



**Report on the
UNGASS Declaration of Commitment
on HIV and AIDS**

Ireland 2007



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HIV and 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 infection amongst intravenous drug users, men who had sex with men and through 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 and 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 who form cohesive multi-disciplinary teams, working with those who are HIV positive or at risk of testing positive. HIV treatment and prevention services are provided by both NGOs and statutory agencies. 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 337 newly diagnosed HIV

infections were reported to the HPSC during 2006. This compares to 318 diagnosed during 2005 and represents a 6% increase. During quarters 1 and 2 of 2007, there were 204 newly diagnosed HIV infections reported to the HPSC and this brings the cumulative number of HIV infections reported up to the end of June 2007 to 4,623. Table 1 shows a breakdown of the cumulative total of HIV infections diagnosed to the end of December 2006 by probable route of transmission.

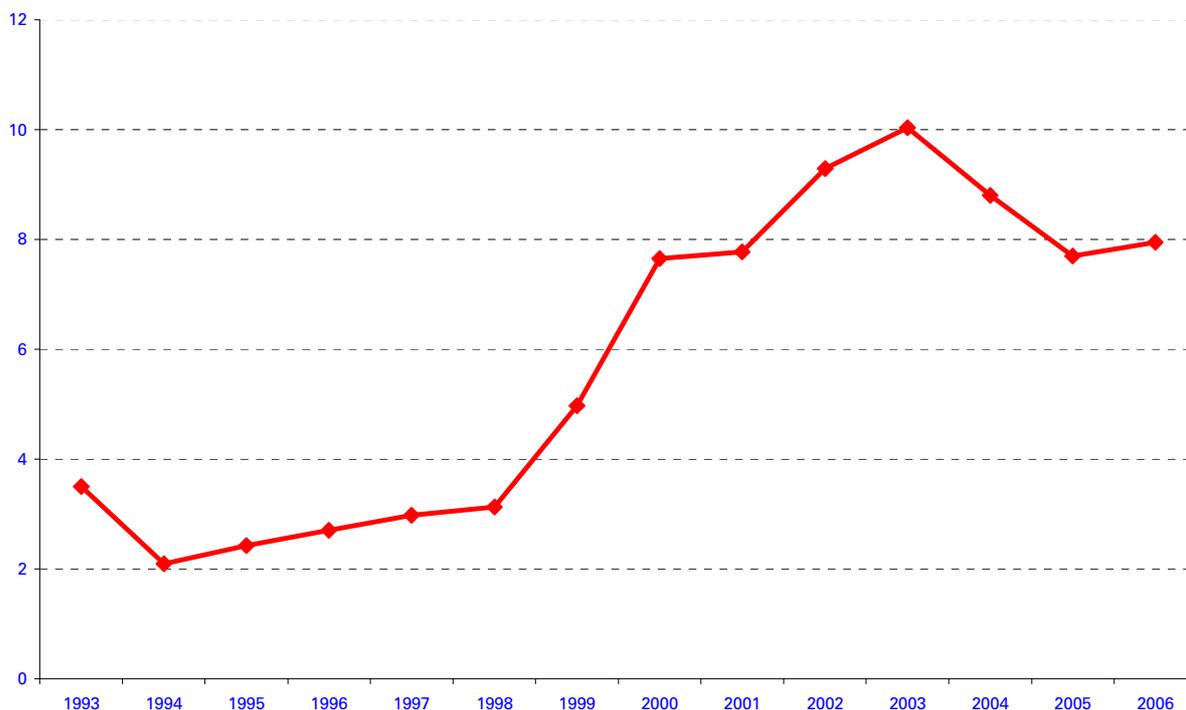
Table 1: HIV infections in Ireland by probable route of transmission - cumulative to end of December 2006 (Source HPSC).

Probable route of transmission	Cumulative Total	
	Number	%
Heterosexual	1,665	37.7
IDU	1,327	30.0
MSM	968	21.9
Haemophiliac	107	2.4
Children	88	2.0
Prisoner ¹	39	0.9
Blood Donor ¹	30	0.7
Transfusion Recipient	13	0.3
Occupational	8	0.2
Haemophiliac contact	4	0.1
Other	13	0.3
Unknown	157	3.6
Total	4,419	100.0

¹ Categorized by site rather than risk

Newly diagnosed HIV infection rates per 100,000 population were at their highest in 2003 at 10.03 per 100,000 population (figure 1). In 2006 there was an estimated rate of 7.95 newly diagnosed HIV infections per 100,000 population.

Figure 1: New HIV infections in Ireland per 100,000 population 1993 – 2006 (source WHO European health for all database).



In 2006, 315 of the 337 new cases included information on the probable route of transmission. Of these 169 (168 in 2005) were acquired heterosexually, 57 (66 in 2005) were among Injecting Drug Users (IDUs) and 83 (57 in 2005) were among men who have sex with men (MSM). Of the 283 cases where geographic origin was known, 125 (44%) were born in Ireland while 109 (38%) were born in sub-Saharan Africa, with the remainder being born in Europe and Asia. Table 2 provides a breakdown of these figures for each 2 quarter period for 2006 and the first 2 quarters of 2007.

Table 2: Newly diagnosed HIV infections in Ireland by probable route of transmission (quarters 1 & 2 2007; quarters 3 & 4 2006; quarters 1 & 2 2006 : Source HPSC)

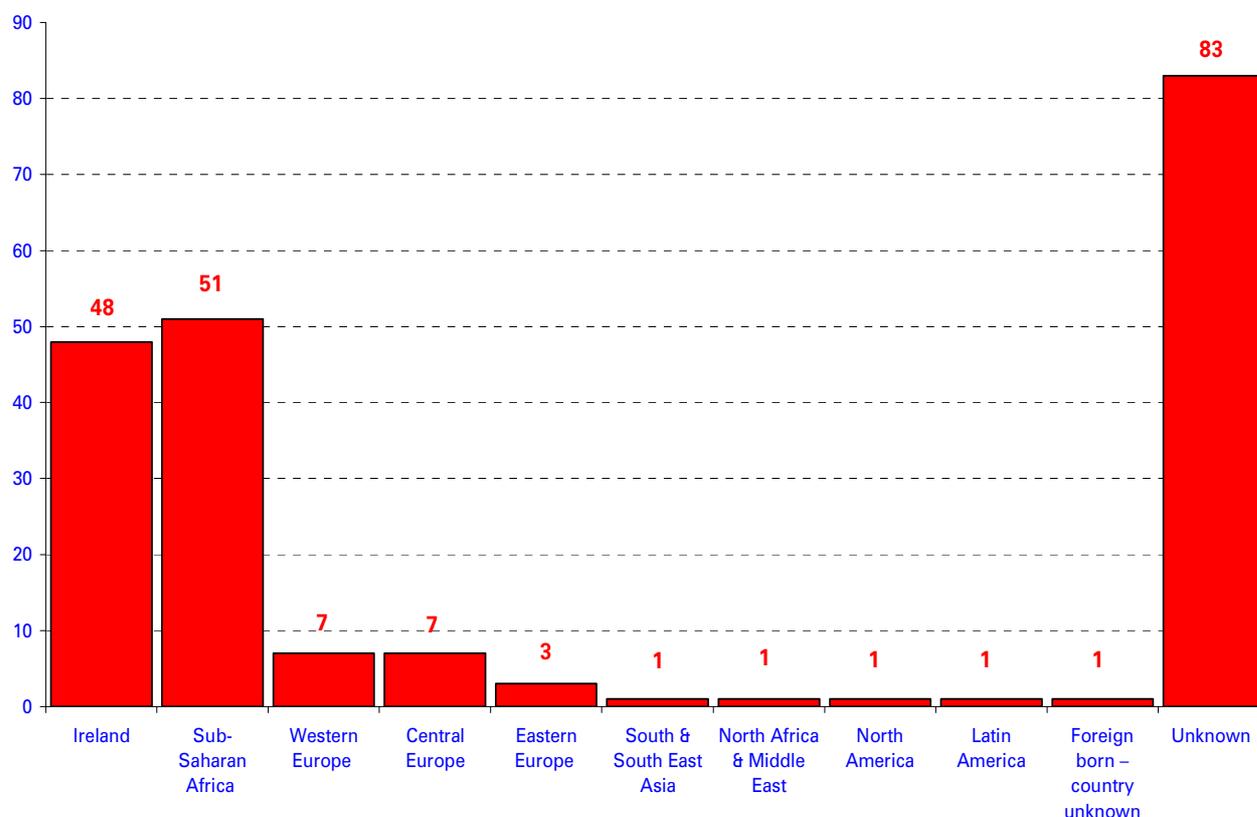
Probable route of transmission	Q1&2 2007		Q3&4 2006		Q1&2 2006	
	Number	%	Number	%	Number	%
Heterosexual Contact	79	38.7	79	51.3	96	52.5
Men who have sex with Men (MSM)	31	15.2	39	25.3	46	25.1
Injecting Drug Users (IDU)	34	16.7	28	18.2	29	15.8
Children - Mother to child transmission (MCT)	3	1.5	-	-	2	1.1
- Other/Unknown	1	0.5	-	-	1	0.5
Other	2	1.0	-	-	1	0.5
Transfusion Recipient	-	-	1	0.6	-	-
Unknown	54	26.5	7	4.5	8	4.4
Total	204	100.0	154	100.0	183	100.0

Since 1999, there has been a general upward trend in the number of HIV infections being reported, 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. During the first half of 2007, there were 204 new cases reported to the HPSC of which geographic origin was provided in 121 cases. Of these 48 (39.7%) were born in Ireland and 51 (42.1%) were born in sub-Saharan Africa with the remaining 22 being born elsewhere. Table 3 provides a breakdown of the geographic origin of newly diagnosed cases in quarters 1 & 2 of 2007 and figure 2 shows this data graphically.

Table 3: Newly diagnosed HIV infections in Ireland by probable route of infection and geographic origin, quarters 1 & 2 2007 (Source HPSC).

Geographic Origin	Probable route of transmission						Total
	Heterosexual	IDU	MSM	Children	Other	Unknown	
Ireland	12	18	17	-	1	-	48
Sub-Saharan Africa	47	-	-	4	-	-	51
Western Europe	1	1	5	-	-	-	7
Central Europe	5	1	1	-	-	-	7
Eastern Europe	1	2	-	-	-	-	3
South & South East Asia	-	-	1	-	-	-	1
North Africa & Middle East	1	-	-	-	-	-	1
North America	-	-	-	-	1	-	1
Latin America	-	1	-	-	-	-	1
Foreign born –country unknown	1	-	-	-	-	-	1
Unknown	11	11	7	-	-	54	83
Total	79	34	31	4	2	54	204

Figure 2: Newly diagnosed HIV infections in Ireland by geographic origin, quarters 1 & 2 2007
(Source HPSC).



As can be seen from figure 2, in the first half of 2007 a large number of newly reported cases had no geographic location recorded and this is a matter of concern for the National Aids Strategy Committee. Measures are being considered by the Committee on how this can be addressed.

Antenatal HIV testing

Routine antenatal testing has been routinely available in the majority of maternity hospitals since 1999. Antenatal HIV testing 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

A cumulative total of 941 cases of AIDS were diagnosed in Ireland for all years up to the end of June 2007, with 402 deaths occurring in that time. The number of AIDS diagnoses made each year has remained at a fairly

consistent level in recent years with the number of deaths from AIDS remaining 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 4 provides numbers of AIDS cases by year of diagnosis broken down by probable route of transmission while table 5 shows the number of deaths among AIDS cases.

Figure 3: Number of AIDS cases diagnosed and deaths from AIDS in Ireland, 1983-2006 and quarters 1&2 2007(Source HPSC).

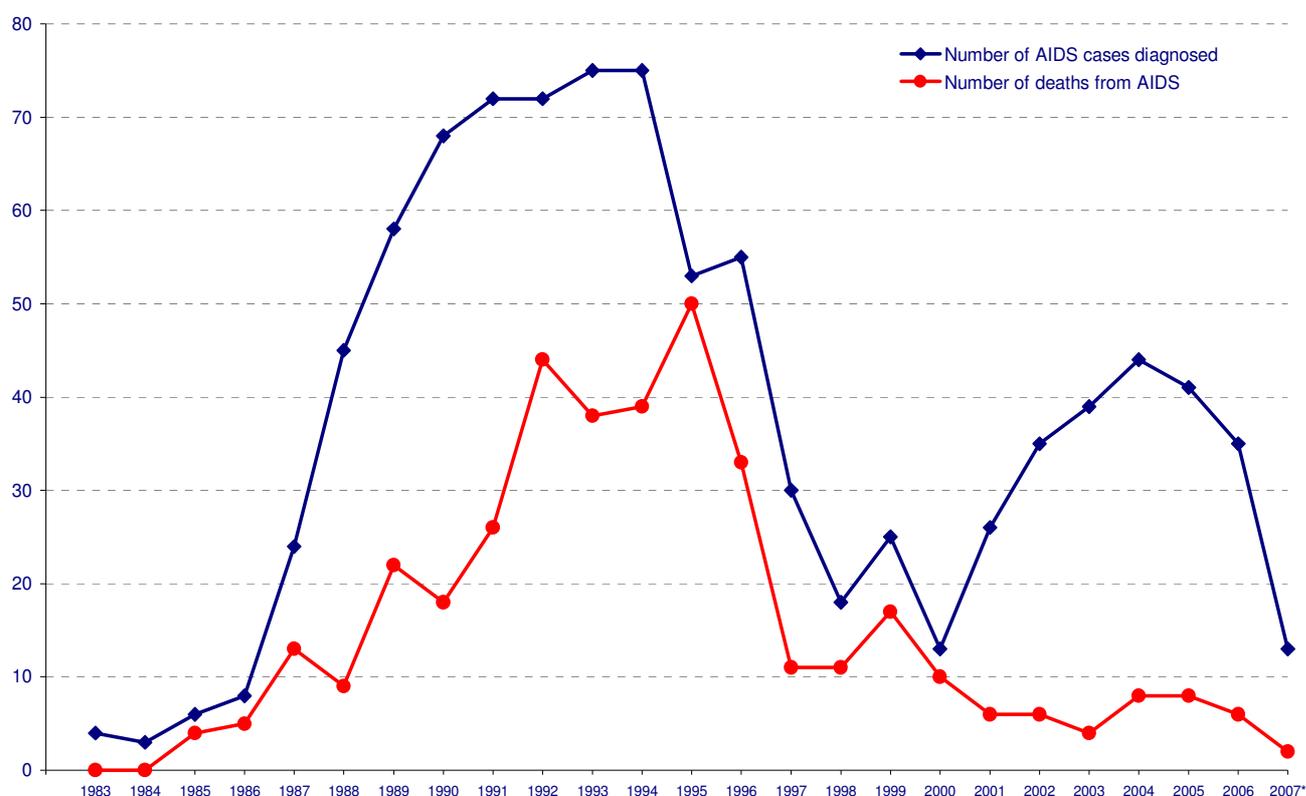


Table 4: Number of AIDS cases by year of diagnosis and probable route of transmission reported up to the end of June 2007 (Source HPSC).

Year of Diagnosis	Probable route of transmission								Total
	IDU	MSM	HC	Haemo-philiac	Children	IDU & MSM	Trans-fusion	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	18	-	-	-	-	1	35
2003	10	6	20	-	3	-	-	-	39
2004	7	5	27	-	1	-	-	4	44
2005	8	6	25	-	-	-	-	2	41
2006	6	8	20	-	-	-	1	-	35
2007 ²	2	3	6	-	1	-	-	1	13
Unknown	-	4	-	-	-	-	-	-	4
Total	323	295	224	33	30	10	4	22	941

² Quarters 1 and 2 of 2007

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

Table 5: Deaths among AIDS cases by year of death and probable route of transmission reported up to the end of June 2007 (Source HPSC).

Year of Diagnosis	Probable route of transmission							Total
	IDU	MSM	HC	Haemophilic	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	1	4	1	-	-	-	-	6
2002	-	4	1	-	-	-	1	6
2003	1	-	3	-	-	-	-	4
2004	2	1	4	-	-	-	1	8
2005	1	2	4	-	-	-	1	8
2006	1	3	2	-	-	-	-	6
2007 ²			2	-	-	-	-	2
Unknown	4	4	-	2	-	1	1	12
Total	166	135	54	25	9	6	7	402

² Quarters 1 and 2 of 2007

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

Treatment

Over €7m additional annual funding has been provided to the health services since 1997 to address the treatment of HIV and AIDS and other STIs. This has resulted in a substantial increase in the facilities in place including an increase in the numbers of Genito Urinary Medicine (GUM) and infectious diseases consultants who are the key service providers for HIV in Ireland. There are currently ten consultants based in Dublin, located in St. James's, The Mater, Beaumont, Temple Street Children's Hospital and Our Lady's Hospital for Children, and one each in Cork and Galway University Hospitals. 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 Pat 'the Cope' Gallagher T. D., Minister of State at the Department of Health and Children and its sub committees on Education and Prevention, Surveillance and Care and Management.

In taking a life cycle approach to the prevention of HIV and 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 schools as part of the national curriculum is a basic component 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 aims to meet the needs of 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 Irish Survey of Sexual Knowledge, Attitudes and Behaviour was 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 and AIDS. Many dedicated HIV and AIDS organisations provide support to one or more targeted sub-groups of people at risk of becoming infected with or living with HIV and 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 HIV as well as emotional and practical support to people affected by HIV and 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 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 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 finalising an Education and Prevention plan for 2008-2012 which will be submitted for publication early in 2008.

Stamp Out Stigma Campaign

The 'Stamp Out Stigma' campaign, which was launched on World AIDS Day 2006 by the Taoiseach, Bertie Ahern, T.D., aims to tackle HIV related stigma and discrimination and promote a greater understanding of HIV in Ireland. A multi-stakeholder forum has been established to deliver on this campaign. This is a unique consortium of partners representing domestic and international civil society organisations working on HIV and AIDS, the Department of Health and Children, Irish Aid and HIV positive people. While focused nationally, the campaign has sought to link global and local experiences of stigma and discrimination through the active engagement of international partners and shared experiences of HIV-related stigma across a range of cultures. The campaign aims to tackle the stigma associated with HIV and challenges both direct and indirect discrimination experienced by people living with HIV in Ireland, while informing learning from experiences in developing countries. It is essentially a public awareness campaign specifically targeted at improving the understanding of HIV and the issues that HIV positive people have to deal with. It is also aimed at reducing the discrimination of HIV positive people in working environments, in promoting safer environments for people to disclose their status and access necessary services. The initial campaign culminated with the launch of national television and newspaper advertisements on the eve of World AIDS Day 2007 and the release of initial research findings on experiences of HIV-related discrimination in Ireland. Three separate

surveys were carried out on: attitudes of the general public to PLHIV; attitudes in the workplace with a specific focus on: secondary schools, small businesses, trade unions, GPs and dentists; and a self-completion survey of PLHIV. These research findings point to the need for continued efforts to tackle the stigma and discrimination faced by people living with HIV and a full report is due to be published in March 2008.

Ireland's Role in Global Response to the HIV and AIDS pandemic

Just as the HIV and AIDS pandemic is a global threat, addressing the challenge of the pandemic demands a global response. HIV and AIDS is a key priority of the Government of Ireland, endorsed in the White Paper on Irish Aid (2006).

Ireland's commitment to addressing HIV and AIDS is demonstrated at the highest political levels through the sustained leadership of the Taoiseach, the Minister of Foreign Affairs and the Minister of State for Development Cooperation. They have repeatedly endorsed and supported the priority given to HIV and AIDS in Ireland's development policies and programmes and ensured that high levels of financial resources are allocated to HIV and AIDS. They have also advocated for greater attention to the AIDS pandemic through their participation in United Nations, European Union and other international fora.

The Taoiseach is internationally renowned for being the only European Prime Minister to participate in both High-Level UN meetings on HIV and AIDS in 2001 and 2006. In his address to the UNGASS 2001, the Taoiseach announced the establishment of a new HIV and AIDS Fund, in Irish Aid, with an initial budget of €30 million. At the 2005 UN Summit the Taoiseach announced that *'Ireland will double its spending on the fight against HIV and AIDS to €100 million ... to put the battle against HIV and AIDS at the very centre of our programme'*. These additional resources are to cover HIV and AIDS and other communicable diseases, and include a stated commitment for 20% of the increased resources to be allocated to

interventions that will benefit children affected by HIV and AIDS and other communicable diseases.

Irish Aid's response to HIV and AIDS has been guided by its understanding of poverty and vulnerability and how HIV relates to this. Its 2000 HIV and AIDS Strategy for the Ireland Aid programme identifies HIV and AIDS as a disease of poverty, driven by gender inequality and abuse of human rights. It acknowledges that addressing HIV and AIDS is fundamental to poverty and vulnerability reduction, essential for human development and a key public health challenge. It promotes a broad based development response to HIV and AIDS focused on pro-poor growth, provision of basic services and addressing the poor status of women.

Informed by this strategy, Irish Aid's response to HIV and AIDS has been built up over the past seven years based on high-level political and institutional commitment. The focus of support is on strengthening country responses to HIV and AIDS. The approach adopted has been to work with a range of partners and support interventions at global, regional, national and sub-national levels.

From an investment of about €5 million in 2001, Irish Aid currently allocates over €100 million to HIV and AIDS. Representing 12% of total overseas development assistance these funds are allocated through an earmarked HIV and AIDS Fund, the budgets of Irish Aid's bilateral aid programmes, and civil society and multilateral sections and are channelled through a range of organisations working at global, regional, country and community levels.

Ireland's support to and engagement with both global and multilateral HIV and AIDS initiatives forms a critical component of its overall HIV response. It has enabled Ireland to play an important role in their evolution and influence their strategic direction while advancing its own policy goals. Critical among these is ensuring that global and multilateral initiatives

adhere to the principles of the Paris Declaration on Aid Effectiveness and align their support to country priorities, plans and procedures.

Global and multilateral HIV initiatives receive a significant proportion of Irish Aid funding with the Global Fund to Fight AIDS, TB and Malaria, the Clinton Foundation and UNAIDS being key partners. The Global Fund is the single biggest recipient of Irish Aid's HIV and communicable diseases funding and Irish Aid's partnership with the Clinton Foundation HIV/AIDS Initiative has enabled it to scale up funding for specific country responses in Mozambique and Lesotho. Ireland works with UNAIDS at global, regional and country levels and supports its efforts to bring greater coherence to national HIV responses through support of the "*Three Ones*" Principles and the Global Task Team on Improving AIDS Coordination among multilateral agencies.

In recognition of the need for increased investment to accelerate the research and development of new prevention technologies Irish Aid is funding both the International AIDS Vaccine Initiative and the International Partnership for Microbicides to advance research into these much-needed preventive technologies.

Regional Response

Irish Aid's regional response to HIV and AIDS aims to address common priorities at a regional level that maximises the effective use of resources, facilitates horizontal learning and ensures the dissemination of lessons learned, best practice and information within and across countries. Primarily focused on Southern and Eastern Africa, progress in Irish Aid's regional response has been most significant in the last two years with partnerships developed with key inter-governmental bodies such as the Southern African Development Community (SADC) and the East African Community (EAC), regional NGO networks and other regional donors.

In recognition of the fastest growing HIV and AIDS epidemic in Eastern Europe and the Commonwealth of Independent States and in response to the Dublin Declaration on HIV and AIDS (2004), Irish Aid entered into partnership with UNICEF to address HIV and AIDS prevention and care in the region. Covering six countries, this programme is developing targeted interventions for most at risk adolescents. In Vietnam Irish Aid is also contributing to developing local research capacity on virus control including HIV.

Country response

Through its work in developing countries, Irish Aid aims to strengthen government capacity to respond to HIV and AIDS and to support sub-national and NGO responses at district and community levels. Considerable progress is evident in Irish Aid's response at country level. Strategic partnerships with governments, development partners and implementing organisations have been developed in support of interventions shown to be effective in having an impact on the progress of the pandemic.

Support is informed by and aligned with national strategic plans to address HIV and national poverty reduction strategies. Country offices are providing support for HIV service delivery and associated activities, and for mainstreaming HIV within Irish Aid's larger country programmes and within the programmes of government and NGO partners. A strong emphasis on coordination, harmonisation and alignment of efforts with recipient country-led priorities and programmes is core to all Irish Aid efforts. Irish Aid has demonstrated a clear commitment to harmonisation adhering to and supporting the implementation of the Three One's. A strong national AIDS authority is critical to a well coordinated and effective country response as is a clear HIV strategy and monitoring framework.

Irish Aid's increasing engagement in upstream aid modalities - sector wide approaches (SWAps) and budget support – has enabled Irish Aid to take on

a strong advocacy role and engage in high-level policy dialogue on HIV and AIDS. Recent emphasis on strengthening inter-sectoral programming is offering opportunities to strengthen sectoral responses to HIV and AIDS; and an increasing focus on addressing vulnerability is beginning to provide opportunities for Irish Aid to build on its HIV and AIDS programming as an entry point in tackling extremes of vulnerability.

Supporting the work of Civil Society Organisations

Irish Aid provides significant funding to civil society organisations, including faith based organisations, in recognition of their critical role in the global response to HIV and AIDS. Informed by a strong commitment to partnership, support is provided for organisational capacity building, HIV service delivery and advocacy at all levels of Irish Aid's response. All organisations applying for funding to Irish Aid's Multi-Annual Partnership Scheme (MAPS) are required to demonstrate how they prioritise HIV and AIDS in their overall programmes and HIV and AIDS is one of four thematic priorities in the Civil Society Fund (CSF).

Regionally and through Irish Aid country programmes support is provided to national NGOs and NGO networks for policy development, advocacy, information and communication, organisational capacity building and HIV service delivery. Irish Aid also promotes the inclusion of civil society in global and national level policy forum and programme design and implementation. In particular, promoting the rights of people living with HIV and AIDS is core to Irish Aid's programme response. Support has focused on building the capacity of networks of people living with HIV and AIDS at all levels, as well as ensuring that people living with HIV and AIDS are represented in policy dialogue, programme development and implementation.

International Development NGOs based in Ireland are organised under an umbrella body – Dochas. Irish Aid in collaboration with the Dochas HIV and AIDS working group work closely together in developing and

representing national positions at international for a; providing a platform for learning from experience and annual World AIDS Day events.

Mainstreaming

Mainstreaming HIV and AIDS is central to Irish Aid's approach to poverty reduction. Through mainstreaming, Irish Aid aims to have a greater impact on poverty reduction and improve the effectiveness and quality of its development approach. Mainstreaming has emerged as a prominent strategy in converting global commitments on HIV and AIDS into national development agendas.

Considerable investment and progress has been made in mainstreaming HIV and AIDS over the past three years. In addition to defining policy commitments, Irish Aid has invested in capacity development and training of its staff. Increased attention to HIV and AIDS is evident in new country strategies and related programmes. Guidelines and new policy products with increased attention to mainstreaming HIV and AIDS provide frameworks for country planning and implementation. Irish Aid has advocated for a strong response to HIV and AIDS among international and country partners.

In addition, a number of programme countries are advancing mainstreaming in their development programmes. Of particular note is progress in mainstreaming HIV and AIDS in the health and education sectors. The health and education sector responses to HIV and AIDS have been, and will continue to be, key priorities for Irish Aid. Both sectors have a critical role to play in the response to HIV and AIDS. With a focus on building sustainable health systems for quality and equitable health service delivery Irish Aid prioritises addressing the crisis in human resources, an integrated approach to the delivery of HIV services, and equitable access to services, in particular ART.

Education, which is known as the '*social vaccine*' for HIV and AIDS, is a key priority for Irish Aid. *If every child received a complete primary education, at least 7 million new cases of HIV could be prevented in a decade.* In its support to education, Irish Aid focuses on building national education systems and ensuring equitable access to quality education. Irish Aid's focus is on strengthening institutional capacities to ensure that education plans are gender responsive and address the impact of HIV and AIDS, while prioritising access and retention for the girl child and children who have been orphaned by AIDS.

Priorities for reaching Universal Access to Comprehensive HIV prevention, treatment, care and support

It is evident that in order to meet the agreed international targets to reach Universal Access to comprehensive HIV prevention, treatment, care and support by 2010 Ireland will need to focus its response to the global pandemic in order to maximise impact and contribute to scaling up current interventions to reach these targets.

Over the course of the next few years Ireland will:

- Continue to promote a broad based development and human rights based response to HIV and AIDS ensuring that policy interventions are pro-poor and address the social and economic factors that increase people's risk of infection and vulnerability to HIV.
- Prioritise the rights of people living with HIV and AIDS – their right to participation in national development processes, to treatment and care, to protective legislation, and to non-discrimination in the labour market.
- Prioritise strategies to redress the feminisation of the HIV pandemic acknowledging that this requires the active involvement of both men and women.

- Strengthen its country level responses to HIV and AIDS through increased funding and prioritisation of activities through bilateral aid programmes, while ensuring that its national, regional and global level engagement is consistent, harmonised and aligned with country level priorities, plans and systems.
- Strengthen the multi-sectoral nature of its HIV response at country level by mainstreaming HIV and AIDS and ensuring that national, sectoral and local development planning processes are adequately informed by a strong analysis of the links between poverty and HIV.
- Promote partnership in the global response between all stakeholders while increasing local capacity to address HIV and AIDS as a development issue and ensuring that adequate resources are allocated to meet the needs of the national response.
- Prioritise the delivery of HIV services to poor people and promote equity in service delivery particularly in relation to ART. In addition to focusing on an integrated approach to HIV prevention and care, Ireland will explore effective models of integrating HIV prevention, treatment, care and support in different settings.
- Prioritise health systems strengthening using support for HIV and AIDS as an entry point to address key systems issues and to strengthen the link between HIV and other health services, in particular sexual and reproductive health and TB services.
- Increase its focus on children affected by HIV and AIDS through advocacy and support for social protection measures that include and address the needs of children, ensure their access to quality health and education and promote partnership between state and non-state actors in supporting children.

Glossary of Terms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral therapy
CSF	Civil Society Fund
Dóchas	Dóchas is the association of Irish Non-Governmental Development Organisations
EAC	East African Community
GUM	Genito Urinary Medicine
HC	Heterosexual Contact
HIV	Human Immunodeficiency Virus
HPSC	Health Protection Surveillance Centre
IDU	Injecting Drug User
LGBT	Lesbian, Gay, Bisexual and Transgender
MAPS	Multi-Annual Partnership Scheme
MCT	Mother to Child Transmission
MSM	Men who have sex with men
NASC	National Aids Strategy Committee
NGO	Non-Governmental Organisation
PLHIV	People living with HIV
SADC	Southern African Development Community
SWAps	Sector Wide Approaches
“Three Ones”	The principles are: One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; One National AIDS Coordinating Authority, with a broad-based multisectoral mandate and One agreed country-level Monitoring and Evaluation System.
UNGASS	United Nations General Assembly Special Session
UNICEF	The United Nations Children's Fund