening, I'm told I'm sorry I came late, there was a demonstration led by T-A-C, which many of you know as TAC. I just would like to acknowledge that demonstration and to say I

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couldn't agree more with the content of the petition they have presented to the organizers of this conference and to say thanks to TAC for being always there to be our conscience.

Excellencies, distinguished guests, ladies and gentlemen, friends and colleagues, good afternoon and welcome to Cape Town. I am delighted to be here with all of you today. I am especially pleased that Microbicides 2006 is, for the first time, taking place in Africa. We have the unenviable position of being the continent most affected by HIV/AIDS. And southern Africa is the epicenter of the pandemic. HIV/AIDS is having a devastating impact on society. The developmental gains we have made in Africa are being reversed, our economies are suffering, and communities are being shredded and destroyed. For me, what is most painful is to see what the pandemic is doing to women.

Globally, almost half of all people living with HIV are females. But nowhere is the feminization of the epidemic more acute than in Africa. Here, where women and girls make up almost two-thirds of all people infected with HIV/AIDS, and where 76 percent of those who are HIV-positive in the age group of 15 to 24 year olds are young women, we are facing life or death situations. To some it may sound extreme to put it in such terms, but believe me it is not strong enough!

The vulnerability of women stems from their pervasive disempowerment. Many women have little capacity to say no to

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sex; they are unable to negotiate condom use in their relationships; they lack legal protections against abuse and sexual violence, and it is, most often girls who are pulled out of school to take care of sick parents.

Poverty and food insecurity forces women to engage in transactional, or survival sex, further exposing them to the virus. The vulnerability of women is further exacerbated by legal systems that deny them equal status. For too long, we have paid lip service to gender equality and have shown modest results. Our efforts have been insufficient and inefficient, and we have shown a lack of urgency in creating a more equal society and this is coming back to haunt us now.

We have to drastically change a situation where women in Africa continue to bear the brunt of the HIV epidemic. Every statistic, every new report documenting the havoc wreaked by the pandemic is a terrible reminder that we are failing to protect our mothers, sisters, and daughters. Two decades have elapsed since HIV/AIDS first came to light in the early '80s. It is completely unacceptable that for over 20 years we have failed to provide women with the means to protect themselves against HIV infection. I see no pursuit more worthwhile than the search for an effective microbicide and that is why we are here.

Despite the huge investment we have made on HIV prevention, little has changed. The existing methods to

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prevent HIV infection are failing many women. Asking women to simply abstain, be faithful or use condoms is not practical. Nor is it enough - especially when UNAIDS reports that 75 percent of new infections are acquired from a spouse or regular partner. Closer to home, in studies among young women in Harare, Durban and Soweto, 60 percent of women said they have one lifetime partner, and 79 percent said they had abstained from sex at least until the age of 17. Yet, 40 percent of these young women were HIV-positive. Marriage, or being in what a woman thinks is a monogamous, faithful relationship, is sadly, one of the biggest HIV risk factors for many young African women.

Condoms are important, but not enough. Too many women, married or not, lack the social power to negotiate condom use with their partners or husbands. But let me add that it is important that female condoms be readily available - and affordable - for women in Africa and worldwide.

Existing prevention methods are not working. They must be broadened and expanded - women must have access to education and information, sexual and reproductive health services, female-controlled prevention methods and prevention of MTCT-plus.

The development of vaginal microbicides is key to prevent more women becoming infected with HIV/AIDS. Whether it be a gel, or a crème, or an intra-vaginal ring when it prevents

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HIV infection but allows for conception - an incredible scientific feat! I must say regardless of the type, we need a microbicide now!

We must have, and empower women, with a range of approaches. Microbicide science is advancing rapidly and current clinical trials provide hope that a microbicide could be available in five to seven years. We have microbicide candidates in large-scale efficacy trials and a new generation of microbicides already in safety studies. Five first-generation microbicide candidates have now entered the large-scale efficacy trials around the developing world. I do understand the limitations of science, but we simply have to find ways to do this faster.

I am told that even if a microbicide were only 60 percent effective, it could prevent 3.7 million infections within three years if used by all women who are unable to use condoms. I am sure you all share my sense of urgency and are prepared to accept the challenge that we have to make such a product available now and not in a few years time.

Clinical trials, a crucial component in the development of an effective product, are complex. There are issues of science, ethics and advocacy that must be pondered and debated. Successful clinical trials require networking and institutional collaborations between research organizations, government and civil society, and knowledge transfer between institutions in

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the north and the south. They require funds, which are not readily available. They require facilities and staff development and training which can take several months. But most important of all, clinical trials require acceptance by the community and participation of women. To gain women's trust and collaboration we have to be sensitive and ethical in our approach and have impeccable research methods.

We are attempting to do this in Mozambique. The Government of Mozambique, Manhiça Research Center, FDC, my foundation, and our UK and South African partners are currently in the process of setting up microbicide feasibility studies in the country. In a short six months, we have come a long way - in fact, I have no doubt that we are on our way to establishing a clinical site. Why? Because we have worked together to build on the strengths of each partner. Synergies are needed since none of us, be it the national or international partners, could have taken on this challenge alone.

If we are to have a microbicide that will be accessible and affordable for poor women in rural and urban areas, we need to embark on a truly global effort - with political leadership, financial resources, and community mobilizations. We know all too well in this part of the world what happens when profits take precedence over lives. We do not want to repeat the struggles in the efforts to get affordable access to anti-retroviral treatment to people living with AIDS.

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From the pharmaceutical industry, we need their active participation in the discovery of effective microbicides. We also need increased investment from the business and corporate sector for the development and distribution of new preventative technologies. My primary concern is to save the lives of women but I am convinced it also makes good business sense to invest in microbicides.

Some companies might be unable to see the business case to develop an effective microbicide since it poses scientific challenges, can take up a significant amount of time and requires a series of large investments to research and develop a product. But what about those pharmaceutical companies that believe themselves to be industry leaders, innovators and visionaries? Can you not see that the investment, risks and costs you incur will be recouped through microbicides sales in developed and developing countries once the product is on the market? Can you not see that demand will also be constant? Can you not see that demand will be massive? We are talking of many millions of women in developing and developed countries that would buy microbicides to protect themselves from HIV infection and choose to buy your product rather than die of AIDS.

From developed countries, we need political leadership, continued support in research and development, and sustained financial support. We need to increase the efforts and

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commitments of scientific institutions and agencies. In 2004, 140 million U.S. dollars were committed to microbicide research, development and advocacy worldwide. However, if we are to ensure timely development of a safe and effective microbicide, annual investment will have to double to 280 million U.S. dollars per year for the next five years and thereafter, it will have to remain at approximately 260 million U.S. dollars a year until satisfactory microbicides are licensed.

At the G8 Summit last year, the leaders of the most powerful countries in the world reaffirmed their commitment to meet the development target of 0.7 percent of the their overseas development aid - a goal that was introduced a few decades ago, that has been affirmed over and over again. Now, a number of countries have set a deadline of 2015 to reach 0.7 percent. We must not let this become another empty promise.

G8 leaders also promised global AIDS treatment for all by 2010. I would like to have a similar commitment to protect women from HIV infection by 2010. Delivering on this will require generating increased resources; scientific research; making drugs and microbicides accessible and affordable and strengthening health systems. But in 2010 we have to be able to say we are protecting a significant number of women against HIV and we are providing universal treatment to all. I expect our friends in donor countries to hold their governments

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accountable, so that the resources that are so desperately needed—for new preventative technologies and response to HIV/AIDS—transpire.

From developing countries, we need to support efforts on the ground. That means building networks and engaging with communities; it means working with partners in clinical trials; and ensuring that women - and men - know about microbicides and the incredible potential they hold. We also need our leaders to prioritize the response to HIV/AIDS—with special focus on women and AIDS—in the work of government. Our weakened health care systems must be strengthened and improved, so that when a microbicide is discovered, it can get to the women who need it most.

And how are we going to reach these women? We need a strong women's movement to achieve this. My hope is that we use every opportunity we can - international meetings, in gatherings like this one, or simply in our daily interactions - to build a continent-wide women's movement. HIV/AIDS has the potential to wipe out an entire gender. Have we ever had a greater cause to mobilize and demand change?

In my lifetime, I have seen how a strong women's social movement can transform society. On this continent, we have fought and defeated colonialism and apartheid. Now we must turn our efforts to the plight of women. We need women in all sectors - from business, to science, to government, parliaments

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- to take up the issues that affect women with commitment and passion. But more than that, we need to challenge traditional practices that are harmful to women.

We can no longer remain silent, when our sisters face sexual violence, rape, and female genital mutilation. We can no longer stand for discriminatory laws that deem women as minors. We must hold our governments and institutions accountable for the decisions they make - or they fail to make - when it comes to women. When our governments sign and ratify international frameworks guaranteeing women equal status and a host of rights, we must insist that our national laws reflect the letter and spirit of these treaties. Signing a convention, enacting a law that looks good on paper and makes headlines is not enough!

We must move from rhetoric to action. We must demand the enforcement of laws that protect women. We must say, individually and collectively, "Enough is enough!" Our sisters and daughters are dying and we will not stand for this any longer! Women must be at the forefront of every decision that is taken about their lives - whether it is in the halls of parliament, or in their own homes. I must say I am impatient for change.

Last year, during a session on microbicides in Maputo, after the formal proceedings, the discussion was opened up for questions. The first question came from an activist from

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Swaziland. She asked, "Where do women living with AIDS fit into this plan? What about those of us who are already positive?" Nobody could give a satisfactory response to her question. Our slowness to act, our inadequate response to the pandemic, has resulted in the loss of millions of lives. Let me repeat that. It has resulted in the loss of MILLIONS of lives. We cannot allow another generation of women to live in a world that does not offer them options to protect their health, their future and save their lives!

I would like praise women living with HIV who acknowledge their HIV positive status openly and in public forums. Given the stigma and discrimination they know they will face from their family, community, peers and society, it takes huge amounts of courage and determination to disclose their HIV status. I praise them; I praise these women because they have become advocacy agents. I praise these women because they are educating other women and all of society. I also praise them because they are changing our mindset and they are demanding results. But most of all, I praise them because despite the personal price they pay they are indeed our conscience.

Every single one of us in Southern Africa is personally affected by the AIDS pandemic. I often wonder how we shall turn things around. Will we one day find ourselves in a world where AIDS is curable, or will it continue to spread and ravage

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our societies, our communities and our families? Some people say that we will always be running to catch up; that the virus is too strong, too fast, and too clever. Others say that only with the discovery of a vaccine will we see the end of the pandemic.

I cannot predict the future. But I believe that it will not be one thing that changes the trajectory of AIDS - we will need a host of methods, responses, and tools to make the change. We cannot set up false dichotomies. It is not about choosing one thing over another. It is not that we need investment in preventative technologies, or in treatment or that we should focus on one group over another. No! We need resources for microbicides and vaccines and new medicines for second- and third-line regimens. We need a holistic approach and our action must lead always by a sense of urgency.

The work that each and everyone of you is doing, whether it's research, advocacy, or in the community - what you are engaged with, that is finding a tool that will allow women to prevent HIV infection and empower them. Well, I cannot think of a more worthy cause. Your work is invaluable and urgently needed. A future of a generation of African women depends on it. Thank you for kind attention.

[Applause]

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[RECORDING - MALE AND FEMALE SPEAKERS TALKING  
ALTERNATELY IN ENGLISH AND IN FOREIGN LANGUAGE] [MUSIC  
PLAYING]

**MALE SPEAKER:** Ladies and gentlemen, for the second  
speech of today's proceedings, please welcome to the stage Mr.  
Peter Christiansen, head of the European Commission Delegation  
and Ambassador to the kingdoms of Lesotho and Swaziland.

[Applause]

**PETER CHRISTIANSEN, EMBASSADOR:** Conference organizers,  
which happens almost all to be women, doctors present,  
researchers, NGO's, people living with AIDS and HIV, ladies and  
gentlemen, but first of all, my address is to the African  
participants who are here today.

It is a great honor today to address this august  
assembly and to do it with such eminent personalities present  
as Mrs. Graca Machel and Edwin Cameron, and of course, with the  
extra gift thrown in, in the form of Archbishop Desmond Tutu.  
These are all persons I have learned during my 33 years in and  
out of Africa to respect and admire. Yes, for 33 years, I have  
been in [foreign word] and [foreign word], [foreign word] or  
all the other beautiful names which Africans are giving to the  
right person. My message today, to this conference would be  
that the European Union cares about HIV/AIDS in general and all  
my fighting microbicides with science in general... in  
particular.

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I have myself spent most of these 33 years of my professional life dealing with Southern Africa. I have been here when Mozambique and Angola was Portuguese. I dealt with the liberation, I have dealt with ANC [inaudible], but I have also dealt with the development in many different capacities. Of these 33 years, I have lived 18 in 5 different countries in the Region. I was in Zambia in the 70s, in Zimbabwe in the 80's and Malawi and Tanzania in the 90's and now, when I was trying to get to South Africa, and I couldn't get it, I went to Lesotho and Swaziland. I couldn't get closer inside South Africa than being in those two wonderful small countries.

In between these stays in SADC countries - while I've been posted back to Headquarters in Brussels - which were always a pain in the neck to be back in Europe - while there, I was dealing with war and peace in West Africa, in Central Africa and the Great Lakes. And during those periods, I have seen the horrors of wars and famine, as well as the scourge of corruption and many other ills, but I have seen and experienced the smile, the laughter, the care, the coping with adversities, the intelligence, the hard work present among the common African. And I think, in the film we just saw, this was absolutely clear; the clarity of vision is absolutely stunning.

Since I was involved in starting the first HIV/AIDS prevention program in Zimbabwe in 1986, which was a blood screening project, I have been involved in many subsequent

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methods of prevention in both Malawi and Tanzania such as targeting prostitutes and truck drivers. I did that not as a professional—I am an economist and a statistician by profession—but I did it as a development person and, of course, we did not have much success.

Today I have from my 18 months in Lesotho and Swaziland learned more about the HIV/AIDS pandemic than I really wanted to know. But you are forced to it. The effect this disease has on the two small populations is, on a day-to-day basis palpable, it's scaring and it's devastating on their socioeconomic fabric. But of course so it is in South Africa, it's just not so much felt because it is such a huge country. But it is also felt in other neighboring countries—Swaziland I mentioned and Lesotho, but of course, Botswana, Namibia, Zimbabwe, Malawi, all countries which suffered from apartheid and its migration systems to the mines. Many of the deaths we see today in these neighboring countries were caused by infections before and after 1994, where apartheid came to a final stop, because of the miners coming back home to the mountains of Lesotho and Swaziland, and they had money and, in good African tradition, they had the swagger to use the money.

That these countries had and still has a tradition of multiple current relations, one of the things I realize is that promiscuity is very high level in my two small countries, and it's both sexes which have many, multiple, current relations.

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There is a lack of effectiveness and understanding of the major prevention messages, and, because lately, we are becoming more and more aware about the absence of male circumcision. And, on top of that, in those countries, there is a lot of intergenerational sex, which provide for the younger girls to be much more affected earlier than their male counterparts. So, in those countries, we have a deadly cocktail and we have seen the results that Swaziland, Botswana and Lesotho have the highest prevalence ratios in the world. And, dealing with it on a day-to-day basis, it's difficult to see where the solution should come.

Maybe I am too pessimistic but that's normally not my nature. We know so much more about prevention (what works but we know even much more about what does not work). And I was struck in the latest issue of the South African Medical Journal in an excellent editorial here in April by Dr. Venter. He clearly stated that the prevention is an area where we are most at loss and let me quote him. He said, "We need some brave thinking in prevention - conventional approaches alone do not seem to work and acknowledgement of this is over due." I can't agree more.

I believe personally that the ultimate solution to conquer the disease is not the far-fetched and up until now, non-existing effective vaccine but prevention. All the forecast we have made in Swaziland and Lesotho of the need for

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manpower, buildings and facilities, testing, et cetera not to talk about the costs of rolling out ARV treatment for all those who are waiting to come forward for testing, produces scaring figures in relation to both the lack of capacity and the financial resources needed. And then, of course, many of the qualified doctors and nurses are attracted to much better salaries here in South Africa. So many factors play again how to fight against this pandemic.

Thus, I am preaching, prevention, prevention, prevention. And I do that not because I want in any way to belittle treatment. Rollout is taking place in all these countries; it's been done with meager resources done fantastically in way that I am full of admiration. It's just too slow. Another factor, the end effect: and all these brilliant, valiant women and men who are providing home based care for the dying in these small villages, riding on horses to small villages up in the mountains, or the way that they look after the orphans. Today, an estimated ten percent of Lesotho's and Swaziland's entire populations are orphans. This problem, both Governments are trying to handle in cooperation with the different villages and their very overstretched coping mechanism. So we know that, despite capacity problems we can save lives and we have a good idea how to make them fruitful for the individuals if we can get the resources to reach the persons suffering and those who have become orphans.

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But the question of how to make prevention more effective lingers out there and for the prevention the problems of the feminization of the spread, the age distribution of the disease and the absence of real ABC use in this region calls for more instruments such as microbicides but also for much more targeted prevention efforts in general making the fight against this disease an individual battle. And I would like to stress how struck I am that the individuality in this disease and the way that each individual is coping or addressing their problem, and that is what makes the preventive efforts so difficult.

Let me say something about the feminization issue. We, the international community, have many efforts to prevent the spread of HIV/AIDS. I mentioned that I myself have been involved with that for almost 20 years. The European Commission, which I represent together with the European Member States and other partners has certainly tried to do their part. Whether it's enough or not, I listen to what Graca Machel said and it's quite clear that the European Council ministers have agreed to more or less reach the 0.7 percent and even the EU Member states have now been obliged to reach 0.17 by 2010, and by the year 2010, that should be an extra 20 billion euros for development assistance from the EU. So that's just example.

But when it comes to HIV/AIDS, we have invested a considerable amount of resources. Yet, still in 2005, we have

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5 million new people infected. And the overall numbers continue to increase worldwide with the exception of the Caribbean. The situation at worst here, in sub-Saharan Africa, and in particular, in this part of Africa, Southern Africa, two-thirds of all infections are coming up in south sub-Saharan Africa. As I stated above some of the reasons being: mineworkers migration pattern and origin, tradition of both sexes having several concurrent relationship, small percentage of male circumcision, intergenerational sex and an absence of respect for the female gender. In both Lesotho and Swaziland, to give an example, a woman is still a minor in relation to taking bank loans and many other functions. Graca Machel also talked about the question of domestication of international convention is a big problem all over Southern Africa. But, I am very happy to say, that in Lesotho, they are in the process of sorting out this problem of making the women gender balance as it should be.

And of course, other figures are scaring. That last year, there were 55 thousand reported rape in South Africa. Or another figure, in Swaziland last year, there were 150 rapes of girls and ten rapes of boys below ten years. So the persistent pressure upon young girls and upon married women to perform sexual acts without their will or possibility of protecting themselves, is the problem we have to face. [Inaudible] by Graca Machel about depression in women, so I would not repeat

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that part of my speech here and just say that Kofi Anan, he put it very well, he said, "AIDS has a woman's face". We know that the HIV prevalence among women is lower but it's rising and the overall prevalence is much, much lower here in Southern Africa.

So what do we do? We need to react. So women should be our focus. Further spread cannot be brought under control unless we also begin to focus more on the needs of women and the tools, which empower women to take greater control. We need reflect, and we do reflect more on women's needs when designing education and awareness raising campaigns, implementing prevention programs and providing care and treatment. As I said above: reflection, creativity and ability to develop more flexible approach are particularly important in the area of prevention. We need to widen the existing spectrum of prevention tools in a way that addresses needs of women, as the current preventive framework often lets them down. Abstinence does not work for married women or women in long-term relationships. We saw that clearly. Being faithful is of little use if a woman's partner is not faithful or if he is already HIV positive. And again, you heard that the male condoms, while they are effective, they are controlled by men, or not controlled, as we also heard. And negotiating their use at every sexual act if the HIV status of the sexual partner is unknown is difficult. It is a particular challenge for married women when the reason for condom use is a lack of trust in

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their partners fidelity coupled with a reluctance to undergo HIV testing. It's also difficult for women who want to conceive and cannot negotiate HIV testing to determine their own and their partner's status. The female condom is a valuable tool, and again, we heard the girls up there, in a defense against infection or pregnancy, but its use requires a reasonable degree of cooperation from their partner. As the rising number of infections among female population shows, women in many parts of the world have today often little or no opportunity to protect themselves from the disease. Additional methods are needed as an alternative. Thus why you are here today.

The successful development and introduction of microbicides offers one way of widening the spectrum of existing preventative methods in a way that reacts to this situation and it could help to prevent a further feminization of the AIDS epidemic as such. We heard about the different methods, the gels, the creams and the rings. We all expect that the microbicides that can be applied, and will be applied soon—and I'm as hopeful as Graca Machel—to try to put pressure on you to come up with the results earlier rather than later. We expect to have products that offer contraceptive choice. With five products currently in efficacy trials and second-generation products in development, microbicides represent a

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promising field for development of the female initiated products.

So, however while being optimistic and hope that you will live up to the task, all you people out in the dark; I can't see you. In fact, it's not very nice to stand here and look out in the dark. I still wish to remind you that the need for prevention messages must accompany any rollout of this prevention tool. One lesson learned is that humans, whether they're getting seatbelts in their car or they are using microbicides probably in the future, or male and female condoms or if they get circumcision, is that human beings increase their risk behavior if they believe they are more safe. So these tools are only as good as the persons applying them properly to avoid further risk behavior.

I then have a whole page about how much we have been doing and how much we are going to do. I will just mention a few figures, and then, those who are really interested about all these billions rand which are going into research and to HIV/AIDS can maybe look up into the speech later. We have been involved since 1997 with the microbicides development. We funded the first market study in order to try to increase investment from the private sector in this field. We were not successful and I am going to come back to that and I would put pressure on the private sector. In 1999, we financed development of a preparedness strategy and advocacy campaign

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for microbicides. We provided the first approximately 20 million rand to International Family Health and to the then started IPM, International Partnership for Microbicides. You're doing a great job, IPM. And that was that time to stimulate the awareness and accelerate eventual access to the product in developing countries. We provided an additional 4.2 million euros, or 32 million rand, this year to IPM to strengthen the capacity of clinical trial personnel in developing countries, and to increase community and political support for clinical trials in developing countries and to enhance something which is very often forgotten: the capacity of regulatory agencies.

Under our big research program, and we have some huge research program covering an extended range of fields. We have financed over the years a substantial amount of investments into the research of the microbicides. And in this year, we will provide 15 million euros or 115 million rand towards a Vaccines/Microbicides Network of Excellence, involving more than 30 of the main European researchers in the field. And I hope some of them are present here today. Unfortunately, we do not know your names, but I trust that you will use this money to really further the case as we've been motivated by the fantastic opening we have witnessed until now. We have also been providing support to clinical research and testing of microbicides through the European and Developing

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Clinical Trials Partnership, this year alone, about 100 million rand.

But it is not all European Commission or, we are using the money of the Member States, it's also that the Member States themselves have been very active. Since the beginning of the century, the Netherlands, my own country, Denmark, Ireland, my wife's country, Sweden and the United Kingdom have committed substantial amount to the IPM, a total of 45 million euros until now or about 340 million rand. And lately, the United Kingdom provided 40 million pounds to the Microbicides Development Project to prepare the multi-country microbicides efficacy trials. So these countries together with other Member States and the Commission now contribute to this clinical trials partnership and this has now become the largest program on clinical trials ever targeted at Africa. Besides that, the Global Fund for fighting AIDS, I will just mention that, for the time being, we are contributing every year about 250 million euros, or 2 billion rand, to the Global Funds. So that is the European Commission and the Member States and thus provide 60 percent of all funds for the Global Fund. So, this is to say that we do care. It's easy enough to say it but of course the important thing is that the money is delivered and it's being spent in a way which will actually so we reach the ultimate goal.

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Africa's future development depends on many factors among them first and foremost may be peace and security but for Southern Africa, the need to fight the HIV/AIDS is paramount. On both these battlefields the EU is solidly behind the efforts of Africa, of Africa's institutions be it the African Union or be it SADC or be it African Governments with whom we cooperate. We have a sincere wish to see African countries achieving the development goals espoused in the Millennium Development Goals, 2015.

Let me go back to my final comments about what are the challenges as we see them. There are many challenges in actual research. And I must say that having gone through the program, I received last night, I am impressed by the amount of detailed talks, meetings, et cetera, in the track A, B, C, and D. And I am completely confused and do not know how you will ever be able to put everything together and afterwards, tell us how far you have come. But I trust you will do that. But there are some challenges. And incidentally, yesterday evening, IPM hosted a small reception and there was rumor going around that we were trying to change our priorities when it came to research. I have to say that it is absolutely untrue that we are changing money from microbicides research to research about the effects of shower.

Despite our commitment and efforts, we recognize that more needs to be done to make microbicides reality. And the

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two challenges we see, and I alluded to before, are the industry, the private sector, the pharmaceutical companies involvement and the country preparation for the induction of microbicides. These too need to be confronted to ensure faster progress in research, development and, once we have the stuff, introduction. Graca Machel mentioned something about an appeal also to the companies. I will add a little bit of detail to what she mentioned. Because it's clear that there is a shortage of funding, and in our assessment, the development of microbicides will not progress faster. On this, there are more resources invested in the clinical research, preparation of trial sites, large-scale clinical trials, and policy and advocacy activities. Despite all the money being invested, there is still the need. The magnitude of the funds available for development of microbicides continues to grow but we still seem to be short of sufficient funding. And it is, as we've seen in other areas, with development of a new technology, estimating the exact gap is difficult, but based on our estimation, it is that we need an increased 30 to 40 percent of this year's budget in the coming years to move forward and could do it as fast as Graca Machel would like to have.

And until now, the funds for the research, for the work, have come almost exclusively from public sector and from private charitable organizations, while the pharmaceutical industry has been involved only marginally. We are certainly

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concerned about this low involvement of the industry. Market studies have shown that there is a significant interest in microbicides both in developing and developed world, that there are customs. But the message has seemed to have not been clear enough to stimulate more investment from the commercial sector so far. We, you, we must do more to demonstrate that there is a commercial incentive behind, that there can be a commercial incentive investing in microbicides. I hope and trust that this Conference will be the occasion to involve and convince the industry to get involved, get fully involved. And if not, please tell us why?

Is it maybe liability concerns or is it imagined regulatory hurdles, which are the reasons for industry hesitation to invest in microbicides? I put the question out there. If the industry is out there, listening, I hope they will come forward with some of the answers to these questions. The European Commission remains confident that this can be addressed. You don't have to be afraid. We have existing European Communities regulations, we have the European Medicines Agency, which, in cooperation with the WHO, is able to provide a scientific opinion on medical products for human use exclusively outside of the European Union also. Although such an opinion would be based on the same standards of testing as products developed to be marketed in the European Union, a decision on the cost-benefit ratio of introducing a product may

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differ according to the disease burden in the different developing countries, compared to the burden in European Union. For example, a partially efficacious microbicides may not be effective in countries with low prevalence and relatively high use of condoms, (typical in some European countries) but it may be an important addition to HIV prevention options in countries with high prevalence and low condom use, yes, Southern Africa.

Apart from more involvement of the industry, successful development and introduction of microbicides requires strong local support and ownership in developing countries. Awareness and support for microbicides from local policy makers, local medical professionals and individual communities is needed for successful clinical trials, introduction and use. In order to prepare favorable policy frameworks for introduction, promotion and delivery of microbicides, a dialogue among key policy leaders, stakeholders and organizations representing women about the use of microbicides and about the need to commit local funds to their advancement must take place. Thus National Strategic Plans, Action Plans, policies, which now, fortunately, more often than not is the result of comprehensive stakeholder consultations, should already from now on take the microbicides development into account. And this should be part of a wider discussion on the contribution of external and domestic health care spending needed to confront not only HIV/AIDS, because we must not forget Malaria or Tuberculosis.

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We welcome this conference as a venue where such dialogue can be pursued. We are proud to be co-sponsoring the Conference and we are looking forward to the coming days of discussions and presentations of where we are.

I have now lived for an extended period of time in this beautiful part of the world. I can't help finish by reflecting about the need for political leadership to work hand-in-glove with civil society in battling this disease. [Applause] There is no room for turf battles to fight a disease like this which touches all but despite this more and more is becoming a poverty disease, which slowly but steadily like an intestinal worm is chewing away on the organs making a society work. I'm happy for my two mountain kingdoms, I am happy to say that despite very limited resources, the government, the civil society, the donors and everybody else is very much active in fighting this disease on a common front.

Within the international and national frameworks which set the parameters for successfully fighting HIV/AIDS, the successful development and introduction of microbicides as a way of widening the existing range of preventive methods, offers another opportunity to make us a step closer to the achievements of the UN Millennium Development Goals and halting and reversing the spread of this disease. We get an opportunity - and let us get it soon - to provide women with a more equal opportunity to take an active part in their own

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protection from the disease. As I said before, we are optimistic about the prospects for the microbicides, although we are also aware of the challenges, the development and introduction of microbicides continue to face. We, the European Union, the Commission and the Member States, are committed to do more to confront these challenges. We look forward to work with the IPM and with all organizations with whom we have very good collaboration. We look forward to work together with your governments - African governments and other governments - with the industry, please come forward, with the private donors, which have been very generous until now whether Europeans or American, we look forward to work with academic and research institutions, with NGOs and the wider civil society. We want to widen the existing range of HIV/AIDS options for prevention and making microbicides a reality.

I, and the European Commission, we wish the Conference all the success it deserves and we need it. Thank you for your attention.

[Applause]

**CHILD SPEAKER:** Mama, they tell me you were a dancer. They tell me you had long, beautiful legs to carry your graceful body with. They tell me you were a dancer. They tell me you sang beautiful solos. They tell me, they tell me...

**MALE STORYTELLER:** You smiled and closed your eyes  
[interposing].

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**CHILD SPEAKER:** They told me you smiled and closed your eyes just when the feeling of the song was right.

**MALE STORYTELLER:** And lifted your face up to the sky. Mama, they tell me you were an enchanting dancer. Mama, they tell me you were always so gentle. They talk of a willow tree, swaying lovingly over clear, running water in early spring. When they talk of you, they tell me you were a slow dance. [Sings] Mama, they tell me you were a wedding dancer. They tell me you smiled and closed your eyes, lifted your face up to the sky with your arms curving outward, just a little. And your feet, shuffling in the sand. [Sings] Mama, they tell me I'm a dancer, too, but I don't know. I don't know for sure what a "wedding dancer" is? There are no more weddings but many, many funerals. Oh we sing and dance, running fast through the coffin of a would-be bride or a would-be groom. Strange smiles have replaced our tears, our eyes are full of vengeance, Mama. Dear, dear, mama, they tell me I am a funeral dancer.

[Applause]

[FEMALE CHILD SINGS JOINED BY CHOIR WITH PRE-RECORDED MUSIC]

[Applause]

**MALE STORYTELLER:** The woman of Africa is proud and strong. She was made of the finest iron so that she can be truly beautiful in a unique way, in a way that is truly full of

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mystique. And to try and describe it correctly, you would need to use many, many words, so many they would try to fill the night sky like stars. But still, it would not be enough because her femininity defies anyone category. Her heartbeat, it is in time with that of the ocean's waves as they caressed Mother Africa east and west. Her strength, her dignity, her resilience, her selfless love, yes, she wears this like a multicolored beaded necklace. You see, this kind of beauty was not pampered, it was not bathed in milk and honey, she has known pain for centuries. That is why you and I know that this woman of Africa, she is part of an army, an army that is prepared and continues to propel us forward to a kind of life and a kind of future that we can all aspire to. And that is her African dream!

[Applause]

[PRE-RECORDED MUSIC PLAYS AND FEMALE SINGER SINGS]

[Applause]

**MALE SPEAKER:** Ladies and gentlemen, our third speaker for the evening, Supreme Court of Appeal Judge, Edwin Cameron.

[Applause]

**JUSTICE EDWIN CAMERON:** Thank you so much to the organizers, and thank you to you, ladies and gentlemen. How are you, incidentally? [Laughter] Are you well? In Africa, we traditionally start [foreign language] "Are you well, ladies and gentlemen?" [Verbal response and applause from crowd]

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Well, you've got more reason for being well, the organizers promised you that this opening would be from four to six-thirty and I've got very good news for you. We're going to hit that time almost exactly. I had prepared a speech. I'm greatly honored to be on the same platform as the MEC and as the Ambassador, and the two iconic figures from our regions, Mrs. Machel and Archbishop Tutu. And my speech will be on the Conference website. I was assisted in its preparation by the International Partnership on Microbicides and the Global Coalition on Women and AIDS.

I want to take you up to six-thirty. Is it six-thirty yet? [Laughter] Is it already? [Laughter] Should I not make my three comments? I want to make three comments. Is it six-thirty yet, Kim? [Audience responds vocally] Not yet. Okay. Incidentally, do you know the person next to you? [Murmurs from audience] Have you greeted them? Has everyone greeted the person next to them? Those of you not from South Africa, have you greeted the South African person yet? Not. Find someone near you who's a South African and greet them. Find someone. Have you found someone? Non-South Africans, South Africans greet each other. Mrs. Machel is doing it, thank you. Mrs. Machel, that doesn't count. [Laughter]

Ladies and gentlemen, I want to make three comments about why you're meeting from this evening over the next three days is so important. The first is about the irreducible

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importance of science. There have been three holy grails in this epidemic. Next month, in May, it will be 25 years since the first AIDS case was diagnosed in San Francisco, a quarter of a century ago. They've been long years, years of enormous suffering, years in which the demographic shift of burden and suffering has moved to Africa. And as you have heard, has moved to this continent, to women primarily. We sought three things: medication to contain the virus, a vaccine against its entering the human body and the microbicide. We have attained only the first. But that first achievement has shown us how important scientific, the first two tracks in this Conference are. I would not be here this evening if it weren't for medical science. I started on antiretroviral therapy eight and a half years ago and I owe my life to it. I would have been dead about six years ago because when I started on the therapy, I was very, very ill indeed. Instead of which, instead of dying, I'm able to lead a productive, joyful and connected life. We must take that scientific endeavor further.

We have been engaged in South Africa, in a titanic battle about the meaning and importance of science in this epidemic, about whether this is merely an environmental disease caused by poverty, whether the symptoms that it presents have a microbial source, or whether they come from pre-existing factors which are merely presenting different patterns of death on our continent. And we know, and your presence here and the

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Conference program, shows that at the end of all the other interventions that are necessary in this epidemic, scientific intervention is also necessary. And scientific intervention is necessary and urgently necessary, as Mrs. Machel said, to find a microbicide.

But we also know, and that's my second comment, that science is not enough. We know that science must be socially applied, must be socially responsive, and must be socially directed. We have heard it eloquently stated in the video, in the accounts on stage that women are particularly vulnerable. We know that volition-directed interventions, pure volition-directed interventions like A, B and C yield before the ancient truth that material circumstance determines human choice. And material circumstance is what makes Africa's women particularly vulnerable to infection of HIV and that is why this conference is so important because the quest for a microbicide is science-directed at the peculiar vulnerabilities, the peculiar demographics, the peculiar human shape, the peculiar human burdens of this epidemic. I speak of them with particular passion, also because I am a man who is proudly gay. And for gay men as well, microbicides offer an important form of scientific prevention. We heard in the video that gay men are not being ignored in this intervention. We know that in Africa, the importance of this vector of the epidemic is desperately underestimated. Professor [inaudible], who is the

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head of one of our universities, often says that, "We ignore the fact that in Africa, HIV is frequently spread from men to men and often, they're often from men to women because of the migration pattern and the work patterns and the relocation patterns." Outside my own country, which has been a beacon of enlightenment and hope to men who have sex with men, same-sex conduct is still treated as still unnatural and un-African when it isn't. We know that same-sex infection exists in Africa throughout the region and microbicides are important for their treatment. We also know that microbicides show us why there is no dichotomy, no antithesis, no antipathy between prevention and treatment. Microbicides are a form of scientific prevention and also assist the quest for treatment.

And the third and last point I want to make is I think, perhaps the most important one, because science and social science on their own, are not enough. Two very significant things occurred on this platform this afternoon. The Archbishop asked the leader of the most effective civil society organization in the world to stand up, and he is with us this afternoon. And Mrs. Machel endorsed the contents of the Treatment Action Campaign's march and in memorandum. These two iconic figures have endorsed the most successful civic action movement that this massive, moral question, this moral question that brings us here, scientists, social scientists, activists, social workers, interventionists, health careers, all of us

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together, this moral issue, which is the focus of so much energy and so rightfully so. On their own, science and social science are not enough. We need activism. The Ambassador told us and Mrs. Machel told us how insufficient the funding for microbicides is. There would be no microbicide funding at all if it weren't for activism. [Applause] And we salute those activists. We salute the South African activists who have engaged with this titanic struggle for rationalism, for the acceptance of medical science and for the perception that Africa's poor people and women are most at risk for this epidemic. We know, ladies and gentlemen, that 25 years ago, in San Francisco, when the first AIDS case was diagnosed, we know that we entered a period of tremendous dejection and suffering and fear and ignorance and perplexity. But that hasn't been the history over the last 25 years. The more important history has been what we have done: the difference that our agency and our intervention and our commitment have made. We've seen it in South Africa. Let us take the opportunity that this Conference offers us to make an even greater difference through our activism and our commitment. Thank you very much.

[Applause]

**MALE SPEAKER:** Ladies and gentlemen, to now officially open the conference, please welcome to the stage the joint-chairs, Kim Dickson from the World Health Organization in Geneva. [Applause] Helen Rees [applause], the Reproductive

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Health and HIV Research Unit of the University of [inaudible] in South Africa [applause], and Gita Ramjee, HIV Prevention, Research Unit, Medical and Research Council of South Africa [applause].

**HELEN REES:** Well, honorable guests, friends, colleagues, all of us here together. Let me first say that I think Judge Cameron thought he had the last word, but he forgot about us three. We will have the last word.

On behalf of myself, my co-chairs, Kim Dickson and Gita Ramjee, we would like to say, first of all to those of you attending this Conference, two years ago gave us the honor to host this Conference in South Africa and in the African Region for the first time. We would like to say, thank you for entrusting this to us. As three women actively involved in the field, we have been both excited to put this conference together. But I think that what we have all realized is how much we all share, the passion for the research into microbicides, but it's driven by a bigger passion that we have for this continent, for our countries and for the women of Africa and I think that has come through in all the work that we've done and it has made what's been quite a lot of hard work, a real pleasure for all of us. But I think that it is particularly appropriate, as it's been said that this is the first time that we are hosting this Conference in a developing country, and it is in Africa where as we've so eloquently

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heard, women are being so devastatingly affected by the epidemic. Kim.

**KIM DICKSON:** I am exceedingly proud to be part of this Conference. As an African woman, as a researcher, as a clinician and also, as a keen advocate, I have had immense pleasure in working with my sisters in putting this together. I would also like to say that Africans are not only the most affected by the epidemic, but Africans', researchers, scientists, clinicians, and advocates and in our communities are at the forefront of combating this epidemic. We hope that in the next three days we will highlight for you the best of science, the best of African hospitality, the best of African culture. We hope that in the next three days, you will see the African researchers, you see the African advocates, you get to know them so that you realize that we don't just have African sight, but we have African prestigious communities and African men and women working together to combat the HIV epidemic. You're really all most welcome to Africa, to South Africa, to Cape Town, Sawubona [misspelled?], Aqaba [misspelled?], Akabo, Caribu [misspelled?], thank you.

[Applause]

**GITA RAMJEE:** The Conference could not have been possible without the generous support of our sponsors. On behalf of my co-chairs, I thank the sponsors. We would also to extend our sincere appreciation to a group of dedicated people

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who provided us with expert advice and guidance. Our scientific advisory committee, Alan Stone, Ira Jay [misspelled?], Elof Johansson, Fulvel Varinese [misspelled?], Helene Gain [misspelled?], Hendrik Gabelneck [misspelled?], Janet Darbyshire [misspelled?], Geoff Spiela [misspelled?], Jonathan Weaver [misspelled?], Judy Auerbach [misspelled?], Lendiva Macubalo [misspelled?], Lori Highsea [misspelled?], Matthew Samuel, Renee Ritzin [misspelled?], [inaudible], Salim Abdul Kareem [misspelled], [inaudible], Zachariah Mart [misspelled?], Zita Rosenberg [misspelled?]. We would like to acknowledge our track chairs supported by the committee who worked tirelessly to assist us in framing this scientific program and reviewed over 500 abstracts. These are Track A, Patricia Reichelfelder, Robin MacGuire, Robin Shatock [misspelled?], Chad Bea [misspelled?], Anne Colleti [misspelled?], Lou Fandama [misspelled?], and Chile Delaney [misspelled?], Track C, Charlotte Watts, Nita Morar [misspelled?], Susan Newcomer [misspelled?], Track D: Elizabeth Bucuzi [misspelled?], Kelly Blanchard [misspelled?], Megan Gotenmuller [misspelled?], and William Kitendi [misspelled?].

Microbicide 2000 has grown from a humble beginning and a small meeting in Washington, and in 2000, to a scientific international meeting on every scientific calendar. We're encouraged by this overwhelming response to this year's meeting with a total of 1,280 delegates. [Applause] that's the largest

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ever registered around the globe. Holding this year's Conference in South Africa has endured participation from countries strongly involved in microbicide research with over 755 delegates hailing from the African Region. We're really proud [applause]. With this generous support of our sponsors, we are proud to announce that this year, we have been able to award a total of 350 scholarships of which 88 percent are from the African Region [applause]. A Conference of this magnitude requires a substantial amount of planning and coordination and we would like to thank the administrative staff including our Conference Treasurer, Rabin Balkinson [misspelled?].

And last, but not least, we would like to introduce Melanie Mills [misspelled?] who has been working tirelessly [applause] to manage every aspect of the conference, ranging from teleconferences to what you see today and what's to come in the next three days, Melanie.

**MELANIE MILLS:** Thank you, ladies and gentlemen. That, this ends the Conference Celebration of Women proceedings. [Applause] Sorry, there is more.

**MALE STORYTELLER:** [SINGS A LONG NOTE] Everybody come out and watch today, the morning star shines brighter as it triumphantly ushers in a new sunrise. Finally, the day has dawned for the woman of Africa to be honored and respected for who she really is. For hundreds of years, hunger and disease have been her unwanted companions. All too often, made to feel

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like a refugee in her own home, denied education and the dignity everybody deserves as insults and humiliation were heaped upon her. How many battles has she fought? Sexism, racism, many more from colonialism without any recognition. But you wouldn't say by the smile she bears, to kiss the sunrise each morning [makes kissing noise]. Grateful, just to be alive with her children and man. The woman of Africa, ah! She, she inspires birds to sing new melodies. [Laughs] that's her laughter. She hates war with all her heart, and each time she's called upon to go sing and dance, she goes. She does! Her hips swaying longingly for all wars to end, for every bullet on the African soil to turn into a ripe, juicy fruit, a vegetable seed, a pen to write with or a cup of rich, creamy milk. The woman of Africa wants to sing a song of love, to bring back old wisdoms that will shine a new light brighter than the stars in the night sky. For all have wishes and endeavors. For her laughter and her tears, may the springs, lakes and rivers of Africa sing her praises, every day so she may not tire. May the leaves on every tree swaying on a windy day, they must chant [chants] A-la-la, a-la-la, we celebrate you! Woman of Africa, we celebrate you! A-la-la, a-la-la, we celebrate you! Woman of Africa, we celebrate you, [sings] the woman of Africa wants to sing a song of love [sings] the woman of Africa wants to sing a song of love to bring back old wisdoms that will shine and unite brighter than the stars in

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the night sky. A-la-la, this is a new day, this is a new day.  
We celebrate the woman of Africa, a-la-la, this is a new day,  
this is a new day, we celebrate, dear woman of Africa, A-la-la,  
this is a new day, this is a new day. We celebrate the woman  
of Africa. A-la-la!

[Applause]

[Music Plays and Singers Sing]

[Applause]

**MALE SPEAKER:** Ladies and gentlemen, appearing in the  
opening ceremony, your storyteller, [inaudible] [applause].  
Our young lady, Noma Kweze [misspelled?], Beka [inaudible]  
daughter, Isabella Devilliers [misspelled?], Notunda Muboni  
[misspelled?], and of course, the microbicide dancers,  
choreographed by Kevin Ellis [applause].

Ladies and gentlemen, you are now asked to please  
proceed to the banquet hall where the welcome reception will be  
held. Thank you and good night. [Music Plays]

[END RECORDING]

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