Delegates, distinguished guests, my name is Pedro Cahn from Fundacion Huesped in Argentina, and I am delighted to provide some closing remarks as the incoming President of the International AIDS Society.

First, I would like to thank all of you – the delegates who came from every corner of the world - for making this conference such an amazing success. This has been the largest International AIDS Conference in history, with more than 21,000 delegates and over 5,000 other people participating, including staff, volunteers and exhibitors. We are also proud that almost 2,000 delegates from 133 countries received scholarships to support their participation. It is the largest and most diverse international meeting devoted to a global health issue. I think the interest in this conference is a testament to how important it is in sharing our knowledge, our experience, our successes and also learning from our failures as we move forward.

I also want to thank the co-organizers of the International AIDS Conference for their hard work and dedication: the International Council of AIDS Service Organizations,
International Community of Women Living with HIV, the Global Network of People Living with HIV, the Canadian AIDS Society and especially, the Toronto Local Host organization and the staff of the IAS. And of course the thousands of volunteers, including programme committee members and local volunteers. They have worked tirelessly to ensure an unparalleled conference programme that addresses this epidemic in all of its complexities. I also would like to congratulate the two Co-Chairs of this meeting, Helene Gayle and Mark Wainberg for their outstanding leadership.

The IAS is strongly committed to the GIPA principle, and this conference is indisputable testimony of that commitment. I know from speaking with my colleagues and from participating in many of the sessions, that the quality of the science here has never been stronger. Over the past six days, we have learned about the promise of new prevention technologies, including research into microbicides and pre-exposure prophylaxis, the desperate need for harm reduction approaches in areas where injection drug use is fuelling the epidemic, and also the urgent need for female-controlled prevention tools.

More than ever, we confirmed during this week that prevention and care are two faces of the same coin. More than ever, biomedical and behavioural scientists have the challenge and
the opportunity to work together with people living with HIV and community organizations towards our common goals.

Of course, all the knowledge, the innovative research, the new tools, will not be effective without the political leadership that is essential to halting this disease; we must keep the pressure on the G8 leaders to follow up on their commitment to achieve universal access to prevention, care and treatment by 2010. We are still far from the $22 billion per year that will be required by 2008 to achieve that goal and we must – as the theme of this conference reminds us – tell them that NOW is the Time to Deliver on that commitment.

Let’s be perfectly clear: our failures have dramatic consequences: Thousands of children, men and women are dying every day. They bear tragic testimony of our incapacity to transform words into action. We know what has to be done. The choice before the international community is clear: either it is time to deliver, or continue fueling the tragedy.

Equally important in the response to HIV is our commitment to human rights of populations most vulnerable to HIV/AIDS; the UNGASS review in New York highlighted that we still have a long way to go in this regard. How is it possible to mount an effective response to HIV, if we cannot name the most affected communities? The rights of sex trade workers, injecting drug users, men who have sex with men and other vulnerable
groups must be protected through legal and policy reform in every country around the world.

The epidemic has always struck hardest at marginalized and vulnerable populations. Again we need to be clear: poverty is the driving force of this and other epidemics, like TB and malaria. It is hard to advocate for human rights without considering that two third of the world’s population lives on less than 2 dollars a day. On this, too, it is time to deliver.

There has also been much discussion about how to solve the problem of the desperate shortage of health care workers in the developing world. Too often health care workers are poorly paid, or working in unsafe or dangerous conditions. Add to this the stigma attached to HIV, and the challenges for those on the frontlines of the response are amplified.

Whether it is a community health worker in Malawi, a nurse in Bolivia or an HIV educator in India, we must work harder to ensure safe working environments and appropriate pay for the people we depend on to save lives, prevent infections and improve the lives of people living with HIV. International Medical graduates constitute about 25% of physicians in the US, Canada, Australia and the UK. More than half of those are supplied by lower income countries. And in some countries, death is depleting the ranks of health care workers more rapidly than the recruitment abroad.
So, we must find innovative ways to stop the hemorrhage of trained health care workers from the south to the north, as well as HIV-associated mortality in the health care sector if we are to make progress against this disease. IAS will make this a priority issue in its advocacy over the coming months. This conference has reminded us that we have the tools to save lives and stop this epidemic in its tracks – and now we need to put this knowledge into action. Our challenge is to ensure that the evidence leads to results. Everyone here shares this responsibility. But meeting this challenge will require a collaborative effort. We are dealing with a dynamic epidemic and a virus that is outpacing our response. We need to apply what we know. And we need courageous leaders that deliver on their commitments. We have no time to lose.

The IAS is now a mature organization. Our infrastructure has evolved. Our highly-skilled staff, led by Craig McClure, is not only essential to move forward the society day by day, but also to keep our institutional memory. I want to thank the Governing Council of the International AIDS Society for this opportunity to serve our membership, which has grown to over 10,000 people working in HIV/AIDS at every level of the response. As the first IAS President from a developing country, I hope to offer a new perspective on these issues as we continue to work together. In particular I would like to ask all
stakeholders not to forget that the region where I come from; Latin America is also suffering the consequences of the AIDS epidemic in the context of poverty and marginalization. The two million people living with HIV/AIDS in this region must not be excluded from our agenda.

I, and the other members of the Governing Council, are strongly committed to preventing and treating HIV/AIDS. Together we can mitigate suffering and curb the epidemic. Again, its time to deliver

Thank you, I look forward to seeing you in Mexico City in 2008. Have a safe journey home.