

Microbicides 2006 Conference Opening Ceremony

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Opening ceremony 16h00

Brief remarks*

by

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1. It is a pleasure and an honour to be part of the opening ceremony for this conference. We gather with a sense of the importance of the meetings and discussions and presentations that will take place over the next few days, because in this epidemic the quest for an effective microbicide has to some extent seemed like quest for an effective vaccine: a grail always promised, often promising, but still eluding our best efforts.
2. And we gather with a sense of humility, for so long as we fail in our quest for this grail, we fail millions of women who are doubly vulnerable to infection: not only because their sexual physiology renders them the receptacles of infectious matter, but because the options of abstinence or condom usage are, for grim reasons of

social subordination and power imbalance, too often simply not available to them.

3. The failure of our quest also lets down the men who have sex with men, for whom an effective microbicide could also lower risk levels considerably. I mention this at the outset, not only because I am myself a man who is proudly gay, on a continent which outside the borders of this country still treats same-sex interactions and relationships as unnatural, but because although the focus in microbicides is strongly and rightly on women, we must not forget that their efficacy will benefit men too.
4. But most importantly, we gather with a sense of hope, for promising new studies suggest that anti-retroviral drugs may be used with good effects and fewer adverse complications in new forms of microbicide.
5. And we gather with a sense of determination, for we know that our individual efforts and actions can help contain the effects of the global AIDS epidemic. When I was diagnosed with HIV, nearly 20 years ago in 1986, HIV was a death sentence. But over the ten years radical new hope has supervened. AIDS is now a medically manageable condition, and our primary task in the epidemic is not

to palliate the effects of suffering and death, but to bring effective treatment to millions whose lives can be saved through our interventions. Our task, and our vision, is to make anti-retroviral medications available to every woman, man and child who needs them. The treatment activists and others who are marching today remind us eloquently of that mission.

6. The radical revision of life prospects within the epidemic that anti-retroviral treatment has brought gives us hope that more effective medical prevention barriers can also be found. We must therefore work to create new tools to halt the spread of HIV. Worldwide, fewer than one in five people at risk of infection with HIV has access to basic prevention services (UNAIDS, 2004). Without better prevention tools, including microbicides, the world will not see a significant reduction in the transmission of HIV.
7. In doing so, we must know and accept the elementary proposition that prevention and treatment are both necessary to lessen the spread of HIV. Effective treatment has an enormous impact on slowing the advancement of the disease for those living with HIV. But to sustain treatment programs, we must also scale up prevention efforts. With 5 million new HIV infections per year, HIV

prevention must also be made available universally. Not only is prevention no less essential than treatment; prevention is the essential partner of successful treatment. Universal treatment will remain an impossible pipedream without effective HIV prevention. Both need our commitment and our insightful efforts, and that is why this conference, directed to a medical form of prevention, is so significant, since it combines the theory and the practice of a unified approach to the epidemic.

8. AIDS is the perhaps the greatest human rights challenge that Africa's peoples and its leaders face today. Without access to health care, no other human rights can be enjoyed. Health care is a pivotal and foundational human right: its enjoyment is precedent to the realisation of other human rights. Access to new prevention tools like microbicides should therefore form a basic part of our human rights planning. Effective microbicides can help restore women's power of self-protection and their right to personal autonomy by providing them with a means of prevention. Microbicides are being developed with both contraceptive and non-contraceptive properties: this would allow women the liberty of motherhood, while significantly reducing the risk of HIV infection.

9. Africa in particular stands to benefit tremendously from the development of an effective microbicide. We meet at the southern tip of the world's poorest continent. In the last five hundred years it has suffered inordinately from slavery, colonialism and exploitation. At present perhaps as many as thirty million Africans have HIV or AIDS. A microbicide could help save millions of African lives. The location of the conference is therefore particularly apposite, for it underscores our continent's vulnerability, but also the commitment of its peoples to finding solutions in the epidemic.

10. African women are particularly vulnerable: As the work of Leadership Council of the Global Coalition on Women and AIDS (of which I am privileged to be a member) suggests, we must work to develop female-initiated prevention options to allow women to protect themselves from infection. Women continue to be disproportionately affected by HIV; therefore they have the most to gain from better prevention options that they can initiate themselves, like microbicides. Globally, 17.5 million women are living with HIV – an increase of one million over 2003. In several southern African countries, more than three-quarters of all young

people living with HIV are women; in sub-Saharan Africa overall, young women between 15 and 24 years old are at least three times more likely to be HIV-positive than young men.

11. I am proud to say that my own country, South Africa, is a leading partner in the global effort to develop a microbicide and is playing an important role in supporting clinical trials to develop an effective microbicide. There are several safety and efficacy trials occurring now in South Africa, and I want to thank the communities, researchers and government officials who are working in partnership to make them scientifically and practically effective. I also want to acknowledge the advocates, in South Africa and globally, who – by insisting on proper standards and inclusion in research and development processes – have improved ethical standards of care for trial participants.
12. We all have a role to play to bring forward the day when a microbicide will be available: Whether speaking out as advocates, or enrolling in clinical trials, everyone has an important role to play in bringing about a microbicide. It is especially important to recognize the thousands of women who globally have volunteered for clinical trials. They women deserve our respect and thanks,

and we owe them our partnered commitment to ensure that communities understand the benefits of clinical trials. For too long, fear and mistrust have characterized the way many look at clinical trials in Africa. By setting the highest ethical standards and guaranteeing the highest standard of healthcare to trial participants, we can build widespread support for clinical trials across the continent.

13. Microbicides are a real possibility: It is my hope that with five microbicide candidates in large-scale efficacy trials and a new generation of microbicides specifically targeting HIV already in safety studies, microbicides could be available in five to seven years. These microbicides have the capacity to save millions of lives.
14. But for this hope to be realised, we must recognise that more resources are urgently needed to ensure that a microbicide is available as soon as possible. Research, development and advocacy for microbicides must be scaled-up now. The global annual investment needed to ensure timely development of a safe and effective microbicide must increase from \$140 million in 2004 to \$280 million per year over each of the next five years and

remain at \$260 million per year until satisfactory microbicides are licensed.

15. And, above all, global cooperation is necessary for us to achieve our goal. World leaders must forge partnerships to support research and development to create new microbicides and vaccines. More north-south and south-south partnerships involving governments, the private sector and product development partnerships – like the International Partnership for Microbicides – are needed to harness scientific expertise globally and boost R&D for microbicides in poor and middle income countries. Some developed countries are investing in scientific capacity and microbicide trials throughout Africa and in India. Research on microbicides can lay the foundation for intensified, truly international approaches to developing global health technologies that respond to the world's most urgent needs.
16. We therefore gather with a sense of urgency, commitment, humility but also hope. And we gather with a sense of the capacity of our individual actions to change the course of this profoundly disfiguring epidemic. Activism and science have made access to anti-retroviral treatment an accepted right for people with HIV

everywhere. Let our activism and our science enlarge the power and the safety of those women, and men, for whom an effective microbicide will mean life and health in an epidemic of risk.