Action plan: Response to the national increase in HIV and STIs in MSM:

12th June, 2017

Prepared by the National MSM HIV/ STI increase response group interventions subgroup

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Contents

1. Introduction

In response to the national increase in Ireland of HIV and other STIs seen in men who have sex with men (MSM) since 2015, a national multisectoral, multidisciplinary outbreak response group was established under the auspices of the national Medical Officer of Health, Dr Kevin Kelleher. It set up an interventions subgroup (Membership and terms of reference in Appendix 1) to review the evidence of the effectiveness of interventions to prevent transmission of HIV and STIs, and to develop an action plan based on this review. The plan identifies effective prevention interventions from best available evidence and the resources required to implement them in an Irish setting.

Interventions with strong evidence to support them are included in the plan. To ensure the document remains practical and action-focused, each intervention is examined under the same headings. First, existing international and national literature is summarised. Next, information on current provision of services in Ireland is outlined. Gaps in current service provision are then identified and the actions and resources required to fill those gaps are described. The target audience and relevant communication messages are outlined. Lastly, an evaluation plan for each intervention is proposed.

This action plan will be used by the MSM outbreak response group to address the increases seen. It is a live document; progress on the actions will be tracked, and it is expected to change and be updated periodically.

2. Evidence and information sources

With regard to international evidence, a number of systematic reviews were used as they were published relatively recently (in 2015/2016).

A systematic review of evidence to inform HIV prevention interventions among men who sex with men (MSM) in Europe was published in April 2015 (1). Interventions were assessed according to the Highest Attainable Standard of Evidence (HASTE) and each one was assigned a HASTE grade. Grades range from grade 1 (strong) to grade 4 (inappropriate). Please see Table 1 for list of interventions with either HASTE grade 1 or 2. Four other interventions were assigned HASTE grade 3 (insufficient) or grade 4 (inappropriate) and are not considered in this action plan.

Table 1 List of HIV prevention interventions & HASTE grade.

HASTE Grade	Strength	Intervention
Grade 1	Strong – High plausibility – Efficacy is consistent – Large body of consistent implementation data	Condom use
		Universal coverage of antiretroviral treatment and treatment as prevention
		Peer-led group interventions
		Peer outreach within the MSM community
Grade 2a	Conditional: probable – Plausibility – Limited efficacy data – Consistently effective from implementation data	Voluntary counselling and testing for HIV
		Condom compatible lubricant
		Post-exposure prophylaxis (PEP)
		Individual counselling for MSM living with HIV
Grade 2b	Conditional: possible – Plausibility – Limited or inconsistent efficacy data – Limited or paucity of implementation data	Individual counselling for MSM
		Peer-led group interventions targeting MSM living with HIV
		Internet-based HIV prevention messages
		Interventions in sex-on-premises venues
		Social marketing interventions

		Pre-exposure prophylaxis
		Voluntary male circumcision
Grade 2c	Conditional: – Plausibility – Ongoing efficacy trials	Training for healthcare providers to offer comprehensive care for men who have sex with men
		MSM-competent health clinics Voluntary anonymous partner notification
		Campaigns for lesbian, gay, bisexual, transgender and intersex (LGBTI) equality
		Female condom use for anal intercourse

The Public Health Agency of Canada published "*Syphilis among gay, bisexual, two-spirit and other men who have sex with men: a resource for population-specific prevention"* in March 2015(2). It recommends three interventions: increased testing with a focus on particularly high risk groups, innovative approaches to partner notification and increasing social awareness through targeted social marketing campaigns.

The US Preventive Services Task Force reviewed existing literature and published updated guidance in 2016 recommending syphilis screening of HIV positive men and MSM every three months(3). A second systematic review also conducted in Canada in 2014 by Mercure et al, reported a narrative summary of evidence for interventions used for syphilis prevention and control in MSM by grouping them into health promotion, partner notification, testing and early detection, environment modification and treatment and follow-up(4).

A systematic review of the literature on intervention effectiveness in an Irish setting was also conducted in summer 2016 by the interventions subgroup and found very sparse evidence, much of this came from grey literature.

Of note, results from PROUD & IPERGAY studies on the use of Pre-Exposure Prophylaxis (PrEP) were not available at the time of the literature searches for the systematic reviews and guidance documents listed above(5, 6). A section on PrEP has however been included in this document.

Information on service needs of MSM in Ireland and existing services in Ireland

The Gay Health Network (GHN) and HSE Sexual Health Crisis pregnancy Programme (SHCPP) work in partnership to deliver services for MSM. The first national HIV and sexual health awareness programme for MSM, man2man.ie, was introduced in 2011. This joint initiative is funded on a yearly basis. GHN, founded in 1994, has led on peer actions and community engagement, and has produced most if not all HIV and sexual health information for MSM to date (Appendix 2). Representatives of GHN and SHCPP as members of the both the overall response group and the interventions subgroup provided information on current service provision.

Existing services for MSM were also identified via other members of the interventions subgroup, the national MSM outbreak response group, and via direct contact with other identified key stakeholders. In addition, a survey on community services for MSM was distributed through GHN to NGOs affiliated with GHN.

Data from the European MSM Internet Survey, 2010 (EMIS) and the MSM Internet Survey in Ireland 2015 (MISI) were used where relevant to determine service need and service use amongst MSM in Ireland (7, 8).

A sexual health needs assessment, coordinated by SHCPP, is nearing completion and the findings will also inform this work.

3. Condom use (grade 1) and condom-compatible lubricant use (grade 2a)

3.1 International evidence

A systematic review including five cohort studies found that condom use during anal intercourse was effective in preventing HIV transmission (relative risk (RR): 0.36; 95% confidence interval (CI) 0.20–0.67)(1). Studies and surveys among MSM in Europe support acceptability and feasibility of condom use among MSM and the feasibility of condom distribution programmes in Europe. However, lack of condom-compatible lubricants reduces the effectiveness of condoms due to slippage and breakage. Data from EMIS suggest that lubricant use among MSM is high (65% among MSM using condoms for anal intercourse)(7).

3.2 Irish evidence/experience

An Irish study found that 38% of HIV positive MSM attending the GUIDE HIV/STI clinic in Dublin reported always using a condom(9). In MISI, 25% of HIV positive men reported no condomless anal intercourse (CAI) in the previous year(8). Of MISI respondents who had sex with one or more non-steady partners in the last year, 42% reported CAI (8), this figure was 39% in EMIS(7). Also, 24% of participants in MISI overall and 20% of HIV positive men reported difficulty in accessing condoms when wanted within the previous 12 months. Those who were young, those with low education levels, and students were more likely to report lack of access. In all 16% reported CAI solely due to lack of a condom in the last 12 months.

3.3 Existing level of service/intervention

SHCPP/HPI national condom distribution: In 2015 SHCPP and HSE Health Promotion and Improvement (HPI) established a central distribution stream for condoms and lubricants to statutory agencies/bodies and non-governmental organisations (NGOs), initially as part of a campaign. Organisations using this service are required to provide information on directions for use and also to report annually on the numbers of people engaged, the profile of those engaged, and how the service has used condoms and lubricants. At a recent meeting convened by SHCPP, the scope of the current service was discussed as was the potential for further development, to include single component condom distribution for MSM, i.e. distribution of condoms and lubricants without accompanying training, information or support. Single component condom distribution(with lubricant) at commercial venues(including sex-on premises venues),

public sex environments and other settings, has recently been recommended by the National Institute for Health and Care Excellence(NICE) for MSM(10).

Gay Health Network (GHN) aims to provide access to free condoms and lubricants through the GHN member organisations and other relevant partnerships.

- Up to 2012, condoms and lubricant were supplied by the Gay Men's Health Service (GMHS) HSE (previously GMHP). They were assembled into GHN safer sex packs "Rubber Up" and "Get it on" and distributed in Dublin and among GHN member groups; 50,000 were distributed in 2010.
- In 2013, as a result of MAC Cosmetics AIDS funding (MAF), GHN produced 100,000 of the 'Man2Man' Safer Sex packs.
- In 2014, 32 outreach sessions were conducted in Dublin in a range of LGBT-attended pubs and clubs with a total of 6,625 safer sex packs (containing two condoms and two lubricants) distributed. This continued in 2015.
- In June 2015 (with MAF funding) GHN designed a new man2man.ie branded condom and lubricant to be distributed loose (this both saved on cost and on paper waste). 100,000 of each were purchased. Between September 2015 and December 2016, 65,000 condoms and 45,000 lubricants were distributed. In January and February 2017, a further 8,000 condoms and 8,000 lubricants were distributed.

In 2016, in agreement with SHCPP, it was decided that, rather than re- order a separate man2man.ie branded condom, the newly designed "Johnny's got you covered" condom and lubricant would be produced that would also promote man2man.ie. These will be used in 2017.

The introduction of the new pilot Gay Men's' Health Service (GMHS)/GHN outreach team towards the end of 2016(see section 4.3.1) has had a positive impact on distribution. Since the outreach team has been in place, and up to April 2017, 21,850 condoms and 22,130 lubricants have been distributed at various venues. Man2Man dispenser units (condom and lubricant) have been installed at four sites (Appendix 3).

The aim for 2017 is to distribute 5,000 of each nationally per week (to supply GHN, outreach and sex on premises venues).

3.4 Gaps

Free condoms and lubricant packs have not been accessed by organisations in all counties. Condoms are not being distributed at a sufficient scale, so that they are available and readily accessible for all MSM. The

health intervention requirement (multicomponent condom scheme) has been cited as a barrier to uptake of the current SHCPP/HPI condom service by some NGOs. This will be addressed by plans for the SHCPP/HPI central condom distribution service to move to single component condom distribution to MSM, and to increase supply.

3.5 Target Audience

The target audience is:

1. Sexual health service providers
2. GHN member organisations
3. NGOs involved in sexual health that target MSM
4. Youth health and student health services
5. Social spaces, sex on premises venues
6. Shared spaces, student accommodation halls

3.6 Actions needed and resources required

The actions needed and resources required are:

- Distribute condoms nationally at scale. Plans are in development for 2017 to increase supply and introduce single component condom distribution to MSM by the HSE SHCPP/HPI central distribution service.
- SHCPP/HPI to raise awareness of service providers, NGOs, student health services and other target audiences above of the current free distribution service.
- Introduction of a mechanism for reporting on condom distribution by services participating in the national condom distribution service to at risk groups. Plans are in development for 2017 by the HSE SHCPP/ HPI to address this.
- Reasons for MSM reporting lack of access to condoms warrant further study

3.7 Communication message

- If not distributed to all STI clinics and sexual health NGOs – need for enhanced communications highlighting the service and promoting use

3.8 Plan for evaluation of effectiveness of action

1. Annual reporting (by SHCPP/HPI) of condom distribution metrics by funded agencies/organisations and county, e.g. condoms distributed per 10,000 male population, and also information on the services, agencies, venues, and settings where they are available for free (e.g. in prisons).
2. Regular reporting by GHN of numbers distributed, and the venues and settings where they are available for free. *(If /when GHN included in national reporting, no need for separate report*)
3. Behavioural surveillance metrics (Next EMIS survey due Autumn 2017) by HPSC and behavioural surveillance partners, subject to provision of funding for analysis of Irish participants in EMIS dataset: Use of condoms during anal intercourse (AI), availability of condoms when required, CAI solely due to lack of condom.

4. Peer-led group interventions (grade 1), Peer outreach within the MSM community (grade 1) and Peer-led group interventions targeting MSM living with HIV (grade 2b)

4.1 International evidence

In a systematic review by Strömdahl et al, peer-led group interventions were defined as 'interactive groups where a trained peer facilitates promotion of precautionary behaviours for HIV'(1). Peer-outreach interventions were identified as those where a trained peer approaches MSM in community settings providing information and peer support. Both interventions were associated with reductions in CAI ranging between 13% and 33%. Implementation data was also reviewed and showed that peer-led group and outreach interventions among MSM were common and generally well received throughout Europe resulting in high uptake. Though data are limited on peer-led interventions targeting MSM living with HIV, a decrease in CAI among participants was reported.

4.2 Community Response to HIV/AIDS: historical context

Since 1985 the gay community in Ireland has led the response to AIDS based on community development methods and peer-led actions. The statutory response to HIV including outreach was introduced by the former Eastern Health Board (now HSE East Dublin Mid Leinster) in the late 1980's. This included the Drugs and AIDS Service, the establishment of an AIDS Resource Centre in Haddington Rd with needle exchange, HIV testing and counselling. The Gay Men's Health Project (now GMHS) was established there in 1993 and up to 2009 had an outreach aspect, with four outreach workers employed at one stage. In the early 2000's up to 80% of the GMHS work was outreach/community and 20% was clinical(11). GMHS along with other groups founded GHN and later the Outhouse LGBT community centre (where GMHS is also based).

Community and peer actions included the formation of 'Johnny, the gay peer action group' and interventions at social venues and Pride events up to 2009. Since then the "Johnny group' ceased to exist but GHN has continually held promotions in the community and at Pride events around Ireland. See Appendix 4 for GHN report.

Many of these actions were judged at the time to be effective in delivering community actions and services, although these interventions did not undergo formal evaluation.

4.3 Existing level of service/intervention

A survey of 15 community providers was undertaken in October 2016 to identify peer-led group interventions and peer outreach interventions that they provide. Nine organisations responded. (See Appendix 5 for full survey report)

Counselling, peer-led and outreach activities for MSM are provided by a number of NGOs. However, these appear to be mainly centred in the large urban areas of Dublin, Cork, Galway and Limerick. Some services, in particular peer-outreach services appear to be ad-hoc services rather than regular and frequent services, and are dependent on volunteers. While counselling services are available, again they are in urban areas, and the number of sessions available appears to be limited.

Services for migrant MSM, other than information in different languages, appear to be lacking.

As nine of 15 organisations responded to the survey, it cannot be taken as a comprehensive overview of services available for MSM. However, as respondents did include the main national and regional NGOs it is unlikely that there are other significant services being provided by other NGOs.

4.3.1 Pilot outbreak response sexual health outreach intervention (6 months)

In October 2016 two MSM sexual health peer outreach workers, based in HSE East, were employed (see Appendix 3 for an update report on this work). In line with the aims of the project, the outreach workers have developed a programme of outreach work and linked initiatives to address emerging needs and trends that are arising from the current increase in STIs among MSM. They have undertaken outreach work focusing on targeting public venues, bars, clubs, public and semi-public sex environments, sex on premises venues and other settings, both virtual and physical, where target group members may meet to have or arrange sex. The outreach team, GMHS manager and GHN representative meet on a weekly basis to review the work and plan for the coming week. The outreach staff have linked with all appropriate organisations and relevant bodies in order to deliver a programme of outreach work with accurate, accessible information targeting this population.

4.4 Gaps

Outreach funding is currently available on a pilot basis, with funding secured until the end of 2017, but are not being delivered at scale nationally. A national model for training to deliver peer led outreach and interventions is required, including a clear definition of peer, according to the target population.

Methodology and costs of undertaking a formal evaluation are under discussion, but not yet in place.

4.5 Target Audiences

1. MSM (MSM includes transgender, sex workers etc.)
2. MSM from Latin America
3. HIV positive MSM
4. MSM engaged in chemsex

4.6 Actions needed and resources required

- Funding is required for peer- led sexual health outreach on an ongoing basis, subject to positive evaluation
- Coordination of provision of outreach interventions – subject to positive evaluation

4.7 Communication message

- Supports that are available should be highlighted by SHCPP and GHN partner organisations:
- Information on the location of, and how to access peer-led interventions to be readily available on www.man2man.ie /other websites
- Outreach workers currently supply cards to those they engage with, outlining available resources. GHN will consider developing information suitable for Facebook and mobile apps.

4.8 Evaluation of effectiveness of action

1. Outreach interventions evaluation - work is at the planning stage (GMHS/GHN/SHCPP)

5. Universal coverage of antiretroviral treatment (ART) and treatment as prevention (grade 1)

5.1 International evidence

A randomised, double-blinded controlled trial with 1,763 serodiscordant heterosexual couples and 37 serodiscordant male MSM couples, reported a relative reduction of 96% in the number of linked HIV-1 transmissions cases resulting from the early initiation of ART, as compared with delayed therapy(12). Implementation data reports that ART programmes are available in all EU/EEA countries(13). Effectiveness of this intervention is dependent on comprehensive HIV testing programmes among MSM, and effective linkage to and retention in high-quality HIV treatment and care. Recently, Public Health England reported a substantial fall in new HIV diagnoses which was observed at five London clinics in the last quarter of 2016 compared to the previous year with smaller declines observed at other London clinics, and elsewhere in England. The reasons for the fall were analysed and are the result of combination prevention – testing and 'treatment as prevention'. Pre-exposure prophylaxis (PrEP) is likely to have contributed to the fall, but to a lesser extent. It could have more impact in the future(14).

5.2 Irish evidence/experience

Seventy nine percent of HIV positive men surveyed in MISI were currently on ART, and 91% of these were virally suppressed(8).

5.3 Existing level of service/intervention

Work recently undertaken by the National Clinical Lead for Sexual Health has established the current status regarding initiation of Treatment as Prevention (TasP) in HIV clinics nationwide. In June 2016 a cross-sectional study of healthcare professionals involved in the provision of HIV and STI care in Ireland was undertaken(15). Respondents prescribing antiretroviral therapy indicated that on average 90% (range 70-100) of their HIV patients were in receipt of antiretroviral therapy. Furthermore, 95% of respondents agreed that Ireland should adopt a policy of offering antiretroviral therapy to all HIV-infected individuals and 92% of respondents indicated they agreed (19%) or strongly agreed (72%) with the statement “In general, I recommend antiretroviral therapy for HIV-infected patients irrespective of CD4 count” and 86% reported that they “always” or “often” recommended initiation of antiretroviral therapy in HIV-infected patients with CD4+ >500 cells/mm.

The six adult specialised HIV clinics were contacted to provide information available on ART use and viral suppression by HIV clinic site. This is summarised in Table 2

Table 2: Linkage to care, retention in care, proportions on ART and virally suppressed, in specialised adult HIV clinics

HIV clinic	Linked to care	Retained in care (%)	On ART (%)	Virally suppressed (%)	Source
Mater	1001 (To date as having had a single attendance)	787(78.7)	720(91.5)	647(89.9)	Poster presentation, IDSI, 2015 Dr B Ghavami-Kia
Beaumont	800 ever seen in the last 12 months	650(81.2)	600(92.3)	550(91.7)	Dr McConkey, personal communication
Galway	422 to date	265(62.8)	255(96.2)	N/A	Claire Coleman, personal communication
GUIDE	2289 (from 2007-2014)	2039 (89.1)	N/A	N/A	Poster S O'Connell et al
GUIDE, SJH	New diagnoses only	113*	112(99.1%)	N/A	*Q1Q2 2015 figures for all new diagnoses who presented over the first 6 months of the year
Limerick	N/A	N/A	N/A	N/A	Currently not available
Cork	Figures from 2012	296	279 (74.2)	217(77.8)	Aline Brennan, personal communication.

5.4 Gaps

Although the clinical practice survey indicates already strong support for and implementation of TasP, there is currently no National HSE position statement on TasP. This has been developed, and is awaiting review and adoption by HSE Leadership team.

5.5 Target Audience:

1. HIV clinicians
2. HIV positive patients

5.6 Actions needed and resources required

- Review and adoption of TasP statement by HSE leadership team
- Implementation of this policy in specialised HIV clinics
- Framework for ongoing audit/monitoring of implementation

5.7 Communication message

- HSE communication on TasP as standard of care once approved

  Patient information materials re benefits of TasP (currently being prepared by SHCPP)

5.8 Plan for evaluation of effectiveness of action

1. First audit planned by SHCPP for end 2017, with plan for ongoing audits over time. easurable outcomes include: proportions on ART and with undetectable viral loads. These can be reported overall, and by risk group.

6. Voluntary testing and counselling for HIV (grade 2a) and increased syphilis and other STI testing with a focus on particularly high-risk groups

6.1 International evidence

A systematic review performed in 2005 that included 11 studies (n=4,416, of which 418 MSM), found that high-risk sexual behaviour is reduced after receiving a diagnosis of HIV(1). It reported a reduction in CAI ranging between 25% and 65%, but no such reduction was seen among those testing negative. Among MSM living with HIV, studies report increased condom use and decrease in number of sexual partners following HIV diagnosis and counselling. EMIS found that acceptability for testing was high, with the national proportion of MSM reporting having had an HIV-test during the past 12 months ranging from 20% to 47%(7).

The US Preventive Services Task Force recommends screening for syphilis every three months in HIV positive men and MSM(3). This is based on data from four observational studies which showed increased detection rates at all stages of syphilis with a three monthly testing frequency compared to six or 12 monthly. The Public Health Agency of Canada reported that Canadian and international evidence demonstrate the need for additional syphilis testing among MSM in high-risk groups(2).
Modelling studies suggest that targeted testing and increasing testing rates could substantially reduce rates of syphilis amongst MSM(4).

6.2 Irish evidence/experience

Data from MISI indicates that more than a third of men (37%) had never tested for HIV and 61% had not tested for HIV in the last year(8). Not having ever tested for HIV was associated with living outside Dublin, younger age, being from Ireland, having low education level and not identifying as gay. Twenty three percent last tested for an STI more than 12 months ago and 38% never tested for an STI. Those who didn't test for STIs were similar to those who didn't test for HIV, i.e. younger, with lower education, not gay identified. Eighty-three percent of 18-19 year old men surveyed had never had an STI test.

MISI found that 39% of Irish respondents self-reported regular STI testing in the previous 12 months. In all 77% of HIV positive men in MISI had tested for STIs within the last year. In 2015, GMHS reported that of 971 first time attendees, 41% had never previously tested for HIV and 55% had never previously tested for

STIs(16). Also, in 2015, a third of men tested in the new GMHS clinic at Outhouse LGBT Centre had never tested previously.

A study from the GUIDE clinic(n=50) which examined the prevalence of STI in asymptomatic HIV positive MSM found that 92% of 50 patients opted for self-testing with a rectal swab and 16% were diagnosed with an STI. This suggests self-testing is a desirable option for this cohort(9).

During the syphilis outbreak of 2001, on-site testing was used to successfully halt the rise in early infectious syphilis in Dublin. A survey (n=800) of MSM in 2002 showed high-levels of awareness of syphilis with awareness being noticeably higher in venues that were specifically targeted for on-site testing (17)

In late 2008 during an upsurge of syphilis among MSM in Dublin, a committee involving statutory bodies and NGO agencies launched the "Syph-Action and Syph-Test" campaign to raise awareness and promote testing via posters, adverts and leaflets, including a promotion banner on Gaydar. In addition, a series of onsite testing sessions for syphilis, and HIV on an opt-in basis, were undertaken at gay saunas and bars in Dublin over three weekends in July 2009. Of 131 tested for syphilis, 1.5% were positive for infectious syphilis, and of 116 tested for HIV, 3.5% were positive(18). In all 32% of those tested for syphilis and 29% of those tested for HIV were testing for the first time.
A similar syphilis awareness, knowledge and action (SAKA) survey (n=543) was conducted in 2009 which showed that just 58% of men surveyed were aware of the need for syphilis testing every three months, if they engaged in sexual risk behaviours(19). Almost a quarter had last tested more than two years ago. Lower levels of syphilis testing among MSM in Cork were reported possibly highlighting a need for increased availability/accessibility of testing for MSM in Cork.

KnowNow was established as a one year peer-led outreach rapid HIV testing pilot in gay venues in Dublin, Limerick and Cork and started in 2016. It offers regular sessions in different Dublin gay social venues. In Cork, the Sexual Health Centre in Cork offer testing at their base location, social venues and sex-on premises venues. GOSHH offer testing at their base location, in social settings and in sex on premises venues in the Limerick area. Preliminary results presented at the SSSTDI conference in November 2016, indicate an overall reactive rate of 1.4% with a 2.3% reactive rate in Dublin. More than half of those with reactive results had never tested for HIV before and all were subsequently confirmed to be HIV positive. The full report on the pilot is expected shortly.

6.3 Existing level of service/intervention

Clinic based testing

Free STI clinics are based in some regional/county hospitals. A national mapping survey of STI services including testing has been conducted and the results will be included when available.

GMHS has two drop-in clinics per week in Dublin (plus clinic below) and monthly nurse-led clinics in Outhouse LGBT Centre. Demand for GHMS has increased year on year with more than 7,434 men attending the GMHS clinic in 2016, a 29% increase since 2009. In 2016, a 40% increase in cases of gonorrhoea and a 17% increase in chlamydia over 2015 figures were noted.

GMHS six month pilot clinic for asymptomatic men (Monday clinic), now extended until end of 2017

GMHS established a new nurse-led walk in clinic for asymptomatic men. This clinic offers a rapid HIV test in addition to a full STI screen as a six month pilot project starting in October 2016, with funding from Health and Wellbeing. Other GMHS clinics are not nurse led.

In the first six months of this initiative, 559 patients attended the service. STIs have been detected in 15%. Almost one in five patients (19%) infected with an STI had more than one infection at time of diagnosis. For 31% of patients, it was their first time attending the GMHS and 10% of attendees had never had a HIV test before. 47% cited the availability of the rapid test as the main reason for attending while 47% stated they attended because of the time and day of the clinic.

As an outbreak response measure, in June 2016, the National Clinical Lead for Sexual Health contacted HIV clinicians requesting the following:

1) All HIV positive MSM attending HIV outpatient services should proactively be offered multisite STI testing for gonorrhoea, chlamydia and syphilis at each clinic visit;
2) Clinic providers should engage in discussion and provide information to patients around need for STI testing and where to access testing in between clinic attendances, particularly when people are attending for six monthly HIV review;
3) Consider self-taken STI testing as a means to improve efficiency and capacity to increase STI testing amongst HIV clinic attendees.

Community based testing

KnowNow pilot project as described above provides community based HIV testing. In addition, HIV testing in a community setting is available at HIV Ireland in Dublin (two clinics per month) in conjunction with the GUIDE clinic. One third of their attendances in 2015 were MSM. They are currently expanding to another site in Drogheda. The sexual health centre in Cork runs one weekly clinic that provides free STI screening, including rapid HIV testing. Since January 31st 2017, AIDS West is offering free confidential rapid HIV Testing once a month at Teach Solais Centre, Merchants Road, Galway.

6.4 Gaps

Current Irish evidence clearly shows difficulty in accessing free STI services outside of urban centres and a concentration of clinics in Dublin specifically. The results of the mapping of STI services are awaited for a detailed analysis. The extremely high proportion of 18-19 year olds who have never been tested for an STI is a cause for concern.

A national system for monitoring of HIV testing (clinic and community based), including reactive rates is currently not in place.

There is a lack of information on STI testing frequency among HIV positive MSM attending HIV clinics

6.5 Target Audience

1. All sexually active MSM, specifically young MSM
2. HIV positive MSM
3. HIV clinical services

6.6 Actions needed and resources required

- Results of the evaluation of the KnowNow pilot are imminent. Plans for continuing funding have been agreed in principle, subject to a favourable evaluation
- Development of national HIV testing guidelines and STI testing guidelines form part of the work of SHCPP. This will look at new and alternative models for HIV testing, including provision of home testing kits by post. ECDC HIV testing guidelines are due at end 2017, which will be used to generate HIV testing guidelines for Ireland.
- There is a need for increased frequency of testing of HIV positive MSM for other STIs if engaging in sexual risk behaviours. A national audit of availability, frequency and scope of STI testing in MSM attending HIV clinics will be undertaken, coordinated by SHCPP

- HIV community and clinic testing monitoring programme – work in development HPSC/SHCPP.

6.7 Communication message on regular testing and availability:

- Regular STI and HIV testing is important – many ways to be tested, both in clinics and in community.
- Importance of frequent STI testing for HIV positive sexually active MSM
- Promotion of the testing map of locations where HIV and STI testing is available free, adverts in Gay Community News (GCN) and GHN engagement with all services to encourage promotion of the man2man programme, the www.man2man.ie website, and free testing services.

6.8 Plan for evaluation of effectiveness of action

1. An evaluation of the effectiveness of MSM HIV and STI testing messages (specifically the man2man, laid bare and luv bugs campaigns) and means of communicating was undertaken by GHN in co-operation with SHCPP in December 2016 to January 2017. (see draft report Appendix 4) at appendix 4.
2. In 2017, pilot introduction of a national HIV testing monitoring programme (community and STI clinics), and implement this in 2018, subject to funding – HPSC/SHCPP

7. Post-exposure prophylaxis (PEP) (Grade 2b)

7.1 International evidence

Strömdahl et al, reported two cohort studies in Denmark (n=374) and Amsterdam (n=189) examining PEP with ART administration within 72 hours post exposure and continued for 28 days(1). Each study reported one seroconversion. Although PEP is considered standard care in many European countries, EMIS data showed a low level of experience of using PEP in the included countries with a country median of 1.3%(7). It highlighted that rates of perceived access to PEP (defined as knowing that PEP attempts to stop HIV infection taking place after exposure to the virus and being quite or very confident of being able to obtain PEP if needed) were linked to the percentage of respondents ever having used PEP.

7.2 Irish evidence/experience

EMIS found that 2.1% of Irish respondents reported ever using PEP(7).Perceived access to PEP was 30% in MISI and 4% of respondents who were not known to be HIV positive had used PEP(8).

A national study on access to PEP for MSM in Ireland found that further education was needed for healthcare professionals in Emergency Departments(ED) to ensure its appropriate use in MSM who have had high risk sexual contacts(20). In this study only 29% of ED respondents, correctly advised the person who rang in stating their exposure to attend the ED for PEP assessment following CAI with a HIV positive person.

A survey of healthcare staff in EDs, Occupational health and Sexual Assault treatment units on awareness and knowledge of HIV PEP was carried out in 2016 and found high levels of awareness of national PEP guidelines(21, 22). Areas for improved knowledge included indications for HIV PEP and where to source antiretroviral therapy for PEP.

7.3 Existing level of service/intervention

Currently, PEP can be accessed in 22 counties around the country. There are 29 EDs providing PEP. Of these, 23 are open 24/7, while the remaining departments have more limited opening hours. In addition, 8 STI clinics also provide PEP either by appointment or walk in arrangements during clinic hours. The GMHS prescribed PEP for 134 men in 2015, an increase of 84% compared to the previous year(23). A directory of PEP services is available online at http://www.hivireland.ie/wp-content/uploads/PEP-Availability-in-

Ireland-14Oct2016.pdf. A list of PEP services for MSM as well as the PEP information and leaflet are also available at www.man2man.ie. Legal advice is being sought by HSE SHCPP regarding waiver of the mandatory emergency department attendance fee for individuals attending for PEP assessment

7.4 Gaps

Currently PEP is not available in every county; alternative means of provision should be considered. Providers need to be educated about its use in high risk sexual contacts. Awareness and knowledge regarding PEP needs to be improved amongst MSM.

7.5 Target Audience

1. HIV negative MSM at risk for HIV acquisition
2. Health Care professionals

7.6 Actions needed and resources required

- SHCPP worked with HPSC and MMUH on a national PEP study day which was held in April 2017
- Legal advice to be clarified

7.7 Communication message

- PEP and when to use it for MSM, when not to use it, and how and where to access it. A specific PEP information page will be available soon in four languages on www.man2man.ie
- PEP and when to prescribe it for healthcare providers (www.emitoolkit.ie)

7.8 Plan for evaluation of effectiveness of action:

1. Measurable outcomes: periodic prescriber knowledge surveys, self-reported PEP use in behavioural surveys (EMIS 2 in 2017)

8. Pre-exposure prophylaxis (PrEP) (Grade 2b – but significant additional studies available since graded)

8.1 International evidence

There is a large body of evidence, including from European studies favouring the use of pre exposure prophylaxis (PrEP), specifically tenofovir/emtricitabine orally, in HIV prevention (6, 24). A summary of current evidence is provided in the British Association of Sexual Health and HIV (BASSH) position paper which supports access to PrEP(25).

US, Kenya and South Africa have implemented programmatic roll-out, and use has increased substantially in several US cities including San Francisco where no new HIV infections have been recorded in over 1200 individuals enrolled in a PrEP programme in 2014(26). France initiated their national PrEP programme in January 2016. The European AIDS Clinical Society recommends PrEP for those at substantial risk of acquiring HIV, in line with the World Health Organization(WHO) recommendations, and several European countries are preparing their own national clinical guidelines or position statements(27, 28). Policy work is underway in many countries, but there are questions regarding programmatic roll-out, particularly in non-MSM populations.

The European Medicines Authority granted approval for the use of once daily Truvada® for reducing the risk of sexually acquired HIV-1 on 22nd of August 2016(29).

8.2 Irish evidence/experience

PrEP is not currently available in Ireland. SHCPP has convened a multisectoral PrEP working group. This group will make recommendations on PrEP in Ireland to the Sexual Health Strategy RCPI Clinical Advisory Group and HSE Implementation Group. To date the group has prepared estimates of the size of the population at risk of acquiring HIV sexually, who would be eligible for PrEP (30).

The majority (83%) of respondents in a survey of health care professionals working in the area of HIV and STIs in 2016 agreed or strongly agreed with the statement “PrEP should be available in Ireland to individuals at high risk for HIV”(15).

Preliminary results of the FlashPrEP survey, a survey undertaken across 12 European countries in 2016, found high levels of PrEP awareness and knowledge amongst MSM respondents in Ireland(31). All groups at risk for HIV were targeted for this survey with the highest response rate seen in MSM. A majority of

sexually active MSM respondents indicated an interest (63%) and intention (66%) to use PrEP if available. A minority of respondents (14%) indicated that they would probably or definitely use PrEP before it was "officially available" and a minority (3.4%) responded yes to being "informal PrEP users" already.

8.3 Existing level of service/intervention

Legal opinion on sourcing medicines over the internet has been obtained (Appendix 6).

Practical guidance for HCPs for use with patients currently using PrEP informally, in conjunction with a patient information leaflet has been developed and disseminated.

The Gay Health Network has included information on PrEP in the HIV+ Sex booklet and developed a policy position paper on PrEP(32). HIV Ireland and GHN commissioned, and plan to publish a "Policy Paper on Introducing PrEP in Ireland", in June 2017.

8.4 Gaps

Lack of policy on PrEP use and availability in Ireland

Lack of information and resources for outreach and peer workers to provide information on informal PrEP use - harm reduction advice (aware that people are accessing it online)

8.5 Target Audience:

1. MSM at risk of HIV acquisition
2. Health care professionals

8.6 Actions needed and resources required

- Recommendations from the PrEP working group to inform PrEP policy in Ireland
- Development of information and resources, via PrEP working group, for outreach and peer workers to provide information on informal PrEP use - harm reduction advice (as aware that people are accessing it online)

8.7 Communication message

To be developed. GHN has included information on PrEP for MSM in the HIV+ Sex booklet and will also have a specific section in four languages at www.man2man.ie soon

8.8 Plan for evaluation of effectiveness of action:

Await policy

9. Individual counselling for MSM living with HIV (grade 2a) Individual counselling for MSM (grade 2b)

9.1 International evidence

Strömdahl et al, retrieved three studies of counselling for MSM living with HIV(1). Of these, one study examined brief safer-sex counselling sessions and found a short-term reduction in CAI and one study described reductions in HIV transmission following multiple peer-led counselling sessions. The third study described multiple counselling sessions over a three month period and found no difference in CAI between intervention and control groups. Reports indicate that acceptability and uptake of individual counselling are high. Efficacy data for individual counselling for MSM is also inconsistent and is derived from one systematic review and three meta-analyses. The studies included in the meta-analysis described interventions that differed in format, duration and mode of delivery but two of the meta-analysis found significant reductions in CAI, while the third meta-analysis reported non-significant reductions.

9.2 Irish evidence/experience

Information sourced from the community survey (Appendix 5) and GHN.

9.3 Existing level of service/intervention

GMHS: The counselling services of the GMHS for gay and bisexual men are based at Outhouse in Capel Street. It is free at point of access, friendly and confidential. The service is provided by two psychotherapists who see an average of ten clients per week for a period of ten weeks. It has been increasingly in demand, resulting in a waiting time from four to eight weeks after an initial assessment. It is primarily for gay and bisexual men and transgender persons. Generally clients approach the service because they may be struggling with their sexuality, relationship difficulties, emotional distress, social anxiety, lifestyle change, lack of meaning and purpose, abuse of recreational drugs - mostly issues connected with growing up with a poor sense of self and a negative view of one's sexuality. Other issues can include sexual and physical assault, homophobic bullying, internalised homophobia, difficulties coming out and fear of loved-ones reaction to same, living with HIV and addiction to porn.

GOSHH in Limerick has a full time counsellor and two part-time counsellors. GOSHH provides counselling for people with specific issues and concerns related to Gender, Orientation, Sexual Health and/or HIV. The service is free of charge. They see eight individuals per week. There is a waiting list which can be between

one and four weeks. **BelongTo** has a full time drugs and alcohol health advisor/counselor and offers drug support services to young LGBT in Dublin free of charge.

The Sexual Health Centre provides free counselling in the Cork area. They employ 1.25 counsellors. They see approximately 10 patients per week and provide approximately 30 hours of counselling. There is no reported waiting list for the service.

HIV Ireland provides counselling in the Dublin area, although not only for MSM. The service is free of charge. They see approximately 8 individuals per week. Eight hours of individual counselling are provided. Two counsellors are employed. There is no waiting list.

HIV Ireland and Sexual Health Centre report providing substance use and abuse counselling also.

GHN

Rather than individual counselling, GHN promotes the Personal Development Programme for MSM and non-therapeutic workshops for MSM. Since 2000, initially GMHS and now GHN run the Personal Development Courses (PDC) for MSM. In 2014, GHN re introduced two courses; one course for MSM over 24 years, a six week course held at Outhouse and one for MSM aged up to 24 years, run by BelongTo, called the 'Know The Score'. Funded as part of the man2man programme, three courses are held each year. Also in 2016 a series of six individual topic workshops on sexual health under the heading 'Top2Bottom' was held for MSM. Funding was also secured for specific support courses for MSM living with HIV.

9.4 Gaps

There are waiting lists for some counselling services. Positive Now reports lack of access to counselling services among their members. Further discussion is required on this in the working group.

9.5 Target Audience

1. HIV positive MSM
2. MSM

9.6 Actions needed and resources required

For discussion

9.7 Communication message

- Signpost availability of HIV counselling services and counselling courses for MSM

Man2man.ie links to the map with the list of support services

9.8 Plan for evaluation of effectiveness of action

Evaluation of GHN courses is undertaken on a regular basis. When the latest evaluation report is completed, it will be reviewed and included here.

10. Targeted social marketing campaigns & Internet-based HIV prevention messages (grade 2b)

10.1 International evidence

Efficacy data for internet-based interventions are inconsistent(1). Two RCTs examining interactive computing or digital (website/video) interventions have shown a reduction in CAI in the short-term but the effect was not maintained at 12 months. Two other RCTs reported no difference in CAI between intervention and control groups. The internet is reported as the largest venue where MSM meet sexual partners and messaging on the internet could potentially reach a large number of MSM.

A systematic review of social marketing strategies to increase HIV testing reports a significant increase in HIV testing uptake (OR 1.58; 95% CI 1.4-1.77)(1). While many social marketing campaigns have been used in many countries to raise awareness of syphilis among MSM they have not always been evaluated. However, successful campaigns do share a number of characteristics including careful planning; strict adherence to the principles of social media; target those most at-risk; and are aimed at increasing testing among MSM(2).

10.2 Irish evidence/experience

A study examining the use of social media by MSM in four countries found that 95% of Irish MSM (n=140) frequently used Facebook, 54% used Gay Social Network (GSN) websites and 35% used GSN apps(33).

MISI found that 26% of men had visited www.man2man.ie(8).The internet was the most common means of meeting most recent sex partners for all age groups. It also found that for two health promotion campaigns “Get tested” (HIV testing) and “It’s hard, it’s easy” (condom use), the images were most commonly seen on Facebook.

Since 2011 the GHN and HSE man2man programme strategy has been to use social media, and deliver peer led messages via social marketing on social app sites via Amnet, Facebook, Twitter and Instagram. For four STI outbreaks in 2015/2016, social media was used extensively to deliver messages.

10.3 Existing level of service/intervention

See Social media and promotions draft report, 2016 (GHN), Appendix 7

10.4 Gaps

The evaluation that is currently underway will help identify and bridge gaps.

10.5 Target audience

1. All MSM
2. HIV positive MSM
3. Latin American men on social media

10.6 Actions needed and resources required

- Targeted social media campaigns for Latin American MSM (engage in care if HIV positive, and testing and prevention if HIV negative), and for HIV positive MSM re regular STI testing.
- French, Spanish and Portuguese sections on man2man.ie are being tested in June 2017, with launch expected after this.
- There is a need for materials for sexually transmitted enteric infection (STEI)(Shigella and Hep A) that target sexual practices and prevention of infection rather than being disease based

10.7 Communication message

Informed by epidemiology:

- Regular HIV testing, and how to access this
- Regular STI testing
- Consistent condom use
- Prevention of STEI
- Disease specific prevention measures e.g. shigella
- Hepatitis A prevention
- Hepatitis C prevention
- Chemsex harm reduction
- Hepatitis A and B vaccination

10.8 Plan for evaluation of effectiveness of action

1. Volume of traffic to various social media
2. Volume and type of health promotion material distribution by location
3. Evaluation of campaigns: awareness, accompanying changes in knowledge and attitudes, and changes in HIV testing. A research company was commissioned by SHCPP to do this work in

December 2016 and January 2017. Results are presented in Appendix 4, and have been provided to GHN and SHCPP to inform future campaigns.

4. HIV testing monitoring data (see section 6)

11. Innovative approaches to partner notification

11.1 International evidence

Partner notification (PN) is a standard part of public health response to STIs. Innovative approaches to partner notification, in addition to traditional methods with public health agents/health advisors working in an STI clinic, have been shown to be feasible. These include the use of email and online outreach to notify contacts. They have been shown to be more timely and require fewer resources than traditional methods and resulted in more contacts been identified and tested(2). However, PN appears less-cost-effective than targeted testing for syphilis(4).

No studies evaluating anonymous PN were found by Strömdahl et al, but acceptability by MSM in Europe was found to be high(1).

BASHH has produced a framework outlining the definitions, outcomes and standards for HIV PN which can be used to describe and measure activity related partner notification in Ireland(34).

11.2 Irish evidence/experience

GMHS: approximately 120-150 attend for PN per month. National data is not available.

11.3 Existing level of service/intervention

PN is provided in clinic settings, but it is generally not available in primary care, outside STI and HIV clinics.

11.4 Gaps

No metrics available nationally on PN.

The STI services mapping report will provide information on the level of partner notification services in publicly funded STI services.

11.5 Target audience:

1. Clinics and other settings where HIV and STIs are diagnosed
2. MSM and their partners

11.6 Actions needed and resources required

- Review of PN and innovative approaches is one of the work packages for SHCPP for 2017/2018. Public health, GMHS and health advisor representatives from the MSM outbreak response group have commenced work on reviewing the effectiveness of PN this year.

11.7 Communication message

To be developed

11.8 Plan for evaluation of effectiveness of action

1. Await result of PN review by SHCPP and work of the group that is currently looking at effectiveness. Likely to include number of contacts reached, tested, positive per HIV and/or STI positive person diagnosed.

12. Interventions in sex-on-premises venues (grade 2b)

12.1 International evidence

These are defined as prevention activities such as information, counselling and voluntary counselling and testing (VCT) at venues where MSM seek sexual partners. Evidence for efficacy was limited with one study of VCT at a bathhouse tested 133 MSM for HIV, 48% of whom had not been tested in the previous year. They reported decreased CAI at 3 month follow-up(1). The evidence for testing of other STIs at gay venues tends to be less cost-effective but is seen as a way to promote testing(4).

12.2 Irish evidence/experience

Since the foundation of Gay Health Action (1985), GMHS and now GHN, there has been ongoing engagement with commercial venues including saunas. This includes training for staff, poster and leaflet displays. There have been two onsite syphilis (and HIV) testing interventions, described in the section "Voluntary testing and counselling for HIV, and increased syphilis and other STI testing with a focus on particularly high risk groups".

12.3 Existing level of service/intervention

GHN materials, recent publications and the washroom display posters are supplied to sex on premises (saunas and cinemas). KnowNow offers rapid HIV testing in saunas in Dublin. They also offer peer support on sexual health and wellbeing issues, STI/HIV/PEP and clinical referral information as well as the provision of condoms and lubricant. GOSHH offer rapid HIV testing, counselling, peer support and information in sex on premises venues in Limerick. They also distribute condoms, leaflets and posters. The Sexual Health Centre in Cork offer support, information and counselling and testing in a sauna venue. Engagement is now beginning with newer sex on premises (cinemas) in Dublin.

12.4 Gaps

There may not be engagement in all areas throughout Ireland, particularly in relation to sex cinemas

12.5 Target audience:

1. MSM who attend sex on premises venues

12.6 Actions needed and resources required

- Subject to positive evaluations, continue outreach support, and rapid HIV testing in sex on premises venues.

12.7 Communication message

- Condom use
- HIV and STI testing
- Prevention of STEI

12.8 Plan for evaluation of effectiveness of action

1. Monitor locations and amount of materials distributed to sex on premises venues (SHCPP/GHN/HPI), and include sex on premises interventions as part of the overall evaluation of the effectiveness of outreach interventions.

13. Abbreviations

ART	Anti-retroviral treatment
CAI	Condomless anal intercourse
ED	Emergency Department
EMIS	European Men who have Sex with Men internet Survey
GHN	Gay Health Network
GMHS	Gay Men's Health Service
HPI	HSE Health promotion and Improvement
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex People
MISI	Men who have sex with men internet survey Ireland
PEP	Post exposure prophylaxis
PN	Partner notification
PrEP	Pre-exposure prophylaxis
RCT	Randomised Control Trial
SHCPP	HSE Sexual Health and Crisis Pregnancy Programme
STEI	Sexually transmitted enteric infection
STI	Sexually Transmitted infection
TasP	Treatment as Prevention
UAI	Unprotected anal intercourse

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Appendices to Action plan: Response to the national increase in HIV and STIs in MSM

Version 1.0 **12th June, 2017**

Appendix 1: Terms of reference

1. Based on a review of the evidence for the effectiveness of interventions to prevent transmission of HIV and STIs, prepare a response plan for the services (including testing, diagnostics, clinical assessment, and partner notification)

2. The plan should include response to the current increases in STIs and HIV being seen (epidemiological situation in Ireland) and anticipated increases in demand for services when information campaigns are launched

3. Identify any associated resource requirements needed to implement the response plan

4. Report on progress re the response plan to the overall MSM HIV/STI group

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Gillian Cullen	SS, HPSC
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Appendix 2: Gay Health Network (GHN) Planned Activities Delivered as Part of the National HIV & Sexual Health Awareness Programme for MSM.

GHN is the national resource, response, support and expert network for the promotion of HIV prevention and sexual wellbeing for MSM. GHN is a network of organisations and individuals in Ireland committed to HIV prevention and sexual health awareness for gay and bisexual men and other men who have sex with men (MSM).

GHN main objectives:

The promotion of HIV prevention and sexual health awareness among gay and bisexual men, and other men who have sex with men (MSM), nationally, and in specific communities; addressing and challenging HIV-related stigma and discrimination; and commissioning of key research in the area of HIV and sexual health among MSM, including men living with HIV.

GHN subsidiary objectives:

- Promotion of HIV prevention and sexual health awareness through specific programmes and campaigns.
- Ongoing development of a dedicated HIV and sexual health website for MSM.
- The publication of a quarterly newsletter to increase sector-wide communications on the issues.
- The publication of key research reports on relevant issues.
- The publication of HIV and sexual health leaflets and booklets.

GHN & HSE

Founded in 1994, GHN has continually (with no paid staff) and little funding provided peer led and peer engaged activities and actions, and produced much of the material aimed at MSM in Ireland. http://www.gayhealthnetwork.ie/assets/files/pdfs/reports/GHN%20Report%202000%20to%202004%20and%20list%20of%20publications%201994%20to%202000.pdf . GHN has also initiated and produced key MSM research reports http://www.gayhealthnetwork.ie/research

Since 2011 the HSE and GHN has worked closely in partnership on the first ever National HIV Prevention and Sexual Health Awareness Programme for MSM. Following the success of the Man2Man.ie programme throughout 2012, 'GHN and the HSE agreed the importance of building on the achievements of the programme, to promote consistent and sustained HIV and STI prevention messages among MSM in Ireland. Arising from the programme, the following strategic objectives were agreed, with support funding received from HSE Health Promotion, HSE Social Inclusion Unit

and the MAC AIDS Fund:

STRATEGIC OBJECTIVE 1:

National Promotion and continuous development of Man2Man.ie, the only HIV and sexual health information and resource website specifically targeting MSM in Ireland

STRATEGIC OBJECTIVE 2:

Promote social inclusion and increase access to information for harder to reach groups living outside urban areas through social media and print and broadcast media

STRATEGIC OBJECTIVE 3:

Initiate a peer-led volunteer outreach service to promote HIV prevention and sexual health at social venues and distribute condoms and lube.

STRATEGIC OBJECTIVE 4:

Respond to emerging trends, in consultation with key stakeholders, by developing targeted and tailored HIV and STI prevention initiatives

The actions and activities of GHN are evidence-based, closely aligned and strongly linked with the findings and recommendations of research and relevant reports.
http://www.gayhealthnetwork.ie/assets/files/pdfs/reports/EMAIL%20-%20%20GHN%20Annual%20report%202014.pdf

The activities of the GHN and the Man2Man.ie Programme /Campaign are also aligned with the aims of the National Sexual Health Strategy 2015 to 2020 "to improve sexual health and wellbeing", and "to reduce negative sexual health outcomes" amongst men who have sex with men (MSM). MSM are cited in the National Sexual Health Strategy as an at-risk and vulnerable group "at increased risk of STIs and HIV".

The goal for sexual health promotion, education and prevention within the National Sexual Health Strategy is: "Everyone living in Ireland will receive comprehensive and age- appropriate sexual health education and/or information and will have access to appropriate prevention and promotion services." GHN activities, programmes and campaigns seek to reach MSM nationally, through a range of measures, to contribute to a reduction in new infections of HIV and other STIs.

The proposed activities of GHN, targeting MSM nationally, are linked with the above and coincide with the Recommendations within the National Sexual Health Strategy as follows:

- Recommendation 3.1 – Promote an environment of openness to reduce the negative impact of stigma relating to sexual health and wellbeing.

- Recommendation 3.13 – Provide all adults with information aimed at reducing negative sexual health outcomes and promoting sexual wellbeing throughout life.
- Recommendation 3.15 – Include broader sexual health information in public health campaigns and information resources.
- Recommendation 3.16 – Develop an evidence-informed response to targeting those most at risk of negative sexual health outcomes.
- Recommendation 3.17 – Ensure that all campaigns and interventions targeting those most at risk of negative sexual health outcomes will be inclusive with regard to the diversity of sexual experiences and identities.
- Recommendation 3.18 – Develop and maintain positive prevention, access to condoms, testing, targeted education and outreach.
- Recommendation 3.28 – Actions to support HIV disclosure and reduce stigma and discrimination will be supported.

GHN activities also supports a range of other Recommendations within the National Sexual Health Strategy such as supporting cross-sectoral partnership approaches to research, supporting and promoting sexual health testing services, supporting and promoting the Hepatitis B vaccination programme, and supporting Treatment as Prevention (TasP) initiatives.

Since May 2016, in response to the national increase in HIV and STIs among MSM, Gay Health Network (GHN) is represented on the 'national multidisciplinary multi-sectoral group". The response involves three main strands of work covering epidemiology, interventions, and communications. (http://ndsc.newsweaver.ie/epiinsight/1lc21vno2lw?a=1&p=50218569&t=17517774)

NOTE: In 2015/16 GHN was also involved in four (local) outbreak response activities to do with LGV, Syphilis, Shigella and Gonorrhoea and GHN led on promotion via man2man.ie and social media promotions:

Background and trends for GHN activities

As noted in the National Sexual Health Strategy, there is concern over the upward trend in STI and HIV notifications, and the Health Protection Surveillance Centre (HPSC) reports that the greatest burden of STIs and HIV falls among men who have sex with men (MSM).

In Ireland HIV and STI diagnoses have continued to increase among MSM, in particular among younger men aged 20-29 years. In 2015 as in recent years, sex between men was the predominant route of HIV transmission in Ireland in 2015 and accounted for just over half of diagnoses (51%). In particular, there was a large increase in diagnoses among MSM from Latin America between 2014 and 2015 (from 38 to 84 diagnoses)'http://www.hpsc.ie/A-Z/HIVSTIs/HIVandAIDS/SurveillanceReports/File,15862,en.pdf). In the early 2016 report a similar trend was noticed for the first two quarters. (HPSC HIV 2015 Report and Quarter 1&2 2016) (http://www.hpsc.ie/A-Z/HIVSTIs/HIVandAIDS/SurveillanceReports/File,15861,en.pdf)

STI notifications in Ireland have been on an upward trend since 1995. The HPSC report that the greatest burden of STIs falls among those aged under 25 years and among MSM. Emerging trends have included marked increases in Gonorrhoea infections, particularly amongst men, and increases in LGV and Shigella notifications amongst MSM living with HIV.

In 2015 'The burden of STIs remains greatest among those aged 15-24 years and MSM. Young people aged 15-24 years accounted for 38% or more of chlamydia, gonorrhoea and herpes simplex (genital) cases. All LGV cases were among MSM and MSM account for 55% of gonorrhoea, and 87% of syphilis cases where mode of transmission was known. (http://www.hpsc.ie/A-Z/HIVSTIs/SexuallyTransmittedInfections/Publications/STIReports/LatestSTIReports/File,15865,en.pdf)

Researching MSM

GHN along with GMHS has led on research among MSM in Ireland since 1992 such as the Vital Statistics 2000 and later the 'Real Men' Reports one and two and EMIS 2010 (www.ghn.ie). Recently a further significant contribution was made in partnership with HPSC and SHCPP to the strategic planning and awareness of the needs of the MSM community by the publication of MISI 2015 in June 2016. The findings provide a useful guide and highlight the continued need for promotion of testing, safer sex, and access particularly.

In the Epi-Insight edition issued for the launch of the findings in June 2016, it announced that 'Almost four in 10 men had never tested for HIV or STIs. Those least likely to have ever had a HIV or STI test were young, living outside Dublin, did not identify as gay, were out to few or no one or had a lower level of education. Of those who had ever tested for HIV, 8% were HIV positive. One in five men who had tested for an STI in the previous 12 months was diagnosed with an STI.

Ninety percent of respondents had sex with a man in the last 12 months and 55% had unprotected anal intercourse (UAI) in the last 12 months. Overall, 24% of men reported lack of access to a condom in the previous 12 months and this was greatest among young people, with 44% of 18-19 year olds reporting lack of access. Of men who reported having a new male sex partner in the last 12 months, 62% met their most recent sex partner via a smartphone app or website, 22% in social venues and 11% in sex focused venues. Fourteen percent of men had sex with a woman in the last 12 months and 32% reported never using a condom.

Encouragingly, for the 40% of men who had seen the "Get Tested" campaign for HIV, one third said that the campaign encouraged them to test for HIV. For the "It's hard, it's easy" condom campaign, 39% of men who had seen it said that the campaign had encouraged them to access free condoms, and 48% said that it encouraged them to get and carry condoms. Both campaigns were run in partnerships between the Gay Health Network (GHN) and the HSE as part of the man2man.ie initiative.
http://ndsc.newsweaver.ie/epiinsight/6mu421a11ce10gkzp9yxn5?a=1&p=50495691&t=17517774

PLANNING ACTIVITIES FOR 2017/2018

The Grant AID Agreement between HSE SCHPP and GHN 2017

As part of the yearly grant aid funding provided by the HSE, GHN enter into an agreement of activities and outcomes with the SCHPP. Below is an example of the activities agreed for 2017. The forthcoming GHN annual report 2016 and the draft social media report in the appendix outline the outcomes for 2016.

The purpose of the grant is to build on the achievements of the joint GHN and HSE Man2Man.ie programme/campaign 2012 to 2017. To deliver and promote consistent and sustained HIV and STI prevention and sexual health awareness messages among MSM nationally through the following activities;

Activity 1: Continuous development and promotion of the website Man2Man.ie.

Activity 2: Develop and promote a new STIs + Sex (Sex + Health) (Campaign based on the evaluation and needs). Continue promotion of the HIV: Laid Bare Messages & Booklet.

Activity 3: Promotional materials: artwork and design (and printing where relevant) for all GHN activities (e.g. website promotion adverts; personal development programme; events promotional materials; etc.)

Activity 4: Continue Facebook and Twitter development and promotion (Man2Man).

Activity 5: Ongoing development and delivery of the Personal Development & Support Programme for MSM and MSM living with HIV:

Activity 6: Outreach promotional activities and sexual health promotion: at social venues and events; provide access to free condoms and lube, HIV/sexual health information. Through the GHN member organisations and GMHS outreach Team and other relevant partnerships.

Activity 7: Continue to support dissemination and promotion plans of MSM Internet Survey Ireland 2015. (MISI 2015) Actively promote the European MSM Internet Survey (EMIS) 2017 a follow on from EMIS 2010

Outline the expected benefits / outcomes of the service / project

- Increased awareness and knowledge of STIs and sexual health.
- Increased access to information via internet and other sources.
- Increased knowledge of - and access to - to support services for MSM, including HIV- positive MSM.
- Increased regular HIV and STI testing among MSM.
- Increased access to condoms and lube among MSM.

Outline how this service/project will integrate with other agencies and organisations?

GHN, and subsequently the Man2Man.ie programme/campaign, is a partnership of NGOs and statutory agencies and individuals. GHN membership includes representatives of people living with HIV. The following organisations are currently represented on GHN:

BeLonGTo Young Persons Service
Dublin Pride Committee
Gay Men's Health Service, HSE
Gay Switchboard Ireland
GOSHH
HIV Ireland
Outhouse LGBT Community Centre
Positive Now
GLEN

GHN will continue to liaise closely with LGBTI community and groups and commercial social venues, HIV/sexual health organisations and services and with national and local representatives from STI/GUM services and the HSE Public Health Department and Health and Wellbeing Departments.

The established GHN and HSE partnership for the National Man2Man.ie programme will continue. This includes promotion of relevant HSE services and services provided by relevant NGO and community organisations.

Indicate how this proposal represents Value for Money?

- This proposed programme provides an opportunity to build on the current investment and achievements from 2012 to 2016.
- This type of project has longevity, for consistent and sustained promotion of HIV and STI prevention messages among MSM.
- GHN is the only network in Ireland that is committed to and has a specific focus on MSM and men living with HIV. This partnership ensures a cost-effective approach towards meeting the needs of HIV prevention and sexual health promotion for MSM.
- There are currently no salary costs involved in the work of GHN. All funding received by GHN is used solely for project-specific purposes as members of GHN provide their time, resources, and experience in-kind, on a voluntary basis, and/or on behalf of their respective organisations.
- The involvement and input from the agencies and organisations involved in the network reduce costs significantly. Administration costs are low with and there are currently no overheads.
- Engaging the target group via innovative methods such as online social media has the potential to reach a large national audience, as shown in the results of social media promotion to date.

Finally, the work of GHN is in line with Action 13 of the National Sexual Health Strategy to "Coordinate sexual health communications work of the HSE and non-statutory organisations to ensure joint resources are used in the most effective manner."

GHN Board of Directors: Noel Sutton (Chair), Ciaran McKinney (Secretary), Mick Quinlan (Acting Treasurer), Bill Foley, Donal Traynor and Antainín Breathnach: Gay Health Network Ltd. is a Company Limited by Guarantee. Registered Address: c/o Outhouse LGBT Community Centre, 105 Capel Street, Dublin 1, Ireland. Registered No: 499954 Charity No: CHY 19908. www.ghn.ie and www.man2man.ie

Mick Quinlan & Noel Sutton for GHN April 2017

Appendix 3: GMHS Sexual health outreach: update report

Introduction

This report provides an overview of the work carried out by the GMHS sexual outreach team over the five-month period October 2016 – March 2017. The information in this report is based on the activities carried out and the information collected and documented by the outreach staff.

The increase in HIV and STIs in Men who have sex with Men (MSM) prompted the establishment of an outbreak response group to respond. Epidemiological review of the increase demonstrated that the increase in HIV is mainly occurring in Latin American (LA) MSM. Some of this increase is an increase in HIV positive LA MSM coming to Ireland, but cases are also occurring among LA MSM who are acquiring their infection in Ireland. In addition, increases in STIs and outbreaks are occurring in the MSM population, and particularly among the HIV positive MSM population.

A proposal was put forward for the recruitment of 20 hours per week (x3 workers, total outreach = 60 hours, 2 local and 1 national) of outreach sexual health worker time, who would undertake peer actions and lead on HIV and STI education and prevention in community social settings and also at Outhouse at given times.

The outreach workers will be in a position to develop a programme of outreach work and initiatives to address emerging needs and trends that are arising from the current increase in STI's among MSM. They will undertake outreach work focusing on targeting public venues, bars, clubs, public and semi-public sex environments, sex on premises venues and other settings: virtual and physical where target group members may meet to have sex or arrange sex. They will monitor and evaluate the work at regular intervals and complete reports on interventions as required. These interventions should help to meet gaps in current service provision and in addition the delivery of training, workshops and sexual health interventions to this group should ultimately result in an increase in awareness of STI's, available testing interventions and ultimately reduce transmission of preventable infections. The outreach staff will link with all appropriate organisations and relevant bodies in order to deliver a programme of outreach work with accurate, accessible information targeting this population that will ultimately improve service delivery. Peer-led HIV prevention interventions targeting MSM are effective interventions, which lead to reductions in unprotected anal intercourse (Shaodong Ye, 2014).

In October 2016, two outreach workers were employed with objectives as follows:

1. To increase knowledge and awareness about the **signs and symptoms of HIV & STIs**.
2. To increase awareness of **local resources** for HIV and STI prevention, screening, testing and treatment.
3. To explore and discuss sexual risk assessment and **risk reduction**
4. To engage in discussions about **HIV prevention technologies** (eg. PEP, PrEP, undetectable viral load and HIV/STI testing)

5. To refer, as appropriate, to **Man2Man website information** and/or location-based resources and services that are regionally specific.
6. To promote **sex-positive**, harm-reducing, health-seeking behaviours among MSM
7. To increase the capacity of MSM to understand how their **sexual health clinics and HIV-testing facilities** may act as a resource.
8. **To promote Man2Man** and other affiliated related campaigns and materials.
9. **To reduce HIV-related stigma**
10. To encourage and supporting **sexual consent and sexual respect** particularly online.

The outreach workers have performed this work under the following principles:

1. **Sex positivity**– We respect the right of each individual to choose the sex that they feel is right for them. We believe that all individuals, including those living with HIV, are entitled to make sexual choices that subscribe to their own personal values. We respect the multitude of ways that individuals may express themselves sexually, should they choose to be sexually active.
2. **Client-centred service**– We focus on the needs of guys in outreach settings and online by providing information and referrals in a respectful, empathic, supportive and non-judgmental way. Clients also sometimes have critical information to share with us – this engagement has been welcomed.
3. **Harm reduction**– We utilised this method when providing information, education and resources. We recognise individuals where they are at in their lives and encourage them to make choices that promote healthier living. We do not judge people for the choices they make and do not expect that abstinence is for everyone. We acknowledge that social stigma around substance use contributes to risk.
4. **Skills and capacity**– We must feel skilled and competent to deliver our work. It is important to engage in ongoing professional development opportunities such as training, conferences and workshops, webinars and other related professional development that might be available over the course of our work.

Outreach Opportunities

This report is based on the work undertaken. The scope of the outreach work covered four distinct opportunities to reach the MSM community.

1. **Venue Based Outreach**
   In Dublin, there are plenty of spaces where MSM gather to socialise, meet new people and find casual sex. Hooking-up happens in populated spaces like bars, clubs and bathhouses, as well as in parks and bathrooms. The former is well understood by outreach workers and a simple internet search on Squirt.org and similar sites have helped to identify the popular venues in the community for the latter.

2. **Special Event Outreach**
   Pride, Circuit Parties, SHAG Week etc., can be opportunities to reach a large number of people in a short period of time and may attract groups of MSM that are traditionally harder to access. Special events also present opportunities to foster collaborations with event promoters and other community partners.

3. **Online Outreach**
   Most MSM are online in some capacity and it is known that the internet is where a lot of men

find their sexual partners. It can be seen as a safe place for them to express their concerns and ask questions. Having a presence on the web has been an essential element of our outreach work.

4. **Sub-population Engagement**
   Latin American MSM and Commercial Sex Workers are two MSM sub-populations which have been identified as target populations for the purpose of our outreach work.

Typical working week

Two outreach workers worked 20 hours per week each for the period of the pilot project from October 206 to March 2017. This was broken down into venue based, online, admin work and miscellaneous working hours. Due to the nature of the work, a high degree of flexibility was necessary as unsociable hours were inevitable.

Outreach Hours per Week by Category				
Venue-Based	**Online**		**Admin & Drop-In**	**Misc**
Bars/Clubs/Sauna & Special Events	Hook-up apps & Escort Ireland		Completion of stats / reports. Static hours in office for drop in	To be added to outreach work or used for unplanned work
5hrs	**9hrs**		**4hrs**	**2hrs**

Training

In order for the sexual health outreach workers to offer accurate information and advice on situations facing clients, a wide range of training opportunities were organised and supported by GMHS. This included:

Sexually Transmitted Infections Foundation (STIF) Theory Core and Plus programme.
The two day STIF Foundation Course (STIF Core and STIF Plus) provided a multidisciplinary interactive training in the knowledge, skills and attitudes required for the diagnosis, management and prevention of STIs using a variety of educational techniques. Core topics included national and local epidemiology of STIs, sexual history taking, HIV testing in non-GU settings, partner notification and management and sexual health provision for young people. Each participant also rotated through small group workshops on common STI presentations, lectures also included sexual assault, Hepatitis, Genital Dermatology and Syphilis. The Course also included 8-10 hours of e-learning sessions to enhance the learning experience.

SAOR – Screening & Brief Intervention for Problem Alcohol and Substance Misuse
The SAOR model provided an evidence-based practical step by step training workshop for the delivery of SBI for hazardous/harmful alcohol use in a range of health care settings including primary care,

community services and outreach settings. It incorporated all the key components of SBI including the common elements of screening, assessment, intervention and referral.

Needle Exchange and Safer Injecting Training

The course increased knowledge, skills and confidence in delivering effective, proactive harm reduction interventions to injecting drug users, in needle exchange and other settings. Outreach workers also availed of the opportunity to shadow HSE needle exchange staff based in Coolemine working on the cold face and gained invaluable insights and experience.

RESULTS

The following are interim results from the 5 months of Outreach work broken down by resource provided, description of that resource and the amount delivered. This information was collected and collated by the outreach workers.

Outcomes Achieved Across All Outreach Activities

Item Distributed	Description	Amount
Condoms	Condoms supplied for free to men who have sex with men in a range of MSM-identified settings.	21, 850
Lube	Water-based lubricant supplied for free to men who have sex with men in a range of MSM-identified settings.	22, 130
Luv Bugs Leaflets	Wallet-sized leaflets which provide information on a range of STI symptoms, treatment, testing venues and support.	6, 277
HIV+ Sex Booklet	A booklet that provides information and advice about sex, sexual health and HIV.	401
Posters	Posters advertising a new nurse-led rapid HIV testing and asymptomatic STI screening clinic on Monday afternoons at GMHS and harm reduction posters on the drug GHB/GBL posted in a range of MSM-identified settings.	66
Calling Cards	A mixture of wallet sized cards advertising the Monday clinic at GMHS, G cards to be carried by those using the drug to identify to paramedic staff the care needed should the person be found overdosed and our own contact cards to give to those we meet at venues for further follow-up.	1842
Chemsex Flyers	Flyers which give information on drugs involved in chemsex and drug-drug interactions with HIV ARV drugs.	950
Venue Outreach	Face-to-Face interactions with MSM in a range of settings discussing some element of sexual health, sexual wellbeing, HIV etc.	118
Online Outreach	Interactions on dating and hook-up apps and websites where a conversation was held discussing some element of sexual	289

	health, sexual wellbeing, HIV etc.	
Condom & Lube Dispenser	Dispensers which were affixed to prominent locations in MSM-identified venues to offer free and easy access to condoms and lube.	4
Referrals	Following a face-to-face or online interaction a referral may be made to Man2Man.ie or gmhs.ie for further information, services such as GMHS clinic, KnowNow, Counselling etc.	203

The following section goes into more detail about the work that has been carried out across the four outreach opportunities. The information is based on the work documented by the outreach workers.

Venue Outreach

Objective: Outreach workers engaged with the MSM population in popular social venues and offered sexual health resources, information and brief intervention and/or referral support.

Venues: The George, Pantibar, PrHomo, Sweatbox, Mother, Profile, Daddi

Conversation Topics: When working outreach in a venue, outreach workers approached attendees with luv bugs leaflets and/or outreach calling cards. The outreach worker introduced themselves and offered to have a conversation and to answer any questions around sexual health. In venue settings there was generally a wide range of conversation topics. There were a total of 118 conversations. The most common conversations being 48% General Conversation (this was before conversations were categorised by topic); 9% sex work; 9% PrEP; 8.5% Testing; 8% HIV; 7% Drugs. Other activities included:

- Developed relationships with bar/club managers
- Installed condom & lube dispensers
- Maintained supply of condoms & lube in dispensers
- Distributed condoms, lube, leaflets, calling cards, posters
- Approach and initiate conversations with attendees.
- Set-up referrals to appropriate services

Sex-on-Premises Outreach (Saunas / Sex cinema)

Objective: Outreach workers engaged with the MSM population in sex-on-premises venues and offered sexual health advice, resources, information and brief intervention and/or referral support.

Venues: Boilerhouse, Inn on the Liffey, GLAMworld

Other activities included:

- Developed relationships with staff
- Distributed leaflets, calling cards, posters
- Approach and initiate conversations
- Set-up referrals to appropriate services

Online Outreach

Objective: To engage with the MSM population online using hook-up apps and adult websites for sex and offer sexual health advice, resources, information and brief intervention and/or referral support.

Apps / Sites: Grindr, Scruff, Squirt, Gaydar

Conversation Topics: When working outreach online, outreach workers logged on to hook-up/dating apps and websites with a specifically created GMHS profile and passively engage in conversations online. The outreach worker answered messages from other app/website users and started a conversation. There was a wide range of topics which made up the 289 conversations held online. The most common was seeking information about where and when testing is available (25%) followed by questions on PrEP (18%), "How Risky is…" (Clients would ask for advice regarding certain practices they were engaging in and what the risk was, a high level of training was really important so that the outreach staff could answer these questions competently) (15%) and describing symptoms (9%). Other conversation topics included; PEP, HIV, Condoms, Hep Vaccine, HPV Vaccine, Undetectable, Barebacking, Drugs & Alcohol, Relationships, Needle Exchange, Depression, Personal Development, etc.

There were a number of very positive comments from app users regarding the availability of outreach workers through this medium and while some made initial positive comments and didn't engage immediately they felt comfortable enough to come back at a later stage when they had a question.

SUB-Population Engagement

Objective: Outreach workers engaged with the MSM population who work as sex workers. These are a high risk sub-group, as they are more exposed to irregular partners and more frequent partners and do not engage with services. A consistent and regular connection was created by allowing protected drop-in time in Outhouse every week and maintaining a connection online and through outreach phone contact. This allowed them through encouragement to access STI testing, treatment and prophylactic vaccinations that may not have otherwise been accessed. There were also other risk reduction interventions and referral s for support to other services as appropriate e.g. Drug addiction / counselling.

Conclusion

This report documents the work that has been carried out by the GMHS Outreach workers over the period October to March.

In line with the aims of the project, the outreach workers have developed a programme of outreach work and linked initiatives to address emerging needs and trends that are arising from the current increase in STI's among MSM.

They have undertaken outreach work focusing on targeting public venues, bars, clubs, public and semi-public sex environments, sex on premises venues and other settings: virtual and physical where target group members may meet to have sex or arrange sex.

They have monitored and documented the work at regular intervals. The outreach team, GMHS manager and GHN representative met on a weekly basis examined the outcomes achieved from the previous week and to plan the actions for the week ahead, this included targeting upcoming relevant events where target audiences would attend.

The outreach staff have linked with all appropriate organisations and relevant bodies in order to deliver a programme of outreach work with accurate, accessible information targeting this population that will ultimately improve service delivery.

The GMHS views this important work as one step towards helping to meet gaps in current service provision.

Assessing the impact on knowledge, attitudes and behaviours is beyond the scope of this report but may be explored by further evaluation.

Appendix 4: GHN Draft Report: Highlights from evaluation of various promotions to do with Man2Man the HIV and Sexual Health Programme for MSM for the Response Committee and Interventions Sub Committee Report April 2017

Awareness and Evaluation of Man2Man.ie website, HIV Laid Bard Campaign and LUV BUGs campaign

This Awareness and evaluation process was carried out by Ignite for HSE, SHCPP & GHN between December 2016 and January 2017.

A total N=163 men who have sex with men (MSM) were recruited by two sampling methods; Panel n=34 and a Survey link (GHN promotion): N=129

Demographics:

97% identified as male and 3% transgender

Age Range: 18-24 (26%) 25-29 (14%), 30-39 (25%) 40-49(20%), 50> (15%)

(MISI 2015: 31%, 16%, 25%, 16%, 12%)

Where residing: Connaught/Donegal (7%), Munster (15%), Dublin (58%) Rest of Leinster (20%) (MISI: 14%, 20%, 49%, 17%)

86% were born in Ireland.

86% were attracted to men only, 77% identified as gay, 67% were single (this includes 4% separated or divorced or widowed)

Key Findings:

WEBSITE: www.Man2Man.ie

72% were aware of man2man.ie this was highest among; younger, gay identified, Dublin based and single.

There was a slight difference in age, 69% of 50> were aware. Region: Dublin (81%) versus Elsewhere (62%), Gay (82%) versus Bi/other (40%)

Source: Facebook provided the highest awareness (60%), followed by posters and attendance at sexual health clinic, Google search and social apps 17% each.

Of those aware; 69% had **visited** the man2man site. This was highest among those aged over 25, living in Dublin, gay and single.

- *'…it is encouraging to see that those <25s aware of the site are frequent users'.(ignite)*
- *'Those who identified as gay were also more likely to have visited the site compared to bisexual men' (Ignite)*

HIV Laid Bare:

36% were aware of this campaign and this was highest among gay, aged 25 and over, Dublin based and among those who have visited man2man.ie. When prompted (shown posters) recall increased to 45% with same indications above.

80% trusted the information, between **72% and 82% would act on the information**, two thirds would encourage people to visit man2man.ie

Two thirds saw the messages as realistic (60%), sex positive (66%) and could relate to them (66%). This was **h**ighest among those aged 18-39.

- *'Washrooms are the most dominant source of recall in Dublin. Outside of Dublin, Facebook and Man2Man.ie are the main source of recall' (ignite)*
- *'Those who had previously visited Man2Man.ie were significantly more likely than the average to recall "HIV: Laid Bare" (ignite)*

LUV BUGS

33% were aware of this campaign, this was similar across all ages, it was highest among those living in Dublin, gay and who have visited man2man.ie. When prompted, this increased to 45% there was a slight difference among all indications but highest amongst those who have visited man2man.ie

77% liked the campaign overall and of these; 80% trusted the information, between 65% and 82% would act on the information, 70% would encourage people to visit man2man.ie

Over three quarters saw the messages as realistic (78%), sex positive (71%) and could relate to them (68%); highest among 18-39.

- *'Those who had previously visited Man2Man.ie were significantly more likely than the average to recall "Luv Bugs" campaign* (ignite)'

Critical Feedback:

- Overall about 56% respondents provided seven suggestions for improvement of the website man2man.ie
- For LUV BUGS; while 73% provided positive feedback with 10 descriptions up to 37% provided eight different critical/improvement statements.

- **'***Luv Bugs – The Campaign Name appeals to the majority, but among a quarter of MSMs the name and the tone doesn't sit right with them' (researchers).*

This independent evaluation of the above GHN run campaigns along with the MISI 2015 findings provides invaluable information for the review and strategy planning of the HIV and Sexual Health Promotions as part of the HSE and GHN Man2Man Programme. The information will contribute to the re-development of the www.man2man.ie website. The 'ignite' survey also contained details on STI Testing, Hepatitis C, and PEP (*Post-exposure prophylaxis)* awareness. Further information on the campaigns- awareness and evaluation will be presented later (Mick Quinlan GHN April 2017)

1. MISI 2015 Evaluation:

Awareness of Man2man.ie N=3029

30% (yes 26%/not sure 4%) Age 25/29 and 20-24 (35%/32%) highest amongst; Living in Dublin, high education, ever tested for HIV

Campaigns recall based on Images shown in questionnaire:

"Get Tested" and "its hard its Easy" were the two campaigns that were seen /recognised most often by respondents

Images read/recognised:

4 Steps to Immunity (25%) Gonorrhoea (22%) It's Hard Its easy posters (25%)

Campaigns and Locations where seen

Get Tested	**It's Hard It's Easy**
Facebook: (41%) (<25=58%)	Facebook: (49%) (<25=62%)
Printed magazine (38%)	Printed magazine (46%)
Gay community venue (37%)	Gay community venue (33%)
Website (33%) (<25=34%)	Website (40%)
GUM/STI Clinic (27%)	GUM/STI Clinic (22%)
Twitter (10%) (<25=15%)	Twitter (16%) (<25=22%)
Elsewhere (9%) (<25=14%)	Elsewhere (5%) (<25=8%)
Don't know (16%)	Don't know (14%) (<25=16%)

"Among those who had seen the HIV "Get tested" campaign (n=1,239), **33% said the campaign encouraged them to test for HIV, 28% were not sure,** 33% said it didn't, and 6% were already HIV positive. The proportion who said it did encourage them to test for HIV **was higher among those aged under 25 years (39%). Thirty-five percent said the campaign encouraged them to talk to their sexual partners or friends about HIV**, 40% said it didn't and **25% were not sure**. The proportion of those who said it did encourage them to talk was higher among those aged under 25 years (43%).

Among those who had seen the condom advertisement campaign, "It's hard, It's easy", **39% said the campaign encouraged them to access free condoms, 19% were not sure** and 41% said it didn't. The proportion who said it did encourage them to access free condoms was higher among those aged under 25 years (49%). **Forty-eight percent said that the campaign encouraged them to get and carry condoms, 16% were not sure** and 30% said it didn't (the remainder stated that they didn't have AI). The proportion who said that the campaign encouraged them to get and carry condoms was higher among those under 25 years (57%).

MISI

8.4 SUMMARY

- When knowledge regarding HIV testing and treatment, HIV transmission and knowledge regarding STIs were tested using a series of questions, a composite knowledge score of the proportion of correct answers identified several gaps.
- The biggest gaps in knowledge were identified in relation to HIV and STI co-infection, followed by gaps in knowledge around HIV transmission and HIV testing and treatment. In all, 32% did not know that effective treatment of HIV reduces the risk of HIV being transmitted, and 45% did not know that when a HIV infected and uninfected person have sex, the chances of HIV being passed on during sex are greater if either partner has an STI. The subgroups of the population in whom the biggest knowledge gaps occurred were in young people, those with lower educational qualifications, those who did not identify as gay, and those who had never tested for HIV.
- There was a low level of awareness of PEP, in particular in younger (<25 years) and older (≥50 years) men. In addition, those who had never tested for HIV had the largest knowledge gaps regarding PEP.
- Overall, 26% of men had visited www.man2man.ie. Younger men, men who identified as gay, men with higher educational levels, men living in Dublin and those who previously tested for HIV were more likely to have visited the site.
- For two health promotion campaigns "Get Tested" (HIV testing) and "It's hard, it's easy" (condom use), the commonest location the images were seen was on Facebook.
- Among those who had seen it, the "Get Tested" campaign encouraged 33% to test for HIV, and 35% to talk to their sexual partners and friends about HIV. These proportions were higher in younger participants (39% and 43%, respectively).
- Among those who had seen it, the "Its hard, it's easy" campaign encouraged 39% to access free condoms, and 48% to get and carry condoms. In younger participants, 57% were encouraged to get and carry condoms.

Appendix 5: Mapping of community sexual health services for MSM in Ireland

Background

A National Response Group was established in early 2016 to tackle increasing trends in HIV and STIs amongst MSM. A subgroup was tasked with developing an evidence based action plan. Key interventions to prevent HIV and STIs amongst MSM were identified in international literature. The subgroup undertook a review of current service provision in Ireland in relation to these interventions in order to identify gaps. A number of existing community services for MSM were identified through members of the subgroup and the national response group, and direct contact with other identified key stakeholders.

It was recognised that a number of NGOs provide community sexual health services for MSM aimed at prevention of HIV and STIs. A survey of NGOs was undertaken in order to identify these services.

Methodology

The survey was based on the key interventions identified in the international literature which may be provided by NGOs. The survey was developed with assistance from the NGOs who are members of the response group. The final survey questionnaire can be viewed in Annex 1.

The survey was conducted using Demographix, an online survey tool.

An email invitation to participate in the survey distributed to the Directors or managers of fifteen organisations through the Gay Health Network in late October 2016. A reminder invitation to participate was also sent on 16 November.

Results

Nine of 15 organisations responded to the survey:

- Outcomers, Dundalk provide services for PLHIV, MSM, MSM with HIV, LGBT, and LGBT young adults
- The Sexual Health Centre provides services for the general population, PLHIV, MSM, MSM with HIV, LGBT in the Cork area
- HIV Ireland provides services for the general population, PLHIV, MSM, MSM with HIV, LGBT
- Youth Work Ireland Tipperary provides services for LGBT young adults
- Youth Work Ireland, Galway provide services for LGBT and LGBT young adults
- AIDs West Galway General population, PLHIV, MSM, MSM with HIV, LGBT, LGBT your adults

- Know Now provides services for MSM
- GOSHH provide services for the general population, PLHIV, MSM, MSM with HIV, LGBT, LGBT your adults in the Limerick and Clare regions.

A description of the services provides by these organisation is given below, categorised by the type of intervention.

Individual counselling for MSM

GOSHH employ five counsellors. They offer a free service which can see eight individuals per week. There is a waiting list which can be between one and four weeks

The Sexual Health Centre provides counselling in the Cork area. The service is free of charge. They employ 1.25 counsellors. They see approximately 10 patients per week and provide approximately 30 hours of counselling. There is no reported waiting list for the service.

HIV Ireland provides counselling in the Dublin area, although the service is not restricted to MSM. The service is free of charge. They see approximately eight individuals per week. Eight hours of individual counselling are provided. Two counsellors are employed. There is no waiting list.

Substance abuse counselling

HIV Ireland and Sexual Health Centre provide substance use and abuse counselling also.

Youth Work Ireland Tipperary provides a free substance abuse counselling service. One counsellor is employed who provides 30 hours of counselling a week. There is no waiting list. Seven people are seen per week.

Outcomers, Youth Work Ireland Galway, AIDs West, Know Now and GOSHH do not provide substance abuse counselling but refer to other services.

Peer-led group interventions

Outcomers host workshops for MSM on safe sex and how to get tested. They are currently trying to arrange a session on PEP.

Youth work Ireland Tipperary provide peer led groups for LGBT young people. There is one peer session per week. Up to 14 people can attend. Participants can register or walk-in. The session can be accessed within a week. There are 15 peer leaders trained. The service has been evaluated but the evaluation has not been provided.

The Sexual Health Centre in Cork provide peer support groups for people newly diagnosed with HIV covering the diagnosis, treatment and prognosis. They also run a HIV peer support group which covers various issues, as determined by the group. Topics can include stigma, assertiveness, self-care, disclosure, assertiveness, and medications. They also provide peer brief interventions for MSM on HIV rapid testing.

They can facilitate 10 people per session. There is one session per month. Participants can walk in or register. There are four peer leaders trained. No evaluation has been undertaken of these interventions.

GOSHH provide various social groups for LGBT people of different ages. They also have a group for PLHIV. There is one session per week. Fifteen people can attend. Participants can register or walk in. There is no waiting list. There are four peer leaders trained.

Some services operate group activities but they are either not peer led or it is not specified that these are peer-led. Aids West does not provide peer led activities but runs targeted seminars and workshops (e.g. on the prevention of STIs and HIV in MSM). Youth work Ireland Galway run seminars around sexual safety and relationships for young people aged 14 to 17 who identify as LGBTQ+. These are not specific to MSM.

Outreach peer led activities:

The Know Now pilot offers peer-led rapid HIV tests in four gay venues in Dublin. While rapid HIV Testing is the main activity, they report that each individual that interacts with the service is offered peer support on sexual health and wellbeing issues, STI/HIV/PEP and clinical referral information as well as the provision of condoms and lube. KnowNow reports that they also work closely with the outreach team at Gay Switchboard, which in partnership with GHN, provides regular condom and leaflet drops at social venues in Dublin. There are 20 peers engaging in this work.

The Sexual Health Centre provides peer outreach providing rapid HIV testing in saunas, bars, and support groups. The frequency of activity varies from once a month to fortnightly. There are 10 peers engaging in outreach work

HIV Ireland operates peer outreach in Dublin. Although not directed specifically at MSM, when they meet MSM they report that they will engage in relevant and content specific conversations as well as provide information targeted at MSM There are four peer workers trained. They run outreach activities every two weeks in Dublin 1 and Dublin 7 provided by two outreach workers over three hour sessions. They also run an outreach session in Balseskin Reception Centre once every two weeks. This is provided by two outreach workers and runs for three to four hours.

GOSHH runs peer outreach in the Limerick area. These typically occur in bars, clubs or third level institutions. These activities are undertaken on request. There are 10 peers engaged in the activities.

AIDs Wests operate peer outreach to gay pubs / clubs and rapid HIV testing in AMACH LGBT+ Centre.

Voluntary testing and counselling for HIV and STIs

HIV Ireland offer free HIV and STI testing. Although not specifically for MSM they reported that in 2015 37% of those that they tested were MSM.

Know Now provides outreach rapid HIV testing in gay venues. It offers three two-hour sessions per week in two different Dublin venues.

The Sexual Health Centre in Cork offers rapid HIV testing and STI testing at their base location, and rapid HIV testing in social venues and sex-on premises venues.

AIDs West also offer testing at their base and at social venues including rapid HIV testing in AMACH LGBT+ Centre.

GOSHH offers testing at their base location, social settings and sex on premises in the Limerick area.

Interventions in sex-on-premises venues

KnowNow offers rapid HIV testing in the Boiler House. They also offer peer support on sexual health and wellbeing issues, STI/HIV/PEP and clinical referral information as well as the provision of condoms and lube.

GOSHH offers rapid HIV testing, counselling, peer support and information in sex on premises venues. They also distribute condoms leaflets and posters.

The Sexual Health Centre in Cork offers support, information and counselling and testing in a sauna venue.

Condom and lubricant distribution

The Sexual Health Centre, HIV Ireland, AIDs West, Know Now and GOSHH report that they distribute condoms and lubricants. Outcomers reports free condom distribution.

Activities targeted at MSM living with HIV

Outcomers reports that they work with men they know are positive but it does not provides specific structured interventions

GOSHH provides one-to one support and counselling and a peer network group.

The Sexual Health Centre offers counselling and support groups for people living with HIV as described previously

Activities targeted at migrant MSM

Outcomers reports that they do target migrant MSM but that there are not specific activities. GOSSH reports distributing condoms in hostels.

While a number of services (HIV Ireland, Youth work Ireland Tipperary, Youth work Ireland Galway and GOSHH) report that they have various leaflets and information in different languages only Know Now reported offering service in different languages as they have staff of various nationalities.

Use of Man2man.ie and healthpromotion.ie resources

Outcomers, the Sexual Health Centre, HIV Ireland, AIDs west, Know Now and GOSHH all report that they promote man2 man.ie.

All respondents other than Youth Work Ireland Tipperary report using the resources on healthpromotion.ie.

Summary and conclusion

Counselling, peer-led and outreach activities for MSM are provided by a number of NGOs. However, these appear to be mainly centred in the large urban areas of Dublin, Cork, Galway and Limerick. Some services, in particular peer outreach services appear to be ad-hoc services rather than regular and frequent services, and are dependent on volunteers.

While counselling services are available, again they are in urban areas, and the number of sessions available appears to be limited.

Services for migrant MSM, other than information in different languages, appear to be lacking.

As only nine organisations responded to the survey, it cannot be taken as a comprehensive overview of services available for MSM. However, as respondents did include the main national and regional NGOs it is unlikely that there are other significant services being provided by other NGOs.

Report prepared by Dr Fiona Cianci, Gillian Cullen, Anita Kelly and Dr Eve Robinson on behalf of the interventions group.

Annex 1:

Survey of services aimed at HIV and STI prevention among men who have sex with men in Ireland

Introduction

We would be very grateful if you could take the time to complete this survey and inform us of services you provide aimed at preventing HIV and STIs in men who have sex with men (MSM).

During 2015, we saw an increase in the diagnoses of HIV and syphilis in MSM in Ireland. A group with representatives from the HSE and NGOs including the Gay Health Network (GHN) and Positive Now was established to respond to this increase.

There are particular services which have been shown internationally to be effective in reducing and preventing STIs among MSM. We want to identify if these services are available to MSM in Ireland. By doing this, we can identify gaps in services that may need to be addressed.

We are aware that NGOs offer a range of services aimed to prevent and reduce STIs in MSM. We wish to gather information on specific services you offer. We are not proposing to capture information on all of the services you offer.

The results will be analysed by staff from the Health Protection Surveillance Centre (HPSC). The information you provide will then be used to report back to the members of the response group on existing services and gaps in services. It is hoped that this will influence future strategy.

If you have any queries in relation to this survey, please contact Eve Robinson at eve.robinson@hpsc.ie or telephone 01-8765300).

What is the name of your organisation? ANSWER REQUIRED

Details of the person completing this questionnaire: Please include name, role, and contact details ANSWER REQUIRED

What are the target populations of your organisation? (Click all that apply.) ANSWER REQUIRED

- ☐ General Population
- ☐ Persons living with HIV (Human Immunodeficiency Virus)
- ☐ MSM (Men who have sex with men)
- ☐ MSM living with HIV
- ☐ LGBT (Lesbian, Gay, Bisexual, Transgender)
- ☐ LGBT young adults

Does your organisation provide individual counselling for MSM? (By counselling we mean ongoing counselling for psychological support. This does not refer to pre/post-HIV test counselling.) ANSWER REQUIRED

◉ Yes ○ No

In which counties does it provide the service?

☐ Carlow ☐ Cavan ☐ Clare ☐ Cork ☐ Donegal

- [ ] Dublin
- [ ] Galway
- [ ] Kerry
- [ ] Kildare
- [ ] Kilkenny
- [ ] Laois
- [ ] Leitrim
- [ ] Limerick
- [ ] Longford
- [ ] Louth
- [ ] Mayo
- [ ] Meath
- [ ] Monaghan
- [ ] Offaly
- [ ] Roscommon
- [ ] Sligo
- [ ] Tipperary
- [ ] Waterford
- [ ] Westmeath
- [ ] Wexford
- [ ] Wicklow

Is the service free of charge?

- ( ) Yes
- (•) No

How many individuals are seen per week ? NUMBER REQUIRED

How many counsellors are employed? NUMBER REQUIRED

How many hours of individual counselling are provided per week? NUMBER REQUIRED

Is there a waiting list?

- (•) Yes
- ( ) No

What are the average waiting times?

- ( ) < 1 week
- ( ) 1-4 weeks
- ( ) 1-2 months
- ( ) 2-3 months
- ( ) > 3 months

Do you provide substance use or misuse (smoking, alcohol, drugs) interventions or counselling for MSM? By substance abuse counselling we mean either brief interventions or direct counselling to support men to quit or reduce use. (A brief intervention is defined as a technique to assess someone's willingness to change a behavior, and provision of support if the person is willing to change.) ANSWER REQUIRED

- (•) Yes
- ( ) No

In which counties does it provide the service?

- [ ] Carlow
- [ ] Cavan
- [ ] Clare
- [ ] Cork
- [ ] Donegal
- [ ] Dublin
- [ ] Galway
- [ ] Kerry
- [ ] Kildare
- [ ] Kilkenny
- [ ] Laois
- [ ] Leitrim
- [ ] Limerick
- [ ] Longford
- [ ] Louth
- [ ] Mayo
- [ ] Meath
- [ ] Monaghan
- [ ] Offaly
- [ ] Roscommon
- [ ] Sligo
- [ ] Tipperary
- [ ] Waterford
- [ ] Westmeath
- [ ] Wexford
- [ ] Wicklow

Is the service free of charge?

- ( ) Yes
- ( ) No

How many individuals are seen per week? NUMBER REQUIRED

How many counsellors are employed? NUMBER REQUIRED

Does your organisation provide peer outreach activities to MSM? (For the purpose of this survey, peer-outreach interventions are those where trained peer outreach workers intervene with MSM in community or social settings (e.g. bars, clubs, community services) providing information, condoms, lube, and/or peer support. ANSWER REQUIRED

◉ Yes ○ No

How many trained peers engage in outreach activities? NUMBER REQUIRED

Please provide details of how often outreach activities take place, in which venues, and for how many hours per week.

Does your organisation provide any peer outreach interventions to MSM in indoor sex-on-premises venues or outdoor cruising areas? ANSWER REQUIRED

◉ Yes ○ No

Please describe the interventions provided.

For interventions in MSM sex-on-premises venues, tick all that apply.

☐ Provide leaflets and posters
☐ Provide peer support or information
☐ Provide counselling and testing

Does your organisation provide the following interventions: HIV pre-test and discussion and/or STI testing? ANSWER REQUIRED

◉ Yes ○ No

In what setting are these interventions offered? (Click all that apply.)

☐ At base
☐ At social setting
☐ At sex premises

Does your organisation provide condoms free of charge to MSM? ANSWER REQUIRED

◉ Yes ○ No

Does your organisation provide lubricants free of charge to MSM? ANSWER REQUIRED

◉ Yes ○ No

Are any of the interventions you previously described aimed specifically at MSM living with HIV? ANSWER REQUIRED

◉ Yes ○ No

Please provide details.

How many hours of individual counselling are provided per week? NUMBER REQUIRED

Is there a waiting list?

- (•) Yes
- ( ) No

What are the average waiting times?

- ( ) < 1 week
- ( ) 1-4 weeks
- ( ) 1-2 months
- ( ) 2-3 months
- ( ) > 3 months

Does your organisation provide peer-led group or individual interventions for MSM at your base location? (For the purpose of this survey, peer-led interventions are "structured, interactive groups where a trained peer worker facilitates discussion and education on safe sex practices or any issues that can influence sexual practices such as personal development, sexual identity, etc.") ANSWER REQUIRED

- (•) Yes
- ( ) No

Please describe, in brief, the main intervention you provide detailing the content, main themes, structure, and duration of the intervention/programme.

Has the intervention been evaluated?

- ( ) Yes
- ( ) No

How many people can attend per session? NUMBER REQUIRED

How many sessions per week? NUMBER REQUIRED

Do participants register or is it walk-in?

- ( ) Register
- ( ) Walk in
- ( ) Both

Are there waiting times?

- ( ) < 1 week
- ( ) 1-4 weeks
- ( ) 1-2 months
- ( ) 2-3 months
- ( ) > 3 months

How many peer leaders are trained? NUMBER REQUIRED

Can you briefly describe any other key interventions for MSM at your base location (for instance, distribution of condoms, lubricants, leaflets or cards, or HIV/STI testing)?

Are any of the interventions you previously described aimed specifically at migrant MSM? (By "migrant" we mean born outside Ireland.) ANSWER REQUIRED

- (•) Yes
- ( ) No

Please provide details.

Does your organisation offer services in different languages? Click all that apply. ANSWER REQUIRED

- [ ] Yes, with staff who speak different languages
- [ ] Yes, through an interpreter
- [ ] Yes, via information leaflets in various languages
- [ ] No

Does your organisation use or promote the resources on www.man2man.ie?

- (•) Yes
- ( ) No

Have you ordered any information leaflets for MSM (Luv Bugs, Hepatitis, PEP, HIV) from www.healthpromotion.ie?

- (•) Yes
- ( ) No

If your organisation implements other activities aimed at prevention of STI and HIV in MSM that were not detailed above, please give details. ANSWER REQUIRED

Submit Answers

Appendix 6: Accessing medicines over the internet

PHILIPLEE

DUBLIN | BRUSSELS | SAN FRANCISCO

ADVICE

To: Dr. Fiona Lyons, Clinical Lead in Sexual Health, HSE Sexual Health and Crisis Pregnancy Programme

From: Anne Bateman and Jacinta Conway

Date: 13 July 2016

PrEP: Accessing medicines over the internet and related issues

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Dear Fiona

Further to your email dated 21 June, this is our advice in relation to the questions you raised in that email and in your subsequent email dated 1 July. Our answers are set out under each question below.

1. Is there a legal impediment to an individual accessing medication over the internet with a prescription?

There is no law in Ireland prohibiting an individual patient from accessing medicine via the internet with a prescription. (It is a criminal offence to obtain prescription medicine without a prescription. Further, it is a criminal offence to supply medicines by mail order, which would cover sending medicines purportedly obtained/ordered over the internet to a patient, even if that patient had a valid prescription in respect of those medicines). The primary legalisation relating to this area is the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended) ("the **Prescription Regulations**"). The Prescription Regulations apply only to the supplier and/or prescriber of medicines and not to an individual patient who might use the prescription to access medicines. The most relevant regulations are Regulation 7(1) which provides the requirements for a prescription to be valid (see as discussed below under question 3), and Regulation 19(1) which specifically prohibits the supply of medicines by mail order1.

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1 Supply by mail order is defined as "any supply made after solicitation of custom by the supplier

whether inside or outside of the state, without the supplier and customer being simultaneously present and using a means of communication at a distance whether written or electronic to convey the custom solicitation and the order for supply." There is no definition of "solicitation of custom" in the Prescription Regulations, however it is possible that it could be deemed to include advertising on a website and/or making medicines available for purchase on a website.

2. **Is there a legal impediment to a physician providing information about PrEP resources (for example www.iwantprepnow.co.uk) as part of an overall discussion about HIV prevention where the resources may include how to access medication over the internet?**

Currently, there is no law restricting the specific information that a physician can and cannot provide to their patient. The issue is dealt with under Section 44.1 of the Irish Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners 2016 ("The Professional Code"). Section 44.1 covers provision of information to the public and states:-

"Information about medical services published in the media, internet or other means is generally in the public interest provided the information is factually accurate, evidence based and not misleading"

Therefore, a physician may provide information about PrEP resources as part of an overall discussion about HIV prevention where the physician believes the resources to be factually correct, evidence-based, not misleading and believes it to be in the best interests of the patient to be informed of such resources.

It falls to the Medical Council to regulate this duty on the part of the physician, and any perceived misconduct in this regard is a disciplinary matter to be addressed by the Medical Council. Should the Medical Council decide such actions require discipline, Section 57 of the Medical Practitioners Act 2007 (the "**MPA 2007**") entitles the Medical Council to make a complaint to the Preliminary Proceedings Committee (the "**PPC**") on grounds of misconduct by the physician. The PPC will in turn investigate the matter, and if it deems necessary, refer the matter to the Fitness to Practice Committee. The Fitness to Practice Committee will provide a report of their findings. Should a physician be found guilty of misconduct by the PPC and/or the Fitness to Practice Committee, Section 70 of the MPA 2007 entitles the Medical Council to impose sanctions ranging from a censure in writing, to a fine of €5,000, to cancellation of the physician's certificate to practice medicine.

3. **Is there a legal impediment to a physician providing an individual with a prescription where the prescription will be used to source medication over the internet?**

Regulation 7(1) of the Prescription Regulations states that for a prescription to be valid it must:-

"(a) be in ink or other permanent and unalterable electronic form and be signed and dated by the person issuing the prescription with his or her or her usual signature, either in handwriting or by electronic signature;
(b) clearly indicate the full name, including the full first name of the person issuing the prescription and specify his or her professional qualification;
(c) specify the work address, the including the name of the EEA state of the person issuing the prescription;
(d) specify the email address, telephone number or fax number(with the appropriate international prefix) of the person issuing the prescription;
(e)specify the full name, including the full first name and date of birth of the person for whose

treatment the prescription is issued; and
(e) specify the following details, where applicable of the product to be supplied on foot of the prescription;
(i) The common name of the medicinal product;
(ii) The brand of the medicinal product if – the medicinal product prescribed is a biological medicinal product or the person issuing the prescription has deemed it medically necessary to include the brand name on the prescription and has stated on the prescription the reasons justifying the use of the brand name;
(iii) The quantity;
(iv) The strength of the medicinal product; and
(v) The dosage regime

A physician is not under a legal obligation when providing a prescription to either state where the medicine is to be sourced, or to satisfy himself/herself that a patient is not sourcing the medicine online. Further, the Professional Code does not require a physician to satisfy himself/herself that prescribed medicines will not be sourced over the internet. There are however, general duties contained within the Professional Code that a physician that may be relevant: specifically, the physician should take reasonable steps to ensure a patient is not inappropriately obtaining drugs from multiple sources (Section 42.7 of the Professional Code); and the physician must comply with the Misuse of Drugs legislation (Section 42.3 of the Professional Code). However, none of the relevant legislation (including the Prescription Regulations) prohibits the use by the patient of a prescription to purportedly source the prescribed medicine online.

4. **Is there a legal impediment to an NGO/advocacy group providing information about PrEP resources (for example www.iwantprepnow.co.uk) as part of an overall discussion about HIV prevention where the resources may include how to access medication over the internet?**

Irish legislation does not deal with the provision of medical information by NGOs as such.

The World Association of Non-Government Organisations (WANGO) has published a code of Ethics and Conducts for NGOs worldwide, however this does not contain specific obligations in relation to the provision information to the public, only a general duty on the NGO to ensure that the information is accurate and that it is adhering to the law of the nation in which it is organised. Therefore, subject to the below, an NGO in Ireland should not face a legal impediment to providing information about PrEP resources to patients.

An individual NGO may have its own code of conduct and ethics (which may contain specific information in relation to the provision of medical information). Each member of an NGO should be advised to establish if their NGO has a particular code and, if so, satisfy themselves that they are adhering to any such code before providing information on PrEP resources.

In relation to individual members of NGOs, you might note that Section 41 of the MPA 2007 provides that it is an offence for a person to falsely represent themselves to a registered medical practitioner, with the penalty for such an offence being a fine up to €5,000 or imprisonment up to 6 months or both. Further, Section 44 of the Nurses and Midwives Act 2011 provides for the same offence (in relation to representing oneself as a registered nurse), not do carrying the same penalties. Therefore, any member of an NGO who is not a registered medical practitioner or registered nurse, but who find themselves providing medical information to individuals should be careful not to do so in a context in which they represent themselves to be a registered medical practitioner or nurse and/or in which the patient might be led to believe from the context (including from the giving of information on PrEP resources and/or sourcing medication) that the person providing this information had such a qualification.

On a general note, complementary therapists are subject to consumer protection legislation when treating/advising patients, and in particular are subject to the Consumer Protection Act 2007 (the "CPA 2007"). Section 42 of the CPA 2007 prohibits misleading commercial practices. Further, Section 43 prohibits the provision of false or misleading information. Therefore, there is a duty on such therapists to ensure that information provided to patients is accurate and fair and would not cause the patient to make a decision in terms of purchasing medicines that it would not otherwise make. It is unclear whether these provisions would apply to NGOs and/or individuals belonging to NGOs. It is unlikely that these provisions would apply to NGOs/individuals belonging to NGOs as they are, by their nature, non-profit seeking and do not charge a fee for providing medical treatment/advices. They would not therefore come under the definition of a "trader" for the purposes of consumer protection legislation.

We hope that the above answers your questions, but please let us know if you have any queries or require further clarification.

This advice is given solely in connection with the instructions of the HSE and is given for the benefit of, and may relied upon by, the HSE only (and specifically by the HSE personnel to whom it is addressed). It is for the confidential use of the HSE and may not be relied upon by any other person or for any other purpose. Philip Lee neither owes or accepts any duty to any other third party in connection with this advice and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by their unauthorised reliance on the advice/information provided.

Philip Lee Solicitors
13 July 2016

Appendix 7: GHN Social Media & Promotions 2016 (Draft Report)

The new GHN communications approach introduced in 2015 already showed a dramatic increase;[1] this continued in 2016. The following provides an outline of the actions delivered in 2016.

Website Promotions www.man2man.ie

In 2016, the number of unique visits to the Man2Man website numbered 76,108, an increase of 8% compared to 2015. 83% were new visitors compared to 72% in 2015. 42% (32,066) were from Ireland similar to 2015 a further 2% were from UK (8th) and Netherlands 1% (11th) *(who also have a mantotman.nl website).*

The Sourcing of Man2Man.ie was via; 62 % (Google) 18% (Direct), 9% (Facebook), 7% (Mobile Apps which AMNET (2%) and GRINDR (5%), 4% used 33 other sources.

The platforms used to access Man2Man.ie were: Mobiles (71%), Desktop (23%), Tablet (6%)

Of the 32,066 Ireland based sessions, 21% accessed via social media and of these 96% used Facebook, Twitter (4%) and Instagram (1%). Of the 32,066 sessions, the first landing pages were: Home page, (27%), Services (17%), HIV (10%), LUV-BUGS (10%), Sex_Health (9%), Condoms (7%), Shigella (4%), PEP (4%), Syphilis (4%), Gonorrhoea (2%), LGV (2%), Free Testing Map (2%) and Hepatitis B (1%). *Note: STI information can also be obtained via LUV BUGS, Sex & Health as well as individual headings when these are combined, STIs comes first (31%)*

There was a total of 111,729 page views on Man2Man.ie of which 94,934 were unique page views and of these the following were indicated: HIV (34%), Home page (19%), Services (11%) Sex_Health (5%) PEP (4%) LUV BUGS (3%) Play Safe (3%), Free Testing Map (2%), HIV-Laid Bare (2%), Shigella (2%), Syphilis (2%), Hepatitis B(1%), Resources (1%), LGV, Gonorrhoea, GMHS Clinic, and Poppers (1%). *Note: STI information can also be obtained via LUV BUGS, Sex & Health as well as individual headings when these are combined, STIs comes first (12%)*

Digital Marketing: Google Search.

The HSE digital marketing team engaged with 'Google Search' towards the end of 2015 and in its 2016 report indicated: The Click through rate on ads/keywords averaged 2.17% and ranged between 1.40% and 2.79%. The average position on Google is 1.5 meaning 'we are appearing at

[1] GHN 2015 Summary of Actions http://www.gayhealthnetwork.ie/assets/files/pdfs/reports/GHN%20Summary%202015%20-%20Final%20Web.pdf

the top of search results for the majority of our Ads' (this was due to increase in budget and new Ads/keywords being added). 'Males aged 25-35 were 1.6 times more likely to click than other males'

Top Ten, Google Search Ireland 'words':
Ireland: man2man Ireland, man2man, pep Dublin, pep Ireland, gmhp Dublin, gmhc Dublin, Baggot street clinic, rapid HIV test Dublin, man2man, GMHS Dublin.
Worldwide: man2man, man to man sex, man and man sex, sex man2man, man2man sex, sex man and man, man2man Ireland, www. man sex, www.men sex.

Twitter Promotions (@Man2ManIreland)

The number of Twitter followers has increased to 1,050 in 2016. There were 323 posts on Twitter providing a total of 480,900 impressions with 7,458 (1.6%) engagement. Depending on the message the average engagement rate was between 0.6% to the highest rate of 8.0%.

Facebook Promotions (Man2Man Community)

In 2016, the Man2Man Facebook fan-base increased by 7% to 4,237; of these 97% were male, 39% were aged under 24 rising to 69% for aged 34 and younger. 86% resided in Ireland, (44% resided in Dublin and 38% elsewhere in Ireland).

Posts on Facebook

There were 262 (paid and unpaid) posts with a Total Reach of 446,972 via 684,302 impressions. Engaged users numbered 13,368 (3%) of those reached or 2% of impressions. According to the messages posted the engagement rate varied between 1.8% and 14.7%. When compared to 2015 the audience posts increased by 63% and impressions by 18% the engagement rate remained similar.

Video Posts on Facebook

New for 2016 was the use of GIF/Video posts on Facebook from July with 20 posts to end December. There was a total reach of 414,764 providing 134,848 (33%) engagement or 'video views'. One post had an 187% view rate while next in line was 41% the lowest post view rate was 10%.

Of the 134,848 'video views', 71% people viewed for three or more seconds with a further 29% viewing for 10 seconds or more. Note, the video messages length averaged between eight to 11 seconds while most key messages were delivered within the first four seconds.

Mobile Apps Promotion

In total this campaign delivered over 9.5 million impressions which attributed 17,094 clicks, a rate of 0.18%. Three platforms were used:
AMNET: 2,928,769 impressions with an average 0.25% CTR (Click through rate)
There were 418,000 'Unique person reach' across Ireland, with an average 0.20% CTR; 64% on smart phone, 10% on tablet, and 24% desktop.
The most popular format for apps was the MPU 300x250 and the mobile banner 320x50 were the best performing formats.
There was an increase of 200% in CTR towards the latter half of 2016.

Advertisement Promotions

GHN along with the HSE inserted a series of paid promotional adverts in the monthly free magazine Gay Community News (GCN) and other special publications. One full page and one quarter advert via the agency were funded by HSE and others were funded directly by GHN according to issues and needs.

Apart from GCN there were also inserts in special publications: The DUBLIN LGBTI Pride programme, the 'GAZE' Film Festival programme (which included a screen advert before all film showings), and the RIOT programme (week long theatre show).

In 2016 in GCN, there were 19 one page adverts consisting of: HIV Laid Bare messaging (9), Top2Bottom, Syphilis, HIV and Hepatitis Testing Week, and MISI 2015 Community Reports (double page spreads in two issues). The 12 quarter/half page adverts consisted of Shigella (2), Syphilis (2), Gonorrhoea (3), LGV (3), and GMHS Clinic (2).

GCN Distribution[2]
In 2016, there were 132,000 copies distributed with a readership of 33,000 per month between print and digital. A recent GCN readership survey (ibid) of 1,028 respondents showed that 52% read the magazine every month rising to 80% for every two to three months. 60% read the digital copy and 73% the hard copy. 20% read it in a bar/club and 76% take it home. 88% stated that GCN was a very/fairly important source of LGBT information; 65% strongly agreed/agreed that they notice ads seen in LGBT-orientated media more than ads seen in mainstream media.

Washroom Display Promotions

GHN along with the HSE engaged agency arranged for a poster display based on the one- page add in GCN and or special adds in relation to Outbreaks. In 2016 these 45 displays happened at 17 LGBT friendly social venues including sex on-venues. *(Note this has to be updated with a final report form the agency for 2016)

'LED' DISPLAYS

As per other years special messages were conveyed at LGBTI Pride events around Ireland using Trucks with LED Display. This was engaged via SCHPP HSE and in 2016 there were displays at Cork, Dublin and Limerick PRIDES. The cinematic short advert was shown before each screening at the GAZE Film Festival.

Publications

Leaflet Distribution

Apart from local distribution to and availability at social venues, the series of eight wallet sized information leaflets are available to order online at www.healthpromotion.ie for free delivery: LUV BUGS (Syphilis, Gonorrhoea, Chlamydia, Shigella and LGV), and other cards on HIV, PEP and the '4 Steps to Immunity' (Hepatitis B Vaccine). In 2016 over 42,000 of the eight cards were ordered and delivered by this method, with highest demand for Syphilis, Gonorrhoea and Chlamydia leaflets.

HIV+Sex Booklet

[2] email communication conor@gcn.ie & lisa@gcn.ie to mick quinlan GHN

In 2016, the new information booklet HIV+ Sex was published as part of the HIV laid bare campaign. It provides comprehensive clear and accurate information about sexual health for HIV positive and HIV negative MSM. Of the 5,000 printed copies nearly 3,000 were distributed to May 2017 and copies are to be made available via healthpromotion.ie. The booklet contents were also translated into French, Portuguese and Spanish for design and will be available online as well as printed hard copies in 2017.

Discussion: Social Media is having a greater impact on promotions:

In 2016 of the 76,108 sessions to Man2Man.ie, 7,335 were via social media referrals and of these Facebook accounted for 95%, Twitter (4%) and Instagram/Reddit (1%). (Source: google analytics).
The top ten landing pages for these 7,335 were; Services, HIV, Shigella, LGV, Gonorrhoea, Syphilis, PEP, Free Testing Map, HIV Laid Bare, Condoms and Poppers.
Taking into account the Facebook and social apps promotions especially the GIF/Video promotions the reach and engagements and viewing times is really significant.
Advertisements in magazines especially GCN provide an important community service and reach.

Topics & Actions: Ongoing Social Media Planning and Strategy:

Various strategy meetings are planned based on the above and reports from the HSE engaged agency and the HSE Digital Team.
The SCHPP HSE & GHN Evaluation completed in January 2017 on man2man, HIV Laid Bare, LUV Bugs Campaign reach and recall. A draft report including the recall highlights associated with MISI 2015 is available in appendix 4).
Presently www.man2man.ie is being redesigned and updated including translation into French, Portuguese and Spanish.
The SCHPP HSE funded Man2Man campaign for 2017

Mick Quinlan GHN March 2017: Ref and thanks to: Adrian Sweeney (HSE Digital Team), HSE Communications and SCHPP & Adam Shanley (GHN Communications)