



**HIV and AIDS**  
**Education and Prevention Plan**  
**2008 – 2012**

**Mid – Term Review**

**The Education and Prevention Sub-Committee**  
**Of the National AIDS Strategy Committee**

## Foreword

There is tremendous work being carried out all over the country by both statutory and civil society groups, for which I would like to express my gratitude. I would also like to thank them in relation to their great efforts in responding to, and in completing, the mid-term review.

The review has greatly clarified the situation countrywide, although unfortunately it has highlighted significant deficits. From the responses received it appears there are still swathes of the country where it appears the action plan is not being implemented.

Many responses, if not all, commented on the great need for a comprehensive sexual health policy/ strategy - one of the actions (Action Area 2: Action 1), which, regrettably, has not been implemented. This is given as the reason for lack of implementation as, in the absence of a strategy, they lack clear guidance, lines of responsibility and the authority to act on the action plan.

There are two further areas that need addressing if all our efforts are to yield significant results in relation to HIV/AIDS reduction in Ireland. HIV prevention quality standards are required in order to get a better picture and there is a need to develop national minimum datasets. Both of these will require input from the Department of Health and Children.

I feel very privileged to be chair of such a committed group of people who, with their enthusiasm and wisdom have achieved so much with so little – we have had no financial funding to carry out this action plan.

I look forward to continuing to maintain and build on Ireland's integrated response to HIV/AIDS and to continuing to implement this action plan.

**Dr. Nazih Eldin**  
*Chairperson*

Education and Prevention Sub-Committee  
of the National AIDS Strategy Committee

## Acknowledgements

Membership of the Education and Prevention Sub-Committee includes the following individuals as representatives of key stakeholders in HIV and AIDS Education and Prevention:

Dr. Nazih Eldin	Chairperson
Ms. Frances Shearer	Department of Education and Science
Ms. Deirdre Seery	Sexual Health Centre Cork
Mr. Mick Quinlan	Gay Men's Health Service, Health Service Executive
Ms. Leonie O' Neill	Social Inclusion, Health Service Executive
Ms. Janet Gaynor	Health Promotion, Health Service Executive
Ms. Mary O' Shea	Dublin AIDS Alliance
Ms. Frances Nangle Connor	Irish Prison Service
Mr. Tiernan Brady	GLEN / Gay HIV Strategies
Ms. Rose McCarthy	
Mr. Will Kennedy	
Mr. Tim McCarthy	Department of Health and Children

### Former Members

Mr. Robbie Breen	Department of Health and Children
Mr. Ciarán McKinney	Gay HIV Strategies
Mr. Noel Walsh (R.I.P.)	Gay Community News
Ms. Olive McGovern	Department of Health and Children
Mr. Philip Watt	National Consultative Committee on Racism and Interculturalism

Ms. Anne Corr - Department of Health and Children – provided Secretariat to the Sub-Committee.

Ms Grainne Woulfe – GLEN provided assistance in the writing of the report.

Other stakeholders and organisations also contributed to this report and to the implementation of the Education and Prevention Action Plan 2008-2012.

## Abbreviations

AIDS	Acquired immunodeficiency syndrome
EU	European Union
CPP	Crisis Pregnancy Programme
DAA	Dublin AIDS Alliance
DES	Department of Education and Skills
DOHC	Department of Health and Children
GHN	Gay Health Network
GHS	Gay HIV Strategies
GLEN	Gay and Lesbian Equality Network
GMHP	Gay Men's Health Project
GMHS	Gay Men's Health Service
GP	General Practitioner
GUM	genito-urinary medicine
HIV	human immunodeficiency virus
HSE	Health Service Executive
HPSC	Health Protection Surveillance Centre
IDU	Intravenous drug user
IFPA	Irish Family Planning Association
IPS	Irish Prison Service
LGBT	Lesbian, gay, bisexual and transgender
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NACD	National Advisory Committee on Drugs
NASC	National AIDS Strategy Committee
NEP	Needle Exchange Programme
NGO	Non-governmental organisation
NOSP	National Office of Suicide Prevention
NYCI	National Youth Council of Ireland
OMCYA	Office of the Minister for Children and Youth Affairs
PLHIV	People living with HIV
RSE	Relationships and Sexuality Education
SHC	Sexual Health Centre
SPHE	Social Personal and Health Education
SRH	Sexual and reproductive health
SWAI	Sex Workers Alliance of Ireland
STI	Sexually transmitted infection
Yhs	Youth Health Service

## Introduction

In 2008 a 4-year plan for HIV and AIDS Education and Prevention in Ireland was published. The plan aimed to contribute to a reduction in new infections of HIV and AIDS through education and prevention measures. It also aimed to guide and inform the development of policy and services in the statutory and non-statutory sectors with responsibility in this regard.

This report is produced as a response to a letter from the Secretariat of the National AIDS Strategy Committee (NASC). The letter requested "*feedback from the Education and Prevention Sub-Committee on prevention activities currently in place and on progress to date on the Education and Prevention Action Plan (2008-2012).*" In addition, action 2 under Action Area 5: Monitoring and evaluation states that "a mid-term review of the implementation of this action plan should be published".

We note from the HPSC data that there has been a slight decrease in the overall number of new HIV infections however; there has been a huge concern over the large increase in new diagnoses in men who have sex with men (MSM). Although we cannot provide the evidence for the reason for this increase, it is stipulated that there has been a huge increase in the education and prevention programmes targeted at MSM and the report will show the evidence of that increase (Action Area 3: Preventing new infections: population group MSM). There is a presumption that because of increased awareness, access and confidence of MSM and improved treatment that there are more MSM being tested and more diagnoses.

This report presents an update on the progress of the implementation of the actions in the HIV and AIDS Education and Prevention Plan 2008-2012.

## HIV and AIDS in Ireland

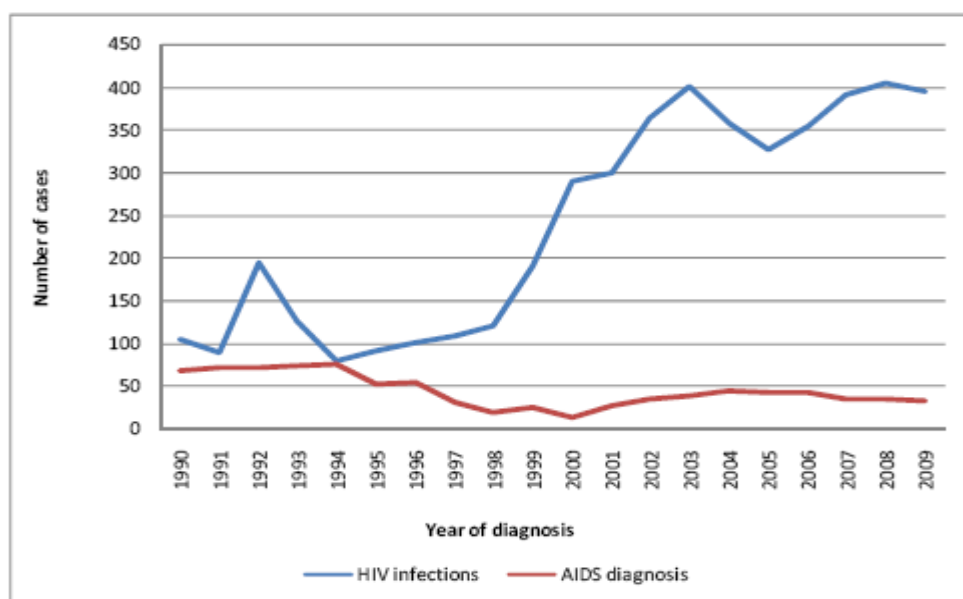
The Health Protection Surveillance Centre (HPSC) produces data and other information about HIV and AIDS in Ireland. The latest comprehensive set of data relate to 2009.

### Total number of diagnoses

A total of 395 new HIV diagnoses were reported to the HPSC during 2009. This compares to 404 in 2008 and represents a 2.2% decrease. The rate of newly diagnosed HIV infection in Ireland in 2008 was 93.2 per million population. The cumulative total number of HIV infections reported up to the end of December 2009 is 5,637.

The total number of AIDS diagnoses reported to the end of December 2009 is 1,038 with reports of 33 new AIDS diagnoses in 2009. The total number of deaths among AIDS cases reported to the end of December 2009 is 414 with reports of two deaths among AIDS cases in 2009.\*

Figure 1 shows the number of HIV and AIDS diagnoses annually in Ireland from 1990 to 2009. HIV data from 2003 to 2008 have been updated and a detailed analysis can be found in the HIV and AIDS surveillance tables on the HPSC website at: <http://www.hpsc.ie/hpsc/A-Z/HepatitisHIVAIDSandSTIs/HIVandAIDS/SurveillanceReports/>



**Figure 1: New HIV and AIDS diagnoses by year of diagnosis (1990 to 2009)**

\* Data on AIDS cases and deaths among AIDS cases should be interpreted with caution due to considerable under-reporting and late reporting. It is expected that further reports, particularly relating to recent years, will be received and the number of AIDS cases will rise for recent years.

### Probable route of transmission

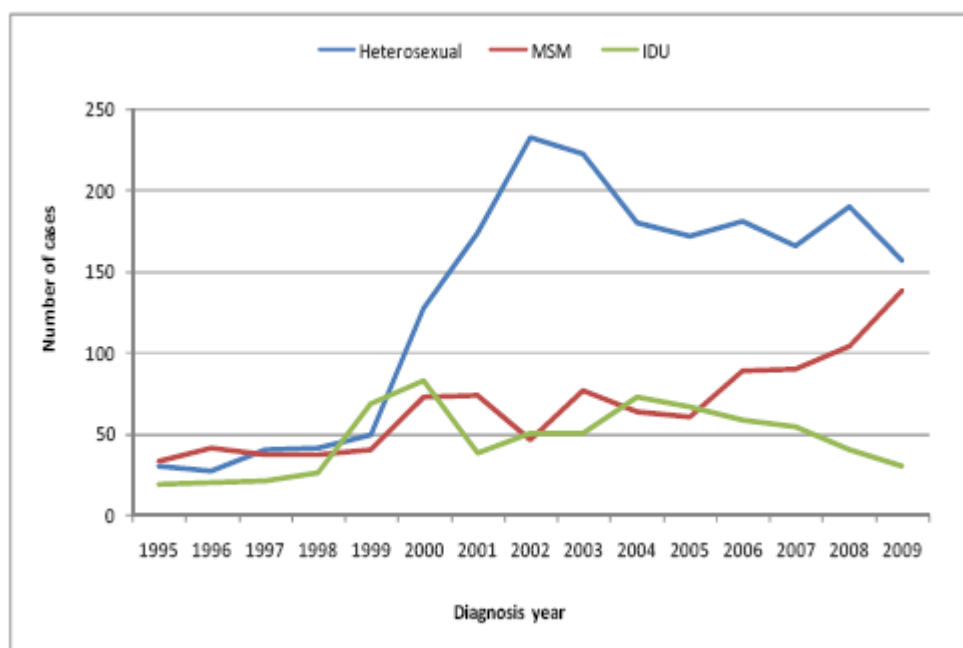
A breakdown by probable route of transmission can be seen in Table 2 and Figure 2.

**Table 2: HIV diagnoses in Ireland - by probable route of transmission and sex (2009)**

Probable route of transmission	Sex	Number
MSM	Male	138
	<b>Sub total</b>	<b>138</b>
Heterosexual contact	Female	96
	Male	60
	Unknown	0
	<b>Sub total</b>	<b>156</b>
Injecting Drug Use	Female	6
	Male	24
	<b>Sub total</b>	<b>30</b>
Mother to child	Female	3
	Male	2
	<b>Sub total</b>	<b>5</b>
Other	Female	1
	Male	0
	Unknown	0
	<b>Sub total</b>	<b>1</b>
Undetermined	Female	31
	Male	34
	Unknown	0
	<b>Sub total</b>	<b>65</b>
<b>Total</b>		<b>395</b>

The 330 reported cases of HIV with information available on probable route of transmission indicate that:

- the highest number of HIV, 47.3%, was reported as due to heterosexual transmission (156 cases)
- 41.8% percent (138 cases) of new infections were among MSM.
- 9.1% percent (30 cases) of new infections were among IDUs.



**Figure 2: New HIV diagnosis in Ireland via exposure category (2000 to 2009)**

### Sex

Of the 395 cases, 34.7% (137 cases) were female and 65.3% (258 cases) were male. A breakdown of new cases by probable route of transmission and sex is shown in Table 2. Of the 137 female cases newly diagnosed in 2009, 25 (12.9%) were reported to be pregnant at HIV diagnosis, 82 were not pregnant at diagnosis and the status of the remaining 30 is unknown.

### Age

A breakdown of cases by probable route of transmission and age group is shown in Table 3. During 2009, the median age at HIV diagnosis among the three major risk groups was:

- Heterosexual: 35.6 years (range 16-73 years)
- IDUs: 35.9 years (range 22-57 years)
- MSM: 35.6 years (range 18-80 years)



**Table 3: Newly diagnosed HIV infections in Ireland by probable route of transmission and age group (2009)**

Age at HIV diagnosis	HC	IDU	MSM	MCT	Other	Unk	Total
<15	-	-	-	4	-	1	5
15-19	5	-	3	1	-	3	12
20-24	19	1	14	-	-	5	39
25-29	29	7	29	-	-	13	78
30-34	25	6	31	-	-	13	75
35-39	34	8	20	-	-	9	71
40-44	14	2	18	-	-	11	45
45-49	13	3	9	-	1	6	32
50-54	6	2	7	-	-	2	17
55-59	3	1	3	-	-	2	9
60+	8	-	4	-	-	-	12
<b>Total</b>	<b>156</b>	<b>30</b>	<b>138</b>	<b>5</b>	<b>1</b>	<b>65</b>	<b>395</b>

### Geographic origin

The 307 reported cases of HIV with information available on geographic origin indicate that:

- 45.9% (141 cases) were born in Ireland, 31.3% (96 cases) were born in sub-Saharan Africa, 6.8% (21 cases) were born in Western Europe, 4.9% (15 cases) were born in Eastern Europe, 4.6% (14 cases) were born in South America and 4.2% (13 cases) were born in Central Europe.
- Of the 156 cases acquired through heterosexual contact, 56% (87 cases: 58 female and 29 male) were born in sub-Saharan Africa and 26% (40 cases: 18 female and 22 male) were born in Ireland.
- Among MSM, 63.0% (87 cases) were born in Ireland and 27.0% (38 cases) were born abroad.
- Among IDUs, 43.3% (13 cases) were born in Ireland and 46.7% (14 cases) were born abroad.
- Of the five MCT cases, one was an infant born in Ireland in 2009 and the remaining four were older children born in sub-Saharan Africa.

### Area of residence

A breakdown of new HIV diagnoses by area of residence in 2009 can be seen in Table 4.

**Table 4: New HIV diagnoses by probable route of transmission and area of residence at diagnosis (2009)**

Probable route of transmission	East <sup>‡</sup>	non-East	Unknown	Total
Heterosexual	89	53	14	156
IDU	19	8	3	30
Mother to Child	3	1	1	5
MSM	87	31	20	138
Other	1	0	0	1
Undetermined	3	1	61	65
<b>Total</b>	<b>202</b>	<b>94</b>	<b>99</b>	<b>395</b>

The HPSC points out that these figures show the increase in the number of MSM who have been diagnosed with HIV.

In addition to HIV and AIDS data the HPSC in its report (Epidemiology of Syphilis in Ireland 2000-2008) state that the number of syphilis cases has increased by 50%. Between 2002 and 2008, men who have sex with men (MSM) accounted for 83.7% of all cases. In 2008 MSM accounted for 79.8% of all early syphilis cases.

Furthermore, the HPSC found that most transmission remains in Dublin and East Leinster. The data above indicates that MSM are at risk or that MSM are still engaged in unsafe/unprotected sex.

## Update on international commitments and research

International commitments and priorities, policy and research informed the development and subsequent implementation of the Education and Prevention Plan 2008-2012. Since this Plan was published further developments in these areas continue to inform the implementation of the plan.

### International commitments

The following developments have taken place since 2008 which impact on HIV and AIDS Education and Prevention activities in Ireland:

- In 2010 a Progress Report on *Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia*, was published (ECDC, 2010).
- In 2009 an impact assessment assessed progress against the EU Communication on *Combating HIV/AIDS in the European Union and neighbouring countries, and the Action Plan 2006-2009*. The Commission has recently issued a follow-up Communication and accompanying Action Plan for the period 2009-2013 (European Commission, 2009).

### Research

Leading up to the development of the Education and Prevention Plan, a number of important national studies were published which added to the knowledge base on sexual attitudes, knowledge and behaviours among Irish adults including:

- Irish Study of Sexual Health and Relationships.
- Real Lives – All-Ireland Gay Men's Sex Surveys.
- Research on Relationships and Sexuality Education in post-primary schools.

Since this plan was published in 2008, further national studies and important research have been carried out including:

- Real Lives 2. Findings from the All-Ireland Gay Men's Sex Surveys, 2005 and 2006 (McCartney et al, 2009).
- European MSM Internet Survey (EMIS) (final report due in September 2011)
- A Review of the International Literature on the Role of outside Facilitators on the Delivery of School-based Sex Education (de Vries et al, 2009).
- Parents Approaches to Educating their Pre-adolescent and Adolescent Children about Sexuality (Hyde et al, 2009).
- Globalisation, Sex Trafficking and Prostitution: The Experiences of Migrant women in Ireland (Kelleher et al, 2009).

## **HIV and AIDS Education and Prevention Plan 2008-2012**

At the core of this action plan were the results of the research which was commissioned by the NASC sub-committee on education and prevention.

### **Principles of effective HIV and AIDS prevention**

National strategies and international bodies like UNAIDS and WHO agree that all HIV prevention efforts and programmes must have the following as their fundamental basis:

- The promotion, protection and respect of **human rights**, including gender equality.
- **Differentiated and locally adapted** to the relevant epidemiological, economic, social and cultural contexts in which they are implemented.
- **Evidence-informed**, based on what is known and proven to be effective, and investment to expand the evidence base should be strengthened.
- **Comprehensive in scope**, using the full range of policy and programmatic interventions known to be effective.
- HIV prevention is for life; therefore both delivery of existing interventions, as well as research and development of new technologies, require a **long-term and sustained effort**, recognising that results will only be seen over the longer term and need to be maintained.
- HIV prevention programming must be at a **coverage, scale and intensity** that is enough to make a critical difference.
- **Community participation** of those for whom HIV prevention programmes are planned is critical for their impact.

### **Action Plan**

The action plan was built into six areas:

1. Building leadership and strengthening necessary infrastructure
2. Addressing the broader determinants
3. Preventing new infections
4. Addressing stigma and discrimination
5. Monitoring and evaluation
6. International commitments

Within **Action Area 3 – Preventing new infections** – the Action Plan is set out by population group:

1. young people;
2. men who have sex with men;
3. injecting drug users;
4. sex workers;
5. prisoners;
6. people from countries where HIV is endemic;
7. people living with HIV.

For each population group, actions are arranged under the following headings:

- education and raising awareness;
- [population group] – specific interventions;
- increasing screening and testing;
- research and capacity-building;
- linkages to relevant policy frameworks.

## **Progress on HIV and AIDS Education and Prevention Action Plan**

In the last two years Ireland has been going through economic and financial crisis. The magnitude of this crisis is so great that it affected all the people of Ireland and all statutory and non-statutory organisations. This has had a huge impact on this action plan.

Many of the actions in the plan are targeted at the determinants of health like social justice, integrated services, community mobilisation, leadership, addressing the social factors driving the epidemic and so on. These require commitment, necessary resources, stability and funding. All of these were affected by the worsening financial situation.

Nevertheless, members of the Education and Prevention Sub-Committee endeavoured to seek information from their own organisations and those who have a responsibility for the plan. Reminders were sent to relevant lead and key partners. The sub-committee assumed that those who did not respond to the two reminders, that there was no progress in that area, or that they did not have any progress to report.

A number of issues effecting the implementation of this plan arose prior to and during the process of this review:

- Some people are not aware of the action plan.
- The absence of a national sexual health strategy
- Lack of funding for the actions in the plan
- Lack of local structures for implementation
- No formal/rigorous monitoring of the progress on the actions or outcomes to help assess impact of the plan.

**Action Area 1: Building leadership and strengthening necessary infrastructure**

Action	Current position	Implementation status
<p>1. Political leadership at the highest level should be maintained through national structures and ongoing political engagement in HIV- and AIDS-related policy.</p>	<p>The National AIDS Strategy Committee (NASC) is chaired by a Minister.</p>	<p>Progressing</p>
<p>2. A national-level committee with relevant statutory and non-statutory representation should be maintained, with clearly defined roles and responsibilities for all members in HIV and AIDS policy development and monitoring.</p>	<p>NASC will be maintained until such time as suitable structures exist in the HSE to take over the role.</p>	<p>Progressing</p>
<p>3. Civil society groups and people living with HIV should be supported to develop leadership and advocacy capacity to ensure participation in decision-making, policy formulation, implementation, policy monitoring and evaluation.</p>	<p>A number of representative groups and committees have been established since 2008 including:</p> <ul style="list-style-type: none"> <li>• The HSE LGBT Health sub-committee provides opportunities for partnerships in implementing the recommendations of the HSE report <i>LGBT Health: Towards Meeting the Needs of LGBT People</i> (2009).</li> <li>• The HIV Services Network.</li> <li>• Civil society groups also participate in local structures that have been established to support the sexual health needs of particular groups within the population e.g. Donegal Sexual Health Forum; Youth Sexual Health in the Mid-West Region.</li> <li>• Positive Now, a newly established working group of people living with HIV who formed to give people</li> </ul>	<p>Progressing</p>

Action	Current position	Implementation status
	<p>living with HIV or AIDS a voice within existing government and NGO agencies, and are represented on NASC.</p> <ul style="list-style-type: none"> <li>• Gay Health Network (GHN) continues to increase its membership and partnerships, and includes representatives of people living with HIV. GHN met with Minister Áine Brady, Chairperson of NASC. It will present to the Oireachtas Committee on Health in 2011.</li> </ul>	
<p>4. A mapping of all HIV and AIDS prevention activity in the 4 HSE areas should be undertaken to assess current service provision and to plan for implementation of the National Action Plan and further service development.</p>	<p>This action has taken place in the HSE South (2009). Mapping has yet to be carried out in the three other HSE areas. Reorganisation within the HSE has led to delays in implementing this action.</p>	<p>Limited implementation</p>
<p>5. An assessment of current NGO activity in HIV and AIDS prevention should be undertaken with a view to identifying current service levels, models of best practice and services suitable for mainstreaming.</p>	<p>No progress has been made in relation to this action.</p>	<p>Not implemented</p>
<p>6. Clear structures will be established within the HSE with responsibility for HIV and AIDS strategy implementation.</p>	<p>Reorganisation within the HSE has led to this action not being implemented.</p>	<p>Not implemented</p>
<p>7. A formal consultation process with relevant partners should be established to ensure strategies and research, are working to</p>	<p>No progress has been made in relation to this action.</p>	<p>Not implemented</p>

<b>Action</b>	<b>Current position</b>	<b>Implementation status</b>
complement each other, e.g. the Crisis Pregnancy Agency, National Drugs Strategy Teams.		



## Action Area 2: Addressing the broader determinants

Action	Current position	Implementation status
<p>1. A National Sexual Health Policy should be developed to provide the appropriate broader context for the HIV and AIDS Education and Prevention Plan.</p>	<p>The development of a National Sexual Health Policy is not being pursued at present in the Department of Health and Children.</p>	<p>Not implemented</p>
<p>2. HIV prevention targets should be integrated into policies designed to address the social determinants of health and health inequalities, e.g. into the National Action Plan for Inclusion.</p>	<p>No progress has been made in relation to this action.</p>	<p>Not implemented</p>

**Action Area 3: Preventing new infections  
Population Group 1: Young People**

Action	Current position / progress	Implementation status
<p><b>1. Education and raising awareness</b></p> <p>1. Implement comprehensive school-based sex education throughout the school system:</p> <ul style="list-style-type: none"> <li>Relationships and Sexuality Education (RSE) should be universally implemented in the context of SPHE from primary through to senior cycle.</li> <li>Health and education sectors should continue to work together to develop resources and provide teacher training to support RSE implementation.</li> </ul>	<p>The Department of Education and Skills (DES) is continuing to support the implementation of RSE in the context of SPHE up to Junior Certificate through the SPHE Support Service which currently consists of six full time seconded teachers.</p> <p>A draft Senior Cycle SPHE curriculum has been developed but is awaiting implementation. Full implementation of this curriculum would help the implementation of RSE at Senior Cycle.</p> <p>The DES issued circulars to all post primary schools in 2008 and 2010 reminding them of their obligations with regard to RSE, in particular their obligation to teach it at Senior Cycle level.</p> <p>The HSE works with the SPHE support service.</p> <p>The SPHE Support Service collaborated with the Crisis Pregnancy Agency and the HSE to develop a Senior Cycle Resource called TRUST. The DVD contains information on STIs and contraception.</p> <p>All teachers of RSE can avail of a total of five RSE training days, two of which include familiarisation with the TRUST resource. Between November 2008 and November 2010, 700 teachers attended the two day TRUST training.</p>	<p>Progressing</p>

Action	Current position / progress	Implementation status
<ul style="list-style-type: none"> <li>• Guidelines should be developed for schools to ensure best practice in using outside agencies to support RSE implementation in the classroom.</li>   <li>• The quality and effectiveness of RSE in schools should be evaluated in the context of Whole School Evaluation and other inspection processes.</li>   <li>• The RSE programme should be monitored and evaluated on an ongoing basis to ensure</li> </ul>	<p>In 2009 the DES and the Gay and Lesbian Equality Network (GLEN) published guidance for post primary schools "<i>Lesbian, Gay and Bisexual Students: Guidance for Principals and School Leaders</i>" (DES and GLEN, 2009). It is the first comprehensive guidance for schools on sexual orientation issues that has the backing of all the education partners.</p> <p>The DES issued a circular to all post primary schools in 2010 on the appropriate use of visitors to the SPHE/RSE class.</p> <p>In 2009, the HSE Crisis Pregnancy Programme (CPP) and the DES commissioned a comprehensive audit of the range and type of existing organisations that currently provide classroom inputs on RSE/SPHE. The report is currently in draft form. It is planned that outputs from the audit will support the development of practical recommendations for how schools, teachers and students can be best supported to use/engage outside agencies in RSE/SPHE delivery.</p> <p>NGOs, including the Sexual Health Centre (SHC), AIDS West and Dublin AIDS Alliance (DAA) work in the school setting to support the implementation of RSE.</p> <p>The number of DES inspectors with an SPHE brief has been increased. The inspectors are currently planning a review of the implementation of post primary SPHE.</p> <p>In 2010 Dáil na nÓg published a report "<i>Life skills matter – not just points: A Survey of implementation of Social, Personal and Health Education (SPHE) and Relationships</i></p>	

Action	Current position / progress	Implementation status
<p>its relevance to young people.</p>	<p><i>and Sexuality Education (RSE) in second-level schools</i> (Roe, 2010). The survey was the first Irish peer research on the issue of RSE in schools.</p> <p>Donegal Sexual Health Forum says that “despite Department of Education monitoring, on the ground, people working with schools and young people report that the RSE implementation in schools is ‘hit and miss’ depending on such factors as the attitude of the Principal and the culture in the school”</p>	
<p>2. Enhance support for Relationships and Sexuality Education (RSE) in the out-of-school education setting:</p> <ul style="list-style-type: none"> <li>• All Youthreach and Early School-Leaver Education Centres should have access to training and resource materials to support implementation of RSE.</li> <li>• All Youthreach and Early School-Leaver Education Centres should develop a policy on RSE and allow for its provision in the curriculum.</li> <li>• A monitoring and evaluation system should be put in place to ensure full implementation within these Centres.</li> </ul>	<p>All Youthreach centres have been included in the DES SPHE database. They are invited to all SPHE/RSE training and are provided with appropriate resources and other supports. All Youthreach centres are also invited to attend child protection training courses delivered by the SPHE Support Service.</p> <p>In 2007 the HSE CPP provided funding to a number of community and voluntary organisations and Youthreach Centres to deliver a variety of personal development and sexual health programmes with early school leavers/those at risk of becoming early school leavers.</p>	<p>Progressing</p>

Action	Current position / progress	Implementation status
<p><b>Youth sector:</b></p> <ul style="list-style-type: none"> <li>• All youth organisations should be supported to develop and implement a policy to promote sexual health.</li> <li>• Funding programmes targeting young people should allow for age, gender and culturally appropriate peer-led initiatives to promote sexual health</li> </ul>	<p>The HSE provides funding to many NGOs and youth organisations to support sexual health education and awareness-raising with young people.</p> <p>In 2009 the HSE CPP funded the National Youth Council of Ireland (NYCI) to deliver a train the trainer programme for youth workers and other relevant professionals to assist them in communicating with young people about sexual health and relationships with a focus on the delay of early sexual activity.</p> <p>NYCI, Youth Work Ireland and Foróige support youth organisations in sexual health policy development. In 2011 the NYCI will provide training on good practice in sexual health promotion.</p> <p>BeLonG To Youth Services and the Office of the Minister for Children and Youth Affairs (OMCYA) launched <i>Addressing Homophobia: Guidelines for the Youth Sector</i>, a comprehensive guide for youth projects on tackling homophobic bullying, reducing stigma, and fully including LGBT young people in their services.</p> <p>BeLonG To Youth Services launched the Stand Up: Support your LGBT Friends campaigns in the youth sector, where 2,200 young people around Ireland participated in a National LGBT Awareness week.</p> <p>The SHC, AIDS West, DAA and the Red Ribbon Project all provide support services to the youth sector in the area of HIV and sexual health including training and resources. The SHC, with funding from the HSE South, developed a resource for parents and young people called the</p>	<p>Progressing</p>

Action	Current position / progress	Implementation status
<p>3. Parenting and sex education in the home:</p> <ul style="list-style-type: none"> <li>• Training and education programmes to enable parents to 'talk about sex' with their children should be offered as part of parenting support initiatives.</li> <li>• Web-based and other resources should be developed and made available to support parents in talking about sex with their children.</li> </ul>	<p>Sexual Health Times.</p> <p>Through grant assistance from the HSE, the Irish Family Planning Association (IFPA), National Parents Council (Primary), Pact, SHC and the Squashy Couch (Waterford) support the delivery of sex education in the home.</p> <p>The HSE CPP, the Health Promotion Department HSE South and the DES have developed a number of free resources to assist parents in the delivery of relationships and sexuality education to their children. These include:</p> <ul style="list-style-type: none"> <li>• 'Busy Bodies' - a booklet for parents of 10-14 year olds</li> <li>• 'You can Talk to Me' – DVD for parents of 11-15 year olds</li> <li>• 'Parents – Tips for talking to older teenagers about relationships and sex' - booklet for parents of 15-17 year olds</li> <li>• 'The Facts' DVD – for parents of 15-17 year olds</li> <li>• <a href="http://www.b4udecide.ie">www.b4udecide.ie</a>– a website aimed at delaying early sex among teenagers. The site is primarily aimed at young people, but also contains sections for parents, teachers and youth workers.</li> </ul> <p>In 2010 the HSE National Office for Suicide Prevention (NOSP) supported the parents group Loving Our Out Kids (LOOK) and BeLonG To Youth Service to produce an information booklet for parents and young people on coming out as LGBT.</p> <p>Other HSE Departments including the Health Promotion Department and community and voluntary groups have also developed education and training programmes as well as resources for parents in this area.</p>	<p>Progressing</p>

Action	Current position / progress	Implementation status
	The SHC provides an interactive web chat service for parents.	
<p>4. Media awareness campaigns targeting young people will be maintained:</p> <ul style="list-style-type: none"> <li>• Ongoing and sustained social marketing media campaigns to promote condom usage as the primary prevention method for people at risk of HIV/STIs should be maintained, with specific targeting of identified groups, including: <ul style="list-style-type: none"> <li>• early school-leavers;</li> <li>• young unemployed;</li> <li>• young people with low literacy levels;</li> <li>• young people from migrant populations;</li> <li>• gay and bisexual young people.</li> </ul> </li> <li>• These media campaigns should seek to change attitudes to condom usage and address issues related to stigma of condoms, particularly for girls.</li> </ul>	<p>The HSE has had a number of sexual health awareness campaigns on World AIDS day in 2009 and 2010 to help combat STIs among men and women. The main message of the campaign is to remind people that wearing a condom is the best way to reduce the transmission of HIV/AIDS and other STIs.</p> <p><a href="http://www.yoursexualhealth.ie">www.yoursexualhealth.ie</a></p> <p>The HSE CPP 'Think Contraception' campaign and website <a href="http://www.thinkcontraception.ie">www.thinkcontraception.ie</a> were redeveloped in late 2008. It encourages sexually active young adults (primarily those aged 18-24) to correctly and consistently use contraception to help prevent an unplanned pregnancy and sexually transmitted infections (STIs). To engage those with lower literacy levels, interactive pieces have been added to the website including a video condom demonstration and an interactive game. The 'Think Contraception' campaign has awareness levels of 80% among adults aged 18-30 and has engaged those in lower socio economic groups to a greater degree since its re-launch, with 79% of those in the C2DE social class aware of the campaign and its messages in 2009.</p> <p>NGOs have on-going media campaigns and interventions addressing HIV and STIs.</p> <ul style="list-style-type: none"> <li>• Rubber Up with Pride. (GHN, 2009)</li> <li>• <a href="http://www.Man2Man.ie">wwwMan2Man.ie</a> interactive website for MSM. (2010)</li> <li>• Promotional films on social websites and youtube for man2man. (2010)</li> </ul>	Progressing

Action	Current position / progress	Implementation status
	<ul style="list-style-type: none"> <li>• GET IT On, Get Informed, Get Tested, Get Support (GHN 2010).</li> <li>• Syph-Action Syph-Test (GHN Syphilis awareness campaign 2009).</li> <li>• 4 Steps to Immunity (GHN Hepatitis B awareness campaign 2010).</li> <li>• PEP and You (GHN 2008).</li> <li>• Spun Out (an Irish youth health, media, info, activism website) has developed a number of campaigns targeting young people on all health issues including sexual health.</li> <li>• The SHC has a fortnightly problem page with the Cork Independent.</li> </ul> <p>In April 2010 BeLonG To, Crossing the Line Films and RTE aired the documentary series <i>Growing Up Gay</i>. Over 400,000 people watched each episode which portrayed the real lives of LGBT young people in Ireland with the aim of reducing stigma and promoting health and wellbeing.</p> <p>GHN uses mainstream and LGBT social media (e.g. Facebook, Gaydar, Gaire, Queerid) to highlight all its campaigns. All HIV and sexual health campaigns include the promotion of consistent and correct condom use among younger MSM.</p>	
<p><b>2. Young people – Specific interventions</b></p> <p>1. Accessible and appropriate sexual health services for young people should be delivered in primary care, hospital and youth settings.</p>	<p>In the main, there is still a lack of sexual health services for young people. However, some accessible and appropriate sexual health services for young people have been developed in different settings:</p> <ul style="list-style-type: none"> <li>• Primary Care: The HSE and the ICGP collaborated to support GPs in providing youth friendly sexual health services in the primary care setting.</li> <li>• Hospital: The IFPA and St. James’s GUIDE Clinic also run an STI and contraception service for</li> </ul>	Progressing



Action	Current position / progress	Implementation status
	<p>young people.</p> <ul style="list-style-type: none"> <li>• Youth: Sexual health services in youth settings (which have been funded by the HSE) have been developed through Youth Health Advice Cafes and integrated youth health services e.g. YHS in Cork, Squashy Couch in Waterford, the GAF in Galway.</li> <li>• NGOs: The SHC and Red Ribbon Project have drop in sexual health services for young people.</li> <li>• Third level: Some third level colleges provide dedicated sexual health clinics for students.</li> </ul>	
<p>2. Improved access to condoms for young people will be achieved through the following measures:</p> <ul style="list-style-type: none"> <li>• A mechanism should be put in place to ensure availability and wider distribution of condoms for people at risk of HIV and STIs. This should allow for distribution of free condoms as necessary through outreach programmes and other relevant interventions.</li> </ul> <p>• All third-level institutions and FÁS Centres should have in place a condom distribution mechanism.</p>	<p>As part of the HSE Crisis Pregnancy Programme's 'Think Contraception' campaign, outreach work is conducted to deliver 'Think Contraception' protection packs (containing sexual health information and an individually boxed condom) are distributed in GP surgeries, STI clinics, colleges and events where risk taking behaviour can occur, such as music festivals and in pubs and clubs.</p> <p>The HSE GMHS supplies condoms to a number of NGOs for distribution.</p> <p>NGOs such as the SHC, the Red Ribbon Project, DAA and Johnny all have mechanisms (drop in/condom club/ outreach/information stands /distribution of safer sex packs etc) of providing free condoms to a variety of population groups including young people. For example, in 2009 DAA distributed almost 63,000 free condoms.</p> <p>Some third level colleges provide condom dispensing machines and NGOs also provide free condoms at sexual health awareness weeks.</p>	Progressing

Action	Current position / progress	Implementation status
<ul style="list-style-type: none"> <li>Primary care centres and sexual health services should encourage condom use and make condoms available.</li> </ul>	<p>The Integrated Youth Health services, St. James's GUIDE clinic and some youth cafes provide free condoms to young people. Condoms are available/provided free to service-users accessing and using the HSE Sláinte services in Clare and Limerick (funded through the Regional Drug and Alcohol Services)</p>	
<p><b>3. Increasing screening and testing</b> 1. Sexual health services should ensure access for young people to HIV and STI screening and testing.</p>	<p>All four areas within the HSE have HIV and STI clinics. St. James's GUIDE Clinic in partnership with the IFPA run an STI and contraception service especially for young people. The YHS in Cork, funded by the HSE provides youth specific HIV and STI screening.</p>	Progressing
<p>2. Primary care and other community settings should increase availability of HIV and STI screening and testing.</p>	<p>Some primary care and community settings have increased availability of HIV and STI screening and testing.</p> <p>The HSE Gay Men's Health Service (GMHS) increased STI screening access to two nights in October 2009.</p>	Progressing
<p><b>4. Research and capacity-building</b> 1. A national survey of sexual knowledge, attitudes and behaviours of young people should be commissioned (similar to the ISSHR completed for the adult population in 2006).</p>	<p>A national survey is not being progressed by the DOHC at present, however; the Health Behaviour of School-Aged Children (HBSC) survey 2010 included the sexual health sub-set of items for students aged 15 years and older.</p>	Limited implementation
<p>2. A programme should be devised to support the development of monitoring and evaluation skills among those working with young people.</p>	<p>This action has not been progressed.</p>	Not implemented

Action	Current position / progress	Implementation status
<p>3. Capacity-building should be developed in the youth, education and health sectors to enable youth participation and professional development in order to address young peoples' sexual health.</p>	<p>The OMCYA provides support for structures and projects that support children and young people's participation including:</p> <ul style="list-style-type: none"> <li>• Comhairle na nÓg</li> <li>• Dáil na nÓg. (Sexual health was a key theme for 2010).</li> <li>• Student councils</li> <li>• National consultations</li> <li>• Children and Young People's Participation Partnership Committee</li> </ul> <p>The NYCI and Youth Work Ireland provide support, training and resources in youth participation.</p> <p>In 2010 the SHC commissioned and finalised research on community based approaches to young people's health.</p>	<p>Progressing</p>
<p><b>5. Linkages to relevant policy frameworks</b></p> <p>1. Clarification on the age of consent should be given and this information should be passed on to young people and organisations working with young people.</p>	<p>The law relating to the age of consent is detailed in Section 3 of the Criminal Law (Sex Offences) Act 2006. This Act as amended by Section 5 of the Criminal Law (Sexual Offences) (Amendment) Act 2007 makes it a criminal offence to engage or attempt to engage in a sexual act with a child under 17 years.</p> <p>Information on the age of consent is provided on all resources developed by the HSE CPP to assist parents, teachers and youth workers in the delivery of relationships and sexuality education including the resource aimed at teenagers <a href="http://www.b4udecide.ie">www.b4udecide.ie</a> and the 'Standardised Framework for Crisis Pregnancy Counselling – A Practice Guide'.</p> <p>Many organisations working with young people provide information to young people on this area.</p>	<p>Progressing</p>

**Action Area 3: Preventing new infections**  
**Population Group 2: Men who have sex with men (MSM)**

Action	Current position	Implementation status
<p><b>1. Education and raising awareness</b></p> <p>1. National information campaigns should be developed based on accurate knowledge of the behaviour of men who have sex with men (MSM) and sub-populations, as appropriate. These campaigns must address the issue of message fatigue among gay and bisexual men, and take account of new technologies and innovative methodologies. They must also target MSM in relationships, migrants and the population of MSM who are not exposed to information targeting gay and bisexual men.</p>	<p>The Gay Health Network (GHN) supported by the HSE GMHS have developed a range of awareness-raising campaigns (e.g. GET IT ON, Get Informed, Get Tested, Get Support; 4 Steps to Immunity; and Syph-Test), produced information leaflets and posters and developed a website promotion on gay social websites.</p> <p>Significant media work has been carried out to raise HIV awareness both with the general public and, specifically, with MSM. GHS has featured on RTE television, on City Channel, on all the national radio stations and over 20 of the local radio stations as well as specific gay radio programmes and stations, raising the issues surrounding HIV. GHN continues to raise awareness through print media, in particular the GCN magazine, which has included adverts on various campaigns and articles on HIV and sexual health for MSM.</p> <p>In June 2010, GHN launched an information and awareness campaign to promote Hepatitis B testing and the availability of a vaccine. 4 Steps to Immunity includes the publication of a new information leaflet on Hepatitis B.</p> <p>GHN launched a new interactive website on World AIDS Day 2010. <a href="http://www.Man2Man.ie">www.Man2Man.ie</a> is developed specifically for MSM who are seeking information on HIV, sexual health, condoms, hepatitis, free testing services and other supports available, and information for men living with HIV. The website includes all</p>	<p>Significant progress</p>

Action	Current position	Implementation status
	<p>publications in nine languages.</p> <p>Promotional films on social websites and in gay bars for the Man2Man website.</p> <p>In 2011 the GHN in partnership with the HSE will launch a national sexual health and HIV prevention campaign. The campaign will have a peer input and will be aimed at younger MSM aged 18-25 years initially.</p>	
<p>2. Harm-minimisation information targeting MSM should be produced to address degrees of risk-taking and the effects of alcohol and other drugs.</p>	<p>In June 2010 GHN launched an information campaign to highlight the increased risk of HIV transmission for MSM when using poppers during sex.</p> <p>GMHS and BeLonG To Youth Services engaged with the Drugs and Alcohol Information and Support website (<a href="http://www.drugs.ie">www.drugs.ie</a>) in the inclusion of information and interviews of alcohol use among the LGBT community.</p> <p>BeLonG To Youth Services produced and distributed information booklets on Poppers and Party Pills. It has also included a comprehensive section on drug use on its website <a href="http://www.belongto.org">www.belongto.org</a>.</p> <p>The All Ireland Gay Health Forum covered topics on alcohol and LGBT.</p> <p>GMHS and BeLonG To Youth Services made a submission to the developing National Substance Misuse Strategy (Alcohol) for the DOHC.</p>	<p>Progressing</p>
<p>3. Improved availability and access to sexual health promotion materials should be achieved outside of cities.</p>	<p>A new sexual health and safer sex booklet will be developed and published for mainstream distribution nationally in late 2010 which will be targeted at MSM living outside of urban centres who may have little or no access to such information or services.</p>	<p>Progressing</p>

Action	Current position	Implementation status
<p><b>2. MSM – Specific interventions</b></p> <p>1. Resources targeting primary care and mental health providers should be developed to increase their knowledge of the health and social needs of MSM and to promote access to health services for MSM.</p>	<p>Since 2008 organisations and groups working with and representing MSM (such as GMHS, GHN, GLEN, GHS, BeLonG To) have worked closely and successfully with the HSE and other groups in the medical sector to ensure that this action is met. Resources that have been developed include:</p> <ul style="list-style-type: none"> <li>• <i>Working with Lesbian, Gay, Bisexual and Transgender People. Good practice Guidelines for Health Service Providers.</i> (HSE, 2009)</li> <li>• <i>Lesbian, Gay and Bisexual Patients: The Issues for General Practice.</i> (Allen, 2008). (GLEN and the ICGP)</li> <li>• <i>Lesbian, Gay and Bisexual People – A Good Practice Guide for Mental Health Nurses</i> (Irish Institute of Mental Health Nursing, 2010). (GLEN, HSE National Office for Suicide Prevention and IIMHN)</li> <li>• Good practice guides are in the process of being completed with the Psychological Society of Ireland and the College of Psychiatry of Ireland.</li> <li>• Preliminary discussions are taking place on further good practice guides, with due consideration for research that will be required, for the Irish Hospice Foundation.</li> <li>• <i>Look After Yourself: Look after Your Mental Health, Information for LGBT People</i> was developed by BeLonG To Youth Services and GLEN, with the HSE National Office for Suicide Prevention,</li> </ul> <p>GHN encourages an environment of improved information and communications throughout the sector through its quarterly newsletter “<i>On the One Road</i>”. The newsletter also aims to keep the sector updated on new and emerging issues in relation to HIV prevention and sexual health awareness for MSM.</p>	<p>Significant progress</p>

Action	Current position	Implementation status
<p><b>3. Increasing screening and testing</b></p> <p>1. Regular STI and HIV screening should be encouraged among MSM, with a particular focus on those sub-groups most at risk.</p>	<ul style="list-style-type: none"> <li>• In October 2009 the HSE GMHS increased STI screening access to two nights per week.</li> <li>• Promotion of testing on site for syphilis and HIV in 2009.</li> <li>• GMHS and GHN encourage testing through all of their awareness raising campaigns.</li> <li>• Adverts are placed in gay community news.</li> </ul>	Progressing
<p>2. Opportunities for HIV screening and testing (including rapid testing) should be expanded in the community setting. Pilot initiatives will be implemented and evaluations used to inform future practice.</p>	<p>Rapid testing is not taking place as yet. DAA piloted a one-day HIV testing initiative in its offices on Irish AIDS Day 15<sup>th</sup> June 2010 which was advertised in the North Inner City.</p>	Not implemented
<p>3. Sexual health services should prioritise MSM as a client population through direct targeting or through the provision of specific clinics for MSM.</p>	<p>No information available on this action.</p>	Not implemented
<p>4. All STI, GUM and A&amp;E services should have information available to provide referral to MSM and HIV support services.</p>	<p>GHN distribute material to GUM clinics as well as the "On the One Road" newsletter.</p>	Progressing
<p><b>4. Research and capacity-building</b></p> <p>1. Research should be commissioned to increase the evidence base informing strategic policy recommendations. This research will aim to:</p> <ul style="list-style-type: none"> <li>• increase the understanding of the sexual lives of MSM;</li> </ul>	<p>1. The following research reports were commissioned and/or published:</p> <ul style="list-style-type: none"> <li>• <i>LGBT Health: Towards meeting the health care needs of lesbian, gay, bisexual and transgender people</i> (HSE, 2009)</li> <li>• In 2009, GLEN and BeLonG To Youth Services co-commissioned <i>Supporting LGBT Lives: A Study of the Mental Health and Well-Being of Lesbian, Gay, Bisexual and Transgender People</i>.</li> </ul>	Significant progress

Action	Current position	Implementation status
<ul style="list-style-type: none"> <li>• identify the links between social exclusion factors affecting MSM and poor sexual health, including risk for HIV.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Real Lives Report 3</i>, the findings from the All Ireland Gay Men's Sex Survey's 2007 and 2008 (to be published on internet in 2010, GMHS and GHN).</li> <li>• A Syphilis Awareness, Knowledge and Action (SAKA) Survey was conducted by GHN in Dublin and Cork in June and July 2009. Report was published June 2010.</li> <li>• The European MSM Internet Survey (EMIS) (the largest ever sexual health survey of gay and bisexual men in the world) took place in summer 2010 across 31 European countries (including Ireland) in 25 languages. In Ireland the survey is co-ordinated by GMHS and GHN and incorporates the Gay Men's Sex Survey. Over 180,000 MSM eurowide (2,303 ROI and 435 NI =2738 all Ireland) completed the survey. The 1<sup>st</sup> Community Report was published on Dec 1<sup>st</sup> 2010 (<a href="http://www.emis-project.eu">www.emis-project.eu</a>) and reported a high awareness of HIV testing among MSM: ROI had the 4<sup>th</sup> highest number of returns per 10,000 population. As country lead GMHS HSE has the data and is sharing this with the HPSC, and along with GHN will produce further reports in 2011.</li> <li>• University College Hospital Galway (UCHG) GUM clinic and NUI Galway produced a research report on MSM attending the GUM clinic (this report also calls for a targeted service for MSM).</li> <li>• GHN produced a scoping document on MSM living with HIV (2010) and is carrying out research among this group (due 2011).</li> <li>• GLEN, AGE and Opportunity and the HSE are currently working on the visible lives research which is aimed at LGB people over the age of 55. <i>Visible Lives</i> is groundbreaking new research project that aims to explore the lives, experiences and needs of LGBT people in Ireland aged 55 and over. It will give us a better</li> </ul>	



Action	Current position	Implementation status
	<p>understanding of older LGBT people's experiences, hopes and concerns as they age, This is important so that health services, older people's services and LGBT organisations can best support them.</p>	
<p>2. Community and voluntary agencies working with MSM should be resourced to build the capacity of MSM (including MSM living with HIV) to participate in the implementation of this action plan.</p>	<p>GLEN has been working to build the capacity of LGB organisations locally and regionally to further develop a cohesive LGB sector nationally. GLEN has established a National Code of Practice for over 300 local mainstream community development organisations on supporting LGB people within the community.</p> <p>BeLonG To Youth Services, with the support of the NOSP, has worked with mainstream youth services and regional LGBT organisations, Vocational Educational Committees (VECs) and the HSE to develop a National Network of 12 LGBT youth services in eight locations around the country. The National Network further provides sexual health training to youth workers from each of the LGBT youth services.</p> <p>Positive Now is a newly established working group of people living with HIV who formed to give people living with HIV or AIDS a voice within existing government and NGO agencies, and are represented on NASC. The group includes representatives of MSM.</p> <p>GHN continues to increase its membership and partnerships, and includes representatives of people living with HIV.</p> <p>The SHC, AIDS West and the Red Ribbon Project provide support to people to participate in the implementation of this plan.</p>	<p>Progressing</p>

Action	Current position	Implementation status
<p>3. Training on MSM sexual health needs should be included in the pre- and post qualification training of health professionals.</p>	<p>GMHS and BeLonG To Youth Services provide training on LGBT, HIV and AIDS and MSM issues to the Social Work courses in Trinity College Dublin (TCD) and University College Dublin (UCD) and to the Addiction Courses in TCD.</p> <p>A men's health course was provided by the Health Promotion Department in Dublin North East for the Royal College of Surgeons (RCSI), but there was no uptake for it.</p>	<p>Limited progress</p>
<p>4. Key statutory agencies with responsibility for the delivery of actions in this plan should develop protocols for the engagement of MSM representation in the planning process.</p>	<p>No progress has taken place on this action.</p>	<p>Not implemented</p>
<p><b>5. Linkages to relevant policy frameworks</b></p> <p>1. MSM should be identified as a named population in relevant health policy to ensure that mainstream provision provides a quality service to meet their health needs and to facilitate the development of specialist provision where necessary.</p>	<p><i>LGBT Health: Towards meeting the health care needs of lesbian, gay, bisexual and transgender people</i> (HSE, 2009) identifies MSM as a named population and includes recommendations regarding same. The HSE LGBT Health sub-committee is drawing up a strategy to implement this.</p> <p>LGBT people are named as an 'at risk' group in the National Drugs Strategy 2009-2016.</p>	<p>Limited implementation</p>

**Action Area 3: Preventing new infections**  
**Population Group 3: Injecting drug users (IDUs)**

Action	Current position	Implementation status
<p><b>1. Education and raising awareness</b>            1. Harm-reduction messages and programmes should be developed to prevent HIV in the context of education and awareness-raising initiatives for injecting drug users (IDUs).</p>	<ul style="list-style-type: none"> <li>• In a survey of 31 needle exchange programmes surveyed in Ireland in 2007/2008, 29 provided safer sex messages to their patients (Cox and Robinson, 2008).</li> <li>• Harm reduction messages are a key component in the Needle Exchange programme which involves advice, support on harm reduction through safer sex, clean needle usage etc. It is part of all aspects of service engagement with IDUs in terms of methadone clinic team, outreach, needle exchange and counselling. The advice is provided face-to-face between Outreach Workers and the IDUs and is due to be carried out by Community Pharmacists on a face-to-face basis as part of the roll out of needle exchange through Community Pharmacies.</li> <li>• Condoms are available/provided free to drug-users accessing and using the HSE Sláinte services in Clare and Limerick.</li> </ul>	<p>Limited progress</p>
<p>2. Safer sex messages aimed at IDUs and HIV+ IDUs should be developed and integrated into the broader supports effected by the drug treatment services.</p>	<p>Safer sex messages are included in the general supports provided by the drug treatment services.</p>	<p>Limited progress</p>
<p><b>2. IDUs – Specific interventions</b>            1. The Joint Report by the National Drugs Strategy Team and the National Advisory Committee on Drugs to the Interdepartmental</p>	<p>This report is currently being implemented. Most recent data from 2007/2008 show that there are now 34 needle exchange programmes operating in Ireland (Cox and Robinson, 2008).</p> <p>The roll out of Needle Exchange</p>	<p>Progressing</p>

Action	Current position	Implementation status
Committee on Drugs (IDG) – entitled <i>An assessment of needle exchange provision in Ireland – The context, current levels of service provision and recommendations</i> – should be implemented in full.	through Community Pharmacies outside Dublin responds specifically to this report.	
2. Early intervention and service access should be prioritised for non-IDUs to prevent injecting drug use and syringe use developing.	This is part of the expansion of harm reduction services through additional methadone facilities, needle exchange and provision of designated Tier 3 teams in 2010.	Progressing
<p><b>3. Increasing screening and testing</b></p> <p>1. Access and uptake of HIV/STI screening and testing in drug treatment services should be improved.</p>	<p>It is anticipated that the following developments within the Addiction services will lead to improved access and uptake of HIV/STI screening and testing:</p> <ul style="list-style-type: none"> <li>• Plans are in place to develop a screening tool (NATP) to pick up on those attending health services that may have addiction drug and/or alcohol issues. This will lead to appropriate referral and advice.</li> <li>• In 2010 an expansion of the harm reduction services through additional methadone facilities, needle exchange and the provision of designated Tier 3 teams was planned.</li> <li>• The roll-out of the Community Pharmacy based needle exchange programme is also expected to get more IDUs engaging with health services and to get much more screening/testing done.</li> </ul>	Limited progress
2. In line with the NDST/NACD report, referral to appropriate services for screening and innovative approaches to HIV/STI screening and testing should be piloted to increase access and	No information available on this action.	Not implemented

Action	Current position	Implementation status
uptake. This should include mobile services and new technology.		
<p><b>4. Research and capacity-building</b></p> <p>1 Research into sex practices of IDUs should be commissioned in order to develop a knowledge of this area.</p>	<p>In 2009 the NACD published a report on <i>Drug Use, Sex Work and the Risk Environment in Dublin</i> (Cox and Whitaker, 2009). Drawing on data from 35 drug using sex workers and 40 service (drug treatment, homeless, health and welfare) providers, this study explores the risk environment of drug using sex workers in Dublin.</p>	<p>Limited progress</p>
<p><b>5. Linkages to relevant policy frameworks</b></p> <p>1 The National Drugs Strategy should have an integrated approach to HIV prevention as a core element.</p>	<p>This is not being progressed by the DOHC at present.</p>	<p>Not implemented</p>

**Action Area 3: Preventing new infections**  
**Population Group 4: Sex workers**

Action	Current position	Implementation status
<p><b>1. Education and raising awareness</b></p> <p>1. Education and awareness-raising measures targeting sex workers should be integrated into sexual health campaigns. This must be informed by a review of best practice to include approaches to target new populations, illegal immigrants, indoor workers and those buying sex.</p>	<p>In 2009, the Sex Workers Alliance of Ireland (SWAI) held a one-day awareness raising seminar on sex work in Ireland.  <a href="http://www.sexworkersalliance.ie">www.sexworkersalliance.ie</a>.</p> <p>In 2009, the Chrysalis Sex Workers project developed an information booklet for women working in the sex industry "Stay Safe Work Wise. Safety Advice for Working Women".</p>	<p>Limited implementation</p>
<p><b>2. Sex workers – Specific interventions</b></p> <p>1. Negotiation skills training for sex workers, using a peer-learning approach, should be piloted and evaluated with a view to developing and implementing a programme of training.</p>	<p>As part of the Chrysalis Women's Programme, DAA has assisted in the delivery of safer sex negotiation skills training to sex workers. DAA has also trained community workers from organisations working with sex workers to deliver this training to their client group.</p>	<p>Progressing</p>
<p>2. Enhanced interagency approaches should be encouraged to maintain current outreach programmes working with sex workers.</p>	<p>In 2009 the Sex Workers Alliance of Ireland (SWAI) was formed. SWAI is an alliance of individuals (sex workers, ex-sex workers and other concerned individuals) and organisations involved in health and social support services.</p> <p>Organisations and projects working with sex workers work with other services such as hospitals, An Garda Síochána, prisons, drug treatment centres etc. to provide outreach services to sex workers.</p>	<p>Progressing</p>

Action	Current position	Implementation status
3. A mechanism for condom distribution should be provided by all services working with sex workers.	Some, but not all, services working with sex workers have established a mechanism (free or low-cost) for condom distribution.	Progressing
<p><b>3. Increasing screening and testing</b></p> <p>1. Specific initiatives should be implemented in partnership between services working with sex workers and STI services to make screening and testing for HIV and STIs available.</p>	<p>The HSE Women's Health Project (Dublin) provides clinical services for women working in prostitution, both on the streets and in parlours. A full sexual health screening and counselling service is available including HIV and Hepatitis A, B and C testing, vaccinations, smears, counselling, contraception, pregnancy testing and advice, support, referral and education. Additional services include a methadone and needle exchange programme. All services, including drugs and condoms, are free.</p> <p>The clinic is a free, friendly and confidential service and is provided two days a week.</p> <p>Services working with sex workers work in partnership with the Women's Health Project and other STI clinics to make screening and testing for HIV and STIs available.</p>	Progressing
<p><b>4. Research and capacity-building</b></p> <p>1. Mechanisms should be put in place to build the capacity of sex workers to participate in relevant fora to represent the needs of this group and to inform relevant policy and practice.</p>	Sex workers and ex sex workers are involved in the new Sex Workers Alliance of Ireland. Their aim of the Alliance is to promote the social inclusion, health, safety, civil rights and the right to self determination of female, male and transgender sex workers.	Progressing
2. Research should be commissioned into the appropriate methodologies for HIV and AIDS education	Research into the appropriate methodologies for HIV and AIDS education and prevention for indoor sex working and working with new populations has not taken place.	Limited implementation

Action	Current position	Implementation status
<p>and prevention for indoor sex working and working with new populations in order to inform the development of innovative prevention approaches.</p>	<p>However, the following research with sex workers in Ireland has been published which will inform work in this area:</p> <ul style="list-style-type: none"> <li>• <i>Drug Use, Sex Work and the Risk Environment in Dublin</i> (Cox and Whitaker, 2009).</li> <li>• <i>Globalisation, Sex Trafficking and Prostitution - the Experiences of Migrant women in Ireland</i> (Kelleher et al, 2009).</li> </ul>	
<p><b>5. Linkages to relevant policy frameworks</b></p> <p>1. A review of the current legislation governing prostitution should be undertaken to ensure that access to health and social services is not impeded.</p>	<p>This action is currently not being progressed.</p>	<p>Not implemented</p>



**Action Area 3: Preventing new infections**  
**Population Group 5: Prisoners**

Action	Current position	Implementation status
<p><b>1. Education and raising awareness</b>            1. Specific HIV/STI education programmes should be implemented for prisoners and prison staff within a broader health promotion context.</p>	<p>There is ongoing educational activity regarding prevention and infection control with prisoners. A specific initiative involving collaboration between the Irish Prison Service (IPS), the VEC and Red Cross has improved awareness and uptake of services.</p> <p>It is planned to roll out the Red Cross initiative over the prison estate, however this is contingent on staff resources being available.</p>	<p>Progressing</p>
<p><b>2. Prisoners – Specific interventions</b>            1. A mechanism to provide condoms in prisons should be established.</p>	<p>No such mechanism currently exists.</p>	<p>Not implemented</p>
<p>2. Improved linkages should be developed between Prison health services and services within the community for people who are HIV-positive in order to ensure appropriate care pathways in the transition from prison to community.</p>	<p>There are good links between prison health services and services within the community for people who are HIV-positive.</p>	<p>Progressing</p>
<p><b>3. Increasing screening and testing</b>            1. Comprehensive and confidential HIV/STI screening and testing programmes should be introduced in all prisons.</p>	<p>The prison service currently offers screening to all prisoners.</p>	<p>Progressing</p>

Action	Current position	Implementation status
<p><b>4. Research and capacity-building</b></p> <p>1. A review of current care programmes for HIV and drug treatment should be undertaken. This will aim to evaluate both the content of these programmes and make proposals on the linkages between the Prison health services and community HSE services.</p>	<p>An external drug use prevalence study has been commissioned by the IPS in collaboration with the National Advisory Committee on Drugs (NACD). An external report of drug treatment services has taken place.</p>	<p>Limited implementation</p>
<p><b>5. Linkages to relevant policy frameworks</b></p> <p>1. The recommendations of the National Drugs Strategy should be implemented in full.</p>	<p>Action 43 of the National Drugs Strategy is being progressed at strategic level with the IPS at the lead.</p>	<p>Progressing</p>

**Action Area 3: Preventing new infections**  
**Population Group 6: People living with HIV (PLHIV)**

Action	Current position	Implementation status
<p><b>1. Education and raising awareness</b></p> <p>1. Information on living with HIV should be developed and resources published. These should address sensitive issues, including support towards disclosure and details of available services, and also address the specific needs of sub-populations, such as people living with HIV (PLHIV) in relationships, migrants, injecting drug users, and gay and bisexual PLHIV. Informational resources should also be provided for partners and family members, and specific information should be developed for children and adolescents living with HIV.</p>	<p>In 2009 GHN produced and distributed a HIV and sexual health booklet for MSM living with HIV called 'Living with HIV+ Sex'.</p> <p>Other NGOs distribute information to PLHIV.</p>	<p>Limited implementation</p>
<p><b>2. PLHIV – Specific interventions</b></p> <p>1. Health promotion and psychosocial support staff should be available to PLHIV in clinical and community settings.</p>	<p>HSE staff in STI and HIV clinics offer PLHIV referrals to counseling services and support groups.</p> <p>NGOs such as SHC, DAA, Open Heart House and AIDS West all provide support for PLHIV in the community setting including advocacy and mediation, counselling, one to one support, legal advice, hospital/home/prison visits, and outreach services.</p>	<p>Progressing</p>

Action	Current position	Implementation status
2. Interventions that contribute to increased self-esteem and personal development for PLHIV, including behaviour change and disclosure supports, should be developed and implemented.	NGOs provide these services for PLHIV. Open Heart House, the SHC and DAA provide personal development and support programmes for PLHIV.	Progressing
3. Specific interventions should be implemented targeting migrant PLHIV in the community setting, taking account of language and cultural needs.	The SHC, DAA and AIDS West support migrant PLHIV in their specific needs.	Limited implementation
4. Ongoing educational interventions will be delivered by health and social care professionals and through peer interventions to address immediate and emerging issues for PLHIV.	The SHC and the Red Ribbon Project provide peer mentoring training for PLHIV.	Limited implementation
5. Resources targeting primary care and mental health providers should be developed to increase their knowledge of the health and social needs of PLHIV and to promote access to health services for PLHIV.	DAA provides prevention, education and training services and delivers targeted HIV, Hepatitis, sexual health, and drug awareness training and education to the community, and to groups at risk (FETAC Level 5 Accredited). DAA delivers a course on HIV and AIDS for counsellors.	Limited implementation
<p><b>3. Increasing screening and testing</b></p> <p>1. Clinical staff should have information relevant to the needs of different populations of HIV-positive people and</p>	The Red Ribbon project delivers an input to midwives as part of training on the care of the expecting mother who is HIV positive.	Limited implementation

Action	Current position	Implementation status
appropriate HIV prevention methodologies, with referral capacity to other supports as appropriate.		
<p><b>4. Research and capacity-building</b></p> <p>1. Research should be commissioned to explore the needs of HIV-positive people in an Irish context.</p>	<p>The following research has been/is being developed:</p> <ul style="list-style-type: none"> <li>• The first research project of its kind in Ireland, a quantitative and qualitative study on the needs of men living with HIV in Ireland will be conducted, commencing early in 2011. Preparation work has already commenced, and an advisory group has been established to work with GHN on the project.</li> <li>• The European MSM Internet Survey (EMIS) has detailed responses from 152 MSM PLHIV for its report (due in 2011).</li> <li>• Research has also been carried out among PLHIV attending clinics by the TCD Social Work Department and St. James's Hospital GUIDE clinic.</li> </ul>	Progressing
<p>2. Supports should be made available to people who are HIV-positive to enable them to act as advocates in relation to their own needs.</p>	<p>The SHC, DAA and Open Heart House enable and empower PLHIV and provide support such as capacity building and advocacy training so as to enhance participation in national structures. DAA are also producing a 'self-advocacy' booklet for PLWHIV (to be published in 2011).</p> <p>Positive Now is a newly established working group of people living with HIV who formed to give people living with HIV or AIDS a voice within existing government and NGO agencies, and are represented on NASC. In 2011, Positive Now will be holding national forums for people living with HIV.</p>	Progressing
<p>3. Key statutory agencies within health, education, social services and justice</p>	<p>The DOHC and the HSE provide support to organisations to provide opportunities for PLHIV to do this. NASC supports a representative of the</p>	Progressing

Action	Current position	Implementation status
should actively engage PLHIV in the planning, delivery and evaluation of actions in this action plan.	Positive Now group to participate on NASC and the sub-committees.	
<p><b>5. Linkages to relevant policy frameworks</b></p> <p>1. PLHIV should be identified as a named population group to ensure that mainstream provision provides a quality service to meet their health needs and to facilitate the development of specialist provision where necessary.</p>	This is not being progressed by the DOHC at present.	Not implemented

**Action Area 3: Preventing new infections**  
**Population Group 7: People from countries where HIV is endemic**

Action	Progress	Implementation Status
<p><b>1. Education and raising awareness</b></p> <p>1. Appropriate HIV and AIDS education and prevention programmes specific to the needs of new communities should be developed and implemented, allowing for gender, ethnic and religious sensitivities.</p>	<p>The HSE CPP provided funding to AkiDwA, the non-governmental, national network of African and migrant women living in Ireland, to deliver workshops which provide sexual and reproductive health information to asylum seekers in Ireland.</p> <p>The SHC has developed HIV and AIDS education and prevention programmes specific to the needs of new communities. DAA commenced a volunteer project in 2008 which included specific HIV and sexual health education to volunteers from a number of new communities. In 2009 the IFPA and AkiDwA initiated the Majira project, to inform women seeking asylum of the available sexual and reproductive health (SRH) services, empower women to exercise their rights to SRH services and raise awareness among service providers of the barriers experienced by women seeking asylum. <i>Sexual Health and Asylum. Handbook for People Working with Women Seeking Asylum in Ireland</i> (IFPA, 2010) was developed following this project.</p>	<p>Progressing</p>
<p>2. Communication and resource development in appropriate languages should be an integral element of sexual health and HIV prevention campaigns, and include use of ethnic media in all such campaigns.</p>	<p>A number of resources have been made available in a number of languages:</p> <ul style="list-style-type: none"> <li>• GHN produces all materials (including website information) in nine languages (a GMHS initiative) which are available on the website <a href="http://www.man2man.ie">www.man2man.ie</a> (Irish, English, Mandarin-Chinese, French, Polish, Portuguese, Spanish, Arabic and Russian)</li> <li>• The IFPA Black and White Guides to</li> </ul>	<p>Progressing</p>

Action	Progress	Implementation Status
	<p>STIs and Contraception are available in five languages and the Women's Health Services Leaflets are available in seven languages.</p> <ul style="list-style-type: none"> <li>• The IFPA and AkiDwA Majira Project distributed 8,000 Multilingual Women's Health Services Leaflets in 2010. It is available in seven languages.</li> <li>• DAA has produced the Don't Panic Guide to Sexual Health in six languages. Funding is being sourced to translate to a further two languages.</li> </ul>	
<p><b>2. People from countries where HIV is endemic – Specific interventions</b></p> <p>1. Condoms should be available in Reception Centres and Hostels free of charge.</p>	<p>Condoms are not freely available in accommodation centres nor are they available on the medical card. The cost of condoms can be prohibitive for women living on €19.10 per week (IFPA, 2010).</p> <p>DAA distributes free condoms and lube to new communities through its volunteer project, at the weekly sexual health stand in the Moore Street Mall and on site for walk-ins. DAA has also conducted some outreach in the Baleskin Reception Centre.</p> <p>The SHC, AIDS West and the Red Ribbon Project distribute free condoms to people from countries where HIV is endemic through their centres.</p>	Not implemented
<p>2. Support the development of peer-led and targeted outreach interventions, specifically aimed at reaching undocumented migrants.</p>	<p>The HSE provides support to migrant support organisations including AkiDwA who provide peer-led interventions.</p> <p>The SHC provides peer mentoring with people from countries where HIV is endemic.</p>	Limited implementation
<p><b>3. Increasing screening and testing</b></p>	<p>All people seeking asylum are offered free STI testing including HIV testing as part of the general health screen</p>	Limited implementation



Action	Progress	Implementation Status
1. Availability of HIV/STI screening and testing for refugees and asylum-seekers should be increased.	upon making an application to be considered a refugee in Ireland.  Since 2001, all pregnant women are routinely offered HIV testing in maternity hospitals.	
2. Healthcare workers and NGOs working with migrant communities should encourage HIV/STI testing by the provision of information on the services available.	GHN provides this information through the translation of its publications in nine languages. DAA provides this information through the distribution of the Don't Panic Guides to Sexual Health (in six languages).	Limited implementation
<p><b>4. Research and capacity-building</b></p> <p>1. Support should be made available to groups representing people from countries where HIV is endemic to enable them to act as advocates in relation to their own needs.</p>	The HSE supports groups representing people from countries where HIV is endemic, to develop initiatives to enable people to act as advocates in relation to their own needs including AkiDwa (sexual health and FGM projects). Majira is a joint sexual and reproductive health initiative between the IFPA and AkiDwA which aims to improve the sexual and reproductive health of women seeking asylum and refugees. It is supported by Pobal, the Office of the Minister for Integration and the European Refugee Fund.	Limited implementation
<p><b>5. Linkages to relevant policy frameworks</b></p> <p>1. The HSE Intercultural Health Strategy should be implemented as recommended to ensure adequate health and social care services are delivered.</p>	The HSE Intercultural Strategy is currently being implemented.	Progressing

## Action Area 4: Addressing stigma and discrimination

Action	Current position	Implementation status
1. Support should be given to the Multi-Stakeholder Forum's approach to addressing stigma and discrimination.	The DOHC and Irish AID provided financial support for the Stamp Out Stigma (SOS) campaign.	Limited implementation
2. Legislation, policies and other measures should be enforced to protect the rights of people with HIV.	<p>As part of the SOS Campaign the Multi-Stakeholder Forum worked with the Equality Authority to promote awareness of the Employment Equality Act 1998 and the Equal Status Acts 2000 and 2004 that provide for the illegality of discrimination on the basis of HIV status; while supporting employers, unions, schools and other educational institutions, housing bodies and associations to develop workplace policies.</p> <p>In 2009, Mr. Jimmy Goulding won a landmark case with the Equality Authority in relation to HIV discrimination, establishing Mr. Goulding was treated less favourably on the grounds of HIV status. The Tribunal emphasised the importance of a person's right to receive health care in a non-discriminatory manner.</p>	Limited implementation
3. Awareness-raising and training opportunities on stigma and discrimination of people with HIV/AIDS for GPs, other healthcare professionals, prison staff and primary care practitioners should be integrated into pre and in-service medical and nursing education.	<p>As part of the SOS Campaign NGOs providing HIV services like the SHC, AIDS West, the Red Ribbon Project, DAA and GHN engaged with the campaign at community and statutory level to reinforce the anti-stigma campaign and in challenging attitudes and prejudices, through the design and implementation of HIV and Stigma workshops.</p> <p>The Sexual Health Team in HSE Dublin Mid Leinster in conjunction</p>	Limited implementation

Action	Current position	Implementation status
	<p>with the Regional Centre of Nurse and Midwifery Education in Tullamore, devised, delivered and facilitated a 2-day Sexual Health Awareness Course for registered nurses/midwives in June 2008. There are plans to run this programme as a one day event in 2011.</p> <p>AIDS West (Galway) in conjunction with the Terrence Higgins Trust (London) is offering a Certificate in "Understanding HIV and AIDS". One of the objectives of the course is to provide a forum for discussion on stigma and discrimination around HIV</p>	

### Action Area 5: Monitoring and evaluation

Action	Current position	Implementation status
1. Quality standards for HIV and AIDS prevention should be developed to support implementation of this action plan.	No progress has taken place in relation to this action.	Not implemented
2. A mid-term and final report on the implementation of this action plan should be published.	A mid-term report on the implementation of this plan has been developed.	Progressing
3. A national minimum dataset should be agreed to assist in the collection of epidemiological and risk factor data, in liaison with the Surveillance Sub-Committee.	The enhanced surveillance form is being reviewed in anticipation of HIV being made notifiable in the coming weeks.	Progressing

## Action Area 6: International commitments

Action	Current position	Implementation status
1. To continue to support the work of the Irish Aid Programme in relation to HIV and AIDS.	The Office of Foreign Affairs continues to support the Irish Aid programme in relation to HIV and AIDS.	Progressing
2. Ireland should continue to participate in relevant EU, WHO and UN networks and policy development fora to inform best practice.	<p>The DOHC and relevant statutory and non-statutory agencies continue to participate in relevant EU, WHO and UN networks and policy development fora which build international links as required. These include:</p> <ul style="list-style-type: none"> <li>• NORDIC conferences</li> <li>• Dublin Declaration on partnership to fight HIV/AIDS</li> <li>• AIDS Action Europe</li> <li>• Annual World AIDS Conference</li> </ul>	Progressing
3. An all-island dialogue in relation to HIV and AIDS prevention should be supported.	<p>An all-island dialogue in relation to HIV and AIDS prevention has not yet been initiated.</p> <p>The Gay Health Network is an All-Ireland network and partnership of organisations. Member organisations include BeLonG To Youth Services, DAA, Gay Doctors Ireland, Gay HIV Strategies, HSE GMHS, Gay Project Cork, Gay Switchboard Dublin, Johnny, Open Heart House, Positive Now, The Rainbow Project Belfast and Derry, The Southern health and Social Care Trust Newry, Sex Workers Alliance Ireland, Union of Students Ireland.</p>	Limited implementation

## Challenges and Future Priorities

This report indicates that there has been significant progress in supporting HIV and AIDS education and prevention in Ireland and in implementing the many actions within the HIV and AIDS Education and Prevention Action Plan. Many of these education and prevention activities and programmes have been carried out with the key population groups: MSM and young people.

However, during the course of this review the NASC Education and Prevention Sub-Committee and organisations who responded to the review identified a number of challenges to the implementation of the HIV and AIDS Education and Prevention Action Plan as well as a number of future priorities.

One of the main challenges and future priorities identified by many respondents, if not all, was the lack of a comprehensive sexual health policy/strategy. Respondents stated that in the absence of such a strategy they do not have clear guidance, line of responsibility, or the authority to act on the action plan.

Respondents of the review also highlighted the range of new ways of thinking and new technologies in HIV and AIDS prevention. The Sub-Committee emphasised the need to incorporate these new ways and technologies in the future implementation of the action plan.

One of the key actions of this plan is that quality standards for HIV and AIDS prevention should be developed to support the implementation of this action plan. Agreed quality standards in areas such as education and training are important in providing quality sexual health and HIV services.

One of the key issues identified in the development and implementation of this Action plan was the identification of targets for improved performance in this area. No targets against which progress could be measured were set for this action plan and there are no national or local targets for sexual health and HIV and AIDS. Such targets would help to raise the priority of HIV and AIDS and help drive improvement and progress in this area.

The establishment of clear structures within the HSE with responsibility for HIV and AIDS strategy implementation is one of the key actions in this plan. However, this has not yet been implemented and the lack of a structured approach locally was identified as a gap and challenge by many of the respondents to the review.

Further action is required in providing timely and rapid testing as well as in the expansion of testing outside hospital settings and into community settings.

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## **Appendix 1: List of organisations who responded to the review**

### **Statutory Organisations**

Department of Education and Skills

Department of Health and Children

Health Service Executive RDO DNE

- Cavan/ Monaghan PCCC
- Meath PCCC
- LHOs DNE

Health Service Executive RDO DML

- Health Promotion

Health Service Executive RDO South

- PCCC
- Social Inclusion
- Health Promotion

Health Service Executive RDO West

- LHO Donegal
- Clare PCCC/Mid Western Area
- Health Promotion

Health Service Executive Crisis Pregnancy Programme

Health Service Executive Gay Men's Health Service

Irish Prisons Service

### **Non-Governmental Organisations**

AIDS West

BeLonG To Youth Services

Dublin AIDS Alliance

Gay and Lesbian Equality Network (GLEN)

Gay HIV Strategies (GHS)

Gay Health Network (GHN)

Sexual Health Centre

Red Ribbon Project