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Microbicides 2006: Closing Ceremony
April 26, 2006

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KIM DICKSON: —closing session, and it is my utmost pleasure to introduce to you Mrs. Joy Phumaphi, who has been the assistant director general of the Family and Community Health Trust at the World Health Organization in Geneva, my bigger boss. She has been the Minister of Health of Botswana, and a member of parliament of Francistown East until July 2003. She has a Bachelor of Commerce and a Masters in Finance, Accounting and Decision Sciences.

Joy Phumaphi is a distinguished African-American Institute Fellow, and a commissioner in the UN Secretary General's Commission on HIV/AIDS and Governance in Africa. She's also the patron of a number of grassroots organizations in Botswana. She has served as a member of the UN reference group on Economics, as well as a member of the UNDP advisory board for Africa.

Joy has taken a lot of personal interest in issues related to women and, indeed, to the family. Thank you very much for coming, Joy. [Applause]

JOY PHUMAPHI: Thank you very much, Kim. I would like to thank you all, and thank the organizers of this conference for organizing such a magnificent group of distinguished, erudite scholars, researchers, and specialists in various disciplines. I feel very privileged to have been given this opportunity to speak with you. As you can hear

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from the introduction, I'm not a medical scientist at all. I've actually worked most of my life as a management accountant.

At the end of the last century I was convinced that the enormity of the devastation caused by this epidemic that has brought us here today had not fully registered in some circles. Like all the activists present in this room, I often spoke of the moral, ethical, social, economic and political imperative that constitute the HIV and AIDS challenge.

This millennium, the circumstances are even more unforgiving. The urgency and crises continues to escalate as we deal with increasingly larger figures. You know that last year, close to 6 million new infections were registered. The human carnage has become a living nightmare for all of us. It is so visible and so tangible that in Africa that it is a defining feature of human interaction.

During the opening ceremony of this conference, we spoke about why we needed microbicides. I do not need to repeat it. But I think there is a need to recap. We heard that Kofi Annan has said that the epidemic has a woman's face, and that women in many countries are already facing severe hardships, whether they be borne of inequality, of violence, of discrimination, victimization, and that HIV/AIDS often just exacerbates the already debilitating conditions under which they have to survive and bring up their families.

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In fact, these very factors help explain why women suffer disproportionately from the disease. They help explain why 60-percent of the people who are living with HIV/AIDS in Africa are women, and are young women. They help to explain why they are infected at younger ages than men. They help to explain why women are often forced into unequal sexual relationships and are frequently unable to negotiate safer sex. They help to explain the unequal losses of life among women resulting from this inequity that created an imbalance in the adult population, with consequences that are already manifesting themselves in communities, as the elderly and minor children become caregivers and, in some instances, breadwinners as well.

Other consequences, as we well know, are unknown, and the story is continuing to unfold. I believe that, at the next microbicide conference, our storyteller, who we had during the opening ceremony on Sunday, will have a great deal more to tell. She will speak, as some social anthropologists are currently speaking, of an ominous outcome in communities, where intergenerational sex has become entrenched, as mature men seek younger and younger women as partners, due primarily to the distortion of population demographics.

She will talk about how the attainment of an AIDS-free generation is becoming more and more elusive. She will paint a picture of the unfortunate fact that interventions

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that can break the chain, such as voluntary counseling and testing, such as mother to child transmission have low coverage and low access; how household expenditures and incomes, which were already well below poverty level in this region are strained, and are now reaching levels that are beyond human endurance. The effects on our societies are that skilled human resources, trained at great expense through centers such as yourself, advocates, educationists such as yourselves, counselors, social anthropologists, are being depleted, and productivity levels in these are going down, and opportunities for future generations, diminishing.

This global conference, held here in Africa to address a major potential intervention, challenges this continent and its partners, and its friends, more than any other previous conference. It must, therefore, send a strong message to the global community. The message must be clear; it must be emphatic; it must be focused; it must guide policy, technical and political responsibilities of all stakeholders.

Like many have said during this conference, we require a full arsenal with effective interventions to respond effectively to this epidemic. Effective microbicides would be a major weapon. Like yourselves, our vision in the WHO is that of universal coverage and access of all available effective interventions. We recognize that this means that

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all sectors must work together, and that this has never been easy. We also recognize that the health sector has seen a general weakening of already weak delivery systems, at the same time that the demands and needs of the communities have continued to rise and are unmet.

Some of the key implications emanating from this conference need to be addressed within a framework of health systems that will logically deliver the building of capacity in research; that will logically deliver assistance to countries in order to prepare them for access; that will logically deliver the ability to countries to combat this epidemic themselves through their own human capital that is strengthened in training institutions, in training of trainers, in using and working with researchers. It is clear from the recommendations that came from the fortrex [misspelled?] that we must build a cadre of scientists and technicians, whether they be in government, in civil society organizations, in the private sector, that can deliver effectively together on this mandate.

Health system strengthening is, therefore, a key strategy focus for all of us. And we in WHO had highlighted it in our medium term strategic plan that seeks to forecast on the support to countries that will enable them to attain progress towards the MDGs. We have committed resources to each of the above areas. We appeal to you, our constituency,

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our policy directors, because our policy directors in WHO, as a secretariat for member countries, are yourselves to guide us in this process.

It is impossible for a development agency such as WHO to have a priority which is not the priority of the rest of the global community. You, the experts, the supporting disciplines, the community specialists, the advocates and communication specialists who set the policy, have spent the last few days not only exchanging ideas, debating the challenges, proposing the welfare act, assessing your individual and combined strengths and weaknesses, as well as understanding one another, but also committing yourselves to the recommendations [skip in audio] that has been made this afternoon. I will, therefore, urge you to continue to commit fully to the agenda that you have so ably described. The messages are clear, and it would be folly, indeed, for you yourselves not to become the leading advocates of the critical, political, policy, advocacy and technical implications of these recommendations.

I would also like to make a few targeted appeals, and ask some pointed questions to some stakeholders in the global development community and the global HIV/AIDS community. In order for us to have effective microbicides in the shortest possible time, all stakeholders need to commit the required resources, whether they be to research and development, to

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health systems, training and development, community empowerment and participation, production, distribution, supply challenges, making sure that our legislative processes are in line with efficient and effective delivery. But before we can do this, it seems to me that we still need to convince a lot of people of the need of the comprehensive approach and of the critical pillar microbicides research development and the ultimate production and supply place in the prevention strategy for HIV/AIDS.

Of important note to me is recent developments in innovative financing of development initiatives globally. Has anyone other than me noticed that none of this new innovative vehicle targeted this area? Has anyone noticed that microbicide research would have been an ideal candidate for the International Finance Facility? Has anyone noticed that microbicide research would have been an ideal candidate for Advanced Market Commitments, which was announced recently by the G8 ministers of finance? Perhaps our friends in communications and advocacy, including the media, require more of our support.

I challenge any policymaker to give me one convincing argument why microbicides should not be given a fair chance in the variety that has been described at this conference, when we have said very clearly at this conference that they respond to the needs of women, to have the ability to protect

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themselves in sexual relations; when we have said that they address the concerns that have been raised by men about condoms; when we have said that they are so versatile that they are appropriate for heterosexual men and women, as well as for men who have sex with men. We have said very clearly that the cry of the adolescent for an intervention that is easy to use will be appropriately addressed with microbicide. [Applause] We have said that microbicide responds to resource-poor settings, where energy is not available. Can any policymaker say to me that we, as global partners, do not need to accelerate such an intervention and develop microbicides in this area without compromising efficacy, effectiveness or ethics, but in the fastest possible time that we can?

I would like to ask the pharmaceutical industry to invest in this product that has the potential of doubling or even trebling in some settings the population covered by the condom market and is, after all, potentially competitive in terms of production and distribution costs. I would argue that this is one product where technology transfer is not a threat to be pharma. Indeed, because of the volumes required, it should be made early in order to enable the production capacity that will be required to meet the global demand. And I'm saying here "a global demand" because it would be difficult to believe that a microbicide that can

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effectively protect against transmission of STIs including HIV would not be attractive to buyers both in the developed world and the developing world.

We are, therefore, talking here of a global product. I'm not saying that all pharma is playing observer. There are a few. But I want to underscore the word "few." Like many of you here, we in WHO have worked with some truly committed companies. With Australian company Starpharma, for example, the department of reproductive health and research in WHO has completed with investigators from India, Nigeria and Uganda an expanded Phase I study of cellulose sulphate, a broad-spectrum microbicide, as you know, with contraceptive effects. This has enabled us to play one of our more important co-functions as the secretariat of the UN member states; that of building capacity. We have been able to work towards building capacity for implementation of studies in Ethiopia, Kenya, Mozambique, Nigeria, Uganda using this particular clinical study.

The journey forward must see the active participation of all of us. And that is why I am calling to big pharma to become actively engaged. We in WHO have been actively engaged in preparing the member states for the introduction of microbicides. This entails fostering an enabling environment, not only through the research that we have been discussing during this conference, but also preparing for the

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commercialization of the product. We have supported, through a series of consultations with national regulator authorities, the discussion of regulatory and licensing issues for this new class of product. Starting in 2002, we have held several consultations in several countries, and promoted regional cooperation and strengthening of regulatory capacity at all levels.

But we need to engage in this process in partnership, not just with the regulatory authorities, but with all of you here, as stakeholders in this process. You have seen the participation of WHO here. You also are aware that one of our specialists co-chairs the commercialization and access working group for the microbicide development strategy. And you also know that we are presenting, at the World Health assembly, a STI strategy which is relying on initiatives such as this to control and prevent the spread of sexually transmitted infections.

But we need to do more within WHO. All of us here need to do more. The road is yet long for all of us. The imperatives that we have witnessed in this conference, in other global conferences, in national conferences, in our homes, in our communities, brook no denial, because the face of HIV/AIDS is just not the face of a woman. It is the face of the struggle for human survival. [Applause] The impact of our combined failure, as a global community, to prioritize

and to dedicate enough human, financial, technical, structural resources is that we are facing the death of humanity's conscience.

Economic and population development, as well as global HIV and AIDS communities, need to take microbicide research and development more seriously. One lesson that this epidemic has taught us is that it makes no exceptions. It infects a newborn. It infects a grandmother. It infects the rich and the poor. This epidemic does not wait. If we delay, our populations, our communities, will suffer more. It does not compromise. All of us know that where we do not insure adherence to antiretroviral therapy, drug resistant strains develop. So where's the compromise? And it does not forgive. Life expectancy in some of the countries that we are coming from is approaching near half of where it was 15 years ago. Perhaps what many who do not appreciate the urgency and the need for investment in this area do not appreciate is that our children will not forget our failures, because they are not only paying for them now, but they shall continue to pay for them for many generations.

I wish you well. And let us continue the struggle, because victory, I believe, is in sight. Thank you.

[Applause]

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HELEN REES: Thank you very much, indeed. That was a really very inspiring speech to sum up, I think, many of the demands we've heard at this conference.

The final official speaker of this conference is, interestingly—when we started the conference, we started the conference with a Nobel peace laureate, Archbishop Desmond Tutu. The final speaker has been, together with the Treatment Action Campaign, nominated in the past for a Nobel Peace Prize. So it's fitting to both start and end with people whose efforts have been really recognized.

Zackie Achmat is known to many of us here as probably the world's leading and most recognized activist for the rights of people living with HIV. He started his life as a student activist, and was involved in the '76 uprisings. He then moved on and became involved in the rights for gay and lesbian groups, and was director of the AIDS Law Project. He was one of the founding members of the Treatment to Action Campaign, and as many of you know, the Treatment to Action Campaign has become one of the biggest forces in terms of civil organizations around the rights and needs of people living with HIV.

So, Zackie, it gives us great pleasure, on behalf of the conference organizers, to ask you to make the last presentation. [Applause]

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ZACKIE ACHMAT: Good afternoon. I'm actually quite nervous, and I want to thank the conference organizers for, not simply a splendid conference, but for allowing Zena Stein to march with us [applause], and to be met by Kim, by Gita and by Helen on a truck outside. So I want to say to all the people here, our job is, as the Deputy General Secretary of the South African Communist Party, General Cronin, said—and an ANC member—"We must not simply speak truth to power. But we must make truth powerful."

I also want to quote to you George Orwell, from *Politics in the English Language*, who in the 1940s wrote, "In our time, political speech and writing are largely the defense of the indefensible." You will get copies of the paper. I won't go through the whole quote. But you can substitute things like the continuance of British rule in India, the Russian purges in different nations, the dropping of the atom bomb; all those recall what is going on in India, in Iraq, and across the world. But critically, for me, his main point about political speech is that it is vague, that it is euphemistic, that is lies and that it deceives.

In his State of the Nation address on 11 February 2005, President Thabo Mbeki cautiously and carefully described South Africa's health crisis. He said, "Broad trends in mortality confirm the need for us to continue to pay particular attention to the health of our nation. With

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regards to AIDS in particular, the government's comprehensive plan, which is among the best in the world, combining awareness, treatment, and home-based care, is being implemented with greater vigor." A little more than a year before, in December 2003, the Treatment Action Campaign leader, an activist, Lorna Mlofana, was raped 20 kilometers away from Parliament, the site President Mbeki's address. When Lorna's rapist discovered she had HIV, she was brutally murdered.

More than two years later, on 16 February 2006, and only, only after a sustained public campaign by TAC activists in the Western Cape, a man was convicted and sentenced to life in prison for Lorna's rape and murder. Lorna's HIV-related death, and the deaths of hundreds of thousands of other people in South Africa each year cannot be wished away as broad trends in mortality. Instead, they speak to the crisis of violence, illness and death that our HIV prevention and treatment programs appear unable and unwilling to stop.

In her opening address to this conference, Mrs. Graca Machel passionately conveyed, like Joy Phumaphi earlier, the limitations of current prevention efforts, and the need to re-think prevention strategies. In addressing vulnerability, risk and impact of HIV/AIDS on women in Africa, she highlighted the urgent need for microbicides, the need for female-controlled prevention tools. However, this conference

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also provides each one of us the opportunity to assess HIV prevention more broadly. We all agree that locally and globally, our prevention efforts are in crisis. With a few notable exceptions, efforts in South Africa and beyond have failed largely for a complex set of social, political, economic and cultural reasons. And we all, not one of us an exception, carry the responsibility for the failure of HIV prevention; governments, international agencies, business, the scientific community, faith-based organizations, civil society bodies, communities, and not least of all, individuals.

Treatment activism teaches us that prevention is political. HIV prevention advocacy and activism must be placed on the agenda of every scientist, health professional, activist and community leader. HIV prevention advocacy must be scientifically rigorous. Everyone here knows that George Bush doesn't know that the smallest hepatitis-b virus cannot go through a latex condom. We need to get that fact into every person's head. HIV prevention advocacy must be unequivocally defend the autonomy, dignity, quality of women and children. It must promote the needs and protect the marginalized and vulnerable in every context. We all know that the prevention crisis is a continuing emergency. Every new infection undermines the rights to life, dignity, access to health care and social services for all. Every new

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infection means an increased burden of illness on individuals, families, households, communities, the health service and the country as a whole.

On what do I base the point about a prevention crisis? South Africa has invested significant financial, human and planning resources in responding to the HIV epidemic. For example, condom distribution increased from one million male condoms in 1994 to well over 400 million male condoms in just ten years. Since a Constitutional Court order compelled it to implement a prevention of mother-to-child transmission program in 2002, government, on its own reports, has expanded the program to more than 1500 sites nationwide. And more than 120,000 people are currently accessing antiretroviral therapy.

These huge investments in health have involved great effort. Yet the massive condom distribution amounts to fewer than 55 condoms for sexually active males per year. And those of you who know me will know I always make a joke and say you have to choose whether you're going to have sex on Nelson Mandela's birthday, on Thabo Mbeki's birthday, on Desmond Tutu's birthday. It used to be four condoms per sexually active male. It's gone up. But it's not enough. Government would be the first to admit that the quality of caring and implementation of prevention of mother-to-child programs have been highly uneven. And more than 500,000 in

need of anti-retroviral therapy still do not have access. But the potential to save lives is there.

Tragically—and I want everyone to think here not simply of our government, but your own government; of George Bush preventing the human papilloma virus vaccine from getting into development. I want you to think of your own local officials, whether it's in Ecuador or in the United States. Tragically, the positive developments have been overshadowed by a crisis of leadership, most visible in the form of AIDS denialism; denying the link between HIV and AIDS and denying the crisis of illness and death. This irrationality has underpinned much of the health ministry's lack of good governance, resulting in unnecessary, predictable, and premature deaths. And I know there are decent, good people in the health department, and even in the health ministry, but the fact is from the very top, we are not seeing the leadership.

Despite the crisis of morbidity and mortality, South Africa still sees more new HIV infections every year than deaths. The Department of Health itself admits there are 5.6 million people living with HIV in South Africa, an increase of 500,000 new infections in the year 2004. In one year, it will place an additional burden of half a million people, who will be ill and in seven to twelve years require anti-retroviral treatment. This will mean further suffering for

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hundreds of thousands of people, and possibly unmanageable demands on the health care system and the economy.

That this burden of infection, illness, death and care is disproportionately carried by women and marginalized individuals and groups is not disputed. I can give you the facts and breakdowns. You'll get it in a copy of the paper. But I'll go to point seven. There was a remarkable study by Professor Olive Shisana on the impact of HIV on our teachers, what we call educators in new South Africa-speak. And the study found that 12.7-percent of our teachers have HIV. And among the age group 25 to 34, the infection rate was 21.4-percent. One can safely say that the majority of public schools in South Africa have teachers who live with HIV and AIDS, with women educators being disproportionately affected.

But education is not alone. The infection rate among educators demonstrates the burden that every sector of our economy will face over the next few years. This demands that we review all prevention efforts and redouble effort to find safe and effective microbicides.

Helen Rees—or as I call her, Dame Vera—was part of a remarkable study that looked at HIV infection among 15- to 24-year-olds in our country. It showed 10-percent of young people 15 to 24 had HIV. But most important, the points that we should all remember from that study:

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- Girls and young women are at greater risk for infection than boys and young men.
- As young men get older, their risk for HIV increases.
- All schools, all schools and communities will have children with HIV and AIDS.
- Most youth, including those with HIV, believe that they're not as risk of HIV infection.
- 80-percent of young people had not had an HIV test.
- Women, as I said, were more affected.

But I want to give you the most revealing statistic for me: 73-percent of HIV-negative youth believe that they were not at risk of infection. But most significantly, 62-percent of HIV-positive youth, who did not know their HIV status, believed they were not at risk for HIV infection.

It is a tragedy that 25 years into the epidemic Naledi Pandor, our Minister of Education, mimics George Bush when she ignores scientific evidence and refuses to make condoms available in schools. The absence of serious sexuality education also places learners at increased risk of teenage pregnancy, STIs and HIV infection. It violates their rights to education, access to health care services, life, dignity and autonomy. Pandor's immoral position undermines informed choice and places youth at increased risk of harm.

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We have, all of us, begun to develop a complex and nuanced understanding of HIV prevention, and of the crisis of HIV prevention. Yet the official response from government is the dangerous, unhelpful and simplistic ABC campaign. As Graca Machel told us on Sunday, "The existing methods to prevent HIV infection are failing. 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. 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." And, I might add, for gay men, too. I know many gay men who think they are in a monogamous relationship or in a long-term relationship, that therefore they can undertake unsafe sex practices.

The failure of HIV prevention leads to death. In South Africa, children die before their parents because of HIV/AIDS, like in many other parts of the world. We know this, as do the Mandela and Buthelezi families, from experience. We also know this from statistics. In 1997, most adults died in the age group 65 to 69; 7.3 percent of deaths occurred there and in the age groups 75 to 79. But by 2003, Statistics South Africa records that the highest number of deaths occurred in the age group 30 to 34.

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I want those of you who have a copy of this paper with you to go to page ten of it. And on page ten, there's a column that shows one of the most remarkable failures of the new South Africa. Our government has done a remarkable job in trying to get vaccines to young children; of trying to improve maternal and child health. But you can see, the age sets still most affected by death are young children age zero to four. Those are death certificates. And that is, for me, the only unreliable statistic there, because newly born children do not have birth certificates, and therefore won't have death certificates. In 1997, 25- to 29-year-olds, only 18,000 died. You can see the 75 to 79 age group; 23,000 deaths. If you take people from 20 to 24, right through from 45 to 49, you can see that many more of them died in 2001 than people aged in their 60s and 70s.

Now, let's make one thing very clear. This is not modeling. This is not projection. This is really not on anything else other than someone's grave that this has been counted; someone who's left a family behind; someone who's left a child behind; and someone who has, in fact, buried a parent.

From the tragedy of the death certificate studies, another important set of facts can be learned: the burden of HIV on the health systems. I'm going to cut that out because you all have it. You get the thrust of what I'm saying.

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In the words of Henk Roussouw, who delivered the Ruth First Memorial Lecture at Wits University on 25th of August, 2005, "A death because of AIDS, a treatable disease, is a loss for every member of the body politic, from the union buildings all the way down to Mathibestad, 70 kilometers north of Tshwane, population 21,700." But instead of a rational response, our government has promoted a conspiracy of silence, attempting to make these deaths invisible. To repeat President Mbeki's words that symbolize the silence, invisibility and obfuscation that surrounds the increase in HIV deaths, "Broad trends in mortality confirm the need for us to pay particular attention to the health of our nation." That is what our president had to say about the fact that under his watch, the number of people who are dying are dying in their 30s; not in their 60s and not in their 70s.

Tragically, President Mbeki continues to display all the symptoms of HIV denial. I heard that at the meeting of doctors—no. I'm not going to do that.

Unfortunately, he is not alone. It was remarkable to hear our Health Minister speak on Monday about the ethics of clinical trials. Under the leadership of Professor Peter Eagles, as chairperson of the Medicines Control Council, and Dr. Humphrey Zokufa, and under her watch as Minister of Health, the Medicines Control Council has consistently failed to stop a host of AIDS denialists—Matthias Rath, Sam Mhlongo,

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David Rasnick, Tina van der Maas—from unlawfully and unethically conducting experiments on people living with HIV and AIDS. There are people who today are dead because our minister, our head of MCC, our president, have failed to intervene to stop them from experimenting on people. So the cheek of standing here, lecturing researchers, when you have the power to stop people unethically performing clinical trials to me is absolutely breathtaking. [Applause]

Regrettably, TAC and the South African Medical Association will be in court against our government and against the minister and MCC later this year, seeking an order that it comply with its constitutional obligations and enforce the laws dealing with clinical trials and medicine sales and claims. The efforts of Rath, who claims that his vitamins cure diabetes, heart disease, HIV/AIDS, and more recently bird flu, would be laughable if it were not for the state-sponsored AIDS denialism that continues to cause premature and preventable death.

Now, there are many brilliant people in the MRC, and the MRC is a remarkable institution, and has been for many years. But even there, the battle between science and superstition continues. Under the leadership of Dr. Anthony MBewu, a once proud state institution is now a site of contestation between science and superstition. Let me say to you what Dr. MBewu told the Parliamentary Portfolio Committee

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on Health on March 16th last year. He says, "Before one can investigate the socioeconomic impact of the disease, it is necessary to understand its natural history. This is the first stumbling block; we simply to not understand the natural history of HIV and AIDS." The one most remarkable scientist in our country, Professor William Maputa Mhoba [misspelled?] and many, many other scientists have made it very clear what the natural history of HIV is. And today, a month after the release of the death certificate data, we have Professor MBewu explaining to the Parliamentary Portfolio Committee that the data we have on death is based on modeling, not on our death certificates, not clearly presenting a picture of what the death certificates are.

So I want to say to all of us here, truth must be spoken. Answers must be given. Accountability must be held by all of us. We have a duty to speak the truth. In Professor MBewu's speech, there is no science. Let us learn compassion. His obfuscation simply ignores the three million death certificates counted, the graves the families left behind. In this context, TAC's work, our voice, our strategy, our identity, our struggle and community mobilization remains pivotal to address the crisis of prevention, illness and death in South Africa.

What about the world beyond our borders? As we all prepare for UNGASS in six weeks, it remains important to take

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the long view of the HIV epidemic. We cannot have quick fixes and quick solutions. We must understand first that it's the most critical challenge for humanity, and our responses must be based on a vision of social justice, freedom and equality.

Second, science, its methods and rigor, must inform the actions of every leader, activist, institution and the community. [Applause] Again, there are no quick fixes, not in science nor in social science. And I want to make a special appeal to American scientists. You have seen how the AIDS denialists have used *Harper's* magazine to attack not simply us, but to attack AIDS, to attack HIV science, to attack scientists. And it's not simply in HIV science that there is denialism in the United States. It's in environmental science, where George Bush, with the industry behind him, in many other ways undermines science. So I would appeal to every scientist in the room to defend science, its methods and rigor. [Applause]

Third, we must promote and demand a feminist response to the epidemic, because it is right, because it is a right in the first instance [applause], and because women are subjected to cultural, social, political and economic inequality. And most importantly for me is that men, we have to dump identity politics. Men have to become the leading

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feminists. And if you're a man and you're not a feminist, you're not a decent man. [Applause and cheering]

Fourth, the human rights of every person and group disproportionately affected by the epidemic must be respected, protected and promoted nationally and internationally. [Applause] And that, of course, includes gay men. It includes children. It includes refugees. It includes sex workers. I used to do sex work when I was a child.

Fifth, clear targets for HIV prevention, treatment and care must be set at national level by every country through an open and accountable process. This must include the promotion of an accurate message at every level of society.

Sixth, governments and the private sector have a legal and a moral duty to meet the resource demands of the epidemic. South Africa doesn't lack money, but Malawi does. Brazil does not lack money, but Ecuador does. India does not lack money, but Nepal does. China does not lack money, but Vietnam and Cambodia do. And so it's our duty, as global citizens, to insure that every government makes resources available. [Applause] But I want to add the voice of the Treatment Action Campaign to Joy Phumaphi in saying the drug companies have a specific duty to make sure that their

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products are made available. And we will be putting the pressure on them.

Last, learning at every opportunity must be our duty. This conference has been an important learning experience for hundreds of activists from South Africa. We had a brilliant two-day conference over the weekend. And I want to tell you, I learned a lot about rectal microbicides. It was the best session that I attended at this conference. [Applause] The Treatment Action Campaign with join a national community prevention alliance to scale up existing methods and to advocate for new technologies, including microbicides and vaccines. And I want to say to scientists, please give up the territoriality. [Applause] We also commit ourselves to a national consultative meeting on microbicides, particularly for civil society.

All this requires leadership and exemplary activism. We live in a world that must be changed to survive, as Joy Phumaphi said to us. As scientists, you have a duty to promote and defend science and its users for public benefit.

Thank you very much. [Applause and cheering]

HELEN REES: Thank you very much, Sackie. I think if anyone in this auditorium felt that they escaped unscathed from that address [laughter], you are exceptional, because I think there were words there for all of us. Thank you very much; real food there for thought.

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What we're now going to have, as the very last, and it's quite short, so we will be finishing within the next few minutes, as Peter Piot wanted to be with us but was unable to be with us, he's sent a brief video of his closing remarks. After that, we will have just a couple of more announcements, literally announcements, a few sentences from the three co-chairs, and then we will close the meeting. So the last part will be Peter Piot from UNAIDS.

[Video playing]

PETER PIOT: My friends, good afternoon. I hope you had a good conference. We all know that this year marks a grim 25th anniversary of the discovery of AIDS, and we all know how tragically and fundamentally this pandemic has affected the world over this quarter century. These 25 years seemed like a never-ending series of failures: failure to provide HIV treatment to those in need; failure to end discrimination and stigma; failure in leadership and funding; failure to openly discuss sexuality over and over again; and last, a massive failure to prevent people from becoming infected through HIV.

But I also think that, in retrospect, this 25th year will also be remembered for being the year in which many countries turn the tide of their AIDS epidemics. We're finally starting to see the return on investments and efforts made in fighting the pandemic. We're behind HIV prevalence

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in several countries in Africa, Asia and the Caribbean, and we are close to [inaudible] anti-retrovirus therapy in developing countries. I see progress. I noticed recently, there's a growing worldwide commitment to the goal of massively scaling up every element of HIV programs so that we can get as close as possible to universal access.

So it seemed that for the first time in 25 years, we have a real opportunity to get ahead of the pandemic, to move from pure crisis management to strategic response. To succeed, first we have to do far more and far better in making comprehensive HIV services available to all, with both prevention and HIV treatment. Secondly, we have to sustain political and public commitment to finance this full-scale response into the future. Third, we have to make real headway in addressing the fundamental drivers of this epidemic, particularly gender inequality, homophobia, poverty, illiteracy and AIDS-related stigma and discrimination, of course.

Fourth, we have to address the social impact of the epidemic, because we are only at the beginning. And fifth, but far from least, we've got to urgent accelerate technological innovation. And, of course, this is what this conference is about.

I don't know of any other technology that would make such a difference in stopping this pandemic as an effective

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microbicide. Given these life and death stakes, I'm deeply frustrated that a search for an effective and safe vaginal microbicide has been progressing so slowly, including [inaudible].

This is completely frustrating as we know that microbicides are a real possibility. Today, there are five microbicide candidates in large-scale efficacy trials, and there's a new generation of microbicides specifically targeting HIV already in safety studies. This means that effective microbicides could be available in five to seven years, making the saving of millions of lives a reality.

Resources invested in microbicide development must be doubles. In the scheme of things, this is not an awful lot of money. We're talking about an additional $150 million or so per year. Given that investment in AIDS response has risen to the billions of dollars annually, this shows it should be possible. Let's use the AIDS Review Seminar next month at the UN General Assembly to insure that the funding shortfall is gone once and for all, because developing an effective microbicide is one of the most important things the world can do to get ahead of AIDS.

And that's why this is such an important conference and such a vital cause [inaudible]. Thank you.

[End video] [Applause]

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GITA RAMJEE: On behalf of the conference chairs, the scientific advisory committee and the track chairs, it gives me great pleasure to announce that the Microbicide 2008 conference will take place in New Delhi, India. [Applause] I would like to invite Dr. Nomita Chengia [misspelled?] from the Indian Council for Medical Research to say a few words on India.

DR. NOMITA CHENGIA: Good afternoon. I've been asked to keep this extremely short, as I think we're already running late. But all I'd like to say is, as they say about all good things, this conference, too, has come to an end. And it leaved behind a flame within all of us that challenges us to explore new frontiers in areas of research in our quest for the ideal microbicide.

But every end heralds a new beginning, and we are delighted that the next conference, Microbicides 2008, is going to be held in India, and the first time in Asia. Today, it's the great nation of South Africa that says goodbye. We thank them for the scientific feast and wealth of knowledge exchanged and also for their gracious and loving hospitality. And we take on the onus of keeping this flame alive in India. I'm also happy to inform you that the three conference co-chairs will be Gita Ranjee [applause], who has done a splendid in putting this conference together, Adrick Sucenna [misspelled?] and myself.

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Dear friends from all over the world, on behalf of the Indian Council of Medical Research and the Indian scientific community engaged in HIV/AIDS-related work, I invite each one of you to New Delhi in early 2008 for the next microbicides conference. It will be a particularly exciting time, as the results of some of the Phase III trials will be presented, perhaps for the first time during the conference. We look forward to seeing you in New Delhi. Until we meet again, let the light of research keep shining brightly, bringing with it a healthier tomorrow.

See you in New Delhi, and thank you. [Applause]

KIM DICKSON: Just before we end—this part of the conference is very important to us, so unless your flight is going to leave you, we would appeal to you to stay just for a few seconds more.

We hope we've been able to give you a very holistic conference, and we hope that we got the work/life balance right. But all of this would not have been possible if we had not been able to work together in a very coordinated manner, and if we had also not had tremendous, tremendous, tremendous support. And we are extremely grateful, because even during this conference, we did not know what we were supposed to do—that's the three conference chairs—we did not know what we were supposed to say. But we were told, and every time we had somebody there supporting us.

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So Melanie Mills, we're extremely, extremely grateful to you. [Applause] Would you please come up? And I'm sure the conference chairs are extremely grateful to Melanie, but I'm sure all the participants out there are also extremely grateful. I know especially those from developing countries are. Thank you very much. [Presentation of flowers] [Applause]

We've also had our conference photographer telling us what to do. [Laughter]

HELEN REES: Before you go—you're not allowed to go, because I get to say, on behalf of the co-chairs, the final closing remarks. And when Kim said the work/life balance, for those of you who've ever seen Kim, it's work/life/dance balance. [Applause]

Two years ago, we had an excellent meeting in London. And the co-chairs, Jonathan Weber [misspelled?] and Janet Darbisher [misspelled?], very encouragingly took us to one side and said—apart from, "You must be mad"—they said, "You realize you'll be working 24 hours a day towards the end," and "Be prepared." And on the basis of that, the three co-chairs slightly panicked and started planning within, I think, days of the end of that conference. And what I recall of that planning was that Gita sat there and kept saying, "We've got to have an excellent conference; an excellent

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conference!" And Kim kept saying, "Yes, an excellent African conference; an excellent African conference!"

And that's really what we tried to do. And at the beginning of this week, we all were inundated with media who said, "What do you want to achieve from this conference?" So we said the right thing, which was, "We want to consolidate our knowledge in check A and check B and check C and check D, and we want to consolidate the science." And that's what we thought. But in fact, in a way, I think what's happened has been that, but it's been more than that.

First of all, I think, like all absolutely excellent South African conferences, they can only achieve excellence if you start with a march. Yeah? Which we did, thank you [inaudible], and if you end with a call from civil society, which we have. Thank you. [Applause] Because part of South Africa's proud democracy is that we can have a situation where the deputy health minister is sitting and listening to Zackie in the same room at an international conference, and the debate continues. And that's part of the rigor of our democracy, and I think we're very proud of it. Thank you. [Applause]

So we started with the march, and we went on to wonderful icons. We had Archbishop Desmond Tutu, Graca Machel, and we had Nelson Mandela, all addressing all of you, all of us, saying the work we're doing is important. And

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that's the importance; that senior figures in our communities and societies have attached to the work that's going on.

And that, I think, has been underscored by the very profound political importance that we've seen here, not only because the deputy health minister has spent her time here continuously throughout the conference; and we're very grateful to you for doing that. We've had the health minister, science and technology, Ugandan minsters, and Rwandan ministers, and that is extraordinary political support for what is actually a scientific development conference, and we want to thank you all very much. [Applause]

But we've achieved something else I think that we hadn't really thought about. We've had massive media coverage. And one journalist said to me yesterday morning, from Cape Talk radio—as you know, they do a little intro while you're hanging on the phone. And he said, "Well, I just want to say, before this week none of us in South Africa knew anything about microbicides." They can't get the pronunciation right. He said, "But now we're all talking about it." And that truly is what's happened, that from really very little knowledge, that has been transformed. So this has become a community activism conference.

But I think we've also seen a lot of these dialogues taking place. We've had difficult discussions about things

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like Nonoxynal-9 between activists and scientists. We've had donors sitting there with criticism from civil society. We've actually dialogued, not only within the tracts, but I think beyond the tracts. And I think that's very exciting.

But I think most of all, I just was very struck by a comment by a senior colleague from the US, who's a basic scientist who spends her time, as she said, in the laboratory doing safety testing on animal models. And she said to me last night, you know, it's made such a difference for her to come to South Africa, because she sits in a lab doing excellent work. But now she says, when she's come here, she's looked into people's faces and she said, "This is a community I now understand is totally affected by HIV, and that makes all the difference to my work."

And I thought that was a very telling comment, because what I do feel we've achieved in this conference is that I think we have consolidated an international community, all of us being activists, whichever tract we were attached to. And I think that we've done that in a way that probably is possible because everyone internationally has agreed to come and grace us with your presence in South Africa. So with those few words we would like to thank once again everyone who's contributed, and I'd particularly like to thank all of the delegates who, apart from staying to the bitter end as you all have, have really made this conference, from our

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point of view, has been an extraordinary success, and on behalf of the three co-chairs, thank you so much.

[END RECORDING]

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