

PROGRAM DATE: 2018-06-07

PROGRAM NAME: WOMANITY – WOMEN IN UNITY

GUEST NAME: PROFESSOR HELEN REES – FOUNDER AND EXECUTIVE DIRECTOR OF THE REPRODUCTIVE HEALTH AND HIV INSTITUTE OF THE UNIVERSITY OF THE WITWATERSRAND

SPEAKER	TRANSCRIPTION
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity – Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Joining us in our Johannesburg studio today is Professor Helen Rees who is the Founder and Executive Director of the Wits Reproductive Health and HIV Institute of the University of Witwatersrand where she is a Personal Professor in the Department of Obstetrics and Gynaecology. She is an Honorary Professor at the London School of Hygiene and Tropical Medicine, an Honorary Fellow of Cambridge University's Murray Edwards College and an Alumnus of Harvard Business school and those are just a few of her positions, as we go into the conversation today we will learn more about the work that she does and the contributions that she has made to her respective fields. Welcome to the show Prof Rees!
PROF REES	Thank you and good morning!
DR. MALKA	The Wits Reproductive Health and HIV Institute is one of the leading multi-disciplinary institutes in Africa with an extensive portfolio that includes research, programmatic support, training, policy development, health system strengthening and technical assistance at national as well as international levels. I understand that the areas of expertise encompass HIV, sexual and reproductive health and vaccine preventable diseases. Firstly, could you please tell us more about what the institute is doing in respect of these three areas; HIV, sexual and reproductive health and vaccine preventable diseases, particularly in relation to women?
PROF REES	Well thank you, yes and let's start with HIV because this is one of the largest focuses of the institute and it's clearly a major problem in South Africa today and continues to be so. The group in the country that are mostly affected with new infections by HIV are adolescent girls and young women so we have a major focus looking for new technologies and new inventions that will help us prevent new infections in particularly adolescent girls and young women, but we also look at sex workers, we also look at men who have sex with men, so quite a broad portfolio of people who we are keen to reach out to to stop new infections. So that's a very large part of the work which focuses on women. In addition though, in the sexual and reproductive health arena we do a lot of research and have always done a lot of research looking at contraception and sexually transmitted infections and things like HPV (Human papillomavirus) people are probably familiar with the fact that there is a vaccine for HPV and we've done a lot of work as well looking at how we can best introduce the vaccine, how we can best use the vaccine going forward, how we can increase the coverage and really that's very strongly linked in trying to stop cancer of the cervix amongst women. In the last area of focus that you mentioned, in vaccines, I'll just give one example, we do work on vaccines in children, particularly HIV and TB related work, but one of the areas that now the world is interested in looking at is vaccine research in

	<p>pregnant women, so we're doing a number of studies looking at the use of vaccines in pregnant women, not only to protect pregnant women who often are more vulnerable to infections than non-pregnant women, but also to protect the newborn infant so you can immunise the mum and the baby can be protected from diseases that we don't currently have ways to protect.</p>
DR. MALKA	<p>And as a population group, pregnant women are really never tested on any drugs or vaccines because obviously they are vulnerable, no-one knows what's going to happen to the infant so that must be real challenge in the research.</p>
PROF REES	<p>It is, it's a very fine balancing act, you're quite right, that you don't want to start with any new drug sort of starting with pregnant women, unless it's a drug that's specifically for pregnancy and that would be a different matter, so we often try and look particularly around things such as safety and effectiveness in the broader population. One of the problems though is that in doing that we've often just left pregnant women out and then when we come to recommend things we can't make any recommendations and yet very often we particularly want to know if we can recommend a drug or a vaccine for pregnant women and we won't have done the research. So people are changing their views now and we're trying to bring pregnant women much earlier into the research process so that at the time when we get to licensure that we can say yes we can license this drug in this way for the general population and we can give guidance on whether this can or cannot be used amongst pregnant women.</p>
DR. MALKA	<p>You've explained what the institute does through these three core areas and based on...there's a significant amount of research that takes place; what happens once you've approved something or you've determined that something works, what's the next step, how far does...or how long rather does it take for things come into the market?</p>
PROF REES	<p>It's such a good question. One of our big concerns and vaccines have shown this very clearly internationally is that if we take a vaccine like Hepatitis B; Hepatitis B vaccine is mostly needed in the developing world, that's where the burden of disease is, but it took twenty years between its introduction into the developed world before we were able to get it into the developing world. So we've taken a new approach now, we're saying with new technologies we want to...if we show they work, we want to get them out really quickly, so HPV vaccine was much, much quicker, it was introduced into the developed world but very rapidly we pushed and this country's been at the forefront of introducing new vaccines, HPV being one of them. For HIV prevention technologies we're...as we do the studies, we're also testing acceptability, feasibility of rolling things out. Once we have the results we're moving very quickly, so I'll give you another example there. We're now using anti-retroviral drugs to prevent HIV infection, we've been using them for many years to treat, now we know we can use oral drugs to prevent HIV infection, so as quickly as we manage to get registration of this indication, we have the evidence, we got it registered by the regulatory authority, now we're working with the Department of Health to roll out these drugs as quickly as we can to those most in need, which includes once again, adolescent girls and young women.</p>
DR. MALKA	<p>I mean when you talk about it I read somewhere I think that we've probably got ...and you'll know this a lot more than I would but I believe the figure's round about 7 million South African's are living or infected with HIV which is a significant amount of our population.</p>
PROF REES	<p>That's right and we've managed to get well over 50% of them now onto antiretrovirals and onto treatment but the ambition is to really get</p>

	everyone in the country tested so everyone knows their status and as soon as people are tested get them onto treatment and keep them on treatment because it's a lifelong thing and it's a long life, I mean that's the good news, is once you're on treatment you can live a long life very normally, you can have children, you know, all sorts of things that at the beginning of the HIV epidemic were not true. We've changed that, but in order to really fulfil that we need to get everyone tested, everyone who needs to be on treatment on treatment and kept on treatment and that's really the ambition we have.
DR. MALKA	That's such an important ambition, as you said, at the beginning it was a death sentence and now it's completely a different scenario, you live with the disease, you manage the disease but you have to be conscious that you are tested and that everybody knows their status.
PROF REES	Exactly, and knowing your status isn't just being tested once in a lifetime, it's really an annual test.
DR. M ALKA	Now on the immunisation side, you chair a number of different bodies; chair of the World Health Organisation or (WHO) on various committees which range from immunisation, the Afro Regional Task Force, measles and rubella, Global Vaccine Action Plan and Ebola vaccines to name a few of them. To start with can you please tell us what led to your interest in immunisation?
PROF REES	Well it really goes back...originally goes back into the 1980's when I worked at Alex Clinic and in those days Alex Clinic was very, very poorly resourced, I mean we got money from donors and that was the only health facility for the community and we had an outbreak of measles, we had outbreaks of many infections, we had a very bad outbreak of measles and when you get an outbreak of measles you know for sure that your community hasn't been immunised properly because a well immunised community doesn't get measles. So I did that and with the very first study that I published was actually looking at what were the predictors of being immunised and why children were not being immunised in Alex and that was in the middle of the 1980's. So there's been a sort of lifelong ambition, I started life doing paediatrics so that relationship between vaccine preventable diseases in children is one of the strongest ones that you learn in the field of paediatrics. After that though I became involved with regulatory work and through that with in fact the development of HIV vaccines which is still something that we're striving to do, we're making progress but it's been much more difficult than we thought. So from my regulatory HIV vaccine background I seem to get pulled into more and more committees on vaccines and so I guess the last sort of 20 years I've learnt and have become sort of quite strongly vaccine focused as well as working on these other areas we talked about.
DR. MALKA	And on the vaccine area it's so important, I saw just today in the news with Ebola and Congo and they were looking at immunisation processes and obviously Liberia suffered tremendously with the Ebola pandemic. Can you tell us a little bit about the committees on how far they are in terms of being able to eradicate the disease or being able to appropriately immunise people so that these contagents don't spread the way they have been?
PROF REES	Well you're asking a very good question and it's one the world is really focusing on and Ebola really, really highlighted the fact that we're seeing these changing patterns of emerging infectious diseases. One of the reasons we're seeing these changing patterns is because of the changing way that people live with animals and the way that diseases can jump from animals into people and as people then also move from perhaps traditionally say very rural areas in the case of the DRC living in quite dense forests, quite difficult to access but people increasingly moving, then they move into

	<p>towns and if you get an infectious disease that jumps in that way, people move, then this becomes a much bigger and more rapid global threat and that's really what we've seen with Ebola. So there were all those cases, cases of Ebola for many, many years and they've been well managed because they've often been in isolated communities, they've been well managed with the basics of infection control. The health systems in the DRC indeed knew how to manage these cases but because of this change in the way that people are living and moving we're often unable to contain that infection because the communities have spread and Ebola has a relatively long incubation period when the person can be infectious but not sick and that means they can move from a more remote area into a town and that's when you've seen the spread and that's what we saw in the three countries and that's what we're now seeing in the DRC as well.</p>
<p>DR. MALKA</p>	<p>It speaks to the way our world is developing, we've got these positive benefits as we spoke earlier about technology, but then we've got what would have been traditional barriers in the past from a point of view of mobility and the way that we lived, but now that's radically changing. Prof Rees, you have won numerous awards in recognition for your contribution to national health policies and also to global health and I'll mention just a few of these, I know that the list is long and I'm not going to do justice and be able to encapsulate all of them; you have received the South African Medical Association's Lifetime Achievement Award, you've received a Department of Science and Technology Lifetime Achievement Award, you received an Oppenheimer Award for Outstanding Scientist, you in the past had received an award from a Pan African NGO called Amanitare for your contribution to African women and children, you received an Office of The British Empire for your contribution to Global Health as well as an Order of Baobab, also for your contribution to health. Can you tell us about a few of these awards that are perhaps really significant to you?</p>
<p>PROF REES</p>	<p>Well I think all the interesting things and I know this is focusing on women, is that I think very often as women we just get on with things, you know, I think women are...you know we're often running the family and the job and the this..and very often don't have a sense of that you deserve anything, you know, it's that sort of astonishment when somebody says oh, you know, oh really? Me? So I think that one of the comments I would make when you get an award like this is very often you think you know it shouldn't really have been given to me, I didn't really deserve that you know, it's that sort of thing that's I think quite ingrained, unfortunately, in women's DNA and if there are young women listening I would say it's one of the biggest things to say is just believe in yourself, you do deserve it, you know, and so I...but I think that's the first sort of general comment about when you receive awards for your work. I guess it's what's very rewarding to get this kind of recognition is that it does make you stand back and think mmmm, well it has made a difference, you know, so has your life's work made a difference to women? Ja, it has. Has it made a difference to global health and to public health? Yes it clearly has because your peers recognise you and that is in itself is a wonderful recognition, if that's the case. The other thing I say though, probably every time I received an award and this is really, really true, is that nobody does this by themselves. You only can achieve as an individual if you have a very supportive team around you and it's the teamwork that often gets you to the sort of achievements that ultimately will get you an award, it's not an individual award.</p>
<p>DR. MALKA</p>	<p>And I think, with what you're saying, that's almost true of anything in life, the achievement and the award is the outcome but in order to get you to that point there is the collaboration, there's the support, there's the infrastructure which</p>

	have all contributed to making you succeed and enabling you.
PROF REES	Mmm, exactly.
DR. MALKA	Your experience spans reproductive health, HIV prevention and vaccines, as we've heard in the conversation thus far. You also serve as a technical expert to many national and international organisations, you chair the South African Health Products Regulatory Authority, you're a member of the National Advisory Group on Immunisations and you're co-chair of the National Health Data Advisory and Co-Ordination Committee. Looking at your resume and I've shared some of these points already, it highlights your long track record of achievements in multi-disciplinary subjects and today you hold several important positions and I would say you've become a role model to many young women across Africa to look up to these types of achievements. The stem studies, so science, technology, engineering, mathematics have been cited as pivotal jobs of the future and various reports indicate that women are still underrepresented in this disciplines, but these are the precursors in order for them to advance so it creates a gap and disadvantage to work and job opportunities in the new world; do you think from the South African perspective that we're supportive enough towards female scientists?
PROF REES	Well I think we should probably go back to one of the biggest challenges in the country generally which is how well we're teaching science and mathematics in schools because, you know, that's the basis for girls and boys in the school environment to actually get an interest and to get ahead and to actually be in a position to apply for these jobs, so that's where we have to start is actually improve what we're doing....
DR. MALKA	...fix the basics....
PROF REES	...fix the basics, then building on that I do think that we need to work out how to encourage women into the field. Medicine we've seen an increase in women going into medicine and in fact it's probably now more females than males are now going into medicine as a career but what we're also doing for doctors is we're encouraging them to also do research, so if you become a specialist doctor we're saying be a researcher as well. You know if I were going to give advice to young women I would say if you've got an interest in science and technology, if it in any way interests you then follow it you because it's a fantastic career. Follow it but also set yourself targets to get qualifications; set yourself almost an annual target to say what am I going to achieve this year? If I want to get to where I want to get to, what qualifications do I need to get in order to do that? And then the other thing frankly for everybody, but I think for women it's a challenge, particularly because they often have children and many other competing demands but it's really to work hard, set yourself targets and work hard to achieve them. Its have ambition and work hard. Ambition without hard work is not...unless you're brilliant and most of us are not so it doesn't work. Work hard.
DR. MALKA	And it's got that perseverance factor too.
PROF REES	Ja, ja.
DR. MALKA	Also what you're saying is identify what that end point is, look to the future and work back from it to build the career ahead.
PROF REES	Ja.
DR. MALKA	Today we're talking to Professor Helen Rees who is the Founder and Executive Director of the Wits Reproductive Health and HIV Institute of the University of Witwatersrand.
	AD BREAK

DR. MALKA	Today we're talking to Professor Helen Rees who is the Founder and Executive Director of the Wits Reproductive Health and HIV Institute of the University of Witwatersrand. We would love to receive your comments on Twitter: @WomankindTalk.
DR. MALKA	Prof Rees in the previous area of discussion I noticed that you chair a number of committees that are not just on a local level, in fact I don't think many of them are on a local level, many of them are on a global level, so for me this speaks to qualities and attributes of leadership and leadership is, I think, incredibly important for women in terms of how they're perceived, how they progress and also to demonstrate from a role modelling effect that other women can become leaders, so can you share with us a little bit about, you know, how you found yourself to be chairing so many committees; the personal attributes or characteristics or the differences that you bring in comparison to male chairs?
PROF REES	<p>Yes, I have thought about this over the years because successfully running a meeting isn't just about sticking to the agenda and sticking to time, it's much more than that, but it depends on the nature of the meeting but many of the meetings that I chair require different points of view but the importance of getting to consensus; whether this consensus on globally recommendations on how we use vaccines or whether it's consensus about drug regulation or consensus about responses to how we're going to use an Ebola vaccine, but they require listening to many voices and pulling it all together and one of the challenges when you're chairing these sorts of meetings is very often the voices can be disparate and very often they can be really, really far apart. So I have several thoughts about chairing a meeting, one is that it's incredibly important to give people their voice and nobody's voice is more or less important than anyone else's and the more you listen the more you're going to get a rich and a good consensus opinion out of it. So that's the first thing is to let people speak and to encourage people to speak and in some meetings, particularly in the global stage, you will find that certain people are much more confident to speak, so people from the developed world are often more confident to speak than people from the developing world, men are more confident to speak than women, older people are more confident to speak than younger people, people who are well experienced academics are more confident to speak than somebody who represents a programme or civil society. So what you also have to do is take note of who are your participants and if they're not able to engage easily, to actually find ways to facilitate that engagement, so that's the first thing is to get people to speak and to get everyone to speak. The second thing, and I think I learnt this more through fear than judgement at the time, is to listen to everybody and when I say I learnt it through fear, I remember chairing one big and major committee on immunisation for the World Health Organisation, I knew that most people on that committee knew much more than I did and as I listened very carefully and I really wrote down and took note of what they were saying, I was going to miss something because these were the experts, so I think it was the fear that drove me but if you listen to people, you'll hear themes, you will hear the common threads, you'll hear the areas of disagreement, you can actually build up in the course of those discussions what the consensus points are and where you need further clarity and where there are outstanding questions. So listening...listening, consolidating what people say and then feeding it back to people and the other thing on feeding back that I've learnt is quite nice, is actually using people's words. So if somebody has said something you say "so and so said that; so and so said that" and people feel really recognised and that leads to a successful meeting. And then there are practical things like you know keeping to time and...but often</p>

	with a successful meeting the other thing you have to do is to say what are the action points, when are we going to achieve this, how are we going to get feedback on this, who are the responsible individuals, I mean very practical things about running a meeting. So I think that those would be the sorts of things but participation, consensus building and listening and feedback would be the most important points.
DR. MALKA	I think those are all valuable lessons to apply in life as key pointers. So we've got emphasis on acknowledgement and everyone likes to be validated....
PROF REES	...yes, yes...
DR. MALKA	...that they've made a contribution, that they have been heard...
PROF REES	...yes...
DR. MALKA	...and I think when we look back on our own sort of political past, on the types of meetings that were had, it was all about consensus, it was about listening and demonstrating respect, it might have taken longer in some instances to achieve things, but I think everybody felt that they had made a contribution and that their voice counted.
PROF REES	Yes.
DR. MALKA	When we were chatting offline briefly you mentioned that you came back with your husband to South Africa in 1984 and at that point we were still under the apartheid regime and your husband is an Indian Muslim, so you were effectively a mixed race couple and having a mixed race family; can you just reflect on how that was and how you have seen the transition moving forwards into where we are today?
PROF REES	Well I was born in the UK so I did my medical training there, but he came from South Africa to the UK to do his medical training and that's where we met and we went first to Zimbabwe and worked there after Independence and then really felt, because we were both very politically committed, felt that we wanted to come back and contribute to what was the anti-apartheid struggle that was going on in the early 80's in South Africa, so we came back in '84 with our 15 month old child and we came back in when the Immorality Act was there, Group Areas were still there and we were politically active and our eldest son often says you know when you see how much attention people pay to sort of looking after their children today he says, really you.....you brought me into this, you know, what were you thinking, but felt absolutely the right thing to do. We had many friends who were involved in the liberation struggle within the country and that is something that gives you enormous confidence and strength, so those friendships which are there still today, you know, best friends still today and that sort of thing really helps you and we were part of political organisations as well which also gave you sort of a real sense of courage and determination and a sort of unwavering commitment to that what we were doing was right. So there was that but then there were, I mean everyone says we should write a book because there were so many stories that were scary and intimidatory and extremely funny, so many things happened to us often because of being in this sort of mixed race situation, not least being that you know nobody could believe which child belong to who as one of the major things so, 'cause they came out somewhat different colours and so they would be attributed differently to my husband and I, ja.
DR. MALKA	Sorry, I'm just thinking how you coped, how you dealt with the situation, the different scenarios and how shallow the perspectives were on things being skin deep.
PROF REES	I know, my second son I had to go and hold him up against me in the...to get him an ID document, to get him a birth certificate, I had to go and hold him three times so they could colour code us according to the Dulux Colour

	Code,so...
DR. MALKA	I'm lost for words!
PROF REES	Yes I know...I just want to say some of these stories are...if we don't write them down they will be lost in the annals of history, but the way that apartheid structured racism was absolutely extraordinary and you can look back now, as you say you're lost for words, I mean it's...but that was the way it was then.
DR. MALKA	And especially I mean with your background and your husband's background, both being medical doctors, knowing the difference between phenotypes and genotypes and here you are with a Deluxe colour code to....
PROF REES	...exactly....
DR. MALKA	...to match that your child actually belongs to you.
PROF REES	Well no, they changed our...they racially classified us all differently, so we all got racial...the kids got different racial classifications to my husband and I because of being a mixed race.
DR. MALKA	Wow! Your personal journey has, I'm sure, been somewhat interesting; one of the questions that I ask all my guests on this show who've made tremendous achievements in their respective fields is about the factors that they feel have contributed to their success, so some speak about ambition, others talk about perseverance, hard work, a particular person in their upbringing; in your opinion what have been some of the key drivers to your success?
PROF REES	I'm sure that everyone if they look back would say that there are things in their childhood that would have sort of made you the sort of person that you are and I guess that for me that would have been these principles of...we didn't talk about it in that language in those days but you know, just respect for people; humourise, and also indignity and unfairness and that was what I was brought up with and that was in the UK in those days it was class, it was class and race and you know from an early age I was part of the anti-apartheid movement from a teenager, you know, so very young. So I think that those sorts of norms can be set up in your childhood and also I think that you know good experiences, bad experiences you can learn from those formative years, so that would be one thing I would say. The second thing I think is I think what happens to many of us is serendipitous, you know, if I hadn't met my husband and I hadn't this and I hadn't move here and, you know, my life would have been a very different life. The principles would have been the same but it would have played itself out in a different way and I guess that's the third thing because you know I didn't start off in life as an academic, not at all, I started off as an activist working in township clinics and working with what was then an anti-apartheid doctor and dentist organisation called NAMDA, so I started off as an activist, a health activist as a doctor. But I guess one thing to say is that in all of these things there's opportunity and that's why if I was speaking to young women today I would say, you know, you might think that your job is dull but look for the opportunity because in funny circumstances there'll be opportunity and the other thing I would say is just push yourself, push yourself out there, you know, push yourself if you can into where the opportunity is. Don't hold back, don't think just you know it's someone else's opportunity, it's your opportunity, you push yourself, so I think looking for opportunity and then following it and then as you said, working hard, working hard to achieve it and working with respect for your colleagues because as I said before I strongly believe, in my career anyway, it's been a team effort, it's been throughout my life the fortune of working with this person or that person or these people that has really built my career as much as built the different entities I've worked at.

DR. MALKA	So you've shared with us your introduction into South Africa, being an activist and how activism led you into the opportunity of becoming a doctor; besides the value structures that are very strong, what influenced you in your life growing up?
PROF REES	In my life growing up, so then we have to go back a bit. So I think a strong influence was because my parents were Welsh and my father was from a very strong Welsh mining family that had been very involved in the Trade Union Movement, so I think that there was that and...
DR. MALKA	...do you think that was the inherent activism.....going through?
PROF REESI think so. I suspect so...I suspect so and I think on the other side there were strong Methodists so there was that sort of puritanical "you will work roll your sleeves up and you will work". So I think that those two things and I think the other thing that I was taught, there was kindness; they were kind and generous you know and that takes different forms in different times of your life, but I love that, and I think those are attributes are very important is always to think about what, you know, that expression you know, just think if you were that person how you would want to be treated, how you would want to be responded to...
DR. MALKA	...I think a degree of empathy...
PROF REES	...empathy...
DR.MALKA	...that comes through to...
PROF REES	...and I think women do have more intrinsic empathy than men by the way. I think it's part of our....little bit a part of our DNA without stereotyping.
DR. MALKA	And have there been any strong women in your life?
PROF REES	Well you know, as always one's you know mother is always you know sort of a focal point and she was a thwarted doctor because of the second world war and she became a cookery teacher because she went to teacher training college instead of university, so I think that that was her very strong sort of...that she always wanted to be a doctor so instead of that her two daughters became doctors and I think there've been other sort of sentinel...I mean I've got friends who I really respect, who are very strong individual women, who've achieved in their own rights and none of us when we started off in the 80's here, none of us, we weren't even thinking of that kind of ambition, that we were going to become, you know, what everyone has now become but many of my friends have really achieved and so they are strong women and they also have struck on that opportunity thing. Ja, a lot of women who I've really respected over the years.
DR.MALKA	You've achieved a tremendous amount in your career thus far; what's next? Do you know?
PROF REES	The one thing I'm recognising that's great at the moment is to be sort of at a point in my career where you can bring a whole lot of hands-on, grassroots experience together with, you know, a professional qualification and together now with a whole lot of sort of more mature experience so there's the grassroots experience, hands-on and you know in the frontline, being a doctor in different circumstances but now also having been out there at more senior levels; it's a tremendous learning experience and you get to this point in your career where I guess it's what people call wisdom, that you can bring all of these things together at one time and group them and then that allows you to give back and I think that's what I've recognised and it's a nice place to be because I'm able to give back, nationally, I'm able to give back globally in a way that is quite significant and that's what I'd like to continue to do at the moment.
DR. MALKAA	And if I could ask, I'm sure there are many, many lessons, but what would be one of the biggest lessons that you've learnt in your career so far?

PROF REES	I think...I think probably you know when things are bleak, you know, looking for the sort of rare sunshine and following it and really actively doing it because life for many people is you know a lot of life can be a struggle but if you can stand back and actually say well you know what are the good things, sort of have that glass half full and look for the opportunity and follow those opportunities, but actively follow them and that's what I would say to women because I think very often women think it's somebody else who becomes the head of this, it's somebody else who get's that degree, it's somebody else, it's not me. It is you, it is you, you know, so go for that opportunity and really set that for yourself and set yourselves little milestones, continuously to sort of reach and then go to the next milestone.
DR. MALKA	And lastly, as we close out the conversation today, could you please share a few words of wisdom or inspiration that you'd like to pass on to ladies who are listening to us today on the continent?
PROF REES	Well I think that there are many discussions that are going on in the world today that are really starting to get women's voices back out there again. You know when I was a student we had the Women's Movement, this goes back, you know, some years and you know we were militant and I felt that for a while we sort of almost lost that but I feel now that these voices, if you think about South Africa you think about the anger about gender based violence, if you think about the global indignation about the way women are treated in terms of sexual assault and people in power, men in power taking advantage and if you think about the fact that many countries are now trying to get women into leadership, political leadership, and it is an issue that we have so little female leadership. So what I think you know, apart from all of the personal things that I've said that I think women really should be thinking about is as a global movement, as a national movement, getting women's voices out there again and really, really taking ownership. We cannot be subject to the levels of violence that we're subject to, we cannot be oppressed in the workplace, we cannot accept that it's going to be mostly men on boards, we cannot accept that it's going to be mostly men in leadership in science and technology. I think that women really need to be brave and young women in particular, I think we would...women of my age would want to hand this mantle over to you to say I'd love to see you now really take these battles on and in taking them on you're taking them on not only for yourselves if you're a professional and able to do that but you're also taking them on...if we can change the status of women we're changing the status of the most vulnerable women who really don't have a voice. So let's take that battle to the next level and that would be my appeal.
DR. MALKA	I think that is absolutely wonderful, so strong, so powerful and if you consider that women make up sometimes more than 50% of the population, that we all have democratic rights, that if we exercised our voices we would be able to sway the votes in many ways to our favour and if we don't speak up nothing will be addressed because it would be assumed that it's been accepted and it's only by speaking up that change takes place. Thank you so much for joining us today, we really appreciate it.
PROF REES	Thank you very much for having me; it's been a pleasure, thank you.
PROGRAMME END	