

REMEMBER THE RIBBON INITIATIVE MANUAL



Student National Pharmaceutical Association (SNPhA)

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SNPhA Mission

SNPhA is an educational service association of pharmacy students who are concerned about pharmacy and healthcare related issues, and the poor minority representation in pharmacy and other health-related professions.

The purpose of SNPhA is to plan, organize, coordinate, and execute programs geared toward the improvement for the health, educational, and social environment of the community.

Remember the Ribbon Initiative Mission

To commit to raising awareness and improving the health and social environment of minority communities in regard to the HIV/AIDS epidemic through:

Awareness • Prevention • Education

Remember the Ribbon Initiative Chair Duties

- Coordinate HIV/AIDS events to provide awareness and education
- Observe HIV/AIDS Awareness Days
- Participate in World's AIDS Day on December 1st
- Participate in monthly conference calls
- Complete other duties assigned by the National Remember the Ribbon Chair

National Remember the Ribbon Initiative Chairs: Current/Past Officers

2019-2020

Justine Kankam, PharmD Candidate 2020
Mercer University College of Pharmacy

2018-2019

Timothy Archibald, PharmD Candidate 2020
Bill Gatton College of Pharmacy - East Tennessee State

2017-2018

Precious Dadzie, PharmD
Virginia Commonwealth University School of Pharmacy, 2018

2016-2017

Shuitan Ju, PharmD
University of Houston College of Pharmacy, 2018

2015-2016

Benjamin Iredell, PharmD
Virginia Commonwealth University School of Pharmacy, 2016

2014-2015

Karanita Fuller, PharmD
Virginia Commonwealth University School of Pharmacy, 2015

HIV/AIDS Disease State Overview

What is HIV/AIDS?

HIV stands for Human immunodeficiency virus. Immunodeficiency means that the virus attacks a person's immune system, which is the body's defense against infections such as bacteria and viruses. Once attacked by HIV, the immune system becomes deficient and doesn't work properly. HIV takes over immune system cells called CD4 cells or T cells and forces the cell to produce thousands of copies of the virus. As more CD4 cells become infected, decreasing the number of regular functioning cells, the immune system begins to weaken. The HIV virus can lead to acquired immunodeficiency syndrome or AIDS, which is the most advanced stage of the infection. This occurs when a person has a CD4 count of less than 200. Most people diagnosed with HIV will not develop AIDS if they are receiving the proper treatment.

How is HIV Spread?

HIV is spread mostly through body fluids including semen, vaginal fluid, blood and breast milk. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream for transmission to occur. Mucous membranes are found in the rectum, vagina, penis, and mouth.

A person can become infected from sexual contact with someone who is infected with HIV through:

- Vaginal sex (penis in the vagina)
- Anal sex (penis in the anus of either a man or a woman)
- Oral sex (penis in the mouth)

A person can become infected if they have contact with the blood of someone who is infected with HIV. Blood-borne infection with HIV can occur through:

- Sharing injection needles, syringes or other equipment
- Getting tattoos or body piercings with unsterilized needles
- Accidental needle sticks
- Contaminated blood transfusions
- Splashing blood in your eyes

Infection can pass from HIV positive pregnant women to their babies in the womb and during birth. Taking anti-HIV drugs during pregnancy and childbirth dramatically lowers the risk of a baby becoming infected with HIV. After birth, transmission can occur through breast milk of infected women. HIV- positive women who intend to become

pregnant or find out they are HIV positive during their pregnancy should talk to their doctor about ways to minimize the chances of their baby becoming infected too.

HIV/AIDS Transmission Rates

Domestically

An estimated 1.1 million people in the United States were living with HIV at the end of 2014. Of those people, about 15%, or 1 in 17 did not know they were infected. In 2015, the number of new HIV diagnoses in the United States was 39, 513.

For HIV infections by transmission category, gay, bisexual, and other men who have sex with men are most at risk. In 2014, gay and bisexual men accounted for 70% of all new HIV infections. In the same year, individuals infected through heterosexual sex made up 23% of all new HIV infections.

For HIV diagnoses by race and ethnicity, African Americans are severely affected. In 2015, African-Americans made up only 12% of the US population but accounted for 45% of all new HIV diagnosis. Additionally, Hispanic/Latinos accounted for about 25% of all new diagnoses in the United States, despite representing about 18% of the total US population.

Though HIV diagnoses among women have declined sharply in recent years, more than 7,000 women received an HIV diagnosis in 2015. African-American women are disproportionately affected by HIV compared with women of other races. At the end of 2014, of the women living with diagnosed HIV, 60% were African-American, 17% were white, and 17% were Hispanic/Latino.

In 2015, youth aged 13-24 accounted for 22% of all new HIV diagnoses in the United States. Most of those new diagnoses among youth (81%) occurred among gay and bisexual males. Young African-American and Hispanic/Latino gay and bisexual males are especially affected; however, we are seeing progress. Estimated annual HIV infections fell to 188% among young gay and bisexual males from 2008 to 2014. In 2015, 1,489 youth were diagnosed with AIDS, representing 8% of total AIDS diagnoses that year.

In 2015, people aged 50 and older accounted for 17% of the HIV diagnoses. Among this population, African-Americans accounted for 43% of all new diagnoses, Whites accounted for 36% and Hispanic/Latinos accounted for 17%.

Internationally

In 2016, there were about 1.8 million new HIV infections worldwide; a decrease from 2.1 million infections in 2015. About 36.7 million people are living with HIV around the world and an estimated 1 million people died from HIV related causes. Of this 36.7 million, 34.5 million were adults, 17.8 million were women, and 2.1 million were children.

Sub-Saharan Africa bears the heaviest burden of HIV and AIDS worldwide. Nearly 1 in every 25 adults or 4.2% living with HIV and accounting for nearly two-thirds of the people living with HIV worldwide. In 2015, the Sub-Saharan accounted for about 64% of all new infections worldwide.

Globally, there were 2.1 million children living with HIV, 120,000 AIDS-related deaths, and 160,000 new infections in children. Since 2010, new HIV infection among children have declined by 47%.

An estimated 2.1 million individuals worldwide became newly infected with HIV in 2015. This includes 150,000 children less than 15 years old. Most of these children live in sub-Saharan Africa and were infected by their-HIV positive mothers during pregnancy, childbirth or breastfeeding. In 2015, 77% of pregnant women living with HIV globally had access to antiretroviral medicines to prevent transmissions of HIV to their babies; new HIV infections have declined by 50% since 2010.

As of June 2016, 18.2 million people living with HIV were accessing antiretroviral therapy (ART) globally, up from 15.8 million in June 2015, 7.5 million in 2010 and less than one million in 2000.

Global HIV Data (Extracted from UNAIDS.org)

	2000	2005	2010	2012	2013	2014	2015	2016
People living with HIV	27.7 million [23.2 million– 32.3 million]	31.0 million [26.0 million– 36.3 million]	33.2 million [27.6 million– 39.2 million]	34.3 million [28.5 million– 40.3 million]	34.9 million [29.0 million– 40.9 million]	35.5 million [29.5 million– 41.6 million]	36.1 million [30.2 million– 42.2 million]	36.7 million [30.8 million– 42.9 million]
New HIV Infections (total)	3.0 million [2.6 million– 3.4 million]	2.5 million [2.2 million– 2.8 million]	2.2 million [1.9 million– 2.4 million]	2.1 million [1.8 million– 2.3 million]	2.0 million [1.7 million– 2.3 million]	2.1 million [1.9 million– 2.4 million]	1.9 million [1.6 million– 2.2 million]	1.8 million [1.6 million– 2.1 million]
New HIV Infections (aged 15+)	2.5 million [2.2 million– 2.9 million]	2.1 million [1.8 million– 2.3 million]	1.9 million [1.6 million– 2.1 million]	1.8 million [1.6 million– 2.0 million]	1.8 million [1.5 million– 2.0 million]	1.7 million [1.5 million– 2.20million]	1.7 million [1.5 million– 2.0 million]	1.7 million [1.4 million– 1.9 million]
New HIV Infections (aged 0–14)	460 000 [370 000– 540 000]	430 000 [340 000– 510 000]	300 000 [230 000– 370 000]	270 000 [250 000– 190 000]	220 000 [160 000– 280 000]	190 000 [130 000– 260 000]	170 000 [110 000– 240 000]	160 000 [100 000– 220 000]
AIDS-related deaths	1.5 million [1.2 million– 1.8 million]	1.9 million [1.7 million– 2.2 million]	1.5 million [1.3 million– 1.7 million]	1.3 million [1.1 million– 1.5 million]	1.2 million [1.0 million– 1.4 million]	1.1 million [940 000– 1.3 million]	1.1 million [880 000– 1.3 million]	1.0 million [830 000– 1.2 million]
People accessing antiretroviral therapy	685 000 [600 000– 710 000]	2.056 million [1.8 million– 2.1 million]	7.7 million [6.8 million– 8.0 million]	11.2 million [9.8 million– 11.6 million]	13.1 million [11.6 million– 13.7 million]	15.1 million [13.3 million– 15.7 million]	17.1 million [15.1 million– 17.8 million]	19.5 million [17.2 million– 20.3 million]
Resources available for HIV (low- and middle-income countries)	US\$ 4.8 billion*	US\$ 9.4 billion*	US\$ 15.9 billion*	US\$ 18.8 billion*	US\$ 19.5 billion**	US\$ 19.2 billion**	US\$ 19.0 billion**	US\$ 19.1 billion**

* Includes countries classified as low- and middle-income level per the World Bank 2012 classification.

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HIV Testing

The U.S Centers for Disease Control & Prevention (CDC) recommends that everyone between the ages of 13 and 64 in the United States get tested for HIV infection at least once as part of routine health care, and more often if they are at higher risk.

Treatment

HIV treatment involves taking medications that slow the progression of the virus in the body. The drugs used to treat HIV are called antiretrovirals (ARV). These drugs are given in combination with other ARVs, as combination therapy called anti-retroviral therapy (ART). It is recommended that anyone infected with HIV start taking ART as soon as possible. Although there is no cure for HIV, ART can help keep HIV-positive patients live longer, healthier lives and greatly reduce the risk of them transmitting it to their partner(s).

Disease Prevention

- Abstinence
- Get tested and know your partner's HIV status
- Limit your number of sexual partners
- Never share needles
- Use condoms correctly, every time you have sex
- Medications to prevent HIV for high-risk individuals

Medications for HIV Prevention

Pre-exposure prophylaxis (PrEP) is an HIV prevention strategy where HIV-negative individuals take anti-HIV medications before coming into contact with HIV to reduce their risk of becoming infected. PrEP can stop HIV from taking hold and spreading throughout the body. According to the CDC, by using PrEP daily, a person can lower their risk of getting HIV from sex by more than 90% and from injection drugs by more than 70%.

Post-exposure prophylaxis (PEP) is an HIV prevention strategy where HIV-negative individuals take HIV medications after coming into contact with HIV to reduce their risk of becoming infected. PEP must be started within 72 hours after possible exposure.

Information compiled via data from cdc.gov, HIV.gov, UNAIDS.gov

United States National HIV/AIDS Strategy (NHAS)

Vision

The United States will become a place where new *HIV infections are rare* and when they do occur, every person regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio- economic circumstance, will have *unfettered access* to high quality, life-extending care – *free from stigma and discrimination*.

Goals

- 1. Reduce new HIV infections**

- Increase the percentage of people living with HIV who know their serostatus to at least 90%.
- Reduce the number of new diagnoses by at least 25%.
- Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least 10%.

2. Improve access to care and improve health outcomes for people living with HIV

- Increase the percentage of newly diagnosed persons linked to HIV medical care within one month to at least 85%.
- Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.
- Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.
- Reduce the percentage of persons in HIV medical care who are homeless to no more than 5%.
- Reduce the death rate among persons with diagnosed HIV infection by at least 33%.

3. Reduce HIV-related health disparities

- Reduce disparities in the rate of new diagnoses by at least 15% in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.
- Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80%.

4. Achieve a more coordinated national response

- Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments.
- Develop improved mechanisms to monitor and report on progress toward achieving national goals.

For more information, please visit [National HIV/AIDS Strategy What You Can Do](#) (link)

National HIV/AIDS Awareness Days

A number of national and global observances are held annually to raise awareness for the various patient populations that are impacted by the disease. ***The Department of Health and Human Services is using all of its resources to combat the disease, and one way it is doing so is by supporting these observances, which help raise awareness and spread information about HIV/AIDS.***

- HIV/AIDS Awareness Days website: <https://www.hiv.gov/events/awareness-days>

- Download materials, educational tools, and information to support these observances.
- **Each active chapter is expected to participate in World AIDS Day and submit a CIC report**
- **Each active chapter is expected to participate in three awareness days per semester, not including World AIDS Day.**

Fall Semester

1. [National HIV/AIDS and Aging Awareness Day - September 18th](#)
2. [National Gay Men's HIV/AIDS Awareness Day - September 27th](#)
3. [National Latino AIDS Awareness Day - October 15th](#)
4. [World AIDS Day - December 1st](#)

Spring Semester/Summer

1. [National Black HIV/AIDS Awareness Day - Feb 7th](#)
2. [National Women and Girls HIV/AIDS Awareness Day - March 10th](#)
3. [National Native HIV/AIDS Awareness Day - March 20th](#)
4. [National Youth HIV & AIDS Awareness - April 10th](#)
5. [National Transgender HIV Testing Day - April 18th](#)
6. [HIV Vaccine Awareness Day - May 18th](#)
7. [National Asian & Pacific Islander HIV/AIDS Awareness Day - May 19th](#)
8. [HIV Long-Term Survivors Day - June 5th](#)
9. [National HIV Testing Day - June 27th](#)

Please check the respective websites for up-to-date information.

Remember the Ribbon Initiative Event Ideas

The Remember the Ribbon initiative is an opportunity to promote HIV/AIDS awareness and prevention nationwide. All of the materials and information in this manual have been developed to assist you in successful execution of this project. **Since every part of our nation is different, your chapter may have unique ideas for project promotion in your local community. You are encouraged to be creative and open to conducting a wide range of activities.**

The following promotional ideas are suggestions that may help you promote HIV/AIDS awareness and prevention in your community. You can inform the public through personal contact in community pharmacies, hospitals, businesses, schools, youth centers, and by using the media to promote the project.

Keep in mind that when you plan your project activities, it is important to reach out and partner with all of your different audiences such as news media, elected officials, business leaders, local government health departments, other pharmacists, other SNPhA chapters in your area, and the general public.

Event and Promotion Suggestions

- Partner with local HIV/AIDS organizations, clinics and local health department to conduct HIV/STD testing sessions
- Help local testing clinic for registration and provide general education
- Participate in local health fairs to educate patients and distribute educational materials
- HIV/AIDS Awareness Week: fundraiser, pass out literature, converse with students/patients/public, sell lapel pins, distribute condoms, dress in red during World AIDS Day---donate proceeds to local funds for medications
- Participate in AIDS walks, by hosting a table to pass out educational literature and lists of free testing centers
- Hold events that raise awareness on the status of HIV/AIDS on a global level
- Invite representatives from local HIV/AIDS organizations to speak at your school during lunch
- Present an informational series of lectures including basic pathophysiology of disease.
- Volunteer at a local HIV/AIDS Hospice, train to provide same services as employees
- Hold discussion sessions in classroom to teach about inter-professional support needed to provide optimal care
- Volunteer and help plan local annual fundraising events with the AIDS Benefit Foundation
- Hold a fashion show on Women's Awareness Day and educate the crowd about HIV/AIDS
- Plan or volunteer at parties and request admission fees be donated to various organizations
- Provide free testing to students on campus via mobile testing unit
- Host a diverse foods sale to fundraise to donate care kits for HIV/AIDS patients around the world
- Partner with high school counselors and other teachers to provide sex education or with the Boys and Girls Club or the YMCA
- Partner with LGBT organizations in various awareness/education events
- Volunteer at low-income free clinics and educate patients about HIV/AIDS and also about Medicare and Medicaid, encouraging appreciation of drug costs versus patient costs, thus instilling a sense of advocacy on part of the patients
- Hold a raffle and provide free raffle tickets to fellow students who get tested for HIV
- Volunteer with SNPhA during Relay for Life, hold educational games, provide brochures, and have fun!!!
- Hold a "Sex in the Dark" event, where students/public could ask anonymous questions through a text/phone line, then using glow sticks, the students/public could answer the questions the best way they could. After a few minutes, a professional would teach the correct answer to the question
- Reach out to fraternities and sororities to provide education about prevention
- Promote AIDS Free campaigns and show videos of national/political strategies for a world of Zero AIDS

- Hold a candlelight vigil, created a human red ribbon, provide oversized human displays for the public to see the local fight against HIV/AIDS especially during observance days

General Event and Promotion Suggestions

- Take advantage of local event/service opportunities with clinics, healthcare professional, annual events, etc.
- Promote events with eye catching names
- Obtain free brochures from local clinics
- Create brochures and pamphlets that highlight prevalence of HIV/AIDS around the world
- Take advantage of SNPhA members who can communicate in languages other than English
- Ask shopping mall management to sponsor a health fair, make room for an exhibit, or provide space for a “questions and answers about HIV/AIDS” table or booth
- Distribute copies of informational brochures or post flyers
- Encourage your elected representatives including mayors, city managers, county executives, and state governors to get on board with goals of the project
- Distribute radio public service announcements about awareness and prevention and/or upcoming events
- Contact local television health reporters. Ask them to do a story about your chapter’s effort to spread HIV/AIDS awareness and prevention
- Create a PowerPoint presentation introducing PrEP

Partnership Opportunities

- Contact local health departments to assist in performing HIV/AIDS testing
- Partner with local YMCA’s, Boys and Girls Club, and community centers to educate youth populations about HIV/AIDS
- Local HIV/AIDS organizations in your area

Icebreakers for Events with Youth and Young Adults

Objectives:

Participants will:

1. Become aware of how rapidly a sexually transmitted infection can spread with unprotected intercourse.
2. Assess their own behavior for risk of sexually transmitted infections.

Activity #1: Baking Soda

Materials

- 1 small cup for each group member

- Enough water to fill each cup half-way
- 1 piece of pH paper for each group member (can be purchased at pharmaceutical supply companies)
- Baking Soda

Set-up

Half fill each cup with water. Depending on your group size, place approximately ½ tsp. baking soda in the 25% of the cups. Stir until baking soda completely dissolves.

Activity

1. Distribute cups to each group member randomly. Ask group members to inspect their cups of water, checking for any strange colors or odors. (Baking soda once dissolved is odorless and invisible.)
2. Instruct participants to find a partner and discuss: ***Reasons why people might believe they can't get a sexually transmitted infection.*** After the brief conversation, invite participants to pour a little of their water into their partner's cup and vice versa.
3. Ask participants to find a new partner and discuss: ***All the places where people can get condoms. (modify if necessary!)*** Have participants share water again.
4. Ask participants to switch participants one final time and discuss: ***Ways condoms could make sex more pleasurable. (modify if necessary!)*** Have participants share water with their third partner and then return to their seats.
5. Tell participants that they are to imagine sharing body fluids through sexual contact. Explain that often people with sexually transmitted infection have no symptoms, and often are unaware that they are infected. ***Tell the group the number of people who began the activity with a sexual transmitted infection;*** they had baking soda in the cup. They are now going to be tested for a sexually transmitted infection.
6. Distribute the pH paper and have students dip their paper into their cup. If the pH paper turns dark blue/green, then they are infected with a sexually transmitted infection. If the pH paper remains yellowish-green, then they are not infected.
7. Ask how people felt when
 - a. They were told they might have a sexually transmitted infection
 - b. They were about to dip their pH paper
 - c. They got their test results
8. Brainstorm with group ways to prevent contracting a sexually transmitted infection.

Activity #2: Staying out of the Risky Zone

Materials and Set-up

- 3" x 5" index card, each with one of the following instructions printed on them if there are more than 11 participants, make needed number of duplicates)
 - You choose to be abstinent. Do not shake hands.

- You do not have sex, but enjoy other types of touch. Don't shake hands but find other ways to connect with people.
- You are in a monogamous relationship, shake only one person's hand, but you can shake it as often as you like.
- You always use condoms.
- Shake 3 people's hands.
- You have genital warts, shake 3 people's hands and tell them about your infection after you shake their hand.
- You have HIV and you decide whether or not to shake hands.

Activity

1. Explain that the group will have an opportunity to discuss some important topics related to sexually transmitted infections, including HIV/AIDS. Before distributing cards, tell participants they should **not** share their instructions with anyone.
2. Have group stand and mingle, **following the instructions on their cards**.
3. Stop music after 5-7 minutes and ask group to be reseated.
4. Explain that everyone should imagine they just engaged in different types of "sexual" behavior. Acknowledge that you **cannot transmit** a sexually transmitted infection through shaking hands, but for this activity the group will pretend that it is possible.
5. Ask everyone who had a sexually transmitted infection on their card to stand.
6. Ask everyone who shook hands with someone who was infected to please stand as well. Ask if anyone's card indicated instructions about using condoms. If so, sit down now.
7. See if there are more people who might be infected from the people who are still standing.

Activity #3: Three statements about HIV/AIDS

Materials

- Poster, paper, pens/pencils

Set-up

1. Give three sheets of paper to each individual student then have them write one statement they have heard about HIV and/or AIDS (whether they agree with it or not)
2. Collect the pieces of paper then deal them out randomly.
3. Divide the students among two separate groups.
4. Distribute a large sheet of paper to each group with headings 'Agree', 'Disagree', and 'Don't Know'. Ask group members to sort their small pieces of paper into each of these columns, reaching agreement on where each statement should be placed.
5. Both groups should be asked to justify their decisions to the main group as a whole.
6. The facilitator will then lead a discussion of the scientific, medical, and social issues raised by the statements and where they are placed.

Adopted from Planned Parenthood of Western Washington

Chauncey I. Cooper (CIC) Chapter Reporting Guidelines

Chapters can receive recognition for Chauncey I. Cooper (CIC) points by submitting individual event reports. Chapters are eligible to receive 300 points per RTR event. Reports must be submitted via CIC 3.0: Please review the following requirements prior to planning and participating in RTR events.

General Requirements

- Reports must be submitted through CIC 3.0 within **14 days** of the event date
- Minimum of 3 pictures **OR** a link to a video posted on social media submitted in the online form, along with 2 pictures
 - At least 3 actions photos (students engaging in the event or patient interaction), though more pictures are welcomed
 - More photos of educational materials if needed for qualification of CIC points
- Chapters must respond to clarifications requested by respective initiative chairs within five (5) business days of email communications
 - After that five (5) day window, if chapters are still within the 14 day time frame, clarification is still permissible
 - After that five (5) day window, if chapters are outside of the 14 day time frame, events are automatically denied
- When reporting the number of patients affected through the e-submission website, include the number of patients **directly** impacted by the chapter's participation in the event, not simply the number of people in attendance at the event as a whole as these may not be the same in many instances.
- If questions, clarifications or updates are required, please contact the respective initiative chair or the national recording secretary.

Remember the Ribbon Event Requirements

Must provide direct outreach to patients, (preferably in targeted areas such as minority communities, college campuses or high schools) **AND/OR** education of HIV/AIDS-related topics to healthcare providers and/or students.

- If the event does not incorporate direct patient outreach, pictures of education materials must be provided **IN ADDITION** to the 3 pictures (or 2 pictures and a video) already submitted
- Public Awareness events that incorporate limited education do not count as RTR events and must be submitted as a Social Media event
- A **minimum of two (2) SNPhA members** must be present during the event
- Must include **two (2)** of the following to serve as an HIV/AIDS event:
 - Distribution of patient information related to HIV/AIDS (i.e. pamphlets, brochures, printouts, etc.)
 - Provide a list of local HIV/AIDS testing locations
 - Medication review/patient counseling on HIV, STD or Hepatitis C treatments
 - Seminar/lecture to membership or patients

- Conduct or help other healthcare providers with HIV, STD, or Hepatitis C testing

HIV/AIDS Online Resources

AIDSInfoNet	The Body
The Center for Disease Control and Prevention	AIDSMeds
AIDSMeds Drug Chart	World Health Organization
Avert	Aidsinfo
<u>POZ</u>	UNAIDS
Act Against AIDS	AIDS Healthcare Foundation
TheBodyPro	HIV/AIDS Programs
AIDS.gov	BlackAIDS
Legal Aspects of HIV/AIDS	Kaiser Family Foundation
Walgreens and HIV/AIDS	AIDS.org
AIDSAliance	Minority AIDS Council (NMAC)
WellProject	The Foundation for AIDS Research
UNICEF Child Survival HIV/AIDS (Email)	Greater Than