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“ The principles of good public health demand that that we strive to reach all affected populations with core HIV services even when facing difficult cultural contexts, severe stigma and discrimination, or challenging security environments. ”

AMBASSADOR DEBORAH L. BIRX, M.D.

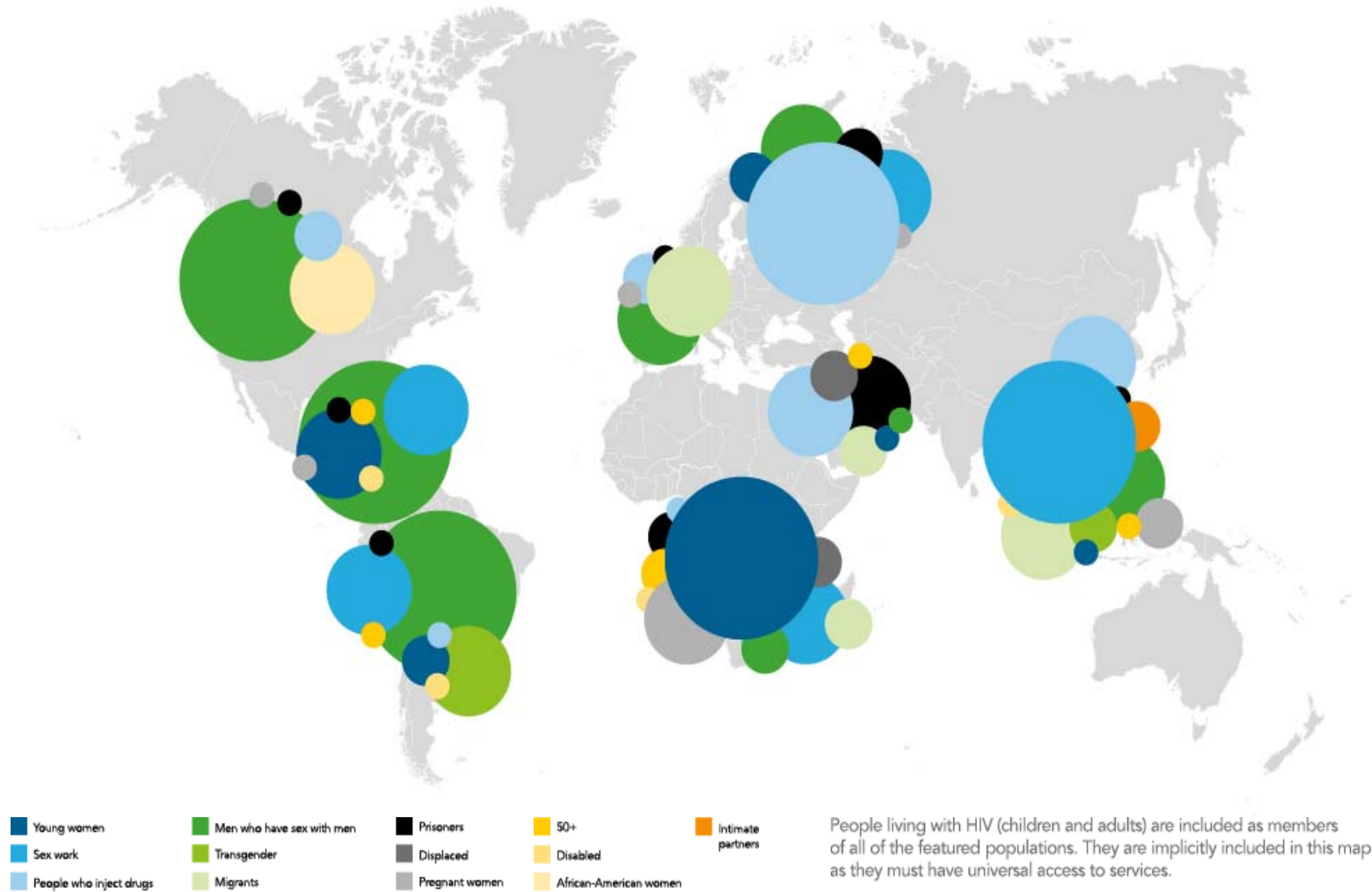
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UNAIDS

THE GAP REPORT

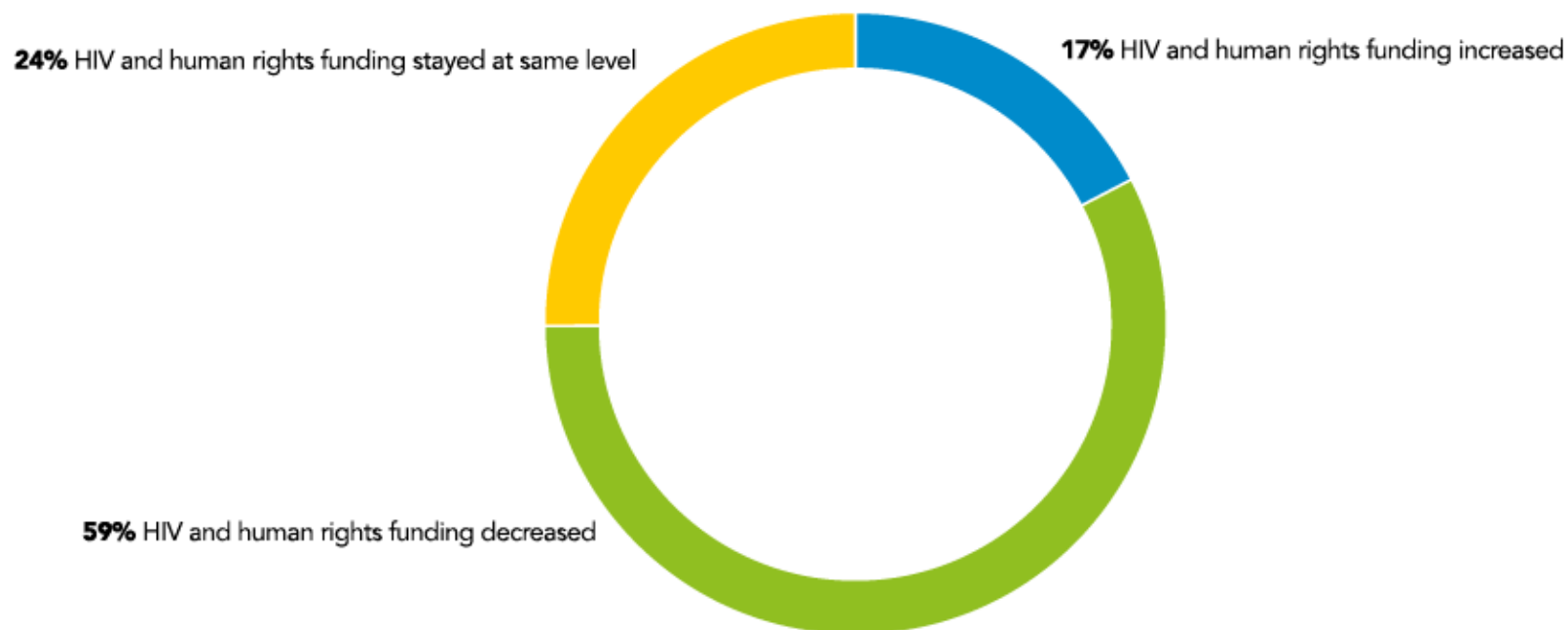
The importance of location and population





Change in funding for civil society organizations for human rights-related work

The majority of survey respondents reported experiencing decreases in funds for HIV and human rights work in 2012 and 2013



Source: UNAIDS



campé.

NANAN N'DASSOMAN :
« JE NE VEUX PAS DE PÉDÉS DANS MON VILLAGE »

Après avoir fait le tour du village, nous réussissons à rencontrer la première responsable du village d'Assoundé autour de 17 heures 30. A la question de savoir si elle a effectivement chassé un homosexuel de son village, elle répond sans détour : « *Je ne veux pas de pédés dans mon village. Dieu a dit que l'homme doit se mettre avec la femme. Dieu n'a pas dit que l'homme doit faire "ça" avec son semblable. Si chez vous à Abidjan, vous acceptez ça, chez moi ici, c'est inacceptable. C'est pour cela que je l'ai chassé parce qu'il risque d'entraîner les jeunes du village dans cette* »

Community at the Center of a Rights-based Response to HIV

George Ayala, PsyD

Executive Director, MSMGF

CLAC

Community Leadership and Action Collaborative (CLAC) is a unique partnership between AIDS and Rights Alliance for Southern Africa (ARASA), the Global Network of People Living with HIV (GNP+), Global Action for Trans* Equality (GATE), the Global Forum on MSM & HIV (MSMGF), the Global Network of Sex Work Projects (NSWP), and the International Treatment Preparedness Coalition (ITPC), which together with their respective regional and country-level affiliates, have joined forces to facilitate greater participation by key population groups in national AIDS planning processes. CLAC also supports the development of high quality rights-based and evidence informed programming focused on meeting the needs of key populations.



Working world wide against HIV for the health & human rights of men who have sex with men

What CLAC Members Do

- Support front-line organizations with deference to locally defined needs, priorities and strategies
 - Convene , coordinate , resource, train, mobilize advocates and providers (creating safe spaces)
- Watchdog/lobby/educate governments, donors and policy makers
- Conduct, commission and support research (document front-line experiences)
- Facilitate information exchange, coordinate strategies through coalitions

“I’m living on the streets and have to make ends meet. Sometimes taking my HIV medications isn’t even possible. Last week someone hit me on the head after I left the pharmacy. When I woke up, all my meds were gone. How can I get my viral load to undetectable?”

-Anonymous transgender patient, community clinic

“Police came and asked for my bag. When I refused they beat me, took my condoms and burned them and said I’m a bitch.”

-Zambian sex worker living in Namibia

“I went to the hospital and the nurse pulled out a bible to lecture me about being gay. She did not pay attention to my health concerns.”

-Nigerian gay man



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Human Rights Violations

- Criminalization through punitive law
- Homicide
- Police repressions, extortion, physical/sexual abuse
- Forced rehabilitation and detention
- Condom and syringe confiscation and used as evidence
- Impunity and discrimination in access to justice
- Violence from non-state actors
- Unsafe working conditions and an absence of labor protection
- Discrimination in access to health and social services
- Mandatory and forced HIV testing and bodily examinations
- Lack of recognition of gender identity
- Unwanted or forced sterilization

Impact on HIV

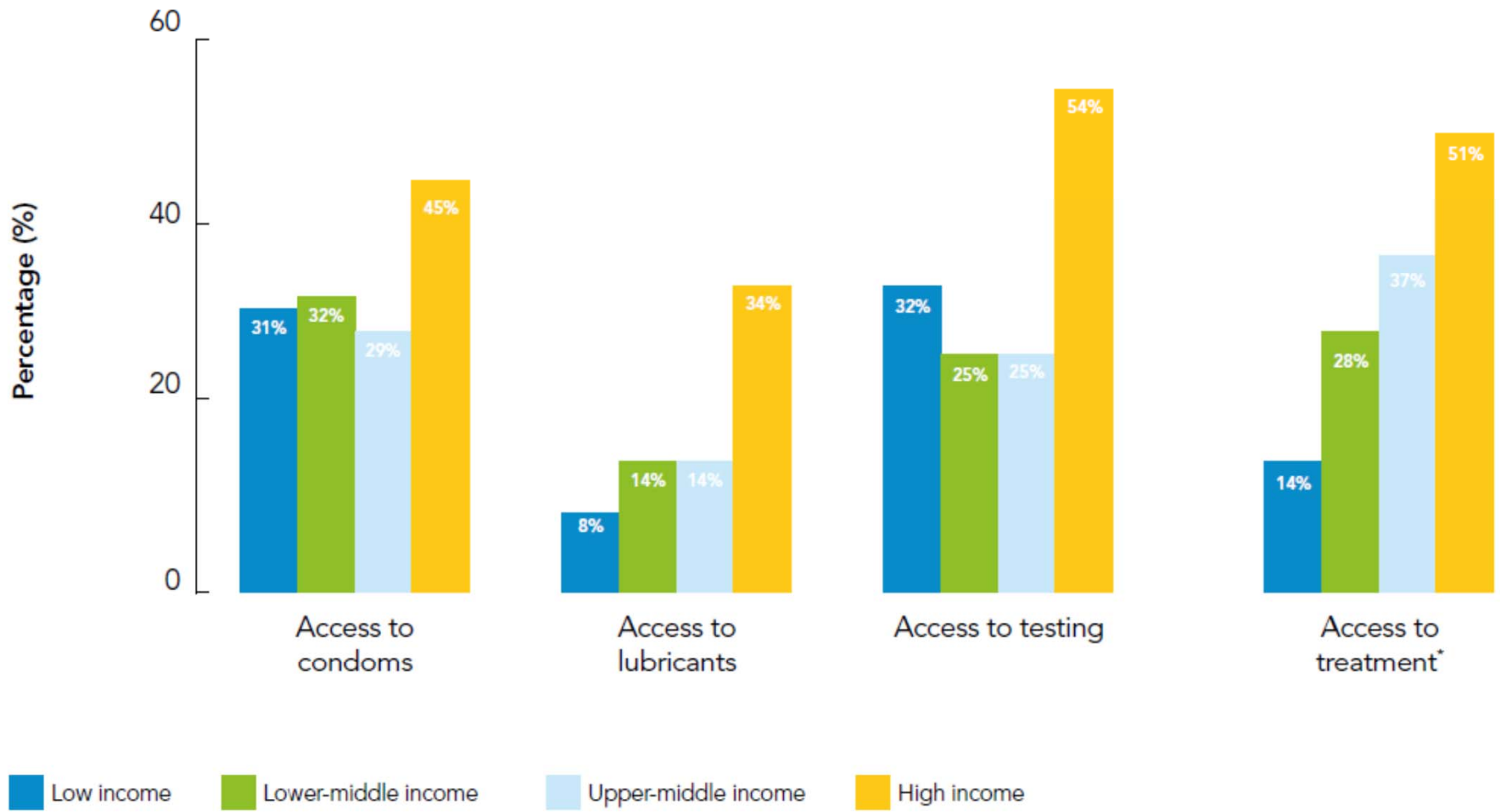
- HIV prevalence among sex workers is 12 times greater than among the general population.
- Gay men and other men who have sex with men are 19 times more likely to be living with HIV than the general population.
- People who inject drugs bear 28 times higher HIV prevalence than the general populations.
- Transgender women are 49 times more likely to be living with HIV than other adults of reproductive age.

Impact on HIV

Human rights violations, discrimination, criminalization, violence compromise the HIV response worldwide resulting in disparities in funding, poor program coverage and diminished uptake of services.

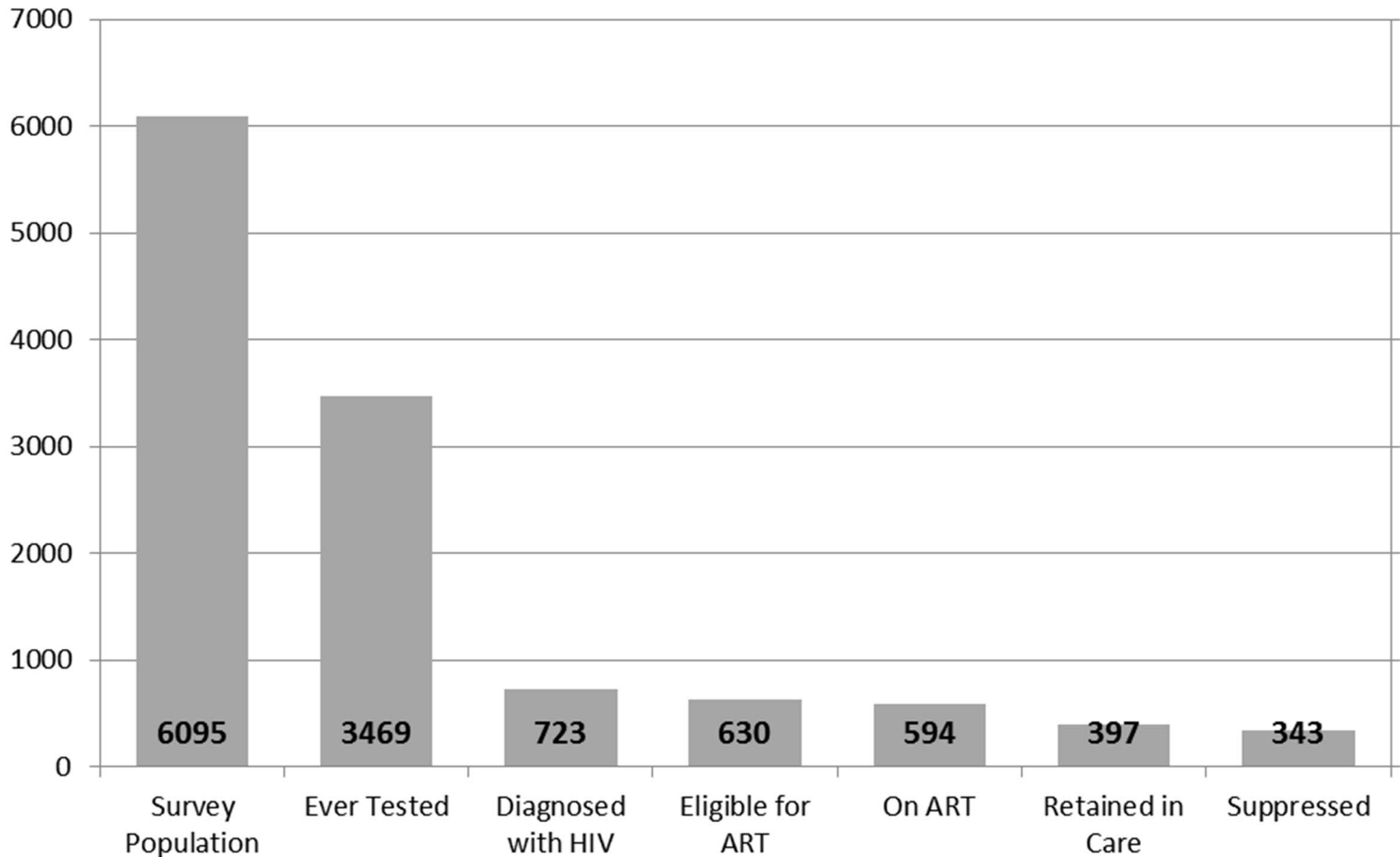
“Without addressing human rights violations among key populations, the mere provision of HIV services will be an insufficient and misguided response.”

Poor Access to Basic HIV Services among MSM, (n=5779;165 Countries)



*Access to HIV treatment was measured only among respondents who reported living with HIV.

HIV Services Cascade, GMHR 2012



Consolidated Guidelines Chapter 5: Critical Enablers

1. Reviewing laws, policies and practices (includes decriminalization & age of consent)

2. Reducing stigma and discrimination

Critical enablers

4. Preventing violence

3. Empowering the community

Access Depends on Barriers & Critical Enablers

- Access to HIV services is influenced by:

- + Engagement and connection with community
- + Comfort with Healthcare Provider

} Critical Enablers

- Past experiences of discrimination
- Past experiences of violence
- Past experiences of provider stigma

} Barriers

MSM IN SUB-SAHARAN AFRICA: HEALTH, ACCESS, & HIV

Findings from the 2012 Global Men's Health & Rights (GMHR) Study

The Global Forum on MSM & HIV (MSMGF) African Men for Sexual Health & Rights (AMSHeR)



Homophobia and Violence in Wider Community Matters

- Lowest level of perceived homophobia vs. highest level
 - **13 x** access to lubricants
 - **13 x** access to HIV testing
- Lowest frequency of experiencing homophobic violence vs. highest level
 - **5 x** access to HIV testing

Stronger Communities Create Higher access

- Highest level of feeling connected to a gay community vs. lowest level
 - **7 x** access to condoms
 - **9 x** access to HIV testing
 - **10 x** access to MSM-tailored HIV education materials
- Highest level of social engagement with other MSM vs. lowest level
 - **7 x** access to MSM-tailored HIV education materials

Relationship with Provider Matters

- Highest level of Comfort with Provider vs. lowest level:
 - **5 x** higher access to condoms
 - **3 x** higher access to testing
 - **15 x** higher access to HIV education materials
- Lowest frequency of Past Experiences of Provider stigma vs. highest frequency
 - **2 x** higher access to testing

Why Communities Matter

CBOs use a combination of strategies to increase comfort with health providers and reduce stigma

- Community delivered services
- Peer-led outreach & education
- Provider sensitization
- Client referrals

Why Communities Matter

CBOs have short-term and long-term strategies to address criminalization, discrimination and violence:

- Social change (laws, policy, attitudes, norms)
- Equipping members to manage risk of and respond to violence
- Legal services; know your rights programs
- Advocacy training

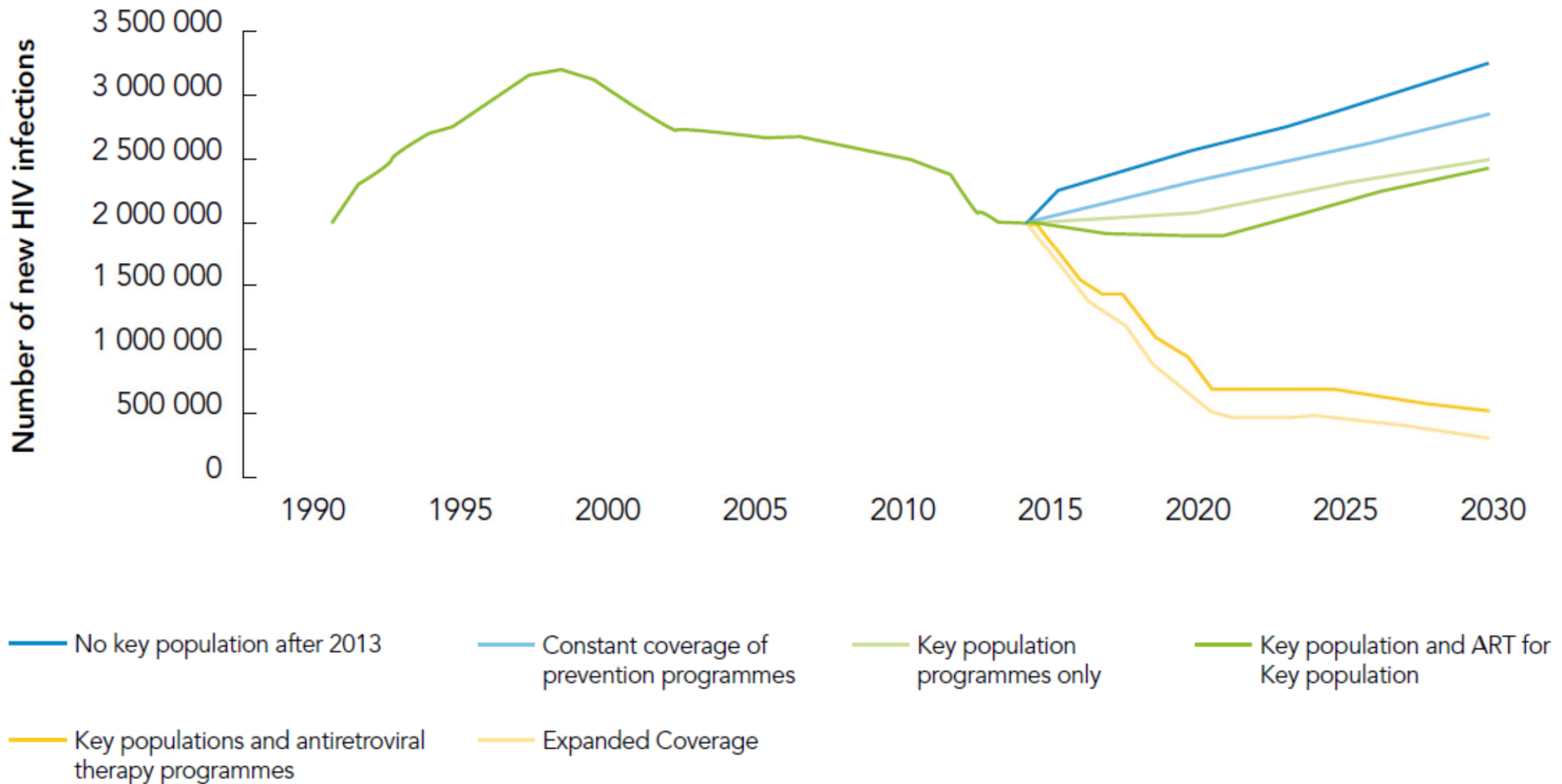
Why Communities Matter

CBOs strengthen communities by creating:

- Safe spaces
- Opportunities to strengthen capacities
- Virtual spaces



Cost of Inaction



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Thank You!



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International Network of People who Use Drugs



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Global Network of Sex Work Projects
Promoting Health and Human Rights

Panel 1

PEOPLE AND PLACES:

*HIV among Key Populations
in West and Central Africa*

RISKS, VULNERABILITIES, AND BURDEN OF HIV AMONG KEY POPULATIONS IN WEST AND CENTRAL AFRICA

Stefan Baral, MD MPH FRCPC

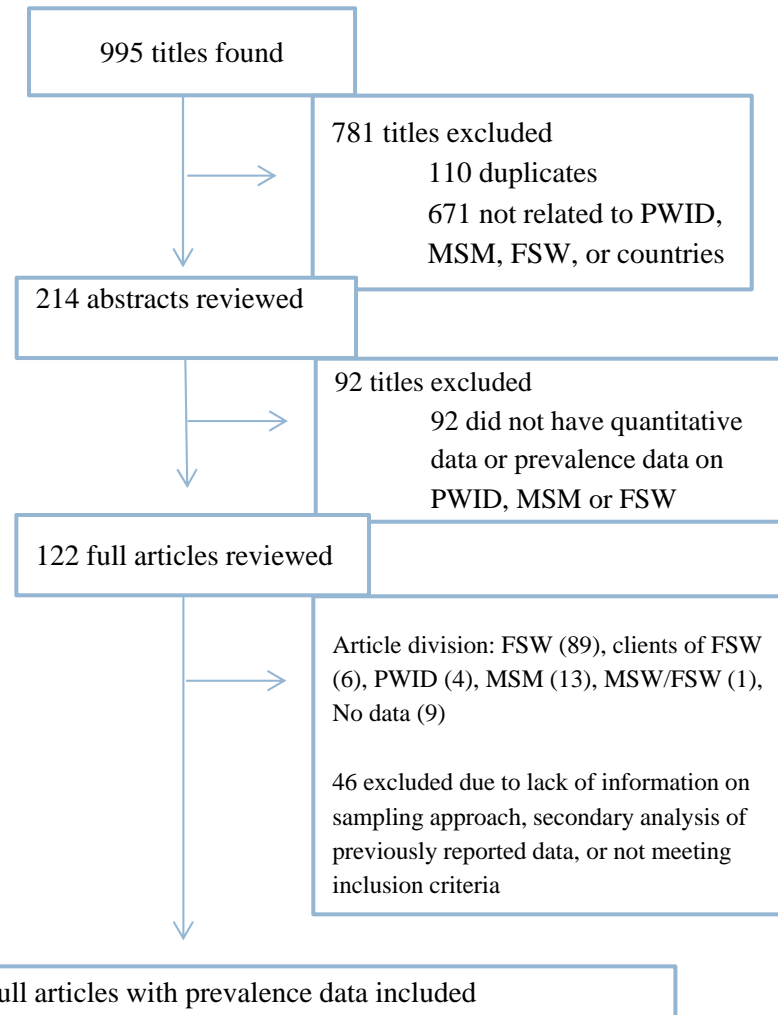
Department of Epidemiology, Johns Hopkins School of Public Health

West and Central Africa Overview

- West Africa is the most populous region of SSA: ~245 million people.
- Central African countries chosen: 111 million people (356 million total)
- West (and Central) Africa has a distinct epidemiology of HIV compared to East and South Africa: concentrated, mixed and borderline generalized



Systematic Review of HIV among Key Populations in West and Central Africa



Source: Papworth et al. Epidemiology of HIV/AIDS among female sex workers, their clients, men who have sex with men, and people who inject drugs in West and Central Africa, JIAS, 2013. Forthcoming

History of Key Population Studies

Country	Year of publication(s)	Key population	Pooled HIV prevalence % (95% confidence interval)	Pooled HIV prevalence (sample size <i>N</i> =)	HIV-1 prevalence % (sample size <i>N</i> =)*	HIV-2 prevalence % (sample size <i>N</i> =)	HIV 1 and 2 prevalence % (Sample size <i>N</i> =)	HIV prevalence % Among adults 15–49**
Benin	1992, 1997, 2001, 2002, 2007, 2009, 2012	FSWs	45.8 (44.2–47.4)	3,885	41.8 (<i>N</i> = 498)	3.2 (<i>N</i> = 498)	11.2 (<i>N</i> = 498)	1.1
		Clients	6.7 (5.6–7.8)	1,996				
Burkina Faso	1998, 2002	FSWs	45.8 (42.5–49.1)	873				1.0
Cameroon	1991, 1995, 1998, 1998, 2001, 2009	FSWs	23.6 (22.4–24.8)	4,679	22.9 (<i>N</i> = 2260)	0.04 (<i>N</i> = 2260)		4.5
Cote d'Ivoire	1987, 1988, 1992, 1995, 1995, 1997, 1998, 2000, 2002, 2012	FSWs	57.3 (56.1–58.5)	7,014	40.0 (<i>N</i> = 5204)	2.7 (<i>N</i> = 5204)	21.1 (<i>N</i> = 5204)	3.2
		Clients	13.5 (10.2–16.8)	423				
		Male sex workers	50.0 (40.0–60.0)	96				

Source: Papworth, Ceesay, Thiam-Niangoin, Diouf, Drame, Baral. Epidemiology of HIV among female sex workers, their clients, men who have sex with men and people who inject drugs in West and Central Africa, *JIAS*, 2014

History of Key Population Studies

Country	Year of publication(s)	Key population	Pooled HIV prevalence % (95% confidence interval)	Pooled HIV prevalence (sample size N =)	HIV-1 prevalence % (sample size N =)*	HIV-2 prevalence % (sample size N =)	HIV 1 and 2 prevalence % (Sample size N =)	HIV prevalence % Among adults 15-49**
DRC	1988, 1988, 1991, 1998, 2007	FSWs	26.3 (24.6–28.0)	2,518				1.1
Gambia	1991, 1991, 1993	FSWs	28.5 (25.0–32.0)	627	1.3 (N = 627)	25.2 (N = 627)	2.1 (N = 627)	1.3
	1992	Clients	6.1 (4.1–8.1)	558				
Ghana	2000, 2001, 2012	FSWs	60.4 (58.3–62.6)	1,982	46.7 (N = 1348)	2.2 (N = 1348)	6.7 (N = 1348)	1.4
	2004	Clients	12.3 (9.4–15.2)	497				
Guinea	2010, 2010, 2011	FSWs	36.9 (34.5–39.3)	1,577				1.7
Mali	1988, 1998	FSWs	42.1 (37.3–46.9)	406	35.8 (N = 176)	3.9 (N = 176)	6.2 (N = 176)	0.9
Niger	1994, 1998, 2006, 2006	FSWs	31.2 (28.4–34.1)	1,017	29.2 (N = 767)	0.9 (N = 529)	2.0 (N = 767)	0.5
Nigeria	1989, 1993, 1993, 1993, 1998, 2002, 2008, 2011, 2012, 2012, 2013	FSWs	24.3 (23.5–25.1)	10,769	13.5 (N = 2291)	1.9 (N = 2041)	1.8 (N = 610)	3.2
	2013	PWID	3.8 (2.8–4.8)	1,459				
	2011, 2012, 2013	MSM	15.1 (13.7–16.5)	2,676				
	1992, 1996, 1997, 2003, 2007, 2009	FSWs	19.0 (17.9–20.1)	4,612	7.6 (N = 4008)	10.1 (N = 4008)	1.1 (N = 4008)	0.5
Senegal	1997, 2003	Clients	4.6 (3.6–5.7)	1,515				
	2005, 2009, 2010	MSM	21.7 (19.1–24.3)	942	18.1 (N = 442)	0.5 (N = 442)	2.9 (N = 442)	
Togo	2009	FSWs	36.2 (33.6–38.8)	1,311				2.9
	2009	Clients	7.9 (6.2–9.6)	997				

Source: Papworth, Ceesay, Thiam-Niangoin, Diouf, Drame, Baral. Epidemiology of HIV among female sex workers, their clients, men who have sex with men and people who inject drugs in West and Central Africa, *JIAS*, 2014

Key Populations in West And Central Africa

Key Population	Pooled HIV prevalence (%)	95% Confidence Interval (%)	Pooled Sample Size, n=	N=Living with HIV
Female sex workers (FSW)	34.9	34.4-35.4	41270	14,388
Men who have sex with men (MSM)	17.7	16.5-18.9	3714	656
People who inject drugs (PWID)	3.8	2.8-4.8	1459	56
Clients of FSW	7.3	6.6-8.0	5986	435

Source: Papworth et al. Epidemiology of HIV/AIDS among female sex workers, their clients, men who have sex with men, and people who inject drugs in West and Central Africa, JIAS, 2013. Forthcoming

Increasing Drug Trade in West Africa

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(AFP (eng) 06/21/13)

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- Benin's president pardons 'poison plot' suspects - AFP - 05/15/14
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- Epidemiology, Prevention Science, Mathematical Modeling, Social Science, Cost-Effectiveness, among others
- Populations covered including
 - ▣ Sex Workers
 - ▣ Gay men and other men who have sex with men
 - ▣ People who inject drugs
 - ▣ People living with HIV

Potential Considerations for Panel

□ Evidence

- What type of evidence is most useful from your perspective improving HIV-related health outcomes for key populations in West and Central Africa
- What should be priorities for the next generation of research and programs for key populations in the region

□ Policy

- What are functional policy level recommendations that you have for improving HIV-related outcomes for key populations.
- What do you see as the relationship between policies and health outcomes specifically in the region and can you use an example
- How do the more concentrated HIV epidemics among key populations as compared to other reproductive age adults in West and Central Africa affect policy and advocacy approaches in the region

□ Programs

- What should be included as core components of HIV prevention programs for key populations in West and Central Africa
- Are there countries in the region that could handle test and suppress (viral load) approaches for key populations

Panel 2

TECHNOLOGY AND TACTICS:

*Innovative Uses of Communication Technology
for HIV programming with Gay Men,
Other MSM, and Transgender Populations*

Innovative programmatic approaches to HIV prevention and care services for gay men, other men who have sex with men (MSM) and transgender persons using information and communication technology (ICT)

Moderator: Cameron Wolf, USAID

Darrin Adams, Health Policy Project, Futures Group

Hua Boonyapisomparn, Thai Transgender Alliance

Susannah Allison, NIH, National Institute of Mental Health

Innovative programmatic approaches to HIV prevention and care services for gay men, other men who have sex with men (MSM) and transgender persons using information and communication technology (ICT)

Digital Culture & Education
Volume 6, Issue 3
2014



Allison SM et al. *Journal of the International AIDS Society* 2014, 17:19041
<http://www.jiasociety.org/index.php/jias/article/view/19041> | <http://dx.doi.org/10.7448/1517.1.19041>



Commentary

Innovative uses of communication technology for HIV programming for men who have sex with men and transgender persons¹

Susannah M Allison^{5,1}, Darrin Adams², Kent C Klindera³, Tonia Poteat⁴ and R Cameron Wolf⁵

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Abstract

Globally, overall rates of HIV are on the decline; however, rates among gay men and other men who have sex with men (MSM) and transgender persons are increasing. Meanwhile, there has been exponential growth in access to communication technology over the last decade. More innovative prevention and care technology-based programmes are needed to help address the growing numbers of MSM and transgender persons living with HIV and those at risk for infection. To address this need, a meeting was hosted by the U.S. Agency for International Development (USAID) through the President's Emergency Plan for AIDS Relief (PEPFAR) and co-sponsored by amfAR, The Foundation for AIDS Research and the National Institute of Mental Health (NIMH). The meeting brought together researchers, community implementers, advocates and federal partners to discuss the current landscape of technology-based interventions for MSM and transgender persons and to discuss key considerations. Presentations and discussions focused on the research gaps, facilitators and barriers to programme implementation and public-private partnerships. This article summarizes the meeting proceedings and outlines key considerations for future work in this area.

Keywords: MSM; transgender; communication technology; HIV prevention; HIV care; mHealth.

Received 27 January 2014; Revised 5 June 2014; Accepted 2 September 2014; Published 1 October 2014

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Introduction

There is an increasing awareness of the high prevalence rates of HIV among men who have sex with men (MSM) and transgender persons globally [1,2]. In most countries throughout the world, MSM and transgender women carry a higher burden of HIV compared to others in the general population [1,3]. While global incidence data are scant among MSM and almost non-existent among transgender populations, this body of evidence is growing.

HIV among MSM

Data are emerging on the HIV epidemics among MSM in low- and middle-income countries. In Kenya, Malawi and Thailand, HIV incidence over a one-year period among MSM has been found to be 8.6, 7.1, and 5.9%, respectively [4–6]. Incidence rates may be higher among sub-samples of MSM who report having sex exclusively with men. For example in a further analysis of data from Kenya, a high incidence of 35.2 per 100 person-years was shown among these men who only have sex with men, many of whom reported receiving money for sex [4]. The high rates could also be attributed to

the fact that the researchers were tapping into an interconnected network of adults with ongoing high-risk sexual activity.

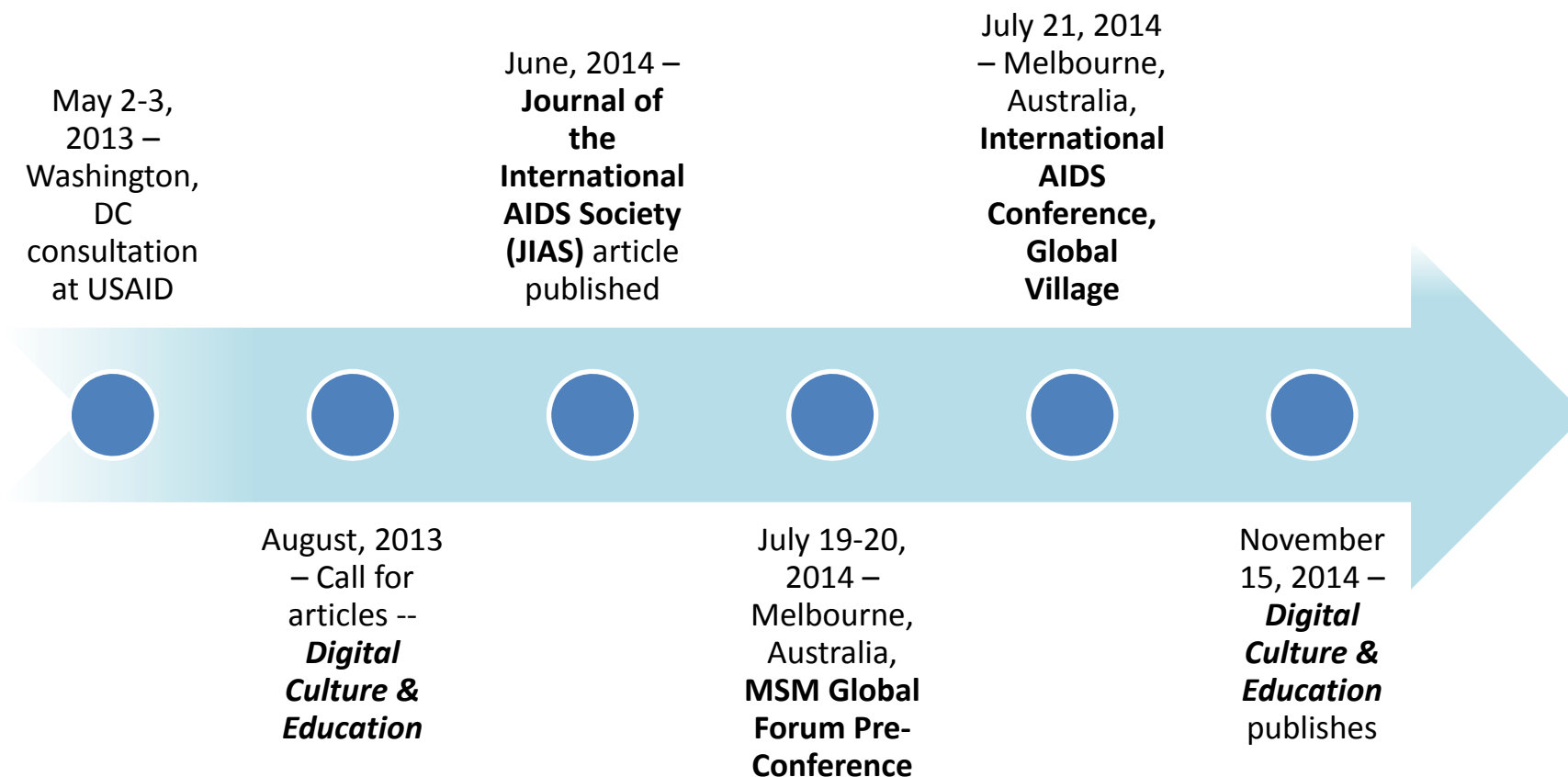
In some high-income countries, overall new infections have been on the decline, yet among MSM they have been rising. This is particularly true among young black MSM in the United States [2,7–9]. Millett and colleagues [10] found black MSM more likely to be HIV positive and less likely to initiate antiretroviral therapy when compared to other MSM, despite being more likely to report HIV prevention behaviour. Additionally, the UK [11], Western Europe [2], Australia [12] and sub-Saharan Africa [13] have all seen increases in HIV incidence among MSM in the past few years.

While our understanding of HIV epidemiology among MSM in low- and middle-income countries is improving, critical gaps remain in our ability to reach MSM with effective interventions. In an online survey of over 3700 MSM in over 140 countries, Ayala and colleagues [14] discovered low access to HIV testing (35%), treatment (43%), and HIV prevention commodities such as condoms (35%) and condom-compatible lubricants (22%). In a comprehensive review

¹The term "transgender persons" is used broadly to refer to individuals whose gender identity or expression is different than that typically associated with their assigned sex at birth. Gender presentations and social categories vary greatly across cultures, and many different local terms are used to describe individuals who cross or live outside a male-female binary. The term "transgender women" is used here to describe people who were assigned male at birth but who identify along a female spectrum.



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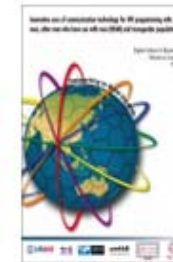
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世界上不同的人有不同的活法，让我们发出声音，向周围需要帮助的朋友们展示如何更精彩、更健康地生活。来吧，分享你的视频信息，世界终将因你而精彩！

投票时间：2011年8月1日至31日

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Nicklas Dennermalm
- **TLBz Sexperts! Using information and technology to get to zero HIV infections among Thai transgender people**
Nada Chaiyajit
- **Bambucha media: Using social media to build social capital and health Seeking behaviour among key populations**
Collins M. Kahema, John Kashiha, David Kuria Mbote & Michael R. Mhando
- **Silueta X: Lobbying to establish a LGBTI counseling and medical Center in Ecuador**
Diane Maria Zambrano Rodríguez
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Panel 3

MAKING IT MATTER:

Programming for Sex Workers



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Making it Matter Sex Workers Panel

December 2014

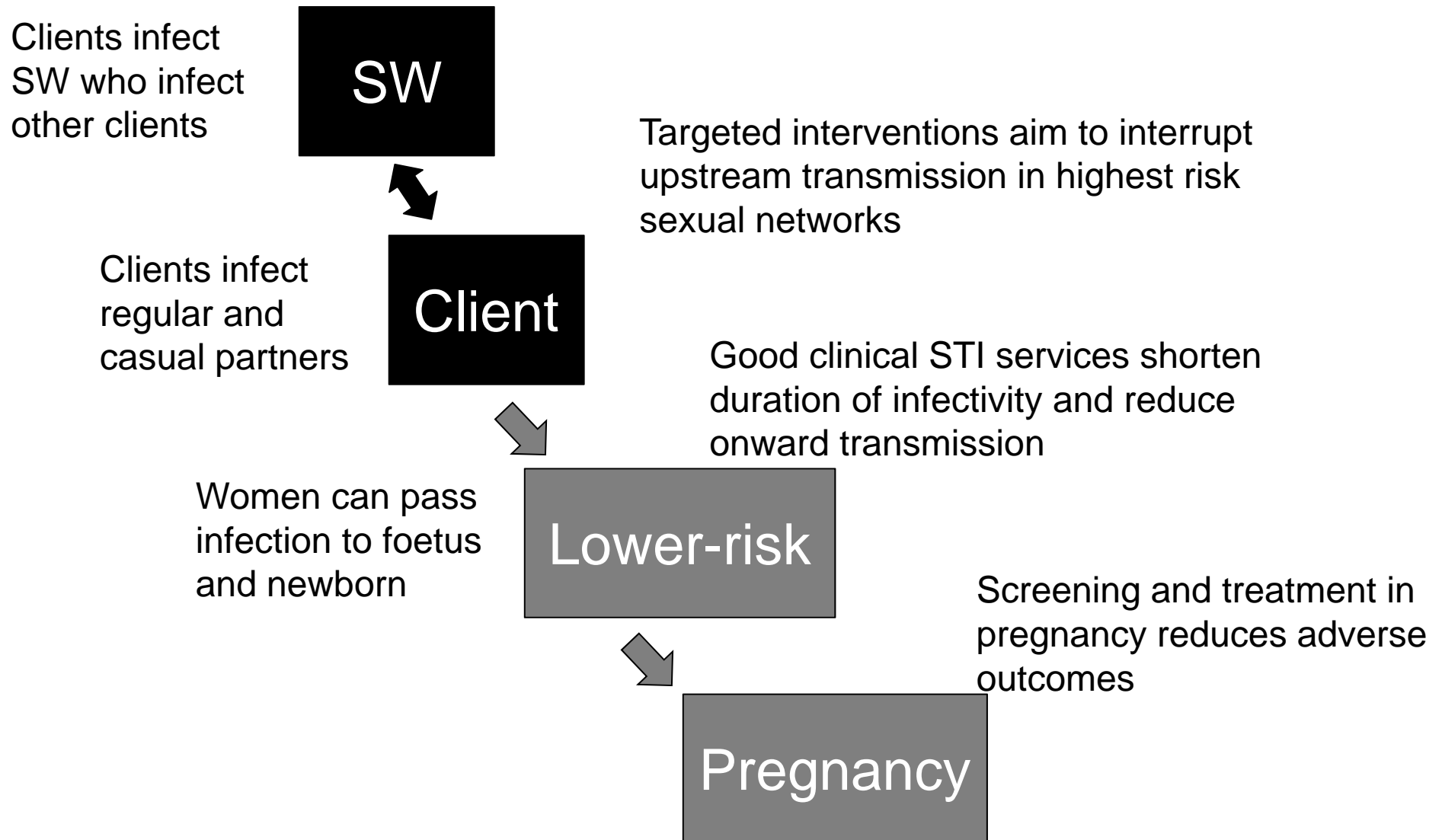
A sex worker? Single parent?

HIV positive women who needs treatment?

Strong advocate for herself?



Upstream and downstream transmission pathways

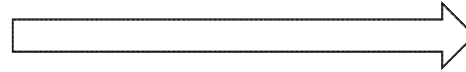




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Is Sex Work driving 'generalized' HIV epidemics?

18 SSA countries
- Modes of Transmission



PAF 1 year
SW
2%

3 SSA Countries
- KP models



PAF 10 years
SW
58%-89%



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Comprehensive SW programs work when they are high quality

Condoms and Lubricant

SA Reductions in Incidence 70%¹

STI Treatment

Boost Preventive effect of condoms by 15%.^{5,6}

Structural Interventions

Address Violence, Avert 17% of Infections²

Community Mobilization

STI & HIV Averted, Cost Savings^{3,4}

Peer Outreach

Empowering KP as Peers led to 3-fold coverage⁵

ART Coverage

0.4%-47.5% HIV-infected FSWs⁶

Retention on ART

90-97% retained in RCT settings⁶

Oral Prep + Test & Treat

40% incidence reduction of SW + clients of over a 10-year period¹



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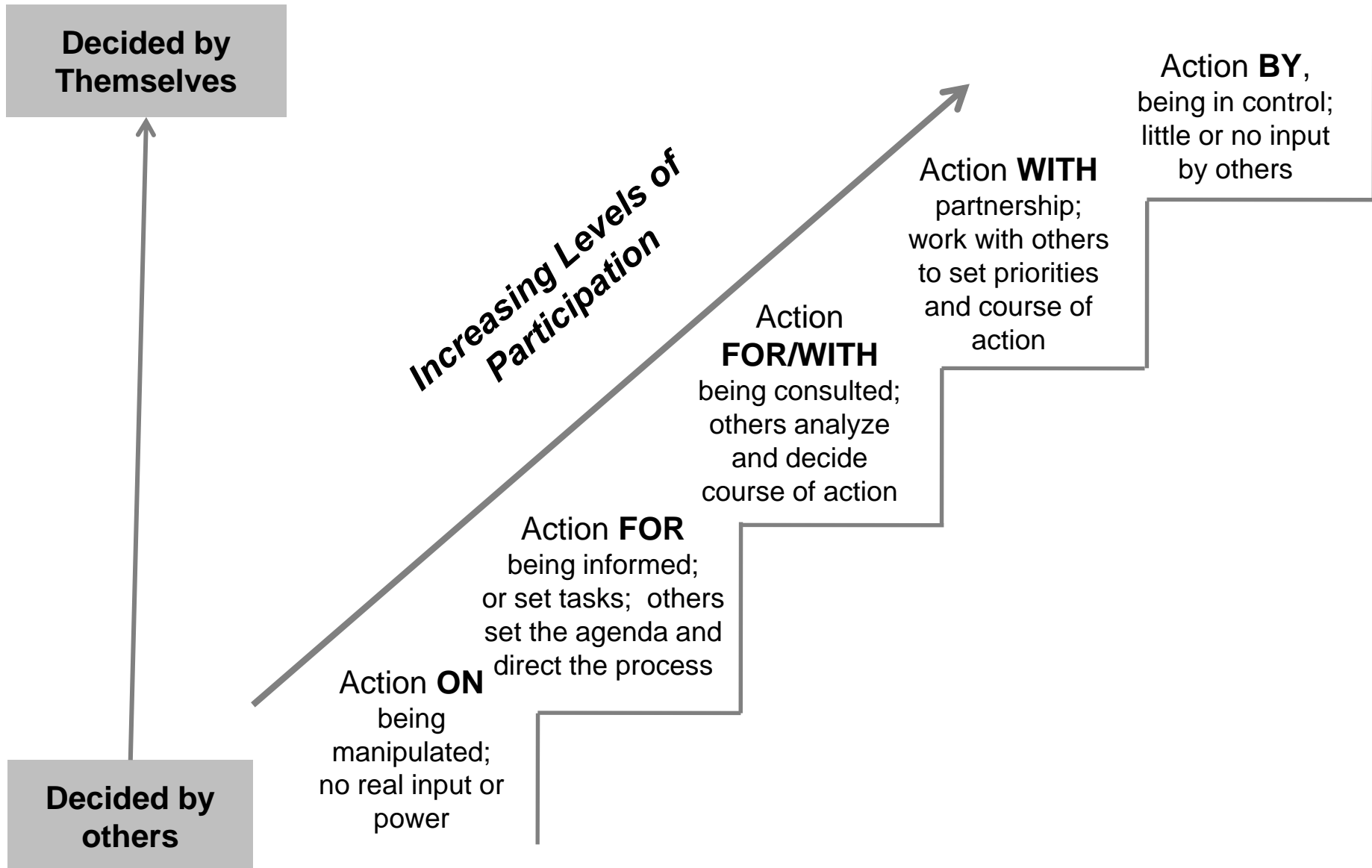
Citations

1. Bekker et al., (2014) Combination HIV prevention for female sex workers: what is the evidence? *The Lancet*
2. Shannon et al. (2014) Global epidemiology of HIV among female sex workers: influence of structural determinants. *The Lancet*
3. Kerrigan et al., (2014) A community empowerment approach to the HIV response among sex workers: effectiveness, challenges, and considerations for implementation and scale-up *The Lancet*
4. Vassall A, et al., (2014) Community mobilization and empowerment interventions as part of HIV prevention for female sex workers in Southern India: a cost-effectiveness analysis. *PLoS One*.
5. Wheeler et al., (2012) Learning about scale, measurement and community mobilisation: reflections on the implementation of the Avahan HIV/AIDS initiative in India. *J Epidemiol Community Health* 66 Suppl 2: ii16-25
6. Steen et al., (forthcoming) No exception – interrupt transmission in sex work, provide treatment, involve sex workers, implement efficiently, *PLoS*
7. Steen et al., (2014) Looking upstream to prevent HIV transmission: can interventions with sex workers alter the course of HIV epidemics in Africa as they did in Asia? *AIDS* 28: 891-899.
8. Mountain E, Mishra S, Vickerman P, Pickles M, Gilks C, et al. (2014) Systematic review and meta-analysis of antiretroviral therapy use, attrition, and outcomes among HIV-infected female sex workers. *PLoS ONE* 9: e105645



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Community Driven Responses





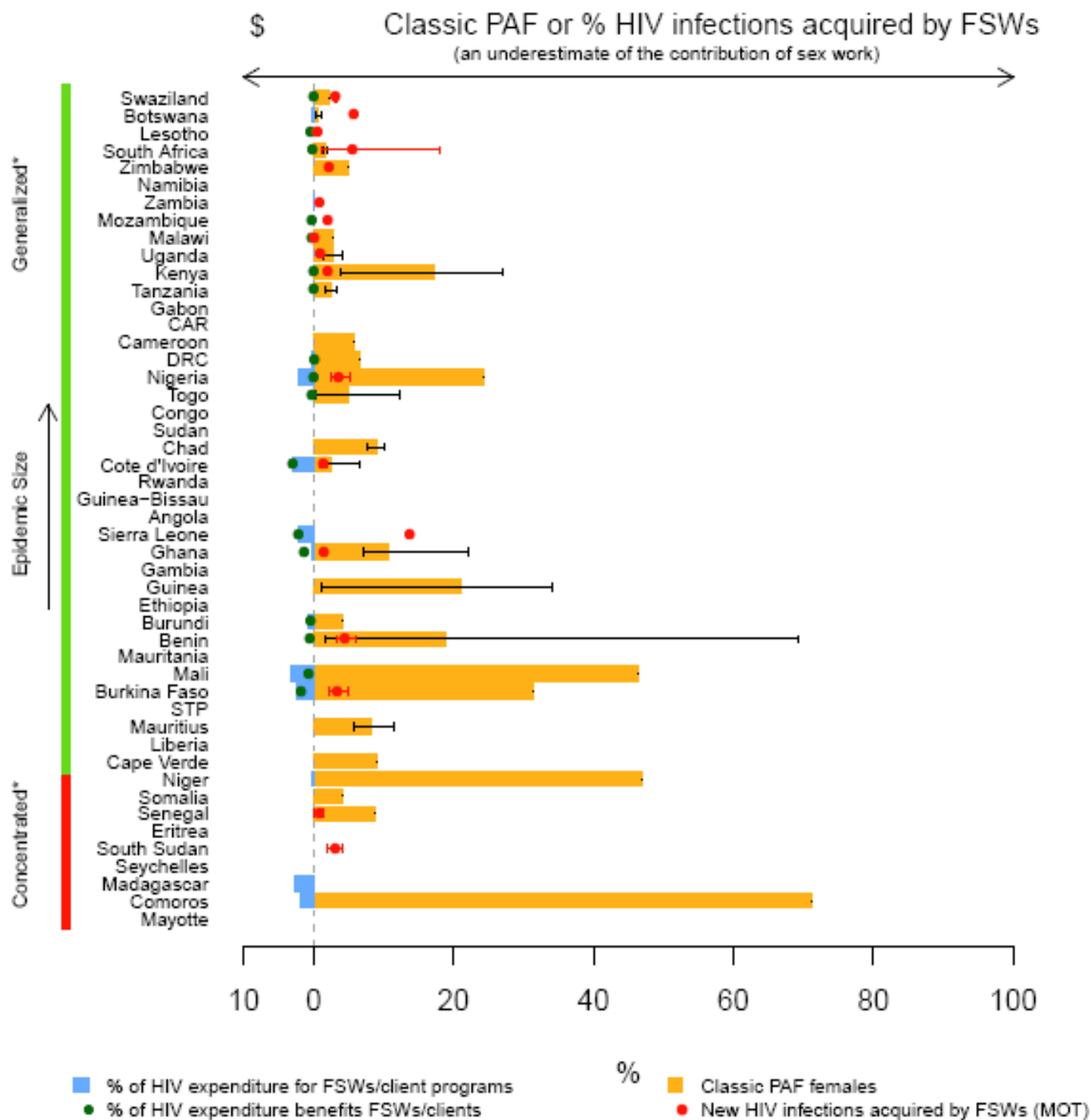
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Tisha Wheeler, USAID (Facilitating)

Ruth Morgan Thomas, Network of Sex Work Projects

Sharmistha Mishra, University of Toronto

Kate Thompson, GFATM

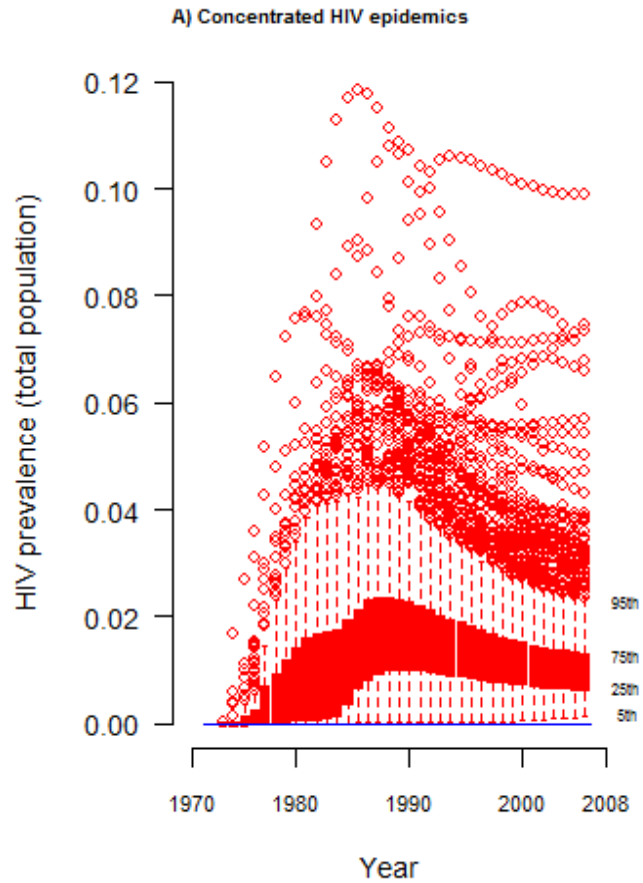


Mishra S, Moses S, Boily MC, et al. Characterizing the contribution of sex work to HIV epidemics in Sub-Saharan Africa: a systematic review, meta-analysis, and mathematical modelling study. Submitted. PLoS One.



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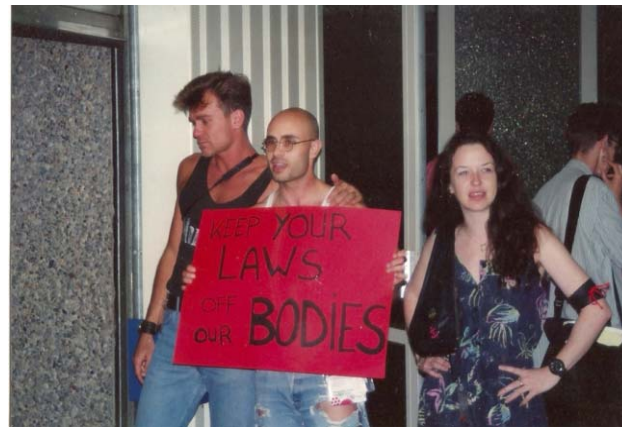
How big can a concentrated HIV epidemic ('driven' by sex work) get?





nswp

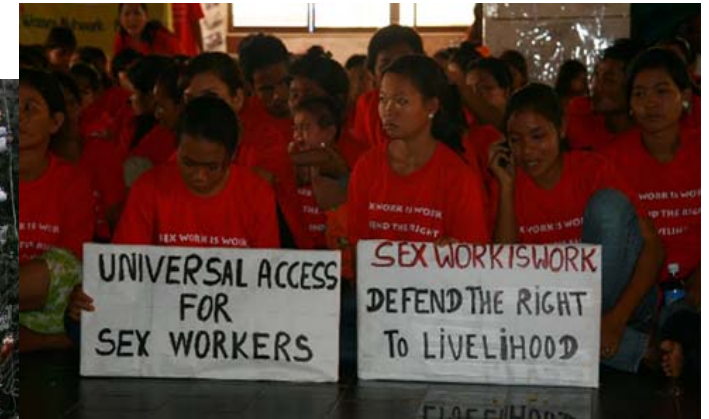
Global Network of Sex Work Projects
Promoting Health and Human Rights



Ruth Morgan Thomas
Global Coordinator

Global Network of Sex Work Projects





NSWP members across the world



Sex Worker Freedom Festival: the alternative IAC 2012 event for sex workers and their allies,



Implementing Comprehensive HIV/STI
Programmes with Sex Workers
PRACTICAL APPROACHES FROM COLLABORATIVE INTERVENTIONS

HIV/AIDS Programme

PREVENTION AND TREATMENT OF HIV AND OTHER SEXUALLY
TRANSMITTED INFECTIONS FOR SEX WORKERS IN LOW- AND
MIDDLE-INCOME COUNTRIES
Recommendations for a public health approach

December 2012

Ghana – NSWP members from all five regions
participate in the SWIT consultation



**ONLY RIGHTS CAN
STOP THE WRONGS**

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