

## SEXUAL HEALTH STRATEGY & ACTION PLAN LAUNCHED IN NORTHERN IRELAND

THE DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY IN NORTHERN IRELAND LAUNCHED A 5-YEAR SEXUAL HEALTH STRATEGY & ACTION PLAN IN DECEMBER LAST. THE OVERALL AIM OF THE ACTION PLAN IS "TO IMPROVE, PROTECT AND PROMOTE THE SEXUAL HEALTH AND WELLBEING OF THE POPULATION IN NORTHERN IRELAND."

The Rainbow Project, the only health promotion organisation in Northern Ireland that addresses the specific aims of gay and bisexual men, and men who have sex with men, will be to the forefront in ensuring that specific actions outlined in the plan will be implemented. In particular, the Rainbow Project has welcomed actions on increasing awareness raising initiatives with particular focus on those most at risk, tackling discrimination and stigma associated with HIV and STIs, further development of community-based programmes to promote sexual health, specialised sexual health training for health and social care professionals and appropriate sexual health training for teachers and youth & community workers, and increasing access to

sexual health testing and services.

The Department of Health has made available Stg £900,000 in 2008/2009 to implement the Action Plan with continued support over its five year lifespan. A multi-agency Sexual Health Promotion Network will be established to oversee the implementation of the Action Plan.

The Strategy and Action Plan can be accessed at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk). For updates on the work being carried out by The Rainbow Project visit [www.rainbow-project.org](http://www.rainbow-project.org) >>>>



## NEW MSM TESTING CLINIC IN BELFAST



THE BELFAST ROYAL VICTORIA HOSPITAL GU CLINIC HAS COMMENCED A TESTING CLINIC SPECIFICALLY FOR MEN WHO HAVE SEX WITH MEN ON THURSDAY NIGHTS FROM 5PM TO 7PM. LOCATED ON THE FALLS ROAD IN BELFAST, THE CLINIC OPERATES A WALK-IN SERVICE AS WELL AS APPOINTMENTS. TELEPHONE 028 90634050 (048 FROM ROI)

## NATIONAL MEN'S HEALTH POLICY 2008 - 2013 PUBLISHED

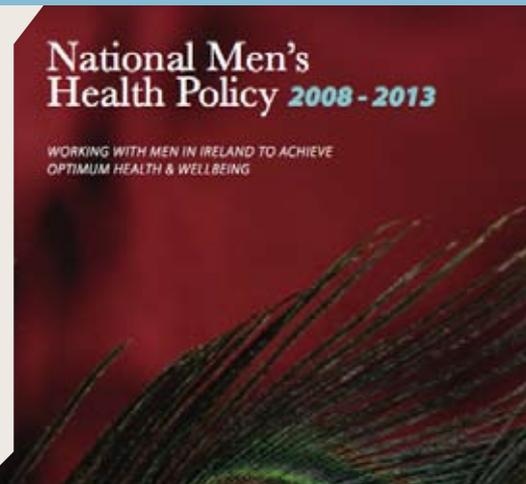
MARY WALLACE, T.D., MINISTER OF STATE AT THE DEPARTMENT OF HEALTH, WITH SPECIAL RESPONSIBILITY FOR HEALTH PROMOTION AND FOOD SAFETY, PUBLISHED A NATIONAL MEN'S HEALTH POLICY IN JANUARY 2009.

The policy, developed by the Department of Health & Children, in conjunction with the HSE and a wide group of stakeholders, aims "to promote optimum health and well-being for all men in Ireland while integrating a health promotion and preventative approach in the delivery of services."

Under Strategic Aim 6 of the Policy – Develop health promotion initiatives that support men to adopt positive health behaviours and to increase control over their lives – the policy recommends that "The Gay Men's Health

Project should continue to be supported in promoting the health of gay and bisexual men in Ireland, and in particular to support vulnerable young men who struggle with their sexuality." The policy further recommends that the "essential work" of the Gay Men's Health Project, and as part of the Gay Health Network, "should be supported to continue and develop in the future through the provision of targeted funding."

The Policy can be accessed at [www.dohc.ie/publications](http://www.dohc.ie/publications). >>>>



## ICGP LAUNCHES COMPREHENSIVE GUIDE ON LESBIAN, GAY & BISEXUAL ISSUES FOR GPs

THE IRISH COLLEGE OF GENERAL PRACTITIONERS (ICGP), IN PARTNERSHIP WITH THE GAY & LESBIAN EQUALITY NETWORK (GLEN), LAUNCHED AN IMPACT DOCUMENT, LESBIAN, GAY & BISEXUAL PATIENTS: THE ISSUES FOR GENERAL PRACTICE, IN NOVEMBER LAST.

The guide is intended to support GPs in understanding and responding to the needs of lesbian, gay and bisexual (LGB) people in the primary care setting. The document has three main sections which address the most common

questions and information gaps that GPs may have in relation to providing primary care to LGB people. These are (1) Sexual Orientation – concepts and language; (2) Health Issues for LGB people; and (3) Improving service

provision to LGB patients.

The Impact Document can be accessed at [www.glen.ie](http://www.glen.ie) and [www.icgp.ie](http://www.icgp.ie) >>>>

THE 12TH ANNUAL CHAPS CONFERENCE TOOK PLACE IN BRIGHTON ON 3RD & 4TH MARCH LAST, AND A STRONG CONTINGENT OF REPRESENTATIVES FROM THE GHN WERE IN ATTENDANCE. THE FOLLOWING OUTLINES A SUMMARY OF SOME OF THE TOPICS COVERED. COPIES OF PRESENTATIONS FROM THE CONFERENCE WILL BE MADE AVAILABLE ON [WWW.CHAPSONLINE.ORG.UK/C12](http://WWW.CHAPSONLINE.ORG.UK/C12).

### DRIVING DOWN UNDIAGNOSED INFECTIONS

Undiagnosed infection among MSM with HIV in the UK is estimated at one quarter (approx 8,000 men), with one in five newly diagnosed gay men presenting for late diagnoses. In 2007 three quarters of the 193 new diagnoses of AIDS among MSM were made at the same time as these men tested positive. Presenting this report, the Terence Higgins Trust examined how the sector can begin to address the problem of undiagnosed infection, a driving force behind ongoing transmission in the UK. A 4-point plan was presented: (1) Targeting key groups to test and test regularly; (2) Targeted prevention with regular MSM negative testers; (3) Re-visit approaches to sero-conversion illness; (4) Delivering highly targeted multi-method programmes to reduce undiagnosed HIV.

A suggested strategy in driving down undiagnosed infections is to get the 'right' people to test rather than a considerable increase in testing services, and the plan included a draft protocol with suggested recommendations on how often MSM should present for testing based on the amount of sexual partners they might have. A further suggested strategy is to review the three month 'window period' as, in most cases, fourth generation tests are being used in the UK (with only a minority of clinics using third generation). Guidelines from the British Association for Sexual Health and HIV (BASHH) recommend that testing is not delayed as it is recognised that those who wait three months frequently end up not testing. A sector summary report on Undiagnosed Infection in the UK is available at [www.tht.org.uk](http://www.tht.org.uk)



### 'MEN FROM AFAR' 2

CULTURAL DIVERSITY HAS BECOME AN INCREASINGLY IMPORTANT ISSUE IN THE IRISH HEALTHCARE SECTOR, AND DANIEL MC CARTNEY, CENTRE FOR GLOBAL HEALTH IN TRINITY COLLEGE DUBLIN, PRESENTED ON THE CHANGING DIVERSITY AMONG THE IRISH GAY MALE COMMUNITY IN THE GAY MEN'S HEALTH SERVICE (GMHS), SINCE THE FIRST 'MEN FROM AFAR' REPORT IN 2006, AND RESEARCH CONDUCTED AMONG FOREIGN-BORN MEN WHO HAVE SEX WITH MEN (MSM) IN DUBLIN.

Between 2004 and 2007, the number of foreign-born new attendees registering at the GMHS clinic increased by 40%. This growing trend is shown in the table below.

NEW ATTENDEES	2004 (n=587)	2005 (n=566)	2006 (n=529)	2007 (n=528)
ROI / NI	76%	74%	69%	63%
Other	24%	26%	31%	37%

In 2006 and 2007, country of birth information was recorded for 1,057 (97.1%) of all new attendees registering at the GMHS clinic. Foreign-born new attendees represented a total of 57 different countries – the table below details the top 15. Compared to the 2004 and 2005 data reported in 'Men from Afar 1', significant increases were seen in new attendees from Central and Eastern Europe, as well as Latin America.

### TOP 15 COUNTRIES OF BIRTH OF NEW ATTENDEES BORN OUTSIDE IRELAND IN 2006 AND 2007 GMHS CLINIC

1. Great Britain (13.3%)	9. USA (3.6%)
2. Poland (11.7%)	10. China (2.8%)
3. Spain (8.6%)	11. Argentina (2.2%)
4. Brazil (8.1%)	12. Philippines (2.2%)
5. Italy (6.9%)	13. Canada (1.7%)
6. France (6.1%)	14. Czech Rep (1.7%)
7. Australia (3.6%)	15. Malaysia (1.7%)
8. Germany (3.6%)	

In May and June 2007, a qualitative study was conducted to explore the views and experiences of foreign-born MSM in relation to sexual health (McCartney, DJ (2007), The impact of migration of the sexual health of migrant men who have sex with men (MSM) in Dublin, Ireland. MSc Thesis. Trinity College Dublin). With limited knowledge avail-

able of the sexual health of foreign-born MSM in Ireland, this study highlighted a number of behavioural, social, and structural factors that influence their vulnerability to HIV and other STIs. The study sample included 13 attendees of the GMHS clinic born outside of Ireland and the UK. An aspect of the study included participants' views of the GMHS clinic, which showed that they chose this service as they felt more comfortable using a clinic specifically for MSM, as not to be questioned about their sexuality. Barriers to accessing this service were described as a desire not to initially visit the clinic alone, discomfort regarding anonymity from other users of the clinic, and difficulty with the English language.

Daniel concluded that the findings in the report make it evident that recent migration trends in Ireland have contributed to a gay male community that represents a wider ethnic and cultural diversity than ever before. Meeting the diverse needs of men from different backgrounds creates interesting opportunities and challenges for service provision including the need for greater resources, further research, translation facilities, and development of culturally sensitive materials.

For more information see [www.gaymenshealthservice.ie](http://www.gaymenshealthservice.ie) and [www.medicine.tcd.ie/global\\_health](http://www.medicine.tcd.ie/global_health)

## RELATIVE SAFETY II

A NEW REPORT BY SIGMA RESEARCH OF HIV-POSITIVE GAY MEN IN ENGLAND SUGGESTS THEIR EXPERIENCES OF STIGMA AND REJECTION BY SEXUAL PARTNERS STRONGLY INFLUENCE THEIR INVOLVEMENT IN CASUAL SEX AND DISCOURAGE THEM FROM PRACTICING MANY RISK-REDUCTION STRATEGIES: 'RELATIVE SAFETY II - RISK AND UNPROTECTED ANAL INTERCOURSE AMONG GAY MEN WITH DIAGNOSED HIV'.

To follow up a similar study published 10 years ago in 1999, 42 gay men with diagnosed HIV were interviewed about their sexual practices and management of risk. The in-depth, qualitative interviews focused on recent experiences of unprotected anal intercourse (UAI), and to take part in the study, men had to have had unprotected sex in the past year. The sample attempted to include a mix of respondents from London and Manchester as well as lower prevalence areas, and to ensure diversity in terms of age and time since diagnosis.

All respondents were aware that they could transmit HIV through UAI, and almost all said that they would never want to be responsible for doing so. Men more recently diagnosed tended to be particularly preoccupied by this concern, often avoiding sex altogether for a period after diagnosis. In terms of other harms which unprotected sex could give rise to, men tended to feel that STIs were rarely serious, although a few were more concerned about Hepatitis C.

Of more concern were the emotional, psychological and social harms that unprotected sex could lead to. The researchers argue that men's concerns about rejection and stigma shape the way they manage risk. Disclosure leaves men vulnerable to rejection, leading to emotional upset and problems finding sexual partners. In a community that often remains hostile to people with HIV, men's instinct for

self-preservation often leads them to choose behaviours where disclosure is felt to be unnecessary. For example, many men used saunas because they assumed that almost all other sauna users were HIV-positive. This allowed men to have UAI without an open discussion of HIV status, but leaving them with their sense of personal integrity intact. In some settings, some men tried to avoid disclosure but maintain their sense of moral integrity by suggesting to sexual partners that it would be a good idea to use a condom. Overall, the researchers found that men used risk reduction strategies to quite a limited extent. No respondents mentioned reducing the duration of anal intercourse or the impact that viral load or a STI could have on the risk of transmission. Just a few men discussed the greater risk of infection for the receptive partner or the possible benefit of withdrawing before ejaculation.

Some men did practice some form of sero-sorting (seeking partners of the same HIV status) with respondents saying that it allowed them to have UAI where HIV status did not remain a significant concern throughout. Whilst some recently diagnosed men felt that HIV 'superinfection' was an issue, men who had been diagnosed for longer usually believed that clinicians had deliberately exaggerated its importance. However, the majority of men actually rejected the idea of sero-sorting. It was associated in their minds as high-risk, and were appalled by the idea

that UAI could ever be a regular or planned activity, and so rejected sero-sorting, strategic positioning, withdrawal before ejaculation and other risk reduction strategies.

Nonetheless, these same men had all had some unprotected sex. It tended to be described as an exceptional event, explained by circumstances such as substance use or a partner's insistence. The researchers make it clear that a number of men lacked the self-confidence or negotiation skills to manage such situations. Many men aspired to use a condom every time, but were unable to fall back on risk reduction strategies when, for whatever reason, condoms were not used.

In their conclusion, the researchers note several consequences of HIV-related stigma, a reluctance to disclose and an encouragement to have anonymous sex, and a reluctance to use risk-reduction strategies. They also note that, for many men, there are direct contradictions between their intentions and their behaviour. The researchers recommend tailored prevention interventions for diagnosed men which take account of the centrality of stigma, and discuss unprotected sex in credible and informative ways, as well as training and skills development for health professionals engaging men with these issues. (Source [www.nam.co.uk](http://www.nam.co.uk)). The full report can be accessed at [www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk).

## HEROES

THE GAY MEN'S HEALTH SERVICE (GMHS) HSE AND GAY HEALTH NETWORK (GHN), WITH THE SUPPORT OF THE DOHC AND MINISTER MARY WALLACE TD, IS PLEASED TO ANNOUNCE THE 7TH ANNUAL ALL-IRELAND GAY HEALTH FORUM (GHF7) TO BE HELD FRIDAY 12TH JUNE NEXT AT DUBLIN CASTLE FROM 9.30AM TO 5.00PM.

Since the last forum many new reports have highlighted: the Stigma and Discrimination experienced by people affected by HIV and AIDS; the homophobic hate crimes towards LGBT people; the "Real Lives" of men who have sex with men; the mental health and well being of LGBT people, and the isolation of younger LGBT people in rural areas; the men from afar now living in Ireland. The GHF7 theme "HEROES" is an acknowledgement of the many ways people have struggled, had fun, developed, led and survived, including those involved in the area of LGBT and HIV and AIDS. Importantly it is also our way to celebrate the life of our friend and colleague Noel Walsh (RIP) and it is with pride we dedicate this forum to his memory.

GHF7 presents an opportunity for those involved in HIV, AIDS, Sexual Health and other health related work with MSM and LGBT people, to network, share and indeed celebrate the continuation of all our efforts. GHF7 is free and as places are limited they will be assigned on a first register basis, which is advised as soon as possible, by emailing your details to [gmhsadmin@hse.ie](mailto:gmhsadmin@hse.ie). Confirmation of a place and a detailed programme will be emailed to you from the 18th May. Further information [mick.quinlan@hse.ie](mailto:mick.quinlan@hse.ie) and [www.ghn.ie](http://www.ghn.ie) or [www.gaymenshealthservice.ie](http://www.gaymenshealthservice.ie).



ARISING FROM OUR FEBRUARY MEETING HELD IN BELFAST, THE FOLLOWING IS AN UPDATE ON THE PROGRESS OF OUR 3-YEAR ACTION PLAN:

- A publication for 'Younger MSM & Sexual Well Being' is now in design phase and will be published shortly.
- A sub-committee of GHN members was established to commence work on a publication on 'HIV+ MSM and Sex'.
- The data report on the findings from the All-Ireland Gay Men's Sex Surveys 2005 and 2006 (Real Lives 2) has been drafted and is currently being finalised.
- The establishment of an Advisory Group for research on the 'Needs of HIV+ MSM' is ongoing.
- Translations of all GHN publications have been compiled into booklet format and are available to interested organisations on CD for printing as required.

Our next meeting takes place on 25th April in Dublin. New members are welcome. >>>>

## SYPH-TEST AND SYPH-ACTION

THIS NEW CAMPAIGN HAS BEEN LAUNCHED BY THE GAY MEN'S HEALTH SERVICE (GMHS) HSE, THE RAINBOW PROJECT AND GAY HEALTH NETWORK TO PROMOTE AWARENESS OF SYPHILIS AND TO ENCOURAGE REGULAR TESTING FOR MEN WHO HAVE SEX WITH MEN.

This is a response to the increasing number of new diagnoses in the last two years. The campaign comprises of newly designed leaflets by Maurice Farrell which pro-

vide accessible information, and postcards that create an active way for men to engage the message. The leaflet is in English but the information is available in eight other

languages (Arabic, Chinese, French, Irish, Polish, Portuguese, Russian and Spanish) at [www.ghn.ie](http://www.ghn.ie) >>>>



# Syphilis

Syphilis, Sífilis, Kila, 梅毒, сифилисе, مرض الزهري  
Important (wazny) Information

[www.ghn.ie](http://www.ghn.ie) for more information on Syphilis, Sífilis, Syphilis, Kila, 梅毒, сифилисе, مرض الزهري in nine languages. Pick up the new Syphilis Information Leaflet in a social venue near you or telephone your local gay health group.

A SYPH-TEST initiative by Gay Health Network, GMHS, HSE

