



HENNEPIN COUNTY

RYAN WHITE HIV/AIDS PROGRAM

**IN COLLABORATION WITH THE ALIVENESS PROJECT &
GLOBAL HEALTH SERVICES INC.**

GHANDS INC.

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HIV/AIDS EDUCATION CURRICULUM FOR FAITH LEADERS

For use by

*Faith Leaders and Others Committed to accompany the Hennepin County, Ryan White
HIV/AIDS Program in mitigating the impact of HIV/AIDS*

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1.0 HOW TO USE THIS HIV/AIDS EDUCATION CURRICULUM

This curriculum is a simplified version of some key HIV/AIDS Education focusing on prevention, treatment and care. It is intended for use by Faith Leaders and others committed to mitigating the impact of HIV/AIDS in their various contexts. In this curriculum, the term Faith Leaders is used in the broadest possible logic and includes spiritual leaders of many categories. When using this curriculum, local, spiritual, and cultural sensitivities/ norms should be taken into account. The extracts in this curriculum are from the following documents; the Declaration of Commitment on HIV/AIDS: ‘Global Crisis – Global Action’ (2001), AIDS Epidemic Update (UNAIDS and WHO, published every December)<http://www.unaids.org>; Report on the Global HIV/AIDS Epidemic (UNAIDS and WHO, published every second year in July) <http://www.unaids.org>; Young People and HIV/AIDS: Opportunity in Crisis (UNICEF, UNAIDS and WHO, 2002)<http://www.unicef.org/aids/>; and International Guidelines on HIV/AIDS and Human Rights (UNAIDS and OHCHR, 1998, with 2002 update) <http://www.unhchr.ch/hiv/guidelines.htm>.

This curriculum is a resource that Faith leaders can use to explore ways of responding to HIV/AIDS in the Hennepin County. It explains what HIV/AIDS is, how it can be prevented and how it affects particular groups, especially women and young people. It also explains how parents who are infected with HIV (the virus that causes AIDS) can avoid passing it on to their infants.

In addition to these basic facts, the curriculum also includes suggestions on what religious leaders can do to stop the spread of the HIV/AIDS epidemic and the human suffering that goes along with it. The information in this curriculum can serve as a starting point for meditation, dialogue and action. It can be adapted as necessary to specific spiritual teachings or religious texts, to the cultural practices and beliefs of particular communities, to local issues that contribute to the spread of HIV, and to ongoing programs.

An important point to remember when taking action is that there are many organizations and individuals also responding to HIV/AIDS who want to be of service. Find ways to team up with local non-governmental organizations or others who may be specialists in various fields. If addressing certain aspects of the disease, or its prevention, is difficult, make use of these groups for assistance and concentrate on more familiar areas.

In many cases, this will mean providing the compassion and moral support that can break through the judgement, shame and fear so often associated with HIV/AIDS. Faith leaders can also foster the process of reconciliation that is so urgently needed to bring families and communities divided by HIV/AIDS back together.

2.0 INTRODUCTION

HIV/AIDS is a crisis of enormous spiritual, social, economic and political proportion. There is still neither a vaccine to prevent HIV or a cure for the disease, and the number of people living with HIV is increasing in the Hennepin County. However, advances in HIV testing, treatment, and care have turned HIV into a chronic, treatable long-term condition. New laws, policies, and data have changed the way we see and think about this virus. HIV/AIDS continues to affect people from diverse religious backgrounds in our communities, who have a right to understand the risks that can threaten their health, and know the steps they must take to stay safe. We are eager to share important HIV/AIDS information with our Faith leaders in this Education curriculum so that they can continue to teach and engage their members on the most relevant information about HIV. Implementing an HIV/AIDS Education curriculum requires consideration of many viewpoints, a thorough knowledge of content, and a deep understanding of our county's diverse cultural values and beliefs.

Notably, dramatic improvements in HIV treatment: The most important advance is that people infected with HIV are living longer, healthier lives. Antiretroviral therapy (ART), a combination of medications that stops the virus from replicating and from infecting new cells, has succeeded in keeping people's viral load low and immune system strong, keeping people healthier longer. A low viral load also helps prevent transmission of HIV to someone else. Overcoming HIV and the stigma that fuels its spread is one of the most serious challenges of our time. It requires courage, commitment and leadership at all levels, especially among Faith Leaders who can use the trust and authority they have in their communities to change the course of the pandemic. Faith Leaders in many places around the world have already risen to the challenge of HIV/AIDS. Yet more work is urgently needed in the Hennepin County to stop the spread of HIV and alleviate the suffering caused by AIDS, using compassion, leadership and sense of moral responsibility that people of all faiths embrace. Faith Leaders can be especially instrumental in eradicating the stigma and discrimination faced by people living with HIV and AIDS as well as facilitates treatment. They remain an important asset to mitigating the epidemic because they are trusted and respected members of society and are influential in shaping social values and public opinion. Moreover, they can help find resources for spiritual and social care and promote action through their presence in local communities.

2.1 MINNESOTA HIV/AIDS EPIDEMIOLOGIC PROFILE

The HIV epidemic in Minnesota is driven by sexual exposure. Among men, MSM represent the primary mode of exposure. Among females, heterosexual contact accounts for the vast majority of living and new cases. The HIV epidemic in Minnesota affects racial and ethnic minorities disproportionately, especially African Americans, who are over represented in every risk group. While the emerging epidemic among African-born persons seems to be leveling off, Minnesota continues to see an increasing number of living cases among foreign-born persons. These disparities have significant implications for both prevention and care activities. Adolescents and young adults (ages 13-24) represent a small percentage of living cases however they have represented an increasing proportion of new cases in the past decade. While HIV/AIDS continues to be geographically centered in the Twin Cities metropolitan area, injection drug users and heterosexual people living with HIV/AIDS appear to be more likely than other groups to live in Greater Minnesota. For 2015 full profile see <http://www.health.state.mn.us/divs/idepc/diseases/hiv/epiprofile/epiprofile.pdf>

3.0 WHY SHOULD FAITH LEADERS BE INVOLVED?

Faith Leaders have strengths, they have credibility, and they are grounded in communities. This offers Faith Leaders within the Hennepin County an opportunity to make a real difference in combatting HIV/AIDS. To respond to this challenge, our house of worship must be transformed in the face of the HIV/AIDS crises, in order that they become a force of transformation by bringing healing, hope and accompaniment to all affected by HIV/AIDS in our communities.

Faith Leaders are in the unique position of being able to alter the course of the HIV/AIDS epidemic because they can:

- Shape social values;
- Promote responsible behavior that respects the dignity of all persons and defends the sanctity of life;
- Increase public knowledge and influence opinion;
- Support enlightened attitudes, opinions, policies and laws;
- Redirect charitable resources for spiritual and social care and raise new funds for prevention and for care and support;
- Promote action from the grass roots up to the national level.
- The principles of compassion, leadership and moral responsibility that people of all faiths embrace are urgently needed to halt the spread of HIV and alleviate the suffering caused by AIDS.
- Where Faith Leaders and those associated with faith-based organizations speak out truthfully and take action, a difference can be made for the good.
- As trusted and respected members of society, Faith Leaders are listened to. Their actions set an example. This can be especially instrumental in eradicating the stigma and discrimination against people living with HIV and AIDS.
- In countries around the world, Faith Leaders are searching for ways to respond to a disease that is not only a health problem but also a crisis that is having a profound impact on their spiritual, social and human responsibilities:

3.1 HIV/AIDS is a threat to family life and spiritual well-being.

As Individuals fall ill and die, they often suffer spiritual anguish, social isolation and physical and economic hardship. They also leave behind grieving children, spouses and friends who call out for comfort and practical spiritual guidance.

3.2 HIV/AIDS is a threat to the growth of the community.

As the epidemic spreads, every affected community loses its most productive, vibrant members. Not only do families lose parents, spouses and breadwinners. Societies lose their farmers, teachers, health-care workers, managers, spiritual leaders, members of religious organizations and others who make the community strong.

3.3 HIV/AIDS is a threat to efforts to fight poverty.

As increasing numbers of the sick and dying need health and hospice care, and as more families lose time and money through sickness or caregiving responsibilities, already meagre family, community, state and national budgets are drying up.

3.4 HIV/AIDS is a threat to human dignity.

As heads of households lose their ability to provide, lose their social standing, suffer the indignities of incapacitating illnesses and see their families fall further into poverty, many lose all hope. Where stigma and discrimination prevail, people with HIV and AIDS are shunned, filled with guilt and often deny the truth, even at the risk of spreading HIV to others. Children and spouses who experience the illness or death of loved ones, and who must suddenly fend for themselves, are often subjected to abandonment, abuse and exploitation.

3.5 Faith Leaders clearly want to do something.

Examples abound of ways they have been of service, yet many have not fully understood the complicated nature of HIV/AIDS. In some cases, Faith Leaders have admitted themselves; they have actually contributed to the stigma around it by judging those infected. When people feel threatened or ashamed by HIV/AIDS, efforts at prevention or care become all the more difficult. One result is that the epidemic is driven further underground.

3.5.1 Here are some general principles to keep in mind:

- **Be proactive:** Don't wait for a crisis before approaching the congregation or wider community.
- **Be informed:** Use this curriculum and other information to learn as much as possible about HIV/AIDS.
- **Focus on specific problems and obstacles:** Discover what different groups of people do, think and believe about HIV/AIDS and what might be preventing positive action.
- **Use religious and spiritual teachings in a positive way:** Say special prayers, use sermons and guided meditations, and quote from sacred or philosophical texts to support people and give them strength.
- **Be tactful and compassionate:** Be careful not to offend, exclude or further stigmatize.
- **Be accurate and clear:** Speak openly and honestly about the transmission of HIV, using scientific facts that are widely available, and about treatment and care of those living with HIV or AIDS.
- **Believe in the process:** Be a facilitator for dialogue (help people talk about the issues and express what they want and need).
- **Propose positive solutions:** Provide facts and spiritual direction and suggest what religious, material and societal support different people might need in order to prevent the spread of HIV, to live positively and to support others.

3.5.2 Dealing with Sensitive and Personal Issues

- **Non-judgmental Listening:** It is important to note that HIV/AIDS education deals with issues of interpersonal relationships, sex, morbidity and mortality. Faith Leader's capacity to listen non-judgmentally, with empathy, and to demonstrate a comfortable attitude in dealing with individuals' beliefs and feelings associated with HIV/AIDS is crucial to the curriculum's successful implementation. Individuals come with many different values, cultural and religious beliefs, and ideas about these topics. Faith Leaders should keep in mind that because their members come from many backgrounds and traditions, some may have difficulty sharing ideas and discussing these issues with Faith leaders. Young people may come from a variety of familial constructions including those of a mother, father, and

children; a single parent or guardian of either sex; step-parents; grandparents; half- or step-siblings; same-gender parents; foster parents; and/or other

- **Avoid condemnation:** It only reinforces fear, denial and indifference. Explore any personal prejudices and work towards speaking about HIV/AIDS in a non-judgmental way.
- **Confidentiality:** Individuals diagnosed with HIV or AIDS have a right to privacy, a free public education, and are entitled by law to confidentiality about: their HIV/AIDS status; HIV-related illness or AIDS; or information that can reasonably be used to identify an individual as having HIV or AIDS.
- **Language sensitivity**
 - ✓ Speaking about HIV/AIDS is fraught with sensitivities. Some people find the subject difficult to talk about at all, so it is worth taking the time to be aware of the most appropriate language to use to avoid insults, hurt, disempowerment or stigmatization. A good rule of thumb: Always use language that respects the cultural and inherent dignity individuals.
 - ✓ **Use words that are inclusive.** For example, avoid the use of ‘us’ and ‘them’ when referring to non-religious people or people affected by HIV or AIDS.
 - ✓ **Strive to not impose value judgements.** For example, the terms ‘AIDS victim’ and ‘AIDS sufferer’ indicate powerlessness and increase stigma, whereas ‘person living with HIV or AIDS’ emphasizes life and hope. Likewise the term ‘innocent victim’ may imply that others are ‘guilty’ (just as ‘forgiveness’ implies guilt, whereas ‘reconciliation’ emphasizes the settlement of differences without blame). Avoid using the term ‘AIDS orphan’, which sets children who have lost parents to AIDS apart from other children in a negative way. ‘Children orphaned by AIDS’ is the preferred term.
 - ✓ **Be clear but sensitive to language.** Clear and accurate information about HIV/AIDS can save lives. However, there will invariably be reactions to certain words or phrases. Try to get the meaning across in ways that will not offend. For example, people in many societies may be uncomfortable with the word ‘sex’ but may accept terms such ‘sexual relations’ or ‘human sexuality’. If religious leaders can bring themselves to communicate openly and honestly about a subject that is difficult to talk about, others will too.
 - ✓ **Be aware of the difference between the terms ‘HIV’ and ‘AIDS’.** To maintain people’s trust, it is important to provide accurate information. For example, refer to ‘AIDS’ only when referring to the syndrome of illnesses caused by HIV, the virus that is transmitted from person to person.

4.0 BRIEF HISTORY AND EPIDEMIOLOGY OF THE HIV/AIDS PANDEMIC

AIDS is a relatively new disease and some of the key dates in the discovery of the disease and isolation of the virus are summarized below:

Pre 1980s; *Silent period:* HIV being transmitted. AIDS was unrecognized as a disease and its spread continued silently.

Past 1980s: Disease period

- 1981** - Epidemic of Pneumocystis Carinii infection in Los Angeles, USA
 - Epidemic of Kaposi’s sarcoma in New York, USA.
- 1982** - Case definition produced for AIDS by CDC, Atlanta

- 1984** - Robert Gallo ET. Al, USA isolated Virus (HTL VIII)
- 1985** - ELISA blood test developed.
- 1986** - Director of WHO addressed UN on AIDS
- 1987** - WHO Special Programme on AIDS formed (becoming a Global Programme on AIDS in 1988 and later UNAIDS in 1996) in Asia and HIV 2 virus found in AIDS patients in West Africa.
- 1988-** First global meeting of Health Ministers on AIDS.
- 1990** - First conference on AIDS in Asia and the Pacific held in Canberra, Australia.
- 1990** - Launch of Ryan White Act which provide HIV/AIDS resources in the USA
- 1996** -ARVs in place
- 2008**-Launch of U.S President's Emergency Plan for AIDS Relief (PEPFAR)
- 2002** - Launch of Global Fund - to raise, manage and invest the world's money to respond to fight AIDS, Tuberculosis and Malaria. The mission of the Global Fund is to invest the world's money to defeat these three diseases.
- 2010** - President Obama issue HIV/AIDS Strategy-revised in 2015
- 2015**-WHO expands recommendation on oral pre-exposure prophylaxis (PrEP)

5.0 ABOUT HIV/AIDS

✓ Facts

HIV is the Human Immunodeficiency Virus.

HIV damages the body's immune system,weakening it until it can no longer fight offdisease. People infected with HIV usually livefor years without any signs of disease andlook and feel healthy. A blood test is the mostaccurate way for a person to know if he or sheis infected with HIV; saliva and urine tests arenow also available.

AIDS or Acquired Immune Deficiency Syndrome is the late stage of HIV infection.

People who have AIDS grow weaker because their bodies lose the ability to fightoff illnesses. In adults, AIDS on average developsseven to ten years after infection with HIV.In young children, the disease usually developsmuch more quickly.

So far, there is no vaccine or cure for HIV or AIDS. But treatment with antiretroviralmedicines, if available, is effective in keepingpeople healthy and extending their lives formany years.

Medicines can help people with HIV and AIDS live healthier, longer lives and can helpprevent transmission of HIV from mothers totheir infants.

HIV is contracted through unprotected sexual intercourse, which is the cause of the vast majority of infections. HIV also spreads through transfusions of unscreened blood; through contaminated needles and syringes (most often those used for injecting drugs, but 2 per cent of

new infections every year result from the failure to maintain sterilization in health services); and from an infected woman to her child during pregnancy, childbirth or breastfeeding. The virus only spreads when certain bodily fluids of an infected person pass into the body of another person. (Saliva, tears and urine do not transmit HIV.) The virus multiplies in the body so rapidly that, within hours, newly infected persons can spread the virus.

HIV is not spread through everyday contact such as shaking hands, kissing, touching, sharing cups or plates, sharing toilets, staying in the same office or house as a person who has HIV or AIDS, or through swimming pools, public baths or bites from mosquitoes or other insects.

✓ **Myths**

Myths can be referred to something people wrongly believe to be true such as:

- Witchcraft causes HIV/AIDS
- Sharing utensils can transmit HIV
- Touching an HIV + person can infect a HIV- person
- People with HIV/AIDS have been immoral.
- Having sex with a virgin will cure you of HIV
- Blood transfusion will eliminate HIV in your blood.

✓ **Misconceptions**

Misconceptions are views or opinions that are incorrect because they are based on faulty understanding such as:

- There is a cure for HIV.
- Fat people cannot have HIV/AIDS
- Condoms break easily or have holes in them.
- People with TB must have AIDS.

6.0 COMMON MODES OF TRANSMISSION OF HIV

Having sex with someone who has HIV.

In general:

- Men who have Sex with Men (MSM)-Anal sex is the highest risk sexual behaviour.
- Vaginal sex is the second highest risk sexual behaviour.
- Having multiple sexual partners or having other sexually transmitted infectious can increase the risk of infection through sex.
- Oral sex – using the mouth to stimulate the penis, vagina, or anus (fellatio, cunnilingus, and rimming). Giving fellatio (mouth to penis oral sex) and having the person ejaculate (cum) in your mouth is riskier than other types of oral sex.

- Sharing needles, syringes, rinse water, or other equipment (works) used to prepare injection drugs with someone who has HIV.
- Being born to an infected parent. HIV can be passed from parent to child during pregnancy, birth, or breastfeeding.
- Being struck with an HIV contaminated needle or other sharp object. This is a risk mainly for health care workers.
- Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. This risk is extremely small because of rigorous testing of the US blood supply and donated organs and tissues.
- Eating food that has been pre-chewed by an HIV infected person. The contamination occurs when infected blood from a caregiver's mouth mixes with food while chewing, and is very rare.
- Being bitten by a person with HIV. Each of the very small number of documented cases has involved severe trauma with extensive tissue damage and the presence of blood. There is no risk of transmission if the skin is not broken.
- Contact between broken skin, wounds, or mucous membranes and HIV infected blood or blood contaminated body fluids. These reports have also been extremely rare.
- Deep open-mouth kissing if the person with HIV has sores or bleeding gums and blood is exchanged. HIV is not spread through saliva. Transmission through kissing alone is extremely rare.

7.0 HOW TO PREVENT HIV INFECTION

Scientific evidence shows that:

- **The spread of HIV through sexual intercourse can be prevented by following the ABCs of prevention:** Abstinence – not having sexual relations; Being faithful – having sexual relations with only mutually faithful, uninfected partners; if neither of the first two conditions can be met, using Condoms correctly and consistently as well as practicing other methods that make sexual intercourse safer. Sexually transmitted infections, which increase the risk of getting and spreading HIV, should also be prevented and treated when they occur.
- **The spread of HIV through blood transfusions can be prevented by:** undertaking only essential blood transfusions; using only blood or blood products that have tested negative for HIV; and using sterile needles and other equipment for the donation of blood or blood products.
- **The spread of HIV through needles, syringes and cutting instruments such as razor blades and knives can be prevented by:** avoiding injections in favor of pills or liquid medicine, whenever possible; not sharing needles and syringes; using only new, sterilized, disposable or auto-disable needles and syringes, whether in immunization and health services or elsewhere; sterilizing surgical equipment; and using other standard precautions in health services, such as safely disposing of used needles.

- **The spread of HIV from parent to child can be prevented by:** ensuring that women do not become infected with HIV; encouraging people to seek voluntary and confidential counselling and testing to determine their HIV status and to get guidance on family planning; providing timely antiretroviral medicines to pregnant women with HIV, in accordance with medical practices; providing clean and safe delivery services; providing safe and locally acceptable alternatives to breastfeeding for women living with HIV; and providing treatment, care and support for women with HIV or AIDS and their families.

8.0 ERADICATING STIGMA

- In many communities, a culture of silence surrounds HIV/AIDS. Often, this silence is caused by a religious association between HIV/AIDS and immorality in the form of certain sexual behaviors, sexual orientation and drug or alcohol abuse.
- Where people with HIV/AIDS are stigmatized, they often remain silent out of fear. They tend not to seek treatment and support that could help them lead fuller, healthier lives or the information they need to prevent the spread of HIV to others. Moreover, where there is silence about the social and sexual issues that fuel the epidemic (including sex as a survival strategy and violence against women and girls, including rape and child abuse), people will continue to remain ignorant, powerless, exploited and silent.
- Faith Leaders are therefore uniquely poised to break this silence by acknowledging suffering and reaching out with compassion to the excluded and rejected. They have the power to end guilt, denial, stigma and discrimination and open the way to reconciliation and hope, knowledge and healing, prevention, treatment and care.

9.0 PEP (post-exposure prophylaxis): means taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV. If you think you've recently been exposed to HIV during sex or through sharing needles and works to prepare drugs or if you've been sexually assaulted, talk to your health care provider or an emergency room doctor about PEP right away.

10.0 PRE-EXPOSURE PROPHYLAXIS OR PrEP: is the use of an antiretroviral medication to prevent the acquisition of HIV infection by uninfected persons. PrEP may either be taken orally, using an antiretroviral drug available for treatment of HIV infection (tenofovir plus emtricitabine), or topically as a vaginal gel containing tenofovir. The efficacy of oral PrEP has been shown in four randomized control trials and is high when the drug is used as directed. The efficacy of gel has been shown in one trial and is moderate.

✓ **TALKING ABOUT CONDOMS**

- In the face of HIV/AIDS, personal decisions regarding sexuality can literally be a matter of life or death. Religions provide moral guidance in this respect to ensure that sexual abstinence and mutual fidelity is cornerstone of HIV prevention. Nonetheless, it must be noted that each religious group must face the reality that there will be people who are not willing or able to conform to these teachings and standards of behavior, thus placing themselves and others at risk.

- Ultimately, if lives are to be saved, Faith leaders responding to HIV/AIDS need to provide clear and accurate information on ways to avoid contracting and spreading HIV, including the use of condoms.
- Dialogue on this emotionally charged issue should include scientific information on the proven effectiveness of condoms in preventing HIV transmission, presented in the context of relevant doctrines and religious teachings.
- Many Faith Leaders, while promoting the sanctity of sex within marriage and providing abstinence and fidelity education, are in a good position to promote condom in an appropriate, targeted and sensitive manner as one part of an overall prevention strategy.
- If some Faith Leaders are uncomfortable addressing condom use directly, it is possible to involve a local medical professional or non-governmental organization to manage that part of the prevention programme.

✓ WHAT FAITH LEADERS CAN DO?

10.1 Break the Silence

Using the basic facts, talk openly in the family and faith community about the reality and danger of HIV/AIDS.

10.2 End Ignorance

Let people know how and why HIV spreads. Provide clear and accurate information on how HIV can be prevented. Team up with medical and public health professionals to make information widely available in the community.

10.3 Prevent Fear and Prejudice

Call for tolerance, understanding and reconciliation within families, places of worship and society at large.

10.4 Organize Services and Support

Promote or support the establishment of services that are needed to prevent HIV/AIDS and to provide for those affected. These include education, counselling, health services, and social and spiritual services and outreach. Encourage people to use them. Expand efforts to reduce poverty. The spread of HIV/AIDS is being fueled by economic hardship and inequality. The reverse is also true: HIV/AIDS impoverishes families and communities. In many countries, the cost of funerals is also taking an economic toll. More than ever, faith-based organizations need to forge partnerships with the government, private sector, non-governmental organizations, assistance agencies and others for support to income-generating, skills training, self-help and other activities.

10.5 Strengthen Social Values and Policies

- Review spiritual writings, local sayings, beliefs and traditions that support HIV/AIDS prevention and care.
- Look at sacred texts, moral precepts, parables and sermons and find ways to interpret the messages contained there in light of HIV/AIDS. Re-examine what is written about ministering and pastoral roles and responsibilities to care for the sick, the elderly, orphans and widows.

- Find ways to help people renew their duty to alleviate suffering, to affirm personal faith and to lead a life that fully respects the dignity and rights of others.
- Create forums for discussion about issues related to HIV/AIDS. Begin with local groups or institutions by bringing up issues in organizational or administrative meetings and retreats.
- Move on to discuss issues in public with members of religious assemblies and communities in regular meetings and through schools for religious instruction.
- Air the facts and develop consensus on appropriate theological and ethical responses and systems of support.
- Create a local faith-based council to be a focal point for HIV/AIDS issues.
- Elect or appoint a key person within a Faith based organization to lead action against HIV/AIDS at internal and external meetings.
- Develop or join local, state, national and international organizations to coordinate faith-based responses to prevent discrimination, reduce stigma and promote education, prevention and care.

11.0 HIV TRANSMISSION FROM PARENT TO CHILDREN

Antiretroviral treatment (with medicines that suppress the growth of the virus in the human body) greatly reduces the risk that mothers with HIV will pass it on to their babies. With such treatment, the risk is reduced by almost half. **Safe delivery practices can also reduce the chances that mothers will transmit the virus.** Safe delivery practices include preventing unnecessary exposure of the baby to its mother's fluids and tissues and avoiding tears and cuts of the birth canal during childbirth. Where facilities and personnel trained in Caesarean sections (surgically cutting through the wall of the mother's abdomen to deliver the child) are available, the procedure can help to protect a baby from HIV. However, to be safe, the procedure should be planned in advance rather than conducted on an emergency basis, particularly in the absence of trained medical personnel.

- ✓ **Babies who are infected with HIV can live longer, healthier lives with proper care.**
 - Babies need nutritious food that is hygienically prepared and stored. This means either exclusive breastfeeding for 6 months or providing infants with safely prepared breastmilk substitutes, complemented by other foods from six months onwards.
 - Babies also need the appropriate immunizations at the right time and to be taken immediately to a clinic whenever health problems occur.
 - Most of all, babies with HIV need love and attention.
- ✓ **Women with HIV can live healthier and longer lives with care and support.** Women living with HIV who are treated with compassion, who get enough good food and healthcare, and who do not drink or smoke can live longer and delay getting AIDS.
- ✓ **How to prevent transmission of HIV from parents to children**
 - The most effective way to prevent transmission of HIV from parents to their children is to prevent young people and adults from contracting the virus in the first place.
 - Adolescent girls and women need the support of their partners, families and communities to prevent HIV and other sexually transmitted infections.

- Men and adolescent boys need education and skills training. They also need an environment that encourages responsible sexual behavior.
 - They need to understand that negative attitudes and behaviors towards girls and women put everyone at greater risk of contracting and spreading HIV.
 - Women and men both need pre-marital counselling to form more equal spiritual and physical partnerships.
 - Once married, they need counselling and education to help them remain faithful.
- ✓ **Young people need information and a range of services so that they can make responsible decisions about reproduction.**
- The vast majority of people in developing countries who are living with HIV or AIDS are unaware that they are infected.
 - The only way they can make an informed decision about whether or not to have children is to know their HIV status.
 - They can find this out by getting tested for HIV, which should be voluntary and confidential.
 - All adolescent girls and women (but even more so those living with HIV or AIDS, or with partners who are infected) need to understand the relationship between pregnancy and HIV and the choices available to them.
 - If they do become pregnant, they require counselling and care during pregnancy, a safe delivery, and counselling about infant feeding and ways to 'live positively'.
- ✓ **All pregnant women and adolescent girls living with HIV or AIDS must have access to the full range of methods for reducing the risks of transmitting HIV to their infants. This includes antiretroviral treatment, safer delivery practices and safer ways of feeding infants once they are born.**
- A short course of antiretroviral medicines during pregnancy reduces by half the risk of passing HIV on to the baby.
 - Safe delivery practices that prevent unnecessary exposure of the baby to its mother's fluids and tissues may also reduce transmission.
 - New mothers must have guidance on how to weigh the risk of passing on HIV to their infants against the risk of denying them breastmilk.
- ✓ **All mothers living with HIV or AIDS need treatment, care and support.**
- Mothers living with HIV or AIDS and their families need to be reassured that they can live longer, healthier lives if they get the proper treatment, care and support.
 - This includes nutritious food and good health care, including antiretroviral medicines and prompt treatment of infections and illnesses.
 - They also need reproductive health counselling and services.
 - Mothers with HIV or AIDS need to know that they are accepted by their families and by their religious and social communities.
 - Babies with HIV can also live longer and healthier lives if they are given good nutrition prompt medical attention when health problems occur. All babies, with or without HIV, have a greater chance of surviving and thriving if they have a mother to care for them.

12.0 MEN'S ROLE IN HIV PREVENTION, CARE & TREATMENT

- Men should constitute an important assert in efforts to mitigate the spread of HIV/AIDS and should make-up a significant clientele for interventions. Involving men in ways that transform gender relations can contribute to HIV prevention, care and treatment for women and children because oftentimes, men act as gatekeepers in most families.
- It is also important to involve men in programs that focus on transforming negative social attitudes and behaviors that put both men and women at risk of contracting HIV.
- Interventions that are family centered to mitigate HIV transmission and on the intergenerational transmission of HIV that arises from early socialization of dominant masculinity should be prioritized.
- It is important to engage men and boys from all walks of life, and especially to mobilize men of faith, in the effort to prevent discrimination against women.
- It is also important to examine whether faith based systems are reinforcing gender roles that increase women's and girls' vulnerability to HIV.

What Faith Leaders can do Break the Silence

- Discuss the moral obligation of men, women, communities and religious groupings to prevent transmission of HIV to children.
- Address religious groups concerned with children's and women's health about the risks to infants of HIV infection. Speak to couples, families, community and women's groups, men's groups and health and social workers.
- Explore what particular economic, social and cultural practices might be contributing to the transmission of HIV in children in your community.

✓ **End Ignorance**

- Explain how babies can and can't get HIV from their mothers.
- Discuss how men's attitudes about women and girls, family life and responsibilities for marital fidelity and sexual behavior can reduce or increase the chances that a child will be infected by HIV.
- Explain how, with the community's support, women and children who are infected with HIV can live longer and better by 'living positively'.

✓ **Prevent Fear and Prejudice**

- Call for compassion and understanding within couples, within families, in houses of worship and other places where women go for support, services and care.

✓ **Organize Services and Support for Women**

- Promote education to prevent the transmission of HIV from parents to their children through religious women's groups or community centers.
- Support or organize health, counselling and social services that are 'friendly' to women and that guide and support them in their decisions about pregnancy. Once pregnant, women need services that offer safe deliveries and, if needed, counselling and treatment to reduce the chances that HIV is passed on to their infant.

✓ **Strengthen Social Values and Policies**

- Promote understanding and support among the religious hierarchy on women's needs for reproductive health counselling and services.
- Support religious and government policies that protect women's property, inheritance and work rights and strengthen their position in society, including in the household and places of worship.
- Support women's efforts to develop self-respect and to generate their own source of income in the face of situations that make them vulnerable to unwanted sex and HIV.

13.0 TREATMENT AND ANTIRETROVIRAL DRUGS (ARVS)

There is no cure for HIV but AIDS symptoms can be treated. Treatment is according to symptoms presenting and opportunist infection that follows.

✓ **Antiretroviral drugs (ARVs)**

- Antiretroviral drugs are medication for the treatment of infection by retroviruses, primarily HIV. When several such drugs, typically three or four are taken in combination, the approach is known as Highly Active Antiretroviral Therapy, or HAART.
- Because of the complexity of selecting and following a regimen, the severity of the side effect and the importance of compliance to prevent viral resistance, such organizations emphasize the importance of involving patients in therapy choices, and recommend analysing the risks and the potential benefits with low viral loads.
- There are different classes of antiretroviral drugs that act at different stages of the HIV life-cycle. When properly used, they improve the quality in HIV infected person's life thereby enabling the person to become healthy and productive.
- Antiretroviral drugs should be taken every day for life, following the clinicians' instructions.
- They have side effects but these do not last for a long time and can easily be dealt with if one follows instructions on how to deal with them.

✓ **How do ARV's work?**

- ARVs reduce the viral load (Stop HIV from invading immune cells, slow down the viral replication in the infected immune cell.
- ARVs improve the immune functioning.
- ARVs reduce the occurrence of opportunistic infections
- ARVs increase vitality.
- ARVs improve the general health status of an individual.

14.0 CARE AND SUPPORT OF PEOPLE LIVING WITH HIV OR AIDS

- **Every faith based community is living with HIV and AIDS.** People with HIV or AIDS are brothers and sisters, daughters and sons, mothers and fathers, relatives and friends. The suffering of one is the suffering of many.
- **People living with HIV or AIDS** need treatment, care and support to cope with the traumatic health, emotional and social challenges that they and their loved ones face.

- **It is better for people to know whether or not they have HIV.** If people know they do not have HIV, they can find out how they can avoid getting infected. If people know their status, they can take the necessary precautions to avoid infecting others.
- **There is no cure for HIV or AIDS. But people can live longer and stay healthier by 'living positively' and using antiretroviral medicines.** People who have HIV can delay getting AIDS for 7 to 10 years or longer by taking medicines that inhibit the progression to AIDS. They must also take good care of themselves. This means eating enough good food, eliminating smoking and alcohol, guarding against other illnesses and getting appropriate health and spiritual care.
- **Children, families, communities and nations benefit in innumerable ways when people with HIV or AIDS are able to live longer and fuller lives.** When parents' lives are prolonged, children can be cared for longer. Losses to household income are postponed, and families and communities have a chance to put coping mechanisms in place.
- **It is safe to care for, live with and work with people that have HIV or AIDS.** HIV cannot be spread by sharing food, cups and plates, cutlery, towels, clothes, books, benches and chairs, telephones, office equipment, latrines or toilets. HIV cannot be spread by shaking hands, hugging, kissing, touching, crying, talking, coughing or sitting close.
- **With appropriate hygiene, people with HIV or AIDS can be cared for at home.** Good home hygiene (washing regularly with soap and water and keeping clothes and bedding clean) can prevent people with HIV or AIDS and their caregivers from getting common infections.
- **People living with HIV or AIDS can usually be treated at local clinics and health centers.** Coughs, rashes, diarrhea, mouth sores and cuts need to be quickly treated. Where available and affordable, people with HIV and AIDS need medicines, including painkillers and antibiotics. They also need counselling and care while pregnant, all of which can be supplied close to home.
- **Treatment with antiretroviral therapies and other medications** is essential to giving people living with HIV additional years of healthy life and to making AIDS a manageable, chronic disease.
- **With appropriate counselling and support, people with HIV and AIDS can prepare their families for the future.** Parents need to prepare wills, find someone to care for their children, make peace with themselves and others, and do other things to protect those they love. Parents need counselling and support to help them talk to their children about their illness, since it is important that children hear it from them. Moreover, children need help and spiritual guidance to understand and accept the death of their parents.

- **Providing treatment, care and support for people living with HIV and AIDS is not only the morally right thing to do, it is essential for successful prevention.** Experience worldwideshows that HIV/AIDS epidemics cannot be defeated where care and support are lacking. It is only when people do not fear losing their jobs, families, friends and social standing because they have HIV or AIDS, and when they can access confidential and voluntary counselling, testing and medical care without fear, that prevention efforts can succeed.
- **Where they have been ensured care and support, including protection from discrimination and other abuses, people living with HIV and AIDS have been leaders in fighting the disease.** They have helped break the silence about HIV/AIDS and given the issue a real, human face. They have fought both inaction and abuses. They have mobilized their communities, the media and government. With their personal knowledge of the issue, they have encouraged sound policies and responses on every challenge posed by HIV/AIDS.

WHAT YOU CAN DO BREAK THE SILENCE

- Remember in religious services and prayer those living with HIV and AIDS and those who have died.
- Talk to individuals and groups of people living with HIV and AIDS to determine their provide inspiration or strength to others in similar situations.
- ✓ **End Ignorance**
 - Explain that HIV cannot be spread through ordinary contact. Discuss what information and services people living with HIV or AIDS, their families (including children), caretakers and communities need in terms of spiritual, mental and physical support.
- ✓ **Prevent Fear and Prejudice**
 - Lead by example by visiting and ministering to people with HIV and AIDS.
 - Discuss how people living with HIV and AIDS have the same inherent human dignity as against discrimination.
- ✓ **Organize Services and Support for People with HIV or AIDS, their Families and Caregivers**
 - Strengthen home- and community-based care for people living with HIV and AIDS. Remember that caregivers of people with HIV and AIDS are especially in need of emotional support.
 - Recognize that women and girls usually do most of the caring for the sick. Find ways to lend them support and urge men and boys to take on greater responsibilities in this area.
- ✓ **Strengthen Social Values and Policies**
 - Involve people living with HIV and AIDS in planning and carrying out relevant programs and services.
 - Support policies to provide antiretroviral treatment for pregnant women and to all people with HIV or AIDS who could benefit from it, based on the stage of their infection.

- Protect the property, land and working rights of people living with HIV and AIDS.
- ✓ **Set a Good Example**
- Support voluntary, confidential testing and encourage members of religious communities and their leaders to get tested for HIV. Many religious, political and social leaders have courageously set a good example and gone a long way to de-stigmatize HIV by getting tested or by standing up with people living with HIV/AIDS.

13.0 SUGGESTED ACTIVITIES FOR ENGAGING CONGREGATIONS, GROUPS AND INDIVIDUALS

- Conduct prayers or meditation services for people living with HIV or AIDS, orphans and other vulnerable children, and their caretakers and families that reduce the stigma and discrimination associated with the disease.
- Add HIV/AIDS topics to prayers, sermons and discussions at regular religious meetings as well as at weddings, funerals, rites of birth and passage into adulthood, religious initiations, holidays, festivals and counselling sessions.
- Lead discussions on HIV/AIDS with groups in the local congregation, such as women's, men's and youth groups. Where members of the group agree, ask for first-hand information on personal situations and develop appropriate faith based responses to prevent HIV/AIDS and provide treatment and care.
- Provide effective marriage counselling. Lead individuals or groups in discussions on how couples can talk to one another about sexuality, emotional and physical needs, ways to avoid temptation outside of marriage, renewing their marriage vows and affirming their beliefs.
- Mobilize men and boys to discuss ways in which negative cultural norms, inappropriate language and personal attitudes about women and girls, family life and sexual behavior may be contributing to the spread of HIV.
- Provide opportunities and support for men to practice positive attitudes and behaviors.
- When ministering to those who have HIV or are sick with AIDS, encourage parents to talk to their children, find caregivers for them and make wills.
- Provide support and grief counselling to orphans, spouses and other family members.
- Provide people with information on HIV/AIDS and on faith-based responses that support prevention and care in appropriate ways (find or develop written or verbal messages supported by sacred texts, parables or local stories).
- Encourage people to form or join faithbased support groups for people living with HIV and AIDS and for widows, orphans, caregivers, married couples, young people and others who need sympathy, solidarity, facts, protection, spiritual comfort and courage from others similarly affected by HIV/AIDS.
- Encourage the formation of faith-based peer education, counselling and support services for people living with HIV or AIDS, young people, women, and orphans and other vulnerable children.

14.0 SUGGESTED ACTIVITIES FOR INTERACTING WITH POLITICIANS, OTHER PUBLIC LEADERS AND THE MEDIA

- Raise HIV/AIDS issues with national and local leaders (politicians, celebrities, popular community members) to get a consensus on and coordinate an effective response to HIV/AIDS.
- Join existing health, political committees or campaigns to ensure compassionate responses (human rights and faith-based) and to provide religious solidarity in the formation of national HIV/AIDS policies, laws and conventions.
- Work with business leaders, large employers, labor unions, and others to develop faith-based connections to employee education, eradication of discrimination, testing and counselling services, family care and other issues.
- Provide advice to national, state, county, non-governmental, other religious and international assistance agencies to provide faith supported messages to the public and coordinate support in the most critical areas.
- Issue press statements and give radio and television interviews acknowledging the spread of HIV/AIDS, the social and cultural factors that fuel its spread, and its effects on families and communities. Stress the commitment of religious groups to provide a compassionate response for prevention and care and advocate for the rights of those infected and affected by HIV/AIDS.
- Discuss the influence of the media on social values and its contributions to fighting the spread of HIV (for example, through awareness campaigns), or spreading HIV (for example, promoting harmful attitudes about women and girls, sexual behavior or the use of drugs and alcohol).
- Write letters to editors or articles for faith based newspapers and in-house journals as well as for the secular press.

Glossary

Acquired – in the context of AIDS, it means an illness that can be caught from another person

AIDS – acquired immune deficiency syndrome, the disease caused by HIV

Antiretroviral treatment – treatment with medicines that suppress the growth of HIV in the human body

Blood screening test – a special blood test that shows the presence of antibodies – proteins produced by the body to fight off foreign substances – to HIV in the blood of a person, indicating infection with HIV

confidential – private or anonymous; in the context of HIV testing, confidential results are only revealed to the person being tested, not to their families, employers or other community members without the person's informed and express permission

Deficiency – having a shortage of something. People living with AIDS have a shortage of the blood cells that fight disease

Discriminate – to treat people differently (unfavorably or badly) because, for instance, of their race, sex, sexual orientation or religion, or because of their health status, for example, living with HIV or AIDS

HIV – human immunodeficiency virus, the virus that causes AIDS

Immune – to have a high degree of resistance to disease (in contrast, humans with 'immunodeficiency' have a shortage of the blood cells that resist disease)

Living positively – a mental attitude and physical plan that helps people with HIV or AIDS live longer, better lives

Orphan – a child who has lost one or both parents

PEPFAR- U.S.President's Emergency Plan for AIDS Relief (PEPFAR) is the U.S. Government initiative to help save the lives of those suffering from HIV/AIDS around the world. This historic commitment is the largest by any nation to combat a single disease internationally, and PEPFAR investments also help alleviate suffering from other diseases across the global health spectrum. PEPFAR is driven by a shared responsibility among donor and partner nations and others to make smart investments to save lives.

Prejudice – to ‘pre-judge’; to have negative feelings or ideas about an individual or group of people before knowing or trying to find out the truth about them

Stigma – an accusation or label that disgraces or hurts a person. People with HIV and AIDS often suffer emotionally because of prejudice and a lack of compassion from others

Stigmatize – to describe or identify in unfavorable terms. People who are ignorant of the facts about HIV/AIDS may stigmatize those with the disease

Syndrome – a group of signs and symptoms of a sickness that, when they appear, indicate that the illness is present

Trafficking – the illegal transport of human beings, in particular women and children, for the purpose of selling them or exploiting their labor

UNAIDS – Joint United Nations Programme on HIV/AIDS. UNAIDS supports and strengthens the HIV/AIDS-related work of its nine co-sponsoring United Nations agencies

Voluntary – in the context of HIV testing, being tested out of free and informed choice (not being forced to by employers, health-care workers or family)

Vulnerable – because of structural factors, such as poverty, discrimination or hostile laws, to be in a weakened position to defend oneself against the risks of contracting HIV

KEY TO IMPORTANT HIV/AIDS RESOURCES

1. **About the Hennepin County Ryan White program** works to help low-income people living with HIV access the health care and supportive services needed to successfully prevent and treat the disease in the Minneapolis-St. Paul metropolitan area

- Further information and resources can be accessed on the link below:

<http://www.hennepin.us/business/work-with-henn-co/ryan-white-hiv-services>

2. **AIDS Line:** To find out more about options to assist you, a friend, or family member dealing with HIV please contact:

- Monday through Friday, 9:00 a.m. – 5:00 p.m

612-373-AIDS (Metro)

800-248-AIDS (Toll Free)

3. **MDH Treatment Cascade and CDC's info on PrEP and PEP**

-<http://www.health.state.mn.us/divs/idepc/diseases/hiv/hivtreatmentcascade.html>

-<http://www.cdc.gov/hiv/basics/pep.html>

-<http://www.cdc.gov/hiv/research/biomedicalresearch/prep/index.html>

4. Minnesota HIV/AIDS Epidemiologic Profile DECEMBER 2015:

<http://www.health.state.mn.us/divs/idepc/diseases/hiv/epiprofile/epiprofile.pdf>

5. WHO-Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV : <http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/>

6. WHO expands recommendation on oral pre-exposure prophylaxis of HIV infection (PrEP)-Policy brief: <http://www.who.int/hiv/pub/prep/policy-brief-prep-2015/en/>

7. PEP (post-exposure prophylaxis): <http://www.cdc.gov/hiv/basics/pep.html>

8. WHO- Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV: <http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/>

9. CDC- Preventing New HIV Infections: <http://www.cdc.gov/hiv/guidelines/preventing.html>

10. Declaration of Commitment on HIV/AIDS: 'Global Crisis – Global Action' (United Nations General Assembly Special Session on HIV/AIDS, 25-27 June 2001)<http://www.un.org/ga/aids>

11. AIDS Epidemic Update (UNAIDS and WHO, published every December)<http://www.unaids.org>

- 12. *Report on the Global HIV/AIDS Epidemic*** (UNAIDS and WHO, published every second year in July) <http://www.unaids.org>
- 13. *Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies*** (UNAIDS, UNICEF and USAID, 2002) <http://www.unicef.org/aids/>
- 14. *Young People and HIV/AIDS: Opportunity in Crisis*** (UNICEF, UNAIDS and WHO, 2002) <http://www.unicef.org/aids/>
- 15. *International Guidelines on HIV/AIDS and Human Rights*** (UNAIDS and OHCHR, 1998, with 2002 update) <http://www.unhchr.ch/hiv/guidelines.htm>

SOME HIV TESTING SITES

**THE ALIVENESS PROJECT,
3808 NICOLLET AVENUE SOUTH
MINNEAPOLIS, MN 55409
PHONE: 612-822-7946**

- **Free Rapid HIV Test**
- **Hepatitis C**

Open Cities Health Center Incorporated

409 N Dunlap St
Saint Paul, MN 55104
651-290-9200

- Conventional HIV Blood Test
- Free Rapid HIV Blood Test
- Chlamydia Test
- Gonorrhea Test
- Hepatitis A Vaccine
- Hepatitis B Test
- Hepatitis B Vaccine
- Hepatitis C Test
- Herpes Test
- HPV Vaccine
- Syphilis Test

United Family Medicine

1026 W 7th St
Peter J King Family Health Ctr

Saint Paul, MN 55102

651-241-1000

- Conventional HIV Blood Test
- Chlamydia Test
- Gonorrhea Test
- Hepatitis A Vaccine
- Hepatitis B Test
- Hepatitis B Vaccine
- Hepatitis C Test
- Herpes Test
- HPV Vaccine
- Syphilis Test

**West Side Community Health Services
Health Care for the Homeless**

438 Main St
Saint Paul, MN 55102

651-290-6815

- HIV Blood Test

**Saint Paul Ramsey County Public Health
Clinic 555 Sexual Health Services**

555 Cedar St
Rm 111
Saint Paul, MN 55101

651-266-1255

- Conventional HIV Blood Test
- Rapid HIV Blood Test
- Chlamydia Test
- Free Hepatitis B Test
- Free Hepatitis C Test
- Gonorrhea Test
- Hepatitis A Vaccine
- Hepatitis B Test

- Hepatitis B Vaccine
- Herpes Test
- HPV Vaccine
- Syphilis Test

**Planned Parenthood Minnesota North Dakota South Dakota
St Paul Health Center-Vandalia**

671 Vandalia St
Saint Paul, MN 55114
651-698-2406

- Conventional HIV Blood Test
- Rapid HIV Blood Test
- Chlamydia Test
- Gonorrhea Test
- Hepatitis B Vaccine
- Herpes Test
- HPV Vaccine
- Syphilis Test
- Free Rapid HIV Blood Test

**Planned Parenthood Minnesota North Dakota South Dakota
St Paul Clinic**

91 Viking Dr W
St Paul, MN 55117
651-489-1328

- Conventional HIV Blood Test
- Rapid HIV Blood Test
- Chlamydia Test
- Gonorrhea Test
- Hepatitis B Vaccine
- Herpes Test
- HPV Vaccine
- Syphilis Test

Family Tree Clinic

1619 Dayton Ave
St 205
Saint Paul, MN 55104
651-645-0478

- Conventional HIV Blood Test
- Free Rapid HIV Blood Test
- Chlamydia Test
- Gonorrhea Test
- Hepatitis B Test
- Hepatitis B Vaccine
- Hepatitis C Test
- Herpes Test
- HPV Vaccine
- Syphilis Test

Sub-Saharan African Youth and Family Services of Minnesota

1885 University Ave
St 297
St Paul, MN 55104
651-644-3983

- Free Rapid HIV Blood Test

Minnesota AIDS Project

2577 W Territorial Rd, St Paul, MN 55114
612-341-2060

- Free Rapid HIV Blood Test
- Free Hepatitis C Test