

**Mid-term Review of the
UNGASS Declaration of Commitment on HIV/AIDS
Department of Health and Children
Ireland 2006**



Irish Role in Global Response

Just as the HIV/AIDS epidemic is a global threat, addressing the challenge of the epidemic demands a global response. The Irish Government is playing an important role in the global response to HIV/AIDS.

At the United National General Assembly Special Session on HIV/AIDS in 2001, the Irish Government committed to spend at least €30 million per year on HIV related interventions. Since then the level of funding to HIV/AIDS has reached 10% of our overall development budget reaching €50 million this year.

The commitment made in 2001 was renewed and increased by the Taoiseach (Prime Minister) during a High Level Meeting to review progress towards the Millennium Development Goals held in New York when he announced a new initiative on HIV/AIDS and other Communicable Diseases. Under this new initiative the Irish Government's budget for HIV/AIDS and other Communicable Diseases will double to €100 million per annum.

The Taoiseach also committed that Ireland will reach the UN target of 0.7% on official development assistance by 2012. This will be three years earlier than the agreed EU target date of 2015.

The Irish Government made HIV/AIDS one of its priorities for its Presidency of the European Union for 2004. An inter-ministerial conference on HIV/AIDS in Europe, "*Breaking the Barriers – Partnership to fight HIV/AIDS in Europe and Central Asia*" with representatives from over 50 countries and international organisations was held in Dublin, on 23 -24 February 2004. This conference resulted in the agreement of the **Dublin Declaration** on Partnership to fight HIV/AIDS in Europe and Central Asia, which

arose as part of the UNGASS commitment to regional strategies. The declaration was set against the background of the global emergency of the HIV/AIDS epidemic with 40 million people worldwide living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in Sub-Saharan Africa and reaffirmed the 2001 UNGASS Declaration of Commitment on HIV/AIDS.

The declaration focused on such areas as leadership, prevention, living with HIV/AIDS and partnership. The Dublin Declaration also contained a commitment to follow-up with a review of progress every second year starting in 2006.

The subsequent meeting in Vilnius, Lithuania on 17 September 2004 for the Conference "*Europe and HIV/AIDS - New Challenges, New Opportunities*" called for close monitoring and evaluation of the commitments of both the UNGASS and the Dublin Declaration and called upon the '*European Union and other relevant regional institutions and organisations to establish adequate fora and mechanisms including the involvement of civil society and people living with HIV/AIDS to assess progress at regional level*'.

Ireland is represented on the EU Health and Population Experts group by Development Co-operation Ireland (DCI) of the Department of Foreign Affairs. DCI funded a €3 million UNICEF programme over 2 years covering 10 countries in Eastern Europe. The programme included the introduction of youth friendly health services through national health systems and the strengthening of life skills education through national education systems. The Regional Office of UNICEF in Geneva led this programme, working in close cooperation with their national offices in each of the countries supported.

Partnership

Partnership in the response against HIV/AIDS must be on the agenda of the dialogue between the enlarged EU and its neighbours. Collectively we have the expertise, the resources, the institutions and the will to tackle and defeat this threat to our citizens. Partnership in the fight against this common threat can be one of the building blocks of deeper co-operation between the enlarged EU and its wider neighbourhood.

HIV/AIDS in Ireland

The epidemiological development of HIV and AIDS is similar to that experienced in other Western European countries. The condition was originally viewed as an imported virus but this view changed in 1985 when it became clear that the HIV virus had become endemic in Ireland and that Ireland had become part of the 'global crisis'. It also became clear that a particular problem existed in relation to the spread of the infection amongst Intravenous drug users, men who had sex with men and infected blood products.

In response to this, an Irish National AIDS Strategy Committee (NASC) was established in 1991. It published its first strategic report in 1992. NASC took a multi-disciplinary approach, involving statutory and non-statutory organisations and people who were living with HIV/AIDS.

In 2000 "***AIDS Strategy 2000***" was published as a follow up to the first report and this is the policy from which we still operate. This policy is comprehensive in its approach incorporating a range of interventions covering prevention, treatment and care strategies. In Ireland there are extremely dedicated consultants, non consultant hospital doctors, nurses, counsellors, health advisers, social workers, pharmacists and all the other staff that form

cohesive multi-disciplinary teams, working with those who are HIV positive or at risk of testing positive. Dedicated prevention strategies with both universal and targeted approaches are core to the response to HIV.

HIV Infections

The Health Protection Surveillance Centre (HPSC) is Ireland's specialist agency for the surveillance of communicable diseases. Case Based Reporting of HIV was introduced in July 2001, which allows for the linkage of HIV cases with AIDS cases. A total of 356 newly diagnosed HIV infections were reported to the HPSC during 2004. This compares to 399 diagnosed in 2003 and represents a 10.8% decrease. During Quarters 1 and 2 of 2005, there were 148 newly diagnosed HIV infections reported to the HPSC and this brings the cumulative number of HIV infections reported up to the end of June 2005 to 3,912. Table 1 shows a breakdown of the cumulative total of HIV infections diagnosed to June 2005 by probable route of transmission.

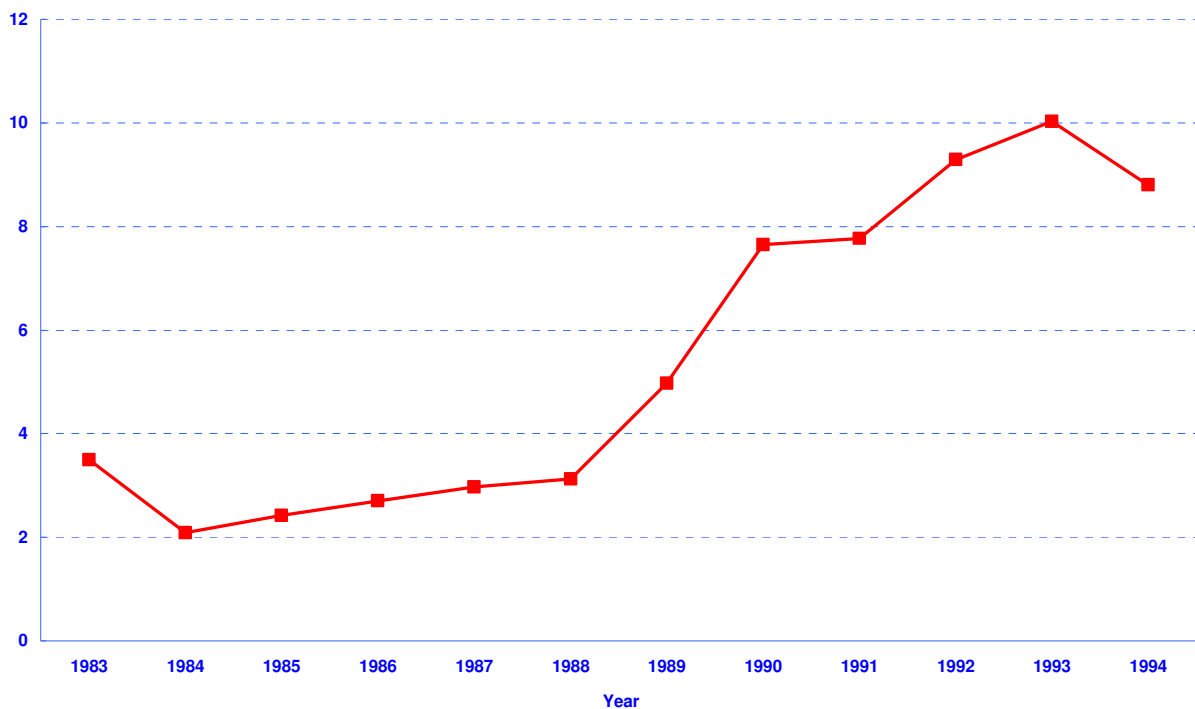
Table 1: HIV infections in Ireland by exposure category - cumulative to end of June 2005 (Source HPSC).

Probable route of transmission	Cumulative Total	
	Number	%
Heterosexual	1,419	36.3
IDU	1,241	31.7
MSM	853	21.8
Haemophiliac	106	2.7
Children	83	2.1
Prisoner ¹	39	1.0
Blood Donor ¹	30	0.8
Transfusion Recipient	9	0.2
Occupational	8	0.2
Haemophiliac contact	4	0.1
Other	11	0.3
Unknown	109	2.8
Total	3,912	100

¹ Categorized by site rather than risk

Newly diagnosed HIV infection rates have continued to rise in recent years with a maximum rate of just over 10 per 100,000 population reported in 2003 (figure 1).

Figure 1: New HIV infections in Ireland per 100,000 population 1993 – 2004 (source WHO European health for all database).



Fewer than 50% of the 130 cases reported to the end of June 2005 where the probable geographic origin was known originated in Ireland, with 54 of the 130 originating in Sub-Saharan Africa. Since 1999, there has been an upward trend in HIV infections with the largest increase seen in heterosexual transmission. The increased immigration of individuals from areas with high incidence of heterosexual HIV infection accounts for a significant proportion of the increase both in overall numbers and particularly the increase in heterosexual transmission. Table 2 provides a breakdown of the

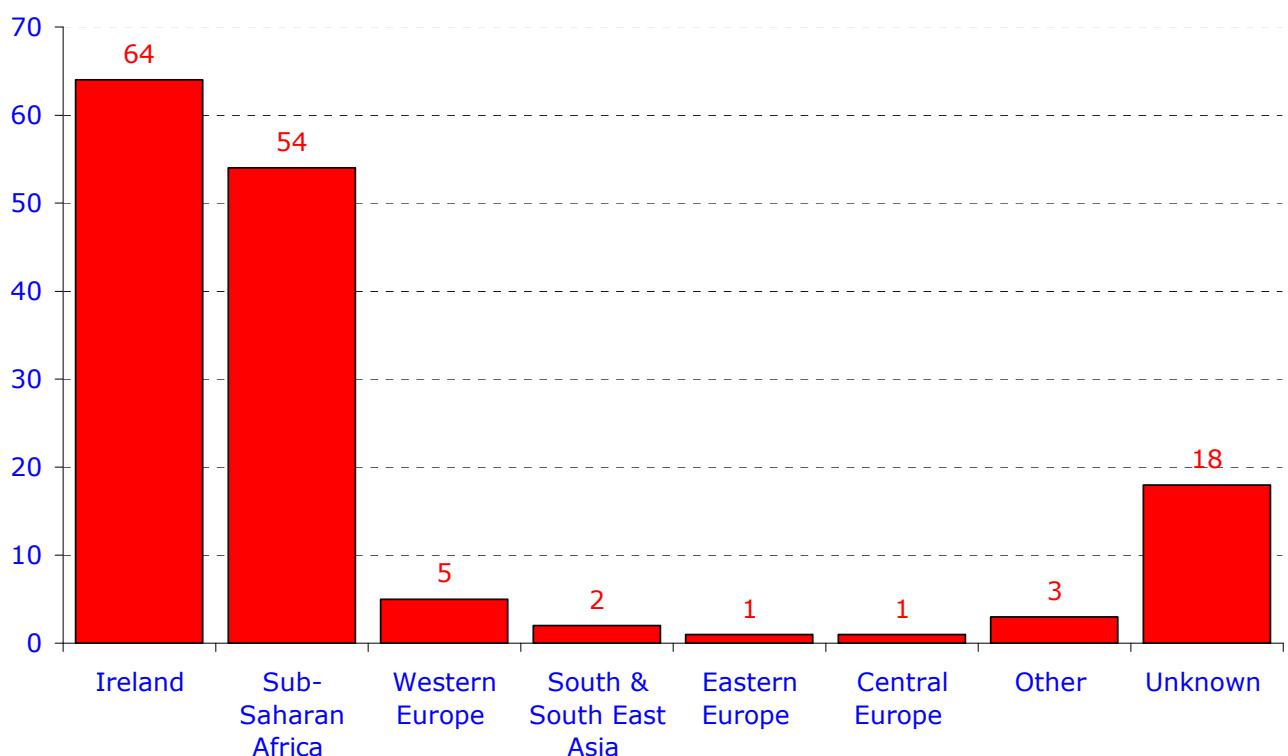
geographic origin of newly diagnosed HIV infections in quarters 1 and 2 of 2005 and figure 2 shows this data as a histogram.

Table 2: Newly diagnosed HIV infections in Ireland by probable route of infection and geographic origin, quarters 1 & 2 2005 (Source HPSC).

Geographic Origin	Probable route of transmission						Total
	Hetero-sexual	MSM	IDU	MCT ²	Other	Undeter-mined	
Ireland	13	19	31	-	-	1	64
Sub-Saharan Africa	50	1	-	1	2	-	54
Western Europe	1	4	-	-	-	-	5
South & South East Asia	2	-	-	-	-	-	2
Eastern Europe	-	-	1	-	-	-	1
Central Europe	1	-	-	-	-	-	1
Other	3	-	-	-	-	-	3
Unknown	5	1	5	-	-	7	18
Total	75	25	37	1	2	8	148

² Mother to child transmission

Figure 2: Newly diagnosed HIV infections in Ireland by geographic origin, quarters 1 & 2 2005 (Source HPSC).



Antenatal HIV testing

Routine antenatal testing was introduced in 1999 and is effective in identifying women who are HIV positive at an early stage in pregnancy which allows for treatment to reduce the perinatal transmission rate.

AIDS cases

862 cases of AIDS were diagnosed in Ireland up to the end of September 2005, with 398 deaths occurring in that time. The number of AIDS diagnoses made each year has remained at a fairly consistent level in recent years (figure 3) with the number of deaths from AIDS staying quite low. Figure 3 summarises the number of AIDS cases diagnosed and the number of deaths from AIDS in Ireland for each year since 1983, while table 3 provides a breakdown of AIDS cases by year of diagnosis broken down by probable route of transmission and table 4 shows the number of deaths among AIDS cases.

Figure 3: Number of AIDS cases diagnosed and deaths from AIDS in Ireland (Source HPSC).

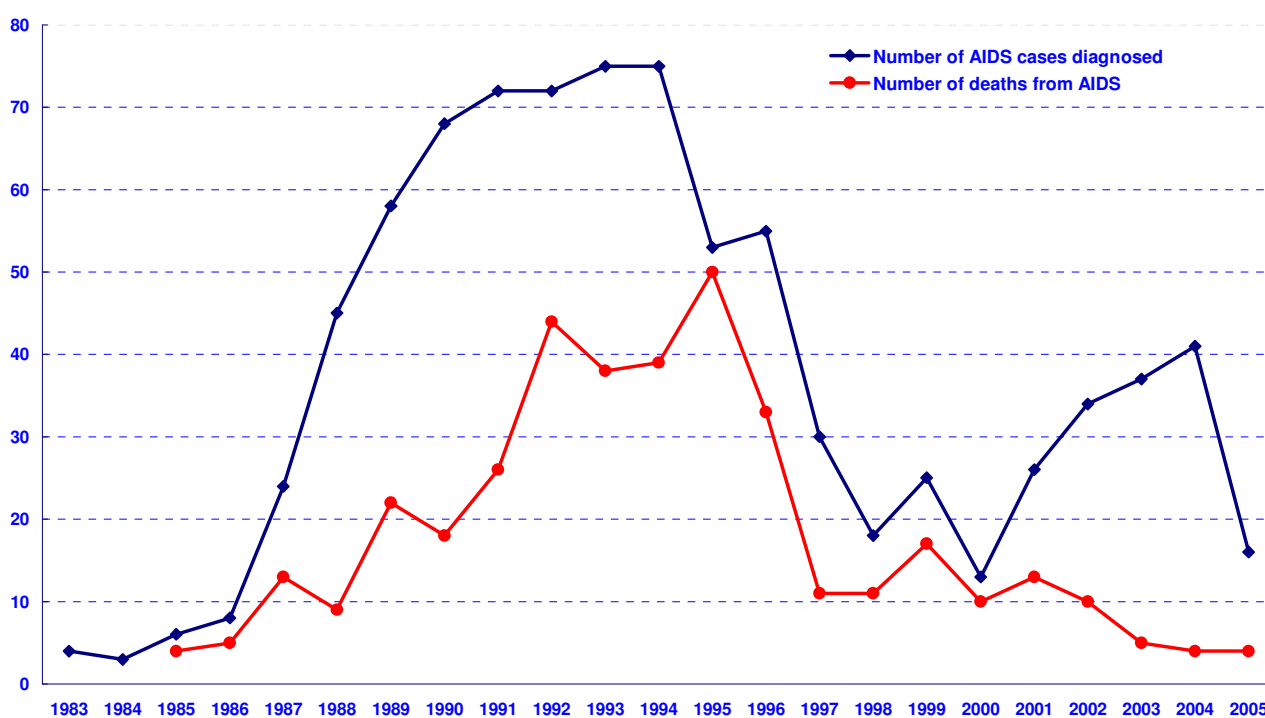


Table 3: AIDS cases by year of diagnosis (1983 to 2005) and probable route of transmission (reported up to the end of Quarter 3 2005) Source HPSC.

Year of Diagnosis	Probable route of transmission								Total
	IDU	MSM	HC	Haemophilic	Children	IDU & MSM	Transfusion	Other/Unknown	
1983	-	2	-	-	-	2	-	-	4
1984	-	2	-	1	-	-	-	-	3
1985	2	1	-	1	1	1	-	-	6
1986	3	1	-	3	1	-	-	-	8
1987	10	9	-	3	-	1	-	1	24
1988	12	22	1	5	3	2	-	-	45
1989	24	19	2	6	3	1	-	3	58
1990	31	21	11	2	2	-	-	1	68
1991	33	21	11	4	3	-	-	-	72
1992	37	24	8	3	-	-	-	-	72
1993	38	22	10	2	1	1	-	1	75
1994	25	31	15	2	1	-	1	-	75
1995	21	21	7	-	2	1	-	1	53
1996	25	19	9	-	1	-	1	-	55
1997	9	8	6	1	2	-	1	3	30
1998	5	4	5	-	2	-	-	2	18
1999	7	7	8	-	1	1	-	1	25
2000	1	7	2	-	2	-	-	1	13
2001	3	10	13	-	-	-	-	-	26
2002	4	12	17	-	-	-	-	1	34
2003	10	6	18	-	3	-	-	-	37
2004	6	4	26	-	1	-	-	4	41
2005 ²	2	1	12	-	-	-	-	1	16
Unknown	-	4	-	-	-	-	-	-	4
Total	308	278	181	33	29	10	3	20	862

² Quarters 1, 2 and 3 of 2005

MSM: Men who have sex with men, IDU: Injecting Drug Users, HC: Heterosexual contact

Table 4: Deaths among AIDS cases by year of death (1983 to 2004) and probable route of transmission reported up to the end of Quarter 3 2005 (Source HPSC).

Year of Diagnosis	Probable route of transmission							Total
	IDU	MSM	HC	Haemo-philiac	Children	IDU & MSM	Other/Unknown	
1985	2	1	1	-	-	-	-	4
1986	1	1	-	2	-	1	-	5
1987	5	4	-	2	1	1	-	13
1988	2	2	1	3	1	-	-	9
1989	4	9	1	2	3	2	1	22
1990	6	10	-	1	-	1	-	18
1991	14	7	2	2	1	-	-	26
1992	20	14	7	2	-	-	1	44
1993	21	9	3	5	-	-	-	38
1994	21	10	6	2	-	-	-	39
1995	26	16	6	1	1	-	-	50
1996	15	17	1	-	-	-	-	33
1997	2	4	4	-	-	-	1	11
1998	7	1	1	1	1	-	-	11
1999	7	6	4	-	-	-	-	17
2000	3	6	-	-	1	-	-	10
2001	7	5	1	-	-	-	-	13
2002	2	4	2	-	-	-	2	10
2003	2	-	3	-	-	-	-	5
2004	1	-	2	-	-	-	1	4
2005 ²	1	-	2	-	-	-	1	4
Unknown	4	4	-	2	-	1	1	12
Total	173	130	47	25	9	6	8	398

² Quarters 1, 2 and 3 of 2005

MSM: Men who have sex with men, IDU: Injecting Drug Users, HC: Heterosexual contact

Treatment

Over €6m additional annual funding has been provided to the health services since 1997 to address the treatment of HIV/AIDS and other STIs. This has resulted in a substantial increase in the facilities in place. There are currently 7 consultants specialising in the treatment of HIV/AIDS and STIs in Ireland. Five of these are in Dublin (one of whom deals with children), one in Cork and one in Galway. Irish policy is that appropriate treatment is made available free of charge to all who test positive for HIV.

Prevention

HIV is preventable and tackling the problem requires a multi-sectoral approach involving statutory and voluntary agencies as well as people living with HIV. This approach has been promoted in Ireland through the National AIDS Strategy Committee, currently chaired by Minister of State, Deputy Seán Power, and its sub-committees on education and prevention, surveillance and care and management.

In taking a life cycle approach to the prevention of HIV/AIDS, significant statutory investment is made in ensuring that all children and young people have the knowledge, attitudes and skills required to negotiate safer sexual practices. To this end the implementation of Relationships and Sexuality Education in all schools as part of the national curriculum is a fundamental element of the prevention strategy. The health and education sectors work in partnership with NGOs to support schools in the delivery of this curriculum in a manner that most needs the meets of all young people. Similar educative processes are supported in the youth sector, with more specifically designed programmes for young people most at risk.

Ongoing investment is also made by the health sector in delivering safer sex messages to the broader youth population through direct advertising and marketing campaigns in places of entertainment etc. These campaigns have become a key part of the sexual health promotion infrastructure in Ireland and over the past 15 years have continued to reinforce the core message of condom use and early testing.

To improve the planning and development of prevention work, the first Irish Survey of Sexual Knowledge, Attitudes and Behaviour has been undertaken in 2005.

A network of voluntary organisations provides services to people living with HIV and AIDS as well as delivering primary prevention campaigns. These are funded both by fund-raising and directly through the health services with a view to developing and delivering expanded prevention programmes for vulnerable groups such as men who have sex with men, sex workers, drug users and migrant populations who come from high endemic areas for HIV.

Voluntary organisations and NGOs address the many different aspects of HIV/AIDS. Many dedicated HIV/AIDS organisations provide support to one or more targeted sub-groups of people at risk of becoming infected with or living with HIV/AIDS. Most of these organisations depend largely on part-time volunteers to deliver their services. The services that they provide include primary and secondary prevention programmes, campaigns promoting safer sex practices, provision of condoms, needle exchange programs, the provision of meals and complementary therapies to people with AIDS as well as emotional and practical support to people those affected by HIV/AIDS. Other organisations, such as LGBT support lines, also provide primary prevention

information in the form of safer sex advice as a part of their services, while others provide HIV/AIDS prevention as part of a wider sexual health agenda, including sex education programmes in schools including peer-led education.

The participation of voluntary organisations in the prevention of HIV/AIDS achieves a greater flexibility than statutory organisations alone provide. Involving people living with HIV in the design and evaluation of prevention strategies results in more effective campaigns as they are more focused and likely to reach their target audiences. The members of the Education and Prevention sub-committee of NASC are currently reviewing the recommendations made in the 2000 Aids Strategy with a view to updating them.

Once off funding of €0.5m was allocated in 2005 for HIV prevention projects to be carried out by NGOs. These funds have been allocated to NGOs to carry out research and prevention initiatives, targeting at risk and marginalised groups such as young people, immigrants and asylum seekers, people living with addictions and sex-workers. For example, providing for translations of HIV services documentation and prevention materials into various languages enables access to such material for the growing immigrant population.

HIV/AIDS Vaccine

Ireland supports efforts to promote research into the development of an effective vaccine against HIV/AIDS. Indeed, Ireland is investing resources into the research and development of both HIV vaccines and microbicides through the International AIDS Vaccine Initiative and the International Partnership on Microbicides.