

AT THE MARGINS OF THE AIDS RESPONSE:
YOUNG PEOPLE AND AIDS IN
SUB-SAHARAN AFRICA*

CAITLIN L. CHANDLER**

| | |
|---|------|
| I. THE POLICY PARADOX OF YOUTH AND HIV/AIDS | 1079 |
| II. POSSIBILITIES FOR PROGRESS | 1084 |
| III. CONCLUSION | 1089 |

I. THE POLICY PARADOX OF YOUTH AND HIV/AIDS

In the fall of 2004, Emmanuel¹ arrived at the West Africa AIDS Foundation, a clinic located in the middle-class suburb of Roman Ridge in Accra, Ghana. He was fifteen years old. He liked to play video games, ride bicycles, and dreamt of meeting the Ghanaian rapper Tic Tac.

He was also HIV positive and had squamous cell carcinoma, a type of skin cancer. The cancer, which started on his cheek, had eaten his eye, leaving only a hole in its place. Emmanuel was dropped at the clinic by his uncle. His mother had died of AIDS several years before, and it was not until he sought medical treatment for cancer that doctors diagnosed him as HIV positive. He did not have access to AIDS treatment.

Emmanuel died shortly before his sixteenth birthday in May 2005. His story is not unusual. Around the world, young people² are disproportionately affected by the AIDS pandemic. The Joint United Nations (UN) Programme on HIV/

* This essay is based on the author's statement at the 12th Annual Herbert Rubin and Judge Rose Luttan Rubin International Law Symposium, "The Future of a Continent: Law and Policy of Sub-Saharan African Children," held at New York University School of Law on October 29, 2007.

** Caitlin Chandler is a Project Officer at aids2031 (www.aids2031.org). Previously a Project Officer at the Global Youth Coalition on HIV/AIDS, she has worked on different aspects of the AIDS pandemic in New York City and Accra, Ghana, and is also a freelance writer.

1. I have changed the name to protect the child's identity.

2. For the purposes of this paper, a "young person" is a person between the ages of fifteen and thirty. The United Nations (UN) defines "youths" as young people between the ages of fifteen and twenty-four. U.N. DEP'T OF

AIDS (UNAIDS) estimates that in 2007 over forty percent of new HIV infections occurred in young people between the ages of fifteen and twenty-four. In sub-Saharan Africa, three young women are infected for every young man.³ Yet despite the disproportionate number of young people who are affected by HIV/AIDS, the international community has largely ignored them as partners in addressing the challenges of HIV/AIDS treatment and prevention.

Numerous leaders, decisionmakers, and academics concerned with AIDS policy have emphasized that it is the people most affected by AIDS who have intervened and changed the course of the epidemic. In a speech at Clark University, Executive Director of UNAIDS Peter Piot said, "I do not know of any country that has been successful in response to AIDS without grass roots movement."⁴ Gregg Gonsalves of the AIDS and Rights Alliance for Southern Africa in Cape Town elaborates upon this sentiment in a 2007 essay:

Whether it was Act Up New York demonstrating at the FDA for speedier drug approval, or against the Catholic Church's stance on condoms, or the Treatment Action Campaign's marching for ART treatment or marching against gender violence in the townships like Khayelitsha here in Cape Town, we realized that our governments, our terribly venerable institutions couldn't give a damn about us. We were fags, we were junkies, we were black, we were poor.

ECON. & SOC. AFFAIRS, WORLD YOUTH REPORT 2005 1 (2005), <http://www.un.org/esa/socdev/unyin/documents/wyr05book.pdf>.

3. THE HENRY J. KAISER FAMILY FOUNDATION, HIV/AIDS POLICY FACT SHEET: THE HIV/AIDS EPIDEMIC IN SUB-SAHARAN AFRICA 1 (Nov. 2007), http://www.kff.org/hivaids/upload/7391_06.pdf. HIV prevalence among young people varies greatly between regions and populations in Sub-Saharan Africa and throughout the world. *See generally* International Women's Health Coalition, Young Adolescents' Sexual and Reproductive Health and Rights: Sub-Saharan Africa (Oct. 2007), <http://iwhc.org/docUploads/YoungAdolescentsSSAF.pdf> (discussing the diverse sexual patterns of adolescents throughout Africa); International Women's Health Coalition, Young Adolescents' Sexual and Reproductive Health and Rights: Sub-Saharan Africa (Oct. 2007), <http://iwhc.org/docUploads/YoungAdolescentsSSAF.pdf> (discussing the diverse sexual patterns of adolescents throughout Africa).

4. Peter Piot, AIDS: From Exposing to Overcoming Injustices, Speech at Clark University (Sept. 18, 2006), *available at* http://data.unaids.org/pub/SpeechEXD/2006/20060918_pp_piot_clarkuniversity_en.pdf.

And we were telling them otherwise, that our lives mattered, that we were not expendable, disposable people.⁵

Yet governments in Sub-Saharan Africa continue to ignore the needs of HIV-positive youth, and the voices of young AIDS activists in communities affected by AIDS, by excluding them from invitations to help create national and local policy and programs. In addition to being excluded from decision-making, in many countries young people cannot access accurate information about sexual and reproductive health and non-discriminatory health services,⁶ despite the fact that the majority of Sub-Saharan African young people living with HIV contracted the virus through unprotected sex.⁷ Furthermore, young people who choose to reveal their HIV positive status may be forced to leave their homes or be subject to physical abuse, discrimination, and stigmatization because of the silence and misconceptions that surround the disease. As Esse, a twenty-six year old Nigerian woman testified,

[T]he biggest blow for me was when my fiancé abandoned me. It was his mother who found out my status through the nurse at the hospital where I went for treatment, and told him. She also told him that if he ever married me, he would be disowned by the family, and convinced him that I knew about my status and hid it from him.⁸

The deeper irony in the isolation of youth leaders by their governments is that government policies (or lack thereof) con-

5. Gregg Gonsalves, *We Won't Treat, or Prevent, Our Way Out of the Epidemic* (Aug. 2, 2007), <http://www.kubatana.net/html/archive/hivaid/070802gg.asp?sector=HIVAID>.

6. It should be noted this is also true of many countries around the world, including the United States. See GLOBAL YOUTH COALITION ON HIV/AIDS, *OUR VOICE, OUR FUTURE: YOUNG PEOPLE REPORT ON PROGRESS MADE ON THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS 14-16* (2005), available at http://www.unfpa.org/upload/lib_pub_file/417_filename_Report-Low.pdf; 2008 National Youth Shadow Reports, available at <http://www.youthaidscoalition.org/pages.html?page=UNGASS> [hereinafter GLOBAL YOUTH COALITION ON HIV/AIDS].

7. HENRY J. KAISER FAMILY FOUNDATION, *supra* note 3, at 1.

8. Interview by Global Youth Coalition on HIV/AIDS with Esse Nsed (2007), available at <http://www.youthaidscoalition.org/docs/Esse%20Nsed.pdf>.

tribute to the high rates of infection among young people. The refusal of some governments to create and uphold basic human rights—for example, by making it illegal to discriminate against people living with HIV, by overturning laws that prohibit sex between men, or enforcing laws that prohibit rape—make young people more vulnerable to HIV infection, and less able to get tested or to seek treatment.⁹ Young people are severely affected by human rights violations because they often lack the resources and networks of adults to mitigate the effects of human rights abuses. Marginalized young people, such as those living on the street or in conflict situations, are often unable to access health care or other social services.¹⁰ In many societies, the urgent need to offer HIV prevention outreach and services to young intravenous drug users, men who have sex with men, or sex workers is often hampered by socially entrenched moral criticisms of their behavior.¹¹ Moreover, physical and sexual violence against women and girls is endemic in certain parts of the world, and continues to fuel the spread of the pandemic.¹²

The special vulnerability of youth to HIV has been recognized consistently in United Nations declarations,¹³ and the

9. See generally JOSEPH AMON, HUMAN RIGHTS WATCH, PREVENTING THE FURTHER SPREAD OF HIV/AIDS: THE ESSENTIAL ROLE OF HUMAN RIGHTS (2006), <http://www.hrw.org/wr2k6/hivaid/hivaid.pdf> (arguing that denial of human rights in a variety of sectors has influenced the HIV/AIDS epidemic and advocating for human rights training and a human rights based approach to the epidemic).

10. See generally DAVID A. ROSS, BRUCE DICK & JANE FERGUSON ED., WORLD HEALTH ORGANIZATION, PREVENTING HIV/AIDS IN YOUNG PEOPLE: A SYSTEMATIC REVIEW OF THE EVIDENCE FROM DEVELOPING COUNTRIES (2006), http://www.afro.who.int/adh/documents/preventing_hiv_aids.pdf (discussing the need for interventions to help young people access health services).

11. Heidi Larson, Peter Piot & Sarah Russell, *Good Politics, Bad Politics*, 97 AM. J. PUB. HEALTH 1934, 1934 (2007).

12. RALF JÜRGENS & JONATHAN COHEN, OPEN SOCIETY INSTITUTE LAW AND HEALTH INITIATIVE, HUMAN RIGHTS AND HIV/AIDS: NOW MORE THAN EVER 2 (Sept. 2007), available at http://www.soros.org/initiatives/health/focus/law/articles_publications/publications/human_20071017/english_now-more-than-ever.pdf.

13. See, e.g., Declaration of Commitment on HIV/AIDS, G.A. Res S-26/2, ¶¶ 47, 53, 54, U.N. Doc. A/RES/S-26/2 (Aug. 2, 2001) (setting specific targets for reducing HIV vulnerability among young people) [hereinafter Declaration of Commitment]; United Nations Millennium Declaration, G.A. Res. 55/2, ¶ 19, U.N. Doc. A/RES/55/2 (Sept. 18, 2000) (resolving “to provide special assistance to children orphaned by HIV/AIDS”).

1989 UN Convention on the Rights of the Child laid the groundwork for the now widely accepted development theory that participation in decisionmaking is a right, not a privilege.¹⁴ The Declaration of Commitment on HIV, adopted at the June 2001 UN General Assembly Special Session on HIV/AIDS, highlighted the need for youth participation in the AIDS response.¹⁵ It calls on the international community to “involv[e] families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible,”¹⁶ and “by 2003, [to] ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that. . . involve . . . the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people.”¹⁷

While more research needs to be funded and implemented on the effectiveness of youth participation¹⁸ in reproductive health and HIV, studies from related fields establish that youth participation often improves program outcomes for all participants.¹⁹ Agencies like the World Health Organization and UNICEF recommend including youth in all stages of programming, and organizations are increasingly developing

14. Convention on the Rights of the Child, art. 12, *entered into force* Sept. 2, 1990, 1577 U.N.T.S. 3, *available at* <http://www.unhchr.ch/html/menu3/b/k2crc.htm>. “Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives.” International Conference on Population and Development, Sept. 5-13, 1994, *Report of the International Conference on Population and Development*, ¶ 6.15, U.N. Doc. A/CONF.171/13 (Oct. 18, 1994).

15. *See* Declaration of Commitment, *supra* note 13, ¶ 15.

16. *Id.* ¶ 63.

17. *Id.* ¶ 37.

18. “Youth participation” has been defined as “the active and meaningful involvement of young people in all stages of program decision-making, including planning, implementation, monitoring and evaluation.” AFRICAN YOUTH ALLIANCE, YOUTH PARTICIPATION 2, <http://www.ayaonline.org/Strategies/PDFs/YouthParticipation.pdf>.

19. *See* YOUTHNET/FAMILY HEALTH INTERNATIONAL, YOUTH PARTICIPATION GUIDE: ASSESSMENT, PLANNING, AND IMPLEMENTATION: CONCEPTUAL OVERVIEW 3 (2005), <http://www.fhi.org/NR/rdonlyres/eep5ao45npdcfw7aibxxy4hpha4fne3gj5kezna5l5vjh35c3amgt7cipjonq2oj4hltdxk4p4kuvl/Section11enyt.pdf> (explaining that youth participation can benefit those involved and the community as a whole).

youth participation strategies.²⁰ Youth participation not only informs programming, but also engages young people in partnerships that build their leadership potential and allows unheard voices to surface. The increasing appearance of youth-researched and -written reports on development issues, such as the needs of children in conflict zones and violence against young women, highlights the pressing need for young people's experiences to inform policy.²¹

Nonetheless, young people affected and infected by HIV continue to face difficulty in accessing meaningful opportunities to participate in creating AIDS policy and programs. A Kenya Youth Shadow Report, written in 2005 in an effort by young people to track their government's progress towards achieving the Declaration of Commitment, documented how "youth participation" is often an empty idiom:

In Kenya, youth researchers noted that YLWHA [young people living with HIV and AIDS] were used by programmes to go public about their status but not in designing, implementing and evaluating programmes. They noted that NGOs have youth on their boards but the ratio compared to adults is low so they could not influence much but were there as a show of "youth participation."²²

II. POSSIBILITIES FOR PROGRESS

The last several years have seen an increase in pressure by youth advocates on decisionmakers to meaningfully involve young people in the AIDS response. International AIDS con-

20. See, e.g., Amnesty International, Youth-Activism-Engagement-Participation: Good Practices and Essential Strategies for Impact (Aug. 21, 2006), <http://www.amnesty.org/en/library/asset/ACT76/003/2006/en/ACT760032006en.html> (incorporating youth activism and engagement as one of many "good practices and essential strategies for impact").

21. See, e.g., UNITED NATIONS GIRLS' EDUCATION INITIATIVE, IT'S TIME TO LISTEN TO US!: YOUTH RESPONSE TO THE REPORT OF THE EXPERT GROUP MEETING ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AND VIOLENCE AGAINST THE GIRL CHILD (2007), http://www.ungei.org/resources/files/Itstimetolistenous_EN.pdf; UNITED NATIONS GIRLS' EDUCATION INITIATIVE, MACHEL STUDY 10-YEAR STRATEGIC REVIEW: WILL YOU LISTEN?: YOUNG VOICES FROM CONFLICT ZONES (Oct. 17, 2007), http://www.ungei.org/resources/files/UNICEF_Will_You_Listen_090607.pdf.

22. GLOBAL YOUTH COALITION ON HIV/AIDS, *supra* note 6, at 18.

ferences provide a rare opportunity for people directly affected by AIDS to lobby government officials, representatives of international institutions, and leaders of influential nongovernmental organizations. Young people have much to gain from these highly publicized conferences, including the opportunity to secure public international commitments to youth that can, among other things, be parlayed into resources for conducting advocacy.

For example, at the Toronto International AIDS Conference in 2006, a YouthForce²³ comprised of youth-led and youth-serving NGOs and networks helped double the number of youth participants in the conference, hosted a vibrant youth pre-conference, and conducted a highly visible advocacy campaign at the conference centered on five key messages:

LISTEN: Involve us in decisionmaking that affects our lives

MONEY: We need fully-funded programs to protect ourselves

SEX: HIV is mainly spread through sex. We need access to condoms to protect ourselves

TRUTH: We need comprehensive sex education to protect ourselves

ACCESS: We need youth-friendly health services, including prevention, treatment, voluntary counseling and testing, and access to harm reduction programs.²⁴

The YouthForce also held a Youth-Adult Commitments Desk at the conference, where participants came to make time-bound commitments to youth. The Desk secured 344 commitments to young people, and YouthForce members are now tracking these commitments to highlight who did—or did not—fulfill their promises at the 2008 International AIDS Conference in Mexico City.²⁵

23. See, e.g., AIDS 2006 Youth Site, <http://youth.aids2006.org/en/home.html>.

24. TORONTO YOUTH FORCE, KEY SUCCESSSES OF THE TORONTO YOUTHFORCE AND AIDS 2006 YOUTH PROGRAMME 3 (2006), <http://youth.aids2006.org/files/Key%20Successes.pdf>.

25. For more information on the commitments, see *id.* For information on the Mexico City 2008 YouthForce, see AIDS 2008 Youth Site, <http://youthaids2008.org/en>.

Despite such successful efforts to increase youth participation in public forums, there continue to be setbacks. The Eighth International Congress on AIDS in Asia and the Pacific, held in August 2007 in Sri Lanka, provides a salient example. As an attendee, I watched as the Youth Subcommittee—a formal part of the conference organizing committee—was consistently marginalized by conference organizers. Out of nineteen plenary speakers (which address the largest conference audiences), only one was a young person addressing youth issues. While a young person was scheduled to speak in the closing ceremony, the opportunity was revoked at the last minute by an organizer who said there was “no time” for that speech. Youth advocates lobbied top officials at the International Society on AIDS in Asia and the Pacific and were able to reverse the decision to omit the youth presenter. In a statement prepared the night before the closing ceremony by an international group of young people²⁶ and delivered the following day to an audience of hundreds, twenty-six year old Indonesian Ari Yuda Laksmana said:

We strongly urge you to begin viewing us as equal partners in the response to HIV/AIDS and to move beyond the rhetoric of youth participation by funding youth-led initiatives, engaging in true youth-adult partnerships and meaningfully involving young people in policy that affects our lives . . .

We stand firmly united against being tokenized on panels, relegated to abstract sessions and poster presentations, and denied funding to carry out our initiatives.²⁷

It is still far too easy to deny young people meaningful ways to participate; some players in the international AIDS movement seem still to view “youth” as a topic best addressed by adults, perhaps believing that young people are not knowledgeable enough about the nuances of the pandemic, or have not earned the right through years of advocacy to have their

26. The statement was composed by youth attendees from Sri Lanka, Indonesia, India, Australia, PNG, Japan assisted by various organizational affiliations, and the Global Youth Coalition on HIV/AIDS.

27. Ari Yuda Laksmana, Closing Address at the 8th International Conference on AIDS in Asia and the Pacific (Aug. 23, 2007), *available at* <http://cchandler.tigblogs.org/>.²⁷

voices given equal weight on the international stage. Young people often lack the power and resources needed to effectively demand these rights themselves.

Increased funding for youth-led efforts would be one step towards redressing the problem of marginalized youth responses to HIV. While much has been written by UN agencies, such as United Nations Population and Family Planning (UNFPA), about the need for youth participation in AIDS programming,²⁸ little of this work has emphasized the need for funding youth-led initiatives. Over the last several years numerous coalitions and organizations have emerged around the world, created by youth for youth and focused on development issues relating to AIDS. The Youth Employment Systems (YES) Campaign, Global Youth Action Network, and Youth Coalition are but three. Yet for the most part these initiatives and their members struggle to find funding. Youth-led organizations often lack the capacity to launch fundraising drives, relying on the energy of unpaid volunteers. Many youth-led initiatives operate with one to three paid staff; some operate without any.²⁹ In resource-poor settings, young people have an especially difficult time obtaining grants: In an e-consultation conducted among 365 young leaders on AIDS issues in forty-eight countries, funding was the most commonly cited challenge.³⁰

In the United States, a groundswell of high-profile celebrity ad campaigns for large international charities (most notably "AIDS in Africa") have brought attention and funding to the AIDS movement, but have failed to highlight its true heroes: young people who are emerging as new leaders in their

28. See, e.g., UNITED NATIONS POPULATION FUND CST FOR SOUTH & WEST ASIA, POLICY & PROGRAMMING FOR HIV/AIDS & REPRODUCTIVE HEALTH OF YOUNG PEOPLE IN SOUTH ASIA: AN ANNOTATED INVENTORY (2006), <http://www.unfpa.org/np/pub/polproghiv aids.pdf>.

29. See generally ACTALIVE, DEVELOPMENT PARTNERSHIP INTERNATIONAL & THE STANDING COMMITTEE ON REPRODUCTIVE HEALTH OF THE INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS, AFRICAN YOUTH HIV/AIDS BEST PRACTICES HANDBOOK (2006), <http://www.developmentpartnership.org/dpi/downloads/Best%20Practices%20Handbook.pdf> (compiling information from numerous groups and illustrating the lack of funding and paid staff in these groups).

30. MILA GOROKHOVICH & JOYA BANERJEE, YOUTH HIV/AIDS LEADERS: BUILDING AN EMPOWERED ALLIANCE 7 (Dec. 2004), http://www.youthaids coalition.org/docs/e-consultation_report.pdf.

communities. These grass roots campaigns deserve the attention and support of major international funders. Not only do young people know best how to reach their peers in the context of their country, but supporting their ideas and leadership is crucial as we look towards the future of AIDS. United Nations agencies, governments and private donors focused on HIV prevention and treatment should allocate funds specifically for youth-led organizations working to halt the pandemic, whether through successful peer education programs or support groups for people living with HIV.

The United States specifically can do more to harness the voices and respond to the needs of young people around the world affected by AIDS. Even those initiatives already in operation are flawed from a policy perspective. For example, the President's Emergency Plan for AIDS Relief (PEPFAR) provides prevention and treatment in fifteen "focus" countries in the Caribbean and sub-Saharan Africa. Youth is a prominent target of PEPFAR's prevention policies, and it has received accolades for streamlining treatment provision in many countries.³¹ Yet the fact that PEPFAR earmarks thirty-three percent of prevention funds for abstinence-until-marriage programs not only directly contradicts scientific consensus that abstinence-until-marriage programs fail to prevent HIV, it also obstructs young populations' access to comprehensive information about HIV prevention options³² and ignores the fact that many young married women in Sub-Saharan Africa generally are more at risk of contracting HIV during their marriage than their single peers.³³

U.S. foreign policy plays a prominent role in the response to AIDS. PEPFAR and the U.S. government's push for abstinence-only programs has created a "culture of fear" around condoms and open discussions around sexuality for many young AIDS activists and other HIV workers in Africa.³⁴ Mem-

31. See, e.g., Michael A. Fletcher, *Bush AIDS Plan Gets Bipartisan Praise*, WASH. POST, May 31, 2007, at A04, (illustrating the praise from politicians and NGOs).

32. NAINA DHINGRA, *ADVOCATES FOR YOUTH, IMPROVING U.S. GLOBAL AIDS POLICY FOR YOUNG PEOPLE: ASSESSING THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF 19-20* (2007), <http://www.advocatesforyouth.org/publications/pepfar.pdf>.

33. *Id.* at 19.

34. *Id.* at 21-22.

bers of the Global Youth Coalition on HIV/AIDS (GYCA) in Zambia have said they cannot obtain funding for condom distribution, while other members have complained that local prevention programs now cater to the criteria of foreign donors, jeopardizing the ability of programs to serve local needs.³⁵ USAID's "anti-prostitution pledge" has similarly hampered the autonomy of local organizations.³⁶

The Senate is debating PEPFAR's reauthorization at the time of writing, and if the current PEPFAR legislation before the Senate passes, it will be without the abstinence-only earmark. However, even the improved legislation still has an emphasis on abstinence-only education, which will continue to negatively affect young people worldwide.

III. CONCLUSION

Young people in sub-Saharan Africa and around the world are adamantly struggling to prove to governments and key decisionmakers that they are worthy of resources and partnership. The international community is far from meeting the targets it laid out in the Declaration of Commitment on HIV/AIDS to reduce young people's vulnerability and ensure they have access to treatment, care, and support, as was highlighted by youth advocates in June 2008 at the UN High Level Meeting on AIDS. It is time that the international AIDS response radically shifted course to work with youth, regardless of their HIV status, to change the future of AIDS. Young people are inheriting the AIDS pandemic, and to deny them access to decision-making only perpetuates and exacerbates the injustice of the disease itself.

35. OUR VOICE, OUR FUTURE, *supra* note 22, at 13; MILA GOROKHOVICH & JOYA BANERJEE, GLOBAL YOUTH COALITION ON HIV/AIDS, YOUTH HIV/AIDS LEADERS: BUILDING AN EMPOWERED ALLIANCE 6 (Dec. 2004), http://www.youthaidscoalition.org/docs/e-consultation_report.pdf.

36. Organizations receiving USAID money must sign a pledge saying they oppose prostitution. This further contributes to stigmatizing sex workers, many of whom are young people, and has resulted in some organizations being afraid to work with sex workers for fear they will lose U.S. government funding. See generally Open Society Institute, Sexual Health and Rights Project, "Anti-Prostitution Pledge" Materials, http://www.soros.org/initiatives/health/focus/sharp/articles_publications/publications/pledge_20070612 (providing information about the detrimental effects of USAID's "anti-prostitution pledge" on HIV prevention work and human rights work).

It is only by investing in, listening to, and supporting young leaders in their work, and by ensuring that young people participate in the creation of AIDS policy at the local, national, and international level, that we can ensure the AIDS response is headed in the right direction.