

The National Sexual Health Strategy

2025-2035

Supporting positive sexual health across the lifecourse



An Roinn Sláinte
Department of Health

Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
BÓTHAR BHAILE UÍ BHEOLÁIN, BAILE ÁTHA CLIATH 8.
D08 XA06

(Teil: 046 942 3100 nó Riomhphost: publications@opw.ie) nó trí aon díoltóir leabhar.

To be purchased from
GOVERNMENT PUBLICATIONS,
MOUNTSHANNON ROAD, DUBLIN 8.
D08 XA06

(Tel: 046 942 3100 or Email: publications@opw.ie) or through any bookseller.

Contents

A note on the language used in this Strategy	1
Acknowledgements and partnerships	1
Ministerial Foreword – Jennifer Carroll MacNeill, T.D., Minister for Health	2
Ministerial Foreword – Jennifer Murnane O'Connor T.D., Minister of State for Public Health, Wellbeing and the National Drugs Strategy	4
Introduction	6
Developments 2015-2024	8
STIs and HIV; current epidemiology	10
STIs	10
HIV	11
New Strategy Development	13
Our Vision, Goals, Principles and Priorities	14
Chapter 1: Sexual health promotion and education	18
Creating a supportive environment for sexual health and wellbeing	19
Capacity building as a core element of sexual health promotion	20
Children and young people	20
Adults	21
DSGBV prevention and education	22
Chapter 2: Sexual health services	24
Safe, high quality and efficient services	25
Equitable, accessible and targeted services	27
Supporting all genders and sexual orientations	31
The role of information and technology	33
Chapter 3: Contraception, unplanned pregnancy and reproductive health supports	34
Sexual health, contraception and wider women's health	35
Free Contraception Scheme – achievements to date	36
Future plans for the FCS	37
Service development	39
Unplanned pregnancy counselling and supports	41
Chapter 4: Sexual health surveillance, monitoring, evaluation and research	43
Sexual health intelligence	43
Surveillance of HIV and STIs	44
Termination of pregnancy, reporting	46
Knowledge, behaviour and attitudes research	46

Chapter 5: Working together in partnership	50
Supporting domestic, sexual and gender-based violence (DSGBV) prevention and treatment, and consent awareness	51
Supporting our international commitments	53
Sexual health on campus	54
Chapter 6: Governance and implementation	56
Conclusions	60
First Sexual Health Action Plan, 2025-2028	61
Governance and implementation	62
Sexual health promotion and education	63
Sexual health services	64
Contraception, unplanned pregnancy and reproductive health supports	66
Sexual health surveillance, monitoring, evaluation and research	68
Working together in partnership	69
Summary and impacts, by 2028	71
Appendix 1	72
Appendix 2	73
Appendix 3: STI, HIV and mpox transmission data, 2023-2024	71
STI summary:	74
3.1 Chlamydia	74
3.2 Gonorrhoea	75
3.3 Herpes simplex (genital):	75
3.4 Early infectious syphilis (EIS)	76
3.5 LGV	76
3.6 Trichomoniasis	76
3.7 HIV	76
3.8 mpox	77
Appendix 4: Lists of public STI clinics, SATUs	78
Appendix 5: Summary of international commitments	80
Summary of definitions and abbreviations	82

A note on the language used in this Strategy

This Strategy uses the word “we” to refer to the Government and particularly the health sector.

It signifies the partnerships between the Department of Health, its agencies, in particular the Health Service Executive (HSE), and organisations across Government, the public sector, civil society and the voluntary sector that will contribute to implementation. This Strategy includes equality and inclusion as core principles; language used is intended to include people of all backgrounds, genders and gender identities, supporting everyone living in Ireland who may need to seek care. We will keep language under review, such that everyone for whom this Strategy is relevant can see themselves included and reflected in it.

Acknowledgements and partnerships

This Strategy is the product of many partnerships and collaborations.

We would particularly like to thank our National Sexual Health Strategy (NSHS) Drafting Committee, including the Department of Health’s Women’s Health Taskforce, those working on Men’s Health and LGBTIQ+ policy, Corporate Legislation Unit, HSE National Social Inclusion Office (NSIO), the HSE Sexual Health Programme (SHP: formerly the Sexual Health and Crisis Pregnancy Programme, SHCPP), HSE Public Health: the National Health Protection Office (NHPO), Health Services Improvement and Health Improvement, Community Health Organisation 6 (CHO6), St. James’s and Cork University Hospitals, the Irish College of General Practitioners (ICGP), the National Women and Infants Health Programme (NWIHP), Office of the Chief Clinical Officer, Integrated Care Lead and HSE cross divisional expert Group on contraception for their input in drafting this Strategy (see also **Appendix 1** for additional information).

We would also like to thank colleagues across Government, in the Department of Health, the Department of Children, Disability and Equality (DCDE), the Department of Justice, CUAN, The Department of Foreign Affairs and Trade, the Department of Education and Youth, the National Council for Curriculum and Assessment (NCCA) and the Higher Education Authority (HEA) for their time, collaboration and input.

We are very grateful to our partners and stakeholders, within the HSE and Sexually Transmitted Infection (STI) clinic network, in the further and higher education sector and in community-based organisations that work in partnership with us to deliver supports to those needing care, for their feedback in terms of how we should deliver better, wider, equitable, and more comprehensive services relating to sexual health and wellbeing.

Foreword by the Minister for Health

As Minister for Health, I am pleased to introduce Ireland's National Sexual Health Strategy, which outlines our ongoing commitment to improving our sexual health and wellbeing.

This comprehensive strategy reflects the evolving opportunities and challenges that we face, outlining the steps we must take to ensure a healthier future for all, regardless of age, gender, orientation, ethnicity or background. The first National Sexual Health Strategy, 2015-2020 (NSHS), saw a significant number of successes during its term, including the introduction of the National Condom Distribution Service and Free Contraception Schemes, free home STI testing, Ireland's HIV Pre-Exposure Prophylaxis (PrEP) programme, and Ireland joining the HIV Fast-Track Cities initiative. Building on the successes of the first Strategy, we are retaining its vision; namely, *that everyone in Ireland experiences positive sexual health and wellbeing and has access to high quality sexual health information, education and services throughout life.*

The renewed Strategy is a wonderful opportunity to broaden and deepen support for sexual health, sequentially integrating services with wider reproductive healthcare, in line with the commitments in this Strategy and in our *Programme for Government, Securing Ireland's Future 2025*. We must also face the challenges that economic success has brought. We have an increasingly vibrant, dynamic and diverse society that is operating at full capacity. HIV and STI rates, both nationally and internationally, have risen in recent years.

In order to support rapid population growth and accompanying pressures on service capacity, we will expand existing initiatives and establish new priorities under this Strategy, making more services accessible through GPs, family planning clinics and community pharmacies, where feasible, in addition to those provided through STI and maternity services. Highlights include a clear and expanding focus on HIV and STI prevention, surveillance, diagnosis, and treatment, also supporting people living with HIV. The Strategy also includes commitments to further expand the Free Contraception Scheme, to cover the full reproductive age range, and to support menstrual health, period dignity and menopause through wider women's health services.

We will also continue to support young people and the Education sector in terms of extending resources and information for schools, the youth sector and for health facilities in further and higher education, in partnership. We will also be building sexual health supports for those who may be living with a disability, a chronic disease diagnosis or may have survived serious illness, including cancer. We will support the Justice sector and Cuan in having zero tolerance for domestic, sexual and gender-based violence, promoting education and awareness of consent, and treating and supporting victims. Finally, we will fulfil our international sexual and reproductive health obligations under treaties and accords to which Ireland is a signatory.

Inclusion is key; we will improve access for key groups, including young people, Travellers, Roma and other ethnic and/or faith-based minorities, the LGBTIQ+ community, people living with consistent poverty, a disability or a chronic condition, people in prisons and other places of detention (PDD), those working in the sex trade and those new to Ireland, all of whom may benefit from targeted information and supports on sexual health.

Sexual and reproductive health is a priority for this Government, acting as a foundation supporting our relationships, our families and, indeed, the lifecycle itself. Over the 10-year term of the Strategy, we will develop a stronger framework, focussing on the sexual health and wellbeing of everyone living in Ireland. The new Strategy will widen momentum and delivery, building on progress to date, in line with the overarching principles of Sláintecare.



Minister for Health

Jennifer Carroll MacNeill, TD

A handwritten signature in black ink that reads "Jennifer Carroll MacNeill TD". The signature is written in a cursive, flowing style.



Foreword by the Minister of State for Public Health, Wellbeing and the National Drugs Strategy

I am delighted to be able to share our National Sexual Health Strategy with you. Our new Strategy builds on the success of its predecessor, while aiming to strengthen public health more widely.

Sexual health is a critical aspect of overall wellbeing, but in recent years, we have seen concerning increases in sexually transmitted infections (STIs). Current trends reflect both population growth and changing social dynamics; public information and awareness must be continuously supported. In Ireland, some of the increases in HIV and STI rates can be attributed to improved testing; the free home STI testing service, launched nationally in 2022, has increased capacity by approximately 33%, reaching many who may have been reluctant to attend STI clinics in person.

We are improving research capacity and surveillance tools to better understand behavioural factors linked to STIs, allowing us to better evaluate prevention interventions and improve them as required. Recent STI reports show encouraging signs that transmission rates may be slowing; cases of chlamydia and gonorrhoea decreased in 2024 in comparison with 2022-2023. However, rates of HIV and STIs remain above those recorded pre-pandemic - we must remain vigilant and proactive in our approach to education, prevention, diagnosis and care. However, STIs are easily treatable, and lasting damage to health avoidable, if detected early.

With regard to HIV, it is important to recognise the incredible progress made. Before antiretroviral treatments, people lived, on average, 10-12 years after HIV infection. Of almost 700 AIDS cases reported between 1985 and 1999 in Ireland, more than half, fifty one percent, died¹. Today, with advances in antiretroviral treatment, people living with HIV can live full and healthy lives, and our rate of first-time diagnosis is decreasing. Advances mean that people on effective treatment cannot pass HIV to sexual partners and can have healthy pregnancies, going on to deliver healthy babies without passing on the virus. Undetectable is equal to untransmissible.

By fostering an inclusive and open dialogue, and addressing stigma, we empower people to seek testing and care, knowing that their health and wellbeing matters. Sexual health is not just about managing and treating infectious diseases but about preventing them in the first place. We will support information and education, providing resources for schools, colleges, universities and youth work settings and improving communication with all sectors of society.

1. Review of the epidemiology of AIDS in Ireland, 1983-1999 – O'Donnell et al. <https://www.drugsandalcohol.ie/5265/1/1257-1017.pdf>



This Strategy supports better surveillance, diagnosis and treatment, under a new and comprehensive Model of Care for Sexual Health. We will expand access to sexual health services in more settings across the country, improving HIV and STI screening and testing. In line with commitments made in our new *Programme for Government, Securing Ireland's Future*, we will be developing an Action Plan to eliminate new HIV transmissions by 2030, improve access to HIV PrEP and provide additional supports for people living with HIV.

As we move forward, the new Sexual Health Strategy provides a framework for collaboration across Government, health services and community partners. We can create a healthier, more informed Ireland for generations to come. Together, we can ensure that everyone has the information and tools they need to make informed choices about their sexual health, and the ability to access care in a way that best suits their needs.



Introduction

Sexual health and wellbeing is a core element of our life experience, and a key public health issue. Sexual and reproductive health is multifaceted and complex, affected by factors including relationship and family status, age, gender, sexual orientation, disability and health status, and also by socio-economic status, poverty and minority status. Trauma and stigma can also form barriers to accessing much needed care.

The World Health Organization (WHO) and United Nations Population Fund have defined Sexual Health and Sexual and Reproductive Health as follows^{2,3}:

Sexual health is “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual relationships, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

World Health Organization, 2006a

“...Sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system, implying that people can have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. To maintain sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. When they decide to have children, women must have access to skilled health care providers and services that can help them have a fit pregnancy, safe birth and healthy baby”.

United Nations Population Fund, 2022

2. World Health Organisation – Sexual Health - https://www.who.int/health-topics/sexual-health#tab=tab_2

3. United Nations Population Fund – Sexual and Reproductive Health <https://www.unfpa.org/sexual-reproductive-health#readmore-expand>

*The National Sexual Health Strategy 2015-2020 (NSHS)*⁴ was Ireland's first national framework for sexual health and wellbeing, aiming to improve sexual health and wellbeing and to reduce negative sexual health outcomes. The NSHS was a core component of the Healthy Ireland Framework, 2013-2025, and Healthy Ireland Strategic Action Plan, 2021-2025⁵, which provide our national roadmap supporting health and wellbeing. The Healthy Ireland Framework, in turn, is a key element of the Healthy Living pillar of Sláintecare⁶, launched in 2017. Sláintecare is transforming healthcare in Ireland, building towards equal access to healthcare for everyone living in Ireland, based on need and not on the ability to pay. Sláintecare puts people at the centre of healthcare, widening access to healthcare in both the community and in hospitals, providing the right care, in the right place, at the right time. The new Strategy is aligned with Sláintecare and will be implemented collaboratively with other key Government policies, strategies and programmes. These include:

- » *The LGBTI+ Inclusion Strategy, 2019-2021*⁷ (a successor Strategy is currently in development);
- » *The National Traveller and Roma Inclusion Strategy II, 2024 - 2028 (NTRIS II)*⁸;
- » *The Women's Health Action Plan, 2022-2023* and its successor, *the Women's Health Action Plan, 2024-2025 Phase 2: An Evolution in Women's Health*⁹;
- » *The Healthy Ireland National Men's Health Action Plan, HI-M, 2024-2028*¹⁰;
- » National curricula and supports for schools, in collaboration with the NCCA
- » *The National Maternity Strategy, Creating a Better Future Together, 2016-2026*¹¹;
- » *The Third National Action Plan to prevent and combat Human Trafficking (2023-2027)*¹²;
- » *Zero Tolerance: The Third National Strategy on Domestic, Sexual and Gender Based Violence 2022-2026*¹³;
- » The HSE Social Inclusion Framework;
- » Supporting Ireland's international commitments and reporting requirements (EU, WHO, OECD, UN), in collaboration with the Department of Foreign Affairs and Trade;
- » *Sharing the Vision; A Mental Health Policy for Everyone, 2020-2030*¹⁴;
- » *National Mental Health Promotion Plan, Pathways to Wellbeing, 2024-2030*¹⁵.

4. Healthy Ireland – Sexual Health, National Sexual Health Strategy: <https://www.gov.ie/en/policy-information/706608-healthy-ireland-policies/#sexual-health>

5. Healthy Ireland Framework, 2013-2025 <https://www.gov.ie/en/publication/e8f9b1-healthy-ireland-framework-2019-2025/>

6. Sláintecare website: <https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy/>

7. National LGBTI+ Inclusion Strategy, 2019-2021 <https://assets.gov.ie/static/documents/lgbti-inclusion-strategy-2019-2021.pdf>

8. National Traveller and Roma Inclusion Strategy II, 2024-2028; and Action Plan, 2024-2026; <https://assets.gov.ie/static/documents/national-traveller-and-roma-inclusion-strategy-ii-2024-2028-2dcf9a67-8dd5-4321-aa48-7e.pdf>

9. Women's Health Action Plan 2024-2025 Phase 2: An Evolution in Women's Health; <https://www.gov.ie/en/department-of-health/press-releases/ministers-launch-the-womens-health-action-plan-2024-2025-phase-2-an-evolution-in-womens-health/>

10. National Men's Health Action Plan: Healthy Ireland - Men (HI-M) 2024-2028; <https://www.hse.ie/eng/services/publications/health-and-wellbeing/national-men-s-health-action-plan-2024-2028.pdf>

11. National Maternity Strategy – Creating a Better Future Together 2016-2026; <https://www.gov.ie/en/department-of-health/publications/national-maternity-strategy-creating-a-better-future-together-2016-2026/>

12. National Action Plan to prevent and combat Human Trafficking, 2023-2027; <https://www.gov.ie/en/department-of-justice/publications/third-national-action-plan-to-combat-and-prevent-human-trafficking/>

13. Zero Tolerance, Third National Strategy on Domestic, Sexual and Gender Based Violence, 2024 Implementation Plan <https://assets.gov.ie/289239/8397af6a-eb2e-48d7-a0df-cf72c91d103b.pdf>

14. Sharing the Vision - A Mental Health Policy for Everyone; <https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/>

15. Pathways to Wellbeing – National Mental Health Promotion Plan, 2024-2030; <https://www.gov.ie/en/publication/f478e-pathways-to-wellbeing-national-mental-health-promotion-plan/>

Developments 2015-2024

We have established a wide range of new services and resources, including new research, monitoring and surveillance data, between 2015 and 2024. In parallel, there have been wider societal developments that are supportive of sexual and reproductive health and wellbeing.

These include:

Legislative reforms

- » The Marriage Equality Referendum, 2015¹⁶, supporting same-sex marriage;
- » Criminal Law (Sexual Offences) Act 2017, including criminalising purchase of sexual services¹⁷;
- » Referendum on Repeal of the Eighth Amendment to the Constitution, followed by the Health (Regulation of Termination of Pregnancy) Act 2018¹⁸; and
- » The Health (Miscellaneous Provisions) (No.2) Act of 2022¹⁹, amending Section 67E of the 1970 Health Act to provide the legislative framework for the free contraception scheme.



16. Thirty-fourth Amendment of the Constitution (Marriage Equality) Act 2015: <https://www.oireachtas.ie/en/bills/bill/2015/5/?tab=bill-text>

17. Criminal Law (Sexual Offences) Act 2017: <https://www.oireachtas.ie/en/bills/bill/2015/79/>

18. Health (Regulation of Termination of Pregnancy) Act 2018; <https://www.irishstatutebook.ie/eli/2018/act/31>

19. Health (Miscellaneous Provisions) (No. 2) Act 2022; <https://www.irishstatutebook.ie/eli/2022/act/20/enacted/en/html>

Key service developments and initiatives

- » Launching the National Condom Distribution Service (NCDS) in 2015;
- » Introducing termination of pregnancy (ToP) services in 2019²⁰; supported by the 'My Options' service²¹, which also provides supports in other languages, written and interpreter supported;
- » Key HIV prevention initiatives: the Pre-Exposure Prophylaxis (PrEP) service and Ireland joining HIV Fast-Track Cities, 2019. The annual budget for PrEP is now €6.45m in 2025;
- » Launching the Free Contraception Scheme (FCS)²² for women in 2022, now expanded to include women aged 17-35 in mid-2024²³. The annual FCS budget is €47m in 2025;
- » Launching the HSE national home sexually transmitted infection (STI) testing service²⁴ in 2022, adding approximately 33% of additional capacity, nationwide. The budget for this service is €4.82m in 2025;
- » Building sexual health promotion capacity in the health, education, youth and community sectors through roll-out of the HSE's Foundation Programme in Sexual Health Promotion, and through supporting NGOs providing sexual health training;
- » Developing and publishing resources supporting sexual health education and training, for use at home and in schools, higher education and youth services²⁵;
- » Developing the clinical and public health response to mpox in Ireland;
- » Service improvements in sexual assault treatment units (SATUs)²⁶ following review²⁷;
- » Publication of relevant reports, reviews and research (see **Appendix 2**); and
- » From 2016-2024, investment in sexual health through the HSE SHP has reached almost €100m.

Strategic context and challenges

We live in a period of significant and ongoing change, which raises potential challenges to realising the vision of the second NSHS. These include:

- » Demographic changes: an increasingly diverse, rapidly growing and ageing population;
- » Supporting sexual health and wellbeing in the context of an increased incidence of chronic conditions and the spectrum of disability and neurodiversity;
- » Supporting sexual health and wellbeing in the digital age;
- » STI rates, which are rising both nationally and internationally;
- » Multiple drug-resistant STI variants and emerging STIs (e.g. mpox);
- » Increasing demand for services, both in terms of capacity and diversity of need.

20. Thirty-sixth Amendment of the Constitution, Health (Regulation of Termination of Pregnancy) Act 2018: <https://www.oireachtas.ie/en/bills/bill/2018/105/>

21. My Options Freephone Line <https://www2.hse.ie/services/unplanned-pregnancy/support-services/my-options-freephone/>

22. Sexual wellbeing; contraception information: <https://sexualwellbeing.ie/sexual-health/contraception/>

23. The Health (Miscellaneous Provisions) (No.2) Act, 2022 provided the legislative framework for provide free prescription and emergency contraception for 17- to 25-year-olds: <https://www.irishstatutebook.ie/eli/2022/act/20/enacted/en/html>

24. Sexual wellbeing; free home STI testing, resources: https://sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/sti-testing/home-sti-test/?gad_source=1&gclid=EALalQobChMIm5-vy936igMVHohQBh1gNB75EAAAYASAAEgLvIvD_BwE&gclidsrc=aw.ds

25. HSE Education Programme: www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/

26. Sexual Assault Treatment Unit; Information: <https://www2.hse.ie/services/satu/about/>

27. Department of Health Policy Review: Sexual Assault Treatment Units (SATUs) <https://www.gov.ie/en/department-of-health/publications/department-of-health-policy-review-of-the-national-sexual-assault-treatment-unit-satu-service/#:~:text=The%20Sexual%20Assault%20Treatment%20Units%20%28SATU%29%20Policy%20Review,well%20is%20the%20current%20policy%20working%20in%20practice%3F>

The WHO published *Global Health Sector Strategies on HIV, viral hepatitis and STIs* for the period 2022-2030 (GHSS)²⁸. These seek to end the AIDS, viral hepatitis and STI epidemics by 2030. The NSHS supports these aims. With increasing demand, the health sector needs to respond to both the challenges and to the WHO targets by focusing on preventing disease and disability, and by improving effectiveness, quality of care and productivity.

STIs and HIV; current epidemiology

STIs and HIV remain significant public health problems, both in Ireland and worldwide. STI rates have been increasing over the past decade, both in Ireland and internationally. Ten STIs are notifiable in Ireland, with six of these being regularly notified via the national Computerised Infectious Disease Reporting (CIDR) system (see **Appendix 3** for more detail).

Significant increases in STI notifications occurred in 2022 and 2023. Some of the increase noted is likely to have resulted from the ending of necessary health restrictions on both social activity and travel that were in place during the pandemic. An increase in STI testing undoubtedly contributed to the rise, resulting from commencement of the HSE home STI testing service, which was piloted in 2021 and launched nationwide in 2022. This service has increased capacity for STI testing by approximately 33%, reaching many groups that may not have presented to sexual health clinics previously. In 2024, 20,626 STIs were notified in Ireland to the national Computerised Infectious Disease Reporting (CIDR) system.

STIs

In 2024²⁹, 20,626 STIs were notified in Ireland to the national Computerised Infectious Disease Reporting (CIDR) system (see Table 1 and Figure 1). The STIs most commonly notified in 2024 were chlamydia, gonorrhoea and genital herpes. STI notifications decreased in 2024 in comparison with 2023, but were still significantly higher than before the pandemic, in 2019. Younger people are more affected by STIs; most notably in women, with a peak in diagnoses in those aged 20-24 years. Male cases are spread over a wider age range (see Figure 2).

Table 1: STI notifications in 2024

STI	2024 N	2023 N	% change 2024 vs. 2023	Notification rate/100,000 population, 2024
Chlamydia	11,539	13,706	-15.8	224.1
Gonorrhoea	5,974	6,804	-12.2	116.0
Herpes simplex (genital)	1,838	1,686	9.0	35.7
Early infectious syphilis (EIS)	1,027	911	12.7	19.9
Lymphogranuloma venereum (LGV)	37	37	0.0	0.7
Trichomoniasis ³⁰	211	70	201.4	4.1
Total	20,626	23,214	-11.1	401.1

28. WHO, Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030; <https://www.who.int/publications/i/item/9789240053779>

29. the data presented here were extracted from CIDR at the end of December, 2024 and were correct as of 6th January 2025. Data can change following further data validation and review; for the most up to date figures, please visit the HPSC website at <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/>

30. An improvement to the case definition for trichomoniasis was introduced in January 2024 which has resulted in increased reporting and more accurate determination of the incidence of trichomoniasis in Ireland. Therefore, comparison of 2024 data with previous years is not valid.

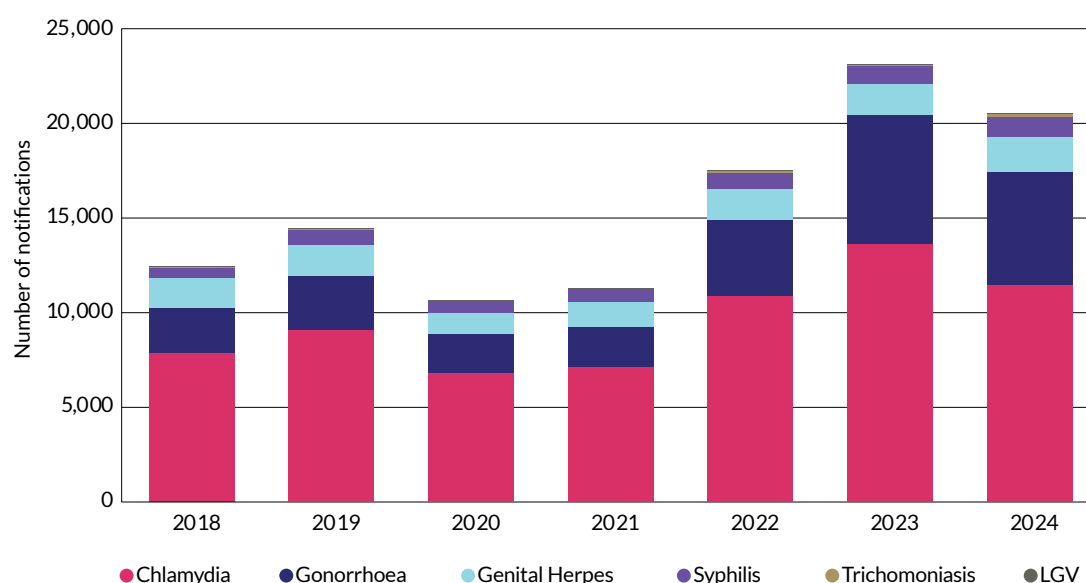


Figure 1: STI notifications, 2018 to 2024

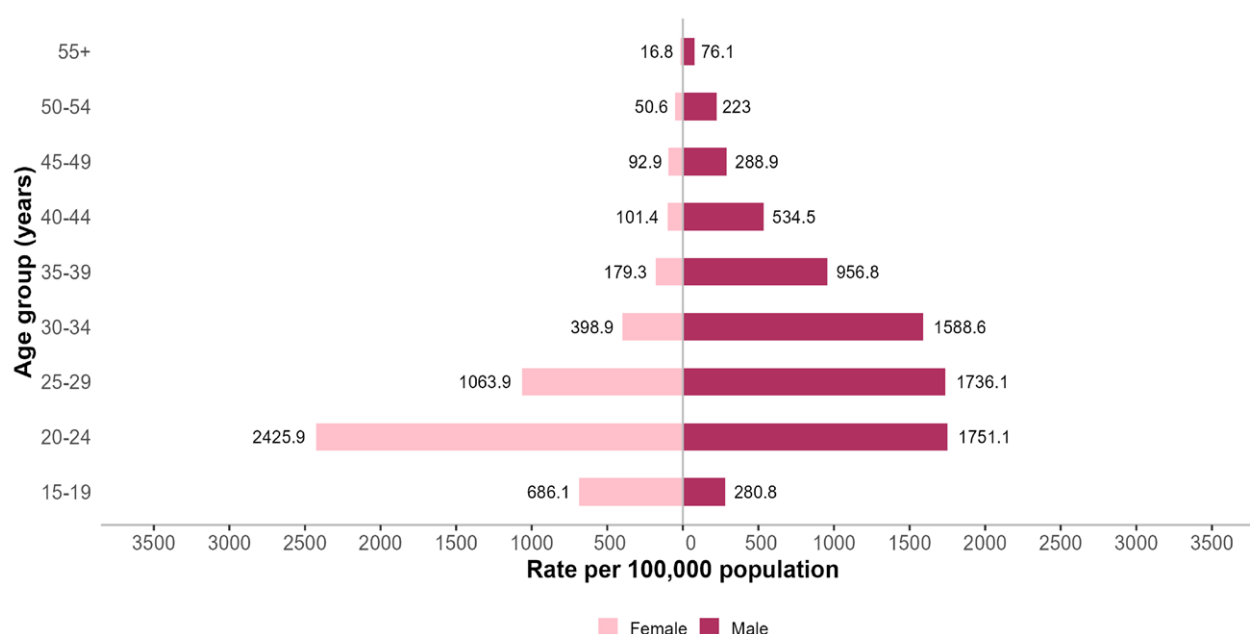


Figure 2: STI notification rate (per 100,000 population) by age group and gender, 2024

HIV

HIV remains a major public health issue in Ireland and key efforts are required to achieve the targets set by the United Nations Sustainable Development Goal (3.3) to end AIDS by 2030. In recent years, an increasing number of HIV diagnoses are among people previously diagnosed outside Ireland. Therefore, to analyse HIV epidemiology meaningfully in the Irish context, data are separated into first-time diagnoses and previously positive diagnoses³¹. The most recent complete data set is available within the Health Protection Surveillance Centre 2023 HIV report³². In 2023, 911 total HIV diagnoses were recorded, with the majority (61%) in people already known to be living with HIV. A rate of 3.4 first-time diagnoses per 100,000 population (173; 19% of the total) were also recorded, similar to 2022 and lower than that recorded pre-pandemic (Figure 3).

31. This breakdown is not yet available for most notifications in 2024 so analysis of 2024 data and comparison of 2024 HIV data with previous years is not valid.

32. HPSC [2023 HIV Slide Set](#)

A key population group affected by HIV in Ireland are gay, bisexual and other men who have sex with men (gbMSM). Encouragingly, a declining trend in first-time diagnoses in gbMSM has been evident since 2015; moreover, a lower proportion of gbMSM have been diagnosed late in recent years. Heterosexuals accounted for 50% of first-time diagnoses in 2023, however the rate among this group, proportionately, remains low. Of concern, a higher proportion of heterosexuals (men in particular) are diagnosed late. HIV transmission among people who inject drugs (PWID) remains at low levels, possibly as the result well-established and effective harm-reduction programmes.

Of the 553 people previously diagnosed with HIV abroad, 95% were reported to have transferred their care to Ireland from another country; of these, 89% had a suppressed viral load (where known).

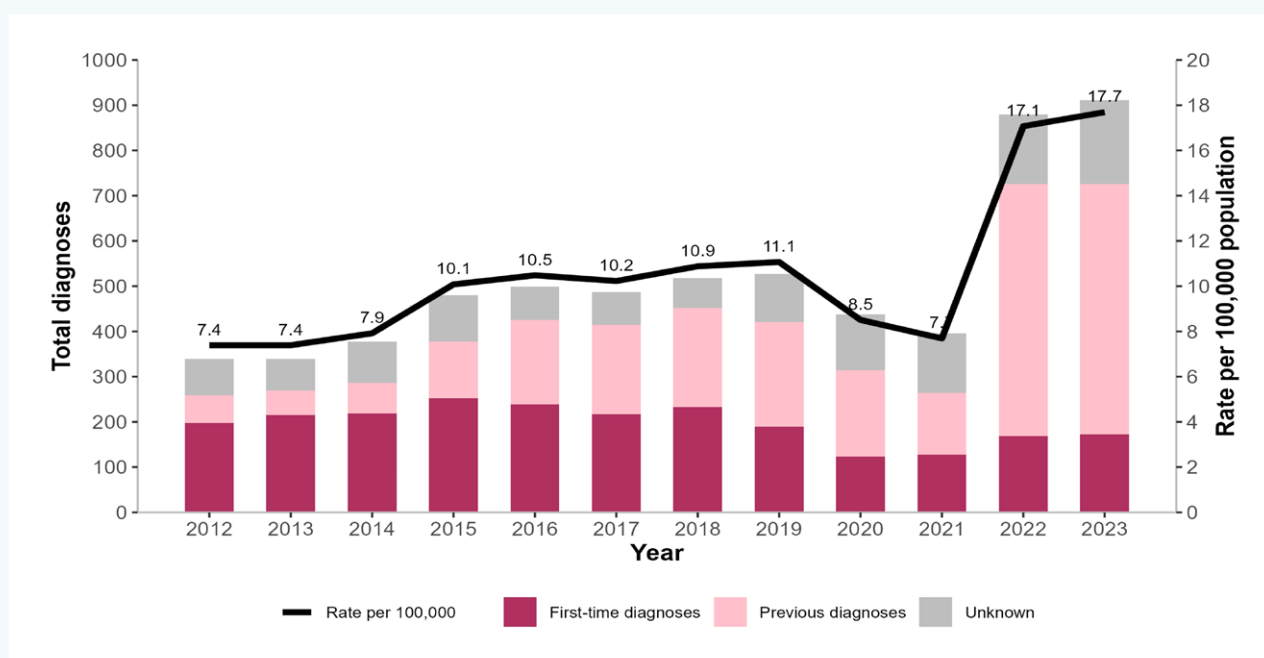


Figure 3: HIV notifications by previous history, 2012 to 2023

More details on HIV, STI and mpox transmission data are provided in **Appendix 3**.

International data

The latest European Centre for Disease Prevention and Control (ECDC) STI reports showed that in 2022, the number of reported cases saw a significant increase compared to the previous year, with gonorrhoea cases rising by 48%, syphilis cases by 34%, and chlamydia cases by 16%. In addition, cases of lymphogranuloma venereum (LGV) and congenital syphilis (caused by transmission from mother to foetus) have also substantially increased. The ECDC states that “these trends underscore the urgent need for immediate action to prevent further transmission and mitigate the impact of STIs on public health”.

New Strategy Development

A mid-term review of the first NSHS was completed in 2018 and concluded that implementation was going well. Renewing the NSHS was postponed during the pandemic, recommencing in 2021. Supporting patient and public involvement (PPI), wide-ranging focus groups and meetings were held and feedback requests circulated to key stakeholders, including clinical and public health staff, the HSE Sexual Health Programme (SHP) team, Government departments and agencies, the research and academic sector, and civil society partners representing the LGBTIQ+ community, young people and minorities. Findings informed an independent final review of the Strategy, completed in 2023 by Crowe Ireland³³. The Review found the first National Sexual Health Strategy to have been successful, with 49 out of 56 actions deemed successfully progressed.

Subsequently, to update stakeholder feedback and to scope supports for the higher education sector, a written consultation exercise, including current stakeholders, student health services and Healthy Campus Co-ordinators, was held in mid-2024. The review, subsequent feedback and public health priorities have informed this new Strategy. A wide-ranging, collaborative approach, sometimes referred to as a systems approach³⁴, will be used, in as far as is reasonably achievable, to work across different areas of the Department of Health, the HSE, wider health services, the education sector and, indeed, wider Government, to co-ordinate delivery of affirmative sexual health supports.

In line with international trends and recommendations, we aim to sequentially lay the foundations for more co-ordinated delivery of sexual and reproductive health and rights for all. We will provide services that improve access and experience of care, linking sexual health with fertility, maternity, men's, women's and LGBTIQ+ health, termination of pregnancy and other related issues, to ensure co-ordinated, equitable, and person-centred delivery of services supporting sexual and reproductive health and rights, and providing services for patients that are as seamless as possible, regardless of where they first choose to access care. This Strategy reflects the need for full inclusion of diversity, with a focus on key groups³⁵, including those living with disabilities, people new to Ireland who may need various supports or victims of sexual violence who may face a range of barriers to accessing public sexual and reproductive health services.

Commencing under the first NSHS, we are continuing to develop appropriate care and supports for sexual health and wellbeing and to improve sexual health and reproductive health outcomes across the life-course for everyone.

The new Strategy aims to play its part in supporting public health more widely, building on all areas, but prioritising infectious disease management, given the risks that these pose. We will focus on HIV and STI surveillance, prevention, awareness, timely diagnosis and treatment as a priority. Enabling better sexual and reproductive health for all also involves strengthening wider areas, such as education, social care, inclusion health, and awareness, applying the Health In All Policies approach advocated by the WHO.

The new Strategy will widen momentum and delivery, building on progress to date, in line with the overarching principles of Sláintecare and Healthy Ireland. Supporting the new Strategy, this document also includes the first of 3 Sexual Health Action Plans that will map out implementation up to the end of 2028 (see Page 58). Subsequent Action Plans will be published to cover 2029 - 2032 and 2032 - 2035.

33. National Sexual Health Strategy and Review <https://www.gov.ie/en/policy-information/8feae9-national-sexual-health-strategy/>

34. Systems approaches address complex problems by looking at the collective effects of a wide range of factors and their relationships to each other rather than by splitting problems into constituent parts. Modern public health challenges are complex and multi-faceted, with multiple intersecting causes and consequences, but by mapping out relationships between multiple influences on health outcomes, and working with communities and stakeholders to better understand context, and designing interventions that address these, this approach can help protect health and minimise health inequities.

35. Key groups include (but are not limited to): young adults, early school leavers, Travellers, Roma, vulnerable migrant groups and other ethnic and/or faith-based minority groups, the LGBTIQ+ community, people living with consistent poverty, sex workers, people with a disability, people in prisons and other places of detention and people new to Ireland, all of whom may benefit from targeted information on sexual health and how to access services when needed.

Our Vision, Goals, Principles and Priorities

Vision

The vision of the first National Sexual Health Strategy, 2015-2020 remains appropriate for this Strategy;

“that everyone in Ireland experiences positive sexual health and wellbeing and has access to high quality sexual health information, education and services throughout life”.

The WHO definition of sexual health (stated earlier) supports policy and practice in Ireland. WHO principles, included throughout both Strategies, support high-quality evidence-based people-centred services³⁶, including:

- » Optimising systems, sectors and partnerships for impact;
- » Generating and using data to drive decisions for action;
- » Engaging and empowering communities and civil society;
- » Fostering innovations for impact.

There are 4 overarching **goals** that support the vision of the Strategy:

Goals

1

Sexual health promotion and education; Evidence informed, inclusive and tailored sexual health promotion will be available to all. This will be achieved through the provision of information, education and communications campaigns that support positive sexual health and wellbeing, and the prevention of negative sexual health outcomes across the life-course.

2

Sexual health services; Equitable, accessible and high-quality sexual health services for the maintenance and improvement of sexual health and prevention of sexual ill-health that are targeted and tailored to need, will be available to everyone.

3

Contraception and unplanned pregnancy; High quality information and services will be available to all, enabling reproductive choice in relation to contraception and unplanned pregnancy options and supporting those who have experienced domestic, sexual and gender-based violence.

4

Sexual health surveillance, monitoring, evaluation and research; Robust and high-quality sexual health surveillance, monitoring, evaluation and research will underpin all aspects of policy, practice, service delivery and planning of sexual health outcomes.

36. WHO Global Strategy on Human Resources for Health: <https://www.who.int/publications/i/item/9789241511131>

There are six **key principles** that underpin the new strategy:

Principles

1	Sex Positivity; In addition to a strong focus on the prevention, diagnosis and treatment of sexual ill health, we will use a health-promoting and sex positive approach in implementing the Strategy; building capacity at individual and community level to develop and maintain positive sexual health and wellbeing.
2	Diversity, Equality and Social Inclusion; We will aim to meet the sexual health needs of people of all genders and orientations, across the life stages and range of abilities, and from multiple backgrounds and ethnicities. In accordance with the vision of Sláintecare, we will ensure that, as far as possible, everyone has equitable access to services based on their needs, and not on their ability to pay.
3	Working Together in Partnership; We will strengthen collaboration and cooperation across the health system, public services, and across Government, with key stakeholders and public involvement, engaging with communities to deliver efficient, user-friendly services that are accessible, culturally competent, and value for money.
4	International Commitments; We will deliver sexual and reproductive health services, both domestically and, where appropriate, through our international aid programmes, in line with the principles of international agreements, treaties, accords and initiatives to which Ireland is a signatory. We will also fulfil our international surveillance and reporting obligations .
5	Supporting Delivery through Our People; We will support, value and retain our specialist staff, recognising their existing expertise and providing opportunities for further upskilling, and we will expand the capacity of other health, education and community professionals to incorporate sexual health into their core work, as appropriate.
6	Widening Equitable Access and Capacity through Joined-Up, People-Centred Service Delivery; Ensuring equitable access and capacity through joined-up, person-centred service delivery, we will expand the delivery of sexual health services to include a wider range of primary care , acute (hospital) and community services, in order to widen geographic access, reduce cost and transport barriers and provide joined-up, person-centred care, in the right place and at the right time.

The new *Programme for Government, 2025, Securing Ireland's Future*, in place for the first phase of implementation, includes a number of commitments relevant to sexual health. These are to be implemented across Government, with a focus on the Health, Education, Higher Education and Justice sectors.

Relevant Programme for Government commitments

- » Publish a new **National Sexual Health Strategy**;
- » Intensify our efforts by developing an action plan to **eliminate new HIV** transmissions by 2030 and provide support for **people living with HIV**;
- » Increase the **availability of Pre-Exposure Prophylaxis (PrEP)** and reduce waiting times for access to it;
- » Provide a comprehensive women's health programme in general practice including advice on **contraception, sexually transmitted infections**, screening, fertility and pre-conception and support for women experiencing menopause;
- » Promote the uptake of the **Human Papilloma Virus (HPV) vaccine** for young men and boys;
- » Continue to rollout **active consent** workshops;
- » Continue to improve investment in and access to a range of **health services for LGBTIQ+** people and provide for a more inclusive health and social care environment;
- » Complete a review on **consent** within 12 months and update the law in relation to consent;
- » Increase funding allocated to **Sexual Assault Treatment Units (SATUs)** across the country.

These, and other relevant Programme for Government commitments will be supported in more detail by this Strategy and Action Plans under its remit.

Our Priorities

We will continue to deliver all of the programmes, supports and initiatives that helped to make the first Strategy successful. However, given the pace of change, maintaining the trajectory of improvement requires additional innovation. We also have the opportunity to deliver services differently, with the Sláintecare programme, the new Health Region structures within the HSE, additional resourcing for public health and women's health and additional clinical programmes, all providing additional supports for innovation.

Public health approaches will vary, with some applied universally and others targeted more specifically to key groups who may need them; more detail on approaches is provided in subsequent chapters.

Improving support for positive sexual health and wellbeing in the years ahead will involve a number of **new priorities** as follows³⁷. These will ensure more extensive delivery of wider, more accessible sexual health supports, to a larger and more diverse population, in line with the principles of Sláintecare.

37. These priorities are numbered for ease of reference and not in order of priority.



We will:

1. Extend the provision of **information and educational resources** to people of all ages, backgrounds and ethnicities, to promote positive sexual health and wellbeing, prevent adverse outcomes and support access to services when needed;
2. Develop a comprehensive **Model of Care for Sexual Health** to provide an equitable roadmap for sexual health service delivery and improvement, across the lifetime of this Strategy;
3. Widen access to **equitable sexual health care, across our new Health Regions**, with a clear focus on improving prevention, testing, surveillance, early diagnosis and treatment for STIs and HIV and supporting wider public health priorities;
4. Develop an **Action Plan for HIV**, to eliminate new HIV transmissions by 2030, in line with the *Programme for Government, 2025* and our international commitments, also providing a **Model of Care for HIV** and additional supports for people living with HIV;
5. **Improve access to vaccines** supporting sexual health (Human Papilloma Virus, Hepatitis A and B vaccines);
6. Scope the sexual health needs of people living with **chronic conditions, disabilities** and/or **neurodiversity**;
7. Widen access to **free sexual health care through primary care**, also improving integrated care pathways to link primary care, sexual health services, free contraception and wider reproductive health care, providing services that are both easier for patients to navigate, and more efficient;
8. Widen access to **free contraception**, through the Free Contraception Scheme and National Condom Distribution Service;
9. Widen and deepen **the research base** supporting sexual health policy, also investing in laboratory systems, services and surveillance, in line with public health priorities and international guidance;
10. Work in partnership, to provide targeted **supports for the further and higher education sector**; providing wider and more accessible sexual health services on campus;
11. Work in partnership with the Justice sector, Cuan (the national agency dedicated to tackling domestic, sexual and gender-based violence), and the HSE National Social Inclusion Office, to further develop initiatives that improve sexual consent awareness and behaviours, **reduce DSGBV incidence**, treat victims and support survivors;
12. Improve **stakeholder, governance and implementation structures** such that the voices of key groups and service users will feed into three successive Action Plans, supporting patient and public involvement and innovation in the delivery of this Strategy as a living document, across its 10-year timeframe.

The first **Sexual Health Action Plan** supporting implementation of this Strategy from 2025-2028, is included within this document, after Chapter 6.

1

Sexual Health Promotion and Education



Sexual health and wellbeing promotion creates a supportive environment that *'promotes and protects the fulfilment of personal goals in relation to sexual health while acting responsibly towards others'* (WHO, 2015)³⁸.

Supporting **Goal 1**, sexual health promotion builds partnerships between the State, health services, community partners and other stakeholders, taking two approaches:

1. Working regionally and nationally, to influence policy across relevant Government Departments, to create and maintain an environment where individuals are encouraged and supported to make healthy choices;
2. Working at local and regional level to build individual and community capacity, with a clear focus on supporting population groups at risk of social exclusion.



38. WHO 2015 Brief Sexuality Related Communication; <https://iris.who.int/handle/10665/170251>

This allows for the provision of:

- » a cultural and legislative environment in which sexual health and wellbeing can flourish;
- » relationship and sexuality education for children and young people in the home, in formal and non-formal education, and in youth work settings; and
- » comprehensive, high-quality and regularly updated information for people of all ages and backgrounds, focussing on emerging sexual health issues, raising awareness of safe sex in key groups³⁹ and age-cohorts, and of how to access sexual health services and supports. These resources will be available in a range of languages and accessible (for example, literacy proofed or in audio format).

Education and information are key elements of primary prevention and will be further supported by wider prevention and public health supports in the years to come.

Creating a supportive environment for sexual health and wellbeing

We have been building supports for healthy relationships, family planning, education, information and sexual health services, since the publication of the first NSHS. While substantial progress has been made, there is still a degree of discomfort and taboo around issues relating to sex and sexuality, which can affect people's wellbeing and willingness to seek help when needed. In addition to maintaining a clear focus on preventing sexual ill health, we will continue to normalise and promote sexual health and wellbeing as a positive resource for life, using 'age and stage' appropriate messaging, in line with WHO advice⁴⁰.

We will:

- Continue to run public information campaigns that promote sexual wellbeing, and that raise awareness of risk management and how to access sexual health services;
- Co-develop campaigns focussing on supporting key groups (e.g. populations at risk of sexual ill-health, minority ethnic/cultural/migrant groups) in partnership with those groups, also addressing stigma and discrimination undermining sexual health and wellbeing;
- Evaluate the effectiveness of campaigns promoting positive sexual health and wellbeing;
- Support the prevention of domestic, sexual and gender-based violence (DSGBV), through education and promoting healthy relationships, including sexual consent awareness and behaviours and staff training.

39. Key groups include (but are not limited to): young adults, early school leavers, Travellers, Roma, vulnerable migrant groups and other ethnic and/or faith-based minority groups, the LGBTIQ+ community, people living with consistent poverty, sex workers, people with a disability, people in prisons and other places of detention and people new to Ireland, all of whom may benefit from targeted information on sexual health and how to access services when needed

40. Contributing to the promotion and maintenance of physical and mental well-being rather than being disease focused.

Capacity building as a core element of sexual health promotion

In order to support people in making good sexual health choices, we will optimise the reach and impact of sexual health interventions across health, education, youth work and community settings. This will be achieved by upskilling and supporting those working in these settings to integrate sexual health promotion and education into their core work, and by continuing to build a well-resourced and skilled HSE sexual health promotion workforce, at both regional and national level.

We will:

- Continue to implement the *Sexual Health Promotion Training Strategy 2019-2029*,⁴¹ supporting wider capacity to promote sexual health and wellbeing, providing for a well-resourced and skilled sexual health promotion workforce within the HSE and Health Regions;
- Continue to provide the core Foundation Programme in Sexual Health Promotion, supporting the comfort, confidence, attitudes, values, knowledge and skills of health, education, youth work and community professionals to discuss sexual health;
- Develop and support sexual health training and resources, with additional focus on key groups, to enable professionals to raise the issues and promote sexual health and wellbeing within these key groups⁴² in a culturally appropriate way.

Children and young people

Helping our children and young people to navigate the complex world of relationships and sexuality supports them in their formative years and across the life-course, and is a vital element of their education. We aim to enhance ongoing provision of relationship and sexuality information and education in the home, early learning, school, youth work, community and publicly funded higher educational settings, and for children and young people in State care. Positive, age-appropriate information, education and guidance for young people through home, school, college, and more informal youth settings will enable knowledge and skills development on a range of topics including:

- » the benefits of healthy, respectful relationships, including consensual, pleasurable sexual relationships in adult life;
- » identifying unhealthy relationship patterns and how to seek help when needed;
- » awareness of domestic, sexual and gender-based violence and what can be done, both at individual and at societal level, to address it;
- » legal, social and psychological issues with respect to online sexual content;
- » the influence of pornography on young people's expectations of sex and relationships;
- » diversity of experience, expression, identity and orientation in relation to human sexuality;
- » safer sexual health practices, preventing STI infections, unplanned pregnancy and other negative outcomes and
- » accessing and navigating reproductive and sexual health services.

41. <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/training-strategy-final.pdf>

42. Key groups include (but are not limited to): young adults, early school leavers, Travellers, Roma, vulnerable migrant groups and other ethnic and/or faithbased minority groups, the LGBTIQ+ community, people living with consistent poverty, sex workers, people with a disability, people in prisons and other places of detention and people new to Ireland, all of whom may benefit from targeted information on sexual health and how to access services when needed

We will:

- Support Government Departments and other sectoral leads in the development of Relationships and Sexuality Education Resources for children, young people and their parents and carers;
- Support the education sector to train and equip teachers implementing the revised SPHE and RSE curriculum;
- Collaborate with the HEA, Healthy Campus Co-Ordinators and college health services within the Healthy Campus Charter and Framework, to support student sexual health and wellbeing⁴³;
- Support TUSLA – Child and Family Agency – in responding to the relationship and sexuality education needs of children and young people in care.

Adults

We know that adult sexual health and wellbeing can be negatively affected by a range of issues, including unhealthy sexual relationships, experience of STIs, unplanned pregnancy, experience of abuse or trauma, sexual dysfunction, including the impacts of illness, surgery or difficult childbirth. Sexual dysfunction associated with clinical conditions and ageing is a significant concern for many. People can experience stigma associated with seeking help or treatment for sexual health related issues. However, education, information and support to access the right sexual health services can help people overcome many of the difficulties they may face. Additional targeted supports for key groups⁴² can be very important in terms of preventing adverse health outcomes.

We will:

- Develop an overarching, evidence-based communications strategy to highlight developments and priorities in sexual health, and to promote access to services;
- Support participation by service users, also focussing on including key groups⁴² and communities in planning and design;
- Develop wider public engagement, education and information interventions, focussing on sexual health issues relevant to adult and older adult life stages, including those relating to sexual function and pleasure;
- Review and further develop web resources to promote sexual health and wellbeing⁴⁴;
- Provide accessible and culturally appropriate information supports, in plain English formats and with translations or interpreters where needed, in consideration of literacy needs and supporting those for whom English may not be their first language.

43. The HEA has oversight of the following HEIs; Atlantic Technological University, Dublin City University, Dun Laoghaire Institute of Art and Design & Technology, Dundalk Institute of Technology, Mary Immaculate College, Maynooth University, Munster Technological University, National College of Art & Design, RCSI University of Medicine and Health Sciences, Royal Irish Academy, South-East Technological University, St Angela's College, Technological University Dublin, Technological University Shannon: Midlands Midwest, Trinity College Dublin, University College Cork, University College Dublin, University of Galway, University of Limerick

44. www.sexualwellbeing.ie currently provides comprehensive sexual health supports and information; this resource will be transitioned to hse.ie in the coming years as part of a process of further development.

DSGBV prevention and education

The legal frameworks relating to domestic, sexual and gender-based violence (DSGBV), and prosecution of offences are matters for the criminal justice system. However, health services are often involved at point of presentation by victims of DSGBV, may be involved in evidence-gathering through forensic examination, and will provide support to victims and survivors, including referral to social workers, or specialist services.

Under *Zero Tolerance, the Third National Strategy on Domestic, Sexual & Gender-Based Violence 2022-2026*⁴⁵, the HSE has a responsibility to enable frontline professionals and support staff to have the necessary analysis, skills, and expertise to identify potential DSGBV risks and make appropriate preventative interventions and referrals (Zero Tolerance, Action 1.4). In the context of this action, the HSE National Social Inclusion Office (NSIO) has developed a HSE National DSGBV Training Resource⁴⁶ aimed at healthcare staff, in partnership with a multidisciplinary expert working group. This training programme is available to all HSE staff and those of HSE funded agencies on www.HSELand.com.

In summary, in collaboration with the NSIO, the Justice, Education and Children's sectors, including Cuan, the new agency established to tackle and reduce the incidence of DSGBV, we will support DSGBV prevention, the treatment, support and care of victims, and staff education via the National HSE DSGBV Training Programme.

The importance of education on consent is underscored by the results of the Central Statistics Office's Sexual Violence Survey 2022⁴⁷, which found that four in ten adults reported experiencing sexual violence over their lifetime, with 52% of women and 28% of men impacted. For non-consensual sexual intercourse, women experienced four times the level (21%) in their lifetime compared with men (5%).

In terms of public information and prevention, we will support the *Zero Tolerance Strategy*, which maps out a five-year time-frame to achieve a society which does not accept DSGBV or the attitudes underpinning it. In addition to HSE National DSGBV Training Programme, there is additional work underway in terms of DSGBV and Human Trafficking education (including sexual exploitation in commercial sex work involving vulnerable migrants). As previously, training can be accessed by all HSE staff and those from HSE funded agencies on www.HSELand.com.

More specifically, the HSE National Social Inclusion Office, in collaboration with the HSE Anti-Human Trafficking Team, have developed an e-learning Human Trafficking Awareness Training Module under the National Action Plan to prevent and combat human trafficking.

The *HSE Healthy Ireland Men Review* recommended that the new *Men's Health Action Plan*, now published⁴⁸, should include support for gender equality, women's health promotion and how 'healthy masculinities' can contribute to these objectives as well as reducing male violence. There is also a broader remit to improve men's awareness of sexual health and wellbeing issues and their links to chronic disease risk (see Chapter 2). These objectives are now supported in the *Healthy Ireland – Men, National Men's Health Action Plan, 2024-2028*, which was published in late 2024.

45. Zero Tolerance for Domestic, Sexual and Gender-Based Violence campaign; <https://www.gov.ie/en/campaigns/fb746-zero-tolerance/>

46. HSE Domestic Violence Training resource – <https://healthservice.hse.ie/staff/training-and-development/domestic-sexual-and-gender-based-violence-dsgbv-training/>

47. CSO Sexual Violence Survey, 2022; <https://www.cso.ie/en/statistics/crimeandjustice/sexualviolencesurvey/>

48. National Men's Health Action Plan, Healthy Ireland – Men. 2024-2028 <https://about.hse.ie/news/hse-encourages-men-to-set-simple-realistic-and-practical-tactics-to-improve-their-health/>

We will:

- Support the work of the Justice, Children and Education sectors, to provide information and education and awareness supports for DSGBV prevention;
- In collaboration with Cuan and the HSE National Social Inclusion Office, develop training supports for healthcare workers regarding DSGBV awareness, prevention, and appropriate supports and responses;
- Promote the HSE National DSGBV Training Programme, supporting the NSIO;
- Promote the HSE Human Trafficking Awareness Training module, supporting the NSIO and Anti-Human Trafficking Team;
- Develop training, campaigns and resources promoting responsible and healthy sexual health practices as a core element of positive masculinities;
- Provide targeted DSGBV prevention supports to young men through educational, youth, and sports settings.

Summary and impacts

Providing comprehensive information, educational resources and guides as to how to access services and supports when needed will support positive sexual health and wellbeing, also allowing people of all ages and backgrounds to access services quickly and easily when they need to. These measures will maximise the chances of good health and wellbeing and minimise harm; supporting prevention, early diagnosis and treatment at an individual level.



2 Sexual Health Services



Supporting **Goal 2**, all sexual health services operate from a principle of improving sexual health in line with the WHO definition and not simply managing negative sexual health outcomes. The HSE has also adopted the WHO definition of integrated service networks: *‘the organisation and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money’*.

Sexual health services include:

- » Community-led services for the prevention and diagnosis of STIs and HIV, and supports for those living with such diagnoses;
- » Clinically-led multidisciplinary services for the prevention, diagnosis and management of STIs; and the diagnosis and prevention of HIV;
- » Clinically-led multidisciplinary services for the assessment and management of genital dermatoses, sexual dysfunction and a range of other genital conditions that are not STIs.



Sexual health services in Ireland are provided by a mix of public (HSE), private, community and voluntary sector services, through sexual health and PrEP clinics (sometimes in hospital settings), through primary care including general practice, family planning, and student health services, and through other non-hospital-based community services. Public sexual health and PrEP clinics are led by consultants in the specialities of Genitourinary Medicine and Infectious Diseases. Some services work with particular key groups⁴⁹, such as gay, bisexual and other men who have sex with men (gbMSM), young people, women, men, students or migrants. Consultations include in- person (face-to-face appointments), or remote (online or by phone). Under our first Strategy, key partnerships between services and the gbMSM community were strengthened, highlighting the value of collaborative, multisector working.

Safe, high quality and efficient services

In order to realise our goals, we need to ensure that everyone is supported to seek, access and engage with safe, high quality and efficient services, to be further developed in partnership with communities, patients and the civil society groups supporting them. To facilitate effective and evidence-based investment in sexual health services, it is imperative at this time to define a fit-for-purpose integrated **Model of Care (MoC)** for sexual health services⁵⁰.

The MoC will ensure that people can access high quality services easily and efficiently, according to their needs, choices and preferences, throughout life. We recognise that some people are at greater risk of sexual ill health; moreover, and that some of those may not recognise their increased risk. We will therefore support equitable access to a wider range of services, where possible.

The reconfiguration of all of our publicly funded health services into **6 HSE health regions** will be taken into account in developing the MoC. The principles behind establishing the health regions involve bringing community health services, hospitals and hospital groups together, to develop a more patient-centred approach, caring for patients closer to home, where possible, whatever their healthcare needs.

Mapping of sexual health services in Ireland and a sexual health needs assessment was completed in the lifetime of the first Strategy, to inform the proposed Model of Care and future service planning. The findings were published in a series of reports, which have influenced the direction of this Strategy and will inform the Model of Care currently being developed by the HSE Sexual Health Programme:

1. A survey of sexual health and contraception services⁵¹
2. A survey of sexual health service provision in general practice⁵²
3. A survey of STI diagnostics in laboratories⁵³
4. A sexual health needs assessment.⁵⁴

49. Key groups include (but are not limited to): young adults, early school leavers, Travellers, Roma, vulnerable migrant groups and other ethnic and/or faith-based minority groups, the LGBTIQ+ community, people living with consistent poverty, sex workers, people with a disability, people in prisons and other places of detention and people new to Ireland, all of whom may benefit from targeted information on sexual health and how to access services when needed

50. https://www.sexualwellbeing.ie/for-professionals/research/research-reports/survey-of-sexual-health-services_june2018v2.pdf

51. https://www.sexualwellbeing.ie/for-professionals/research/research-reports/survey-of-general-practice_january2018.pdf

52. https://www.sexualwellbeing.ie/for-professionals/research/research-reports/survey-of-sti-diagnostics_june2018.pdf

53. https://www.sexualwellbeing.ie/for-professionals/research/research-reports/sexual-health-in-ireland_june2018.pdf

54. https://www.sexualwellbeing.ie/for-professionals/research/research-reports/consultation-report_june-2018.pdf

Stakeholder consultation meetings were held to discuss actions arising from the reports, with a view to planning and prioritisation⁵⁵. The findings included:

- » Inequitable access to public STI services
- » Services working at capacity, struggling to cater for increasing demand.
- » Insufficient staff resources and clinic time, resulting in increased waiting times.

The challenges posed by emerging STIs, including mpox, have put further pressure on existing constrained services, highlighting the need for additional capacity in our STI clinics to support greater service resilience, and surge capacity.

Further development of **integrated care**⁵⁶, linking STI clinics with primary and community healthcare and with acute services such as maternity, gynaecology and genito-urinary medicine, will further increase capacity, efficiency and patient choice. We will continue to support and develop more testing, diagnosis and care for lower complexity STIs in the community (including further development of home STI testing) and through primary care, in line with the principles of Sláintecare.

Within our services, we will continue to expand the role of our nursing workforce in the delivery of care. Other key aspects include the development of national standards and guidelines, educational resources and continuous professional development (CPD) opportunities for staff.

Led by the HSE Sexual Health Programme, we will:

- Develop a comprehensive, evidence-based and fit-for-purpose Model of Care (MoC) for sexual health which will deliver integrated, equitable, accessible and cost-effective care, now and into the future;
- Develop a MoC implementation plan, including a resourcing and business plan that considers changing demographics, rising HIV and STI rates, new and emerging infections and sexual health threats, the new health regions, geographic equity, workforce, infrastructural capacity, and methods of service delivery, informed by lived experience, stakeholder engagement and patient-public involvement;
- To support capacity, value for money, geographic access and choice, consider necessary legislative changes under Section 67 of the 1970 Health Act⁵⁷ that may be required to provide some sexual health services through Primary Care, without cost barriers;
- Develop and update national standards and guidelines for the delivery of sexual health services across clinical and other settings;
- Develop Key Performance Indicators (KPIs), aligned to national standards and auditable outcomes for sexual health services;
- Monitor and respond to emerging sexual health threats, emerging and antimicrobial resistant pathogens of sexual health consequence as required, working with Public Health;
- Provide education and training resources and opportunities to staff working in sexual health services to ensure that service providers are appropriately skilled and culturally competent.

55. Consultation Report: Stakeholder Workshops on Actions for Sexual Health Services Ireland (2018)) <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/>

56. <https://www.hse.ie/eng/about/who/cspd/icp/>

57. Section 67E of the 1970 Health Act provides eligibility for certain services, free of charge. To add services that are free of charge, S67E must be amended.

Equitable, accessible and targeted services

Timely access to sexual health services, free of cost and accessibility barriers, is central to improving and maintaining sexual health and reducing negative sexual health outcomes. We have introduced many new services in recent years and will further support these and additional initiatives, in line with the forthcoming Model of Care.

We will:

- Continue to strive towards provision of universal and equitable access to sexual health services, removing cost barriers where possible, in line with the principles of Sláintecare;
- Target and tailor services for those at greatest risk of sexual ill health.

STI and HIV testing

Free STI and HIV testing and STI care is available through our network of 23 public STI clinics. Please see **Appendix 4** for a list of public STI clinics and SATUs. Testing is also offered to those attending pregnancy health checks through maternity services⁵⁸. Some GPs also provide STI testing and treatment, which are not currently universally free of charge, but can be useful particularly for patients living at a distance from the nearest STI clinic or for whom the home STI testing service is not appropriate. Community led HIV testing services have also been developed and expanded in recent years, enhancing patient choice. STI and HIV reports are available on the Health Protection Surveillance Centre (HPSC) website⁵⁹.

Following a successful Sláintecare Integration Fund (SIF) pilot in 2021, the HSE launched a nationwide free home STI testing service in 2022. The free home STI testing service is estimated to have increased testing capacity by circa 33%, improving choice and overcoming potential embarrassment, stigma, and confidentiality concerns that can act as barriers to accessing face-to-face settings. The service also allows STI clinics to prioritise those with symptoms.

Linkages between the home STI testing service and the STI clinics for follow-up are being developed further, with blended models of clinic visits and online testing already in place for some groups of patients (e.g. PrEP).

We will:

- Widen access to free HIV and STI testing, through the free home STI testing service and the STI clinic network;
- Develop 'user-activated' option for home STI testing kits that can be provided through community settings or distributed via healthcare professionals to those facing barriers to accessing home testing confidentially (for example, shared or cramped accommodation in congregate settings);
- Explore the potential for wider access to State-funded STI testing and treatment through primary care.

58. HSE, Screening for infectious disease during pregnancy; <https://www2.hse.ie/pregnancy-birth/scans-tests/blood-tests/screening-infectious-disease/>

59. HPSC – HIV data and reports <https://www.hpsc.ie/a-z/hivandaids/hivdataandreports/>

HIV Prevention, Diagnosis, Treatment and Care

HIV testing, diagnosis, treatment and care have improved immeasurably since the first cases of what was then termed *acquired immune deficiency syndrome (AIDS)* were identified in the early 1980s. The human immunodeficiency virus (HIV) was isolated in 1986. Worldwide, the WHO estimates that since the beginning of the HIV pandemic, between 65 and 113 million people have been infected with HIV and between 33 – 51 million have died⁶⁰. However, effective treatments were developed. U.S. Food and Drug Administration (FDA) approval of Zidovudine (AZT), the first anti-retroviral drug was followed by the launch of highly active antiretroviral treatment (HAART) in the mid-1990s. Further improvements followed. Antiretroviral drugs, which need to be taken throughout life, now enable a normal lifespan⁶¹. Recognising the individual and population level benefits of antiretroviral therapy and in line with international evidence and guidelines, the HSE recommends that:

“all individuals living with HIV attending HIV services in Ireland are offered antiretroviral therapy (ART) as soon as possible and informed of the benefits of antiretroviral therapy in improving their personal health and reducing HIV infectiousness”⁶².

HIV care and treatment in Ireland is free and available to everyone, through ten hospital settings (see Appendix 4).

We will:

- Develop a HIV Action Plan and HIV Model of Care⁶³ to meet the care needs of people living with HIV in Ireland across the life-course;
- Develop a Model of Care implementation plan, including a resourcing and business plan that considers changing demographics, the new health regions, geographic equity, workforce including skill mix, infrastructural capacity, and methods of service delivery;
- Develop and update national standards and guidelines for the delivery of HIV care;
- Develop Key Performance Indicators (KPIs) for HIV services aligned to national standards and auditable outcomes;
- In collaboration with relevant HSE and public health colleagues, develop a HIV registry to inform Ireland’s performance with regard to its international obligations on HIV response and meet the needs of people living with HIV.

60. WHO, HIV <https://www.who.int/data/gho/data/themes/hiv-aids#:~:text=Since%20the%20beginning%20of%20the,people%20have%20died%20of%20HIV>.

61. https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/information-on-hiv/hse-position-on-antiretroviral-therapy_v1-2_march2023.pdf

62. HSE position on Antiretroviral Therapy for all people living with HIV; <https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/information-on-hiv/art-people-living-with-hiv-english.pdf>

63. For clarity, there are 2 MoCs in development – one for Sexual Health which includes HIV prevention and a second for HIV care.

Treatment as Prevention

Antiretroviral therapy can be used for HIV prevention by treating those with established infection, known as Treatment as Prevention (TasP); through administration at low doses to those at risk of infection (Pre-exposure prophylaxis, PrEP); or administration to those who may have been exposed to infection (Post exposure prophylaxis, PEP).

HIV Pre-Exposure Prophylaxis (PrEP)

HIV Pre-Exposure Prophylaxis (PrEP) consists of a combination of antiretroviral drugs and is recommended for HIV negative people who may be at risk of contracting HIV for various reasons, including having a HIV positive partner, having multiple partners or sharing equipment for injecting drugs.

Ireland's PrEP programme commenced in November 2019⁶⁴. Since the programme began, it has taken a combination HIV and STI prevention approach. National guidelines, standards and patient information resources highlight the importance of availability and access to condoms, STI testing, prompt management of incident STIs and supporting individuals to having good sexual health. All PrEP providers have access to free condoms and lubricant for their service users through the National Condom Distribution Service.

PrEP is 99% effective at preventing HIV infection when taken correctly, however, condom use is also strongly recommended for people with more than one partner, as PrEP does not prevent other STIs^{65,66}. PrEP medication is free of charge through the public PrEP clinic network; some GPs also provide a PrEP service, however, while the medication is free of charge, GP consultations are subject to fees. Annual funding for the programme is currently €6.45 million in 2025.

In line with international guidelines, clinical criteria for PrEP eligibility have been widened in recent years. Numbers accessing PrEP at least once per year expanded from 1,763 in 2020 (the first full year of service delivery), to 3,802 by the end of 2023. By Q4, 2024, 6,974 individuals were approved for free PrEP medication, with 4,419 users (new and return) having a prescription filled. While demand for the PrEP service continues to grow, many PrEP services are reaching (or have reached) capacity. In line with the *Programme for Government, 2025*, which commits to increasing the availability of Pre-Exposure Prophylaxis (PrEP) and reducing waiting times for access to it.

We will:

- Expand equitable capacity for PrEP as a priority, scoping options including additional capacity for public PrEP clinics, widening access to free PrEP services through primary care and exploring digital solutions to improve access to PrEP.

HIV PEP (post-exposure prophylaxis)

PEP is currently available, free of charge in public STI clinics, and is also available, out-of-hours, in some emergency departments (EDs) and through sexual assault treatment units (SATUs). Wider, timely access to PEP out-of-hours in the context of long weekends and statutory holidays has been identified as a priority need to prevent incident HIV infection as ED waiting times and fees can form a barrier to access. We are expanding the range of work that community pharmacies do, with the legislative framework for this currently in development.

64. Information on HIV PrEP for service providers: <https://www.sexualwellbeing.ie/for-professionals/prep-information-for-service-providers/>

65. HIV PrEP, information: <https://www.sexualwellbeing.ie/sexual-health/prep/>

66. STIs and STI prevention; information: <https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/>

We will:

- Explore and where possible, implement the best ways to enable wider, timely access to PEP, out-of-hours and for people living at a distance from public STI clinics, e.g. through online solutions, availability through pharmacists and primary care services, following necessary legislative change.

Vaccines for prevention of STIs and conditions associated with STIs

The human papilloma virus (HPV) vaccine is credited, internationally, with a significant decrease in the incidence of external genital warts and with very significant reductions in cervical cancer rates⁶⁷.

The HPV vaccine was extended to key groups⁶⁸ under the first Strategy. HPV and Hepatitis B (HBV) vaccines are now available, free of charge, to gbMSM and people living with HIV attending public STI clinics, PrEP and HIV services. HPV vaccination is also offered to all first-year students in secondary school through the School Immunisation Programme, playing a key role in cervical cancer prevention. HBV vaccination has been part of the childhood immunisation programme since 2008. Hepatitis A vaccination (HAV) is recommended by the National Immunisation Advisory Committee (NIAC) for gbMSM who do not have evidence of immunity.

We know that there is inequity of access to free HPV, HAV and HBV vaccines. These are available free of charge through the public STI, PrEP and HIV clinic network, but not within primary care, student health or private STI and PrEP services. Some groups, such as people new to Ireland, people working in the sex trade, or those reaching adulthood whose parents had vaccine concerns, may not have benefitted from childhood or school vaccination programmes and remain unprotected. The current *Programme for Government, Securing Ireland's Future*, supports further increasing HPV vaccination coverage.

We will:

- Prioritise increased free access to current and future vaccines protecting sexual health, through expanding existing programmes, increasing STI clinic capacity and through expanding free access in primary care, student health and private settings;
- Prioritise work to progress the development of the National Immunisation Information System (NIIS) that will enable uptake of mpox, HBV, HPV and other vaccinations to be measured systematically in key groups;
- Plan for similar equitable access and uptake monitoring for new vaccines (e.g. mpox, *Neisseria gonorrhoea*), aligning with individual need and not the type of service attended;
- Consider the optimum strategic approach to emergency vaccination needs in the setting of new and emerging STIs, improving emergency response preparedness for vaccines;
- Support expanded vaccine uptake with targeted information campaigns.

67. HPV vaccine, information; [About the HPV Vaccine - HSE.ie](https://www.hse.ie/eng/health/a-z/about-the-hpv-vaccine)

68. Key groups include (but are not limited to): young adults, early school leavers, Travellers, Roma, vulnerable migrant groups and other ethnic and/or faith-based minority groups, the LGBTIQ+ community, people living with consistent poverty, sex workers, people with a disability, people in prisons and other places of detention and people new to Ireland, all of whom may benefit from targeted information on sexual health and how to access services when needed

HIV Fast Track Cities Initiative

The Fast-Track Cities Initiative (FTC)⁶⁹ is a global partnership between cities and municipalities around the world, which builds on, strengthens, and leverages existing HIV programmes and resources to accelerate locally coordinated, city-wide responses to help end the HIV epidemic by 2030⁷⁰, in line with international commitments including the 2025 UNAIDS targets⁷¹. In 2019, four Irish cities, Dublin, Cork, Galway and Limerick, signed up to the FTC Initiative, committing to accelerate and scale-up their local HIV responses including zero stigma and discrimination.

Steering groups have been established for each Irish Fast-Track City and a nationally coordinated HIV scoping study has been completed⁷², providing a baseline description of existing HIV prevention, care and support services, and identifying challenges and gaps in service provision.

Using information provided by the scoping study, we will:

- Support development of implementation plans for each Fast-Track city, supporting adequate resourcing to improve the lives of people living with HIV and to end stigma, discrimination and new HIV infections, in line with the 2025 UNAIDS targets, to which Ireland is a signatory.

Supporting all genders and sexual orientations

In line with our core principles and vision, Ireland seeks to support sexual health, inclusive of all gender identities and sexual orientations (please see **Chapter 3** for women's health).

A range of physical, psychological, interpersonal, environmental and social factors can influence **men's sexual health**, which also covers the prevention and treatment of STIs, the assessment and treatment of male infertility and erectile dysfunction (ED), and treatment for reproductive cancers, such as prostate surgery.

We will:

- Widen support for men's sexual health;
- Provide additional supports for those experiencing ED, including a specific focus on the sexual health needs of male cancer survivors.

69. Fast Track Cited: <https://www.iapac.org/fast-track-cities/about-fast-track/>

70. United Nations Sustainable Development Goals (SDGs) <https://sdgs.un.org/goals/goal3>

71. <https://hsehealthandwellbeingnews.com/a-scoping-study-of-available-hiv-data-services-and-support-in-the-four-fast-track-cities-of-ireland/#>

72. A Scoping Study of Available HIV Data, Services and Support in the Four FastTrack Cities of Ireland, www.sexualwellbeing.ie/for-professionals/research/research-reports/a-scoping-study-of-available-hiv-data-services-and-support-in-the-four-fast-track-cities-of-ireland.pdf

A spotlight on cancer survivorship and its impact on sexual health:

44% of all male cancers including prostate, bladder and colorectal, are urogenital. Up to 15% of men will be diagnosed with prostate cancer at some point in their lives; the proportion of men aged under 55 years at time of diagnosis has quadrupled. Current 10-year survival rates for prostate cancer are over 95% in Ireland. Erectile dysfunction is experienced by the vast majority of pelvic cancer patients, with other side-effects including low libido, hypogonadism, ejaculatory dysfunction, penile length loss, and Peyronie's disease.

Cancer survivorship is a distinct period in the continuum of care, maximising quality of life following treatment. Urological cancer survivorship focuses on sexual, hormonal and urinary function rehabilitation following treatment. Pioneering genito-urinary cancer survivorship services are being piloted at two sites⁷³, commencing in 2025. These services aim to support follow-up treatment needs, particularly for treatments typically limited to private patients.

Depending on successful pilot scheme outcomes, we will:

- support further development of existing sexual health survivorship services and consider inclusion of additional locations and/or services.

LGBTIQ+ sexual health services also need focus. To date, LGBTIQ+ services have largely focussed on STI risks faced by the gbMSM community. We will continue and strengthen that focus, including addressing the evolving needs of people engaging in chemsex use^{74,75}, and will also support wider needs.

We will:

- Focus on sexual health supports for the gbMSM community, supported by continuing community engagement;
- Through engaging with the LGBTIQ+ community, scope the sexual health needs of lesbians, bisexual and other women who have sex with women (gbWSW);
- In partnership with those implementing the National Drugs Strategy 2017-2025⁷⁶ and other relevant stakeholders, scope effective public health responses to increased sexual health and addiction risks experienced by people engaging in chemsex;
- Through engaging with the community, we will provide specialised sexual health services and supports to those identifying as gender fluid, non-binary, transgender or intersex;
- Scope key findings for implementation through the Action Plans that will form key elements of this Strategy's implementation.

73. St James's Hospital and Cork University Hospital

74. Glynn RW, Byrne N, O'Dea S, Shanley A, Codd M, Keenan E, Ward M, Igoe D, Clarke S. Chemsex, risk behaviours and sexually transmitted infections among men who have sex with men in Dublin, Ireland. *Int J Drug Policy*. 2018 Feb;52:9-15. doi: 10.1016/j.drugpo.2017.10.008. PMID: 29223761.

75. Chemsex is described as drug use for or during sex, which may cause health risks due to the effects of the drugs themselves and because of increased STI risk

76. Department of Health. Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025 <https://www.gov.ie/en/publication/4e5630-reducing-harm-supporting-recovery-2017-2025/>

The role of information and technology

Advances in technology have the potential to improve sexual health delivery and laboratory diagnostic and reference services. Technological advances also have potential to provide more detailed intelligence, monitoring, mandatory surveillance data and other indicator updates, to public health in a timely fashion. Relevant advances will be explored and harnessed.

We will:

- Consider the role of technological advances, including e-health and artificial intelligence solutions in delivery of sexual health services, monitoring and evaluation of outcomes and STI surveillance data;
- Implement appropriate technological solutions that improve sexual health service delivery and monitoring;
- Ensure quality laboratory diagnostics to underpin quality diagnosis of STIs;
- Consider the role of near patient testing for STI diagnoses and implement these where appropriate;
- Gather ethnicity data to monitor health outcomes.

Summary and Impacts

The actions set out in this chapter will build on the achievements in the lifetime of the first Strategy, taking into account the opportunities offered by our new Health Region structure, and leading to more geographically equitable and comprehensive sexual health and HIV care across Ireland.



3

Contraception, Unplanned Pregnancy and reproductive health supports



There have been very significant changes in the delivery of sexual and reproductive healthcare in recent years, including the introduction of termination of pregnancy (ToP) services, significant investment in women's health through the Women's Health Action Plans and the introduction of free contraception. Continuation of this work is supported by **Goal 3**.

Many of these developments stemmed from the process leading to repeal of the 8th Amendment to the Constitution, which was completed in 2018:

- » The *Report of the Joint Committee* on the 8th Amendment of the Constitution recommended, in line with repeal⁷⁷, that cost barriers to accessing contraception should be removed.
- » Repeal was followed by the introduction of termination of pregnancy services, which are provided free of charge, to women ordinarily resident in Ireland, from 2019.
- » The *Report of the Working Group on Access to Contraception* (2019)⁷⁸ and subsequent *Programme for Government*, 2020, supported the introduction of the Free Contraception Scheme, starting with women aged 17-25⁷⁹.

77. Committee on the Eighth Amendment of the Constitution (32nd Dáil); <https://www.oireachtas.ie/en/committees/32/eighth-amendment-constitution/>

78. Report of the Working Group on Access to Contraception <https://www.gov.ie/en/department-of-health/press-releases/minister-donnolly-secures-free-contraception-for-women-aged-between-17-25-years-in-budget-2022/#>

79. Programme for Government: Our Shared Future, 2020; <https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/>

Sexual health, contraception and wider women's health

The *Women's Health Action Plans, 2022-23 and 2024-2025, Phase 2: An Evolution in Women's Health*, focus on improving health outcomes for all women and girls in Ireland, including a range of women's health issues beyond the scope of this Strategy, but closely linked to its delivery and remit. Support for women's health services, including additional public gynaecology and menopause clinics, free contraception and supports for period poverty mitigation, has totalled €180m from 2020 to date⁸⁰.

A range of women's health conditions can affect physical and mental health and wellbeing and participation in activities of daily life. Such conditions include adverse menstrual symptoms, the impacts of childbirth, menopause, endometriosis, polycystic ovary syndrome (PCOS), pre-menstrual syndrome (PMS), pre-menstrual dysphoric disorder (PMDD), period pain (dysmenorrhoea) and heavy bleeding (menorrhagia) in addition to chronic conditions and cancer survivorship. Impacts of these conditions include sexual health problems such as reduced enjoyment of sex and implications for intimate relationships.

Recent results from the Healthy Ireland Survey (2022)⁸¹, and The Irish Health Behaviour in School-Aged Children (HBSC) Study (2022)⁸², note that 51% of women and 60% of girls attending school experience adverse menstrual symptoms that are serious enough to cause them to miss school, work, college, social events or sports activities, on occasion. The HBSC notes that 10% of girls old enough to have periods experience period poverty; the Healthy Ireland Survey 2022 reports that 24% of women of reproductive age have experienced period poverty, on occasion.

In addition to its core function in family planning, hormonal contraception can also be used to treat adverse symptoms associated with the menstrual cycle, menopause and other conditions affecting reproductive health (e.g. endometriosis, polycystic ovarian syndrome, premenstrual syndrome and premenstrual dysphoric disorder).

Many women also experience significant adverse impacts on menstrual and sexual health as a result of perimenopause and menopause, which can be addressed through hormonal contraception, hormone replacement therapy (HRT) or a combination of the two. Hormonal contraception is linked to reductions in ovarian cancer, while HRT is linked to a number of health benefits. Access to hormonal contraception through FCS expansion and to more accessible HRT provision will play a key roles in supporting wider women's health, in addition to reproductive choices.

The *Period Poverty in Ireland Discussion Paper*⁸³ recommends that period products should be made available, free of charge, to women who may need them, and that period products should be freely available, as an equality measure, in the bathrooms of public buildings and publicly funded services. These recommendations were further supported by the Women's Health Action Plans and by the *Programme for Government, Securing Ireland's Future* which commits to making free period products accessible in more locations.

80. Women's Health Week, 2025: <https://www.gov.ie/en/press-release/c042b-ministers-for-health-launch-womens-health-week-2025/>

81. Healthy Ireland Surveys, 2015-2024: <https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/>

82. Health Behaviour in School-Aged Children Study: <https://www.universityofgalway.ie/hbsc/hbscireland/#:~:text=The%20Health%20Behaviour%20in%20School,children%20aged%209%2D18%20years.>

83. Period Poverty in Ireland Discussion Paper, 2021: <https://www.gov.ie/en/healthy-ireland/publications/period-poverty/>

Department of Health and HSE funding schemes, to date, offer support to those most in need, providing period products through community health organisations, local authorities and community partners. Northern Ireland has recently directed health and social care trusts to deploy free period products within their services⁸⁴. In line with Shared Island principles, we will support similar access through health services here.

To ensure that the linked contraceptive and menstrual health needs of women and girls are met, we will:

- Focus on the sexual health effects of common gynaecological conditions, menopause, childbirth and ageing on sexual function and quality of life;
- Provide more information resources for conditions linked to reproductive health, including adverse menstrual symptoms, menstrual health and treatments for health conditions linked to the menstrual cycle, linking wider HSE resources with existing resources⁸⁵;
- Scope the role of the FCS in treating conditions linked to the menstrual cycle as well as in supporting sexual and reproductive choice;
- Provide wider supports for period poverty, widening access to free period products for those attending health services, and signposting to funded resources available in the wider community, for those most at risk, also considering legislation to support availability;
- Link expansion of the FCS with menopause care and with commitments for the State to cover the costs of HRT medications, in a continuum across the life-course;
- Scope the need for additional sexual health related cancer survivorship supports, including for women who have experienced breast or urogenital cancers.

Free Contraception Scheme: achievements to date

We launched the FCS in September 2022, initially for 17-25 year-olds ordinarily resident in Ireland. The scheme has since been gradually expanded and is now free at the point of care to eligible women, girls, and people identifying as transgender or non-binary, aged 17-35 inclusive, for whom prescription contraception is deemed clinically suitable.

Medical consultations and a wide range of contraceptive options included on the HSE Reimbursement List⁸⁶ are free of charge under the scheme; these include intrauterine systems and devices (IUS, IUD, also known as coils), contraceptive implants, contraceptive rings, patches, injections, progesterone only and combined contraceptive pills, and the emergency contraceptive pill. Fittings, checks and removals of long-acting reversible contraceptives (LARCs) are also included in the scheme, free of charge. Service costs are re-imbursed through the Primary Care Reimbursement Service (PCRS) and implemented through approximately 2,400 GPs and 2,050 pharmacists, nationwide.

84. Northern Ireland Executive Office, Period Product (Free Provision), Statement of Provision: [https://www.executiveoffice-ni.gov.uk/articles/period-products-free-provision-statement-provision#:~:text=Period%20Products%20will%20be%20made,\)%202022%20legislation.gov.uk](https://www.executiveoffice-ni.gov.uk/articles/period-products-free-provision-statement-provision#:~:text=Period%20Products%20will%20be%20made,)%202022%20legislation.gov.uk)

85. Available on www.sexualwellbeing.ie

86. Primary Care Re-Imbursement Service (PCRS): <https://www.hse.ie/eng/staff/pcrs/items/>

Through a GP training scheme delivered by the Irish College of General Practitioners (ICGP), the scheme supports training and certifying additional medical professionals to fit and remove LARCs, for which additional capacity is needed.

We have also expanded access to free contraception through the National Women and Infants Health Programme (NWIHP). This is now available in maternity units, hospitals, postnatal clinics, and Sexual Assault Treatment Units (SATUs) for specific groups of patients. These include individuals attending postnatal or post-termination of pregnancy (ToP) appointments, those accessing SATUs in emergency situations, and those facing barriers to contraception through primary care or other social challenges that limit access. Similar supports for accessing contraception are in place with the Women's Health Service, which supports people working in the sex trade.

Staff training, through NWIHP, is being put in place to expand the numbers of trained staff in maternity, SATU and other specialist hospital settings (e.g. STI clinics), where patients would benefit from access to LARCs. Regular communications campaigns are being run, to inform the public regarding how to access the scheme, and the range of contraceptives available.

Future plans for the FCS

We will increase supports provided through the FCS in the years to come, expanding access to the entire reproductive age-range⁸⁷ and improving patient choice by widening the range of services through which the scheme can be accessed. There is a clear need for more information on the reliability of various contraception methods. Cycle tracking apps, which provide digital algorithmic support to those using natural methods of contraception, claim to have a failure rate (unintended pregnancy rate) of 7% in any given year⁸⁸, but there are international concerns following a significant proportion of related presentations to termination of pregnancy service clinics in other jurisdictions⁸⁹. Unplanned pregnancy rates for natural family planning methods have been estimated at 24-25% in a given year^{90,91}, higher than for condoms (10-18%) or for prescription contraception (0.05% - 10%)^{92,93}. To put this in context, fully unprotected sex will result in pregnancy for 86% of single couples trying to conceive over the course of a single year.

87. According to clinical guidelines, contraception prescription is typically not continued past age 55.

88. Manufacturers claim 7% failure rate in promotional material; <https://www.naturalcycles.com/>

89. England and Wales, abortion statistics: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2022/abortion-statistics-england-and-wales-2022>

90. Greenberg G.M. 2012: Is Natural Family Planning a Highly Effective Method of Birth Control? No: Natural Family Planning Methods Are Overrated, American Family Physician <https://www.aafp.org/pubs/afp/issues/2012/1115/od2.html>

91. Al-Rshoud F, Qudsi A, Naffa FW, Al Omari B, AlFalah AG. The Use and Efficacy of Mobile Fertility-tracking Applications as a Method of Contraception: a Survey. Curr Obstet Gynecol Rep. 2021;10(2):25-29. doi: 10.1007/s13669-021-00305-4. Epub 2021 Mar 31. PMID: 33815936; PMCID: PMC8009922. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8009922/>

92. Male condoms are around 98% effective and the contraceptive pill, 99% effective under conditions of perfect use, but efficiency rates are typically lower under typical use conditions (for example, stomach upsets or forgetting to take the Pill can reduce its effectiveness. Intrauterine devices, implants and injections are 99% effective,

93. <https://www.nhs.uk/contraception/choosing-contraception/how-well-it-works-at-preventing-pregnancy/>

Bearing in mind the need for clear information supports as well as for access to contraception, we will:

- Build on the present FCS to develop and implement a model of contraception service delivery that meets the needs of the whole population across the life-course;
- Expand eligibility for free contraception, adding additional age-cohorts sequentially until all women aged 17-55 are eligible for free contraception;
- Expand access to free contraception through maternity units and hospitals, SATUs and the Women's Health Service, STI clinics and other relevant hospital services, to provide seamless access to contraception across the health services;
- Focus on the contraceptive needs of victims of DSGBV through the maternity service network, SATUs, the Women's Health Service (WHS) and other relevant services, in partnership and consultation with Cuan and the Department of Justice;
- Ensure that full and unbiased web-based information on all methods of contraception is provided through HSE web resources⁹⁴.

Monitoring and Clinical Oversight

To ensure that the contraceptive needs of the population are appropriately met, there is a need for ongoing monitoring and clinical oversight of expansion and delivery of the FCS.

Areas that may require significant focus include:

- » the role of pharmacies and pharmacists;
- » protections for consent and the potential inclusion of under-17s;
- » changing trends in contraceptive use, new products;
- » content of the Re-Imbursement List;
- » telemedicine.

We will:

- Establish a cross divisional expert group, to advise and support the development of the FCS to ensure that the model of contraception service delivery meets the needs of the population across the life-course.

94. www.sexualwellbeing.ie currently provides comprehensive sexual health supports and information; this resource will be transitioned to hse.ie in the coming years as part of a process of further development.

Service development

To provide comprehensive access to contraception in the absence of cost barriers and in line with the ancillary recommendations of the *Joint Oireachtas Committee on Repeal of the 8th Amendment to the Constitution*⁹⁵, we plan to sequentially expand the Free Contraception Scheme to include all women aged 55 and under, in the lifetime of the Strategy. The phased approach was chosen to support service expansion without undue pressure on costs or capacity and will be continued until all women who may wish to benefit from contraception are included (contraception is not typically needed, recommended or prescribed beyond the age of 55). In addition to widening eligibility by age, we will consider, scope and implement additional service improvements.

Considering the needs of under 17s

We recognise that some of those aged under 17 may need access to prescription contraception, for treatment of menstrual disorders as well as for contraceptive purposes. Sixteen year-olds, in particular, have reached the age of medical consent, where they can access medical treatment independently of parental consent in many instances. However, this is complex in terms of the current legal frameworks underpinning various forms of consent (for example, medical consent is set at 16, sexual consent is 17 and consent under the General Data Protection Regulation (GDPR) and Data Protection Act (2018) is 18).

Following a wide-ranging consultation involving Government Departments, State agencies, clinical experts, and legal advice from both the Department of Health's legal experts and the Office of the Attorney General, recommendations suggest that the legal frameworks underpinning consent for under 18s under civil law should be strengthened and the issues raised may be wider than that of access to contraception alone. Safeguarding will also need to be considered.

We will

- Scope and develop the necessary legislative supports to underpin clinical practice regarding consent, and safeguarding, as requested by clinical experts, prior to supporting access to free contraception for people under the age of 17. This will include a legislative statement that the consent of a young person aged 16 years and over is valid for civil purposes.

Expanding the role of community pharmacists

In line with the Pharmacy Taskforce Report⁹⁶, we are improving access to treatments for minor ailments, common conditions and free contraception through community pharmacies. Pharmacies are often more accessible to vulnerable and underserved people and communities and therefore a key element of comprehensive primary care services, especially where access to GP services is under pressure. Supporting primary legislation has been enacted, with secondary legislation now being developed to underpin pharmacy access measures. It is envisaged that accessing contraception through pharmacies will involve a consultation with a community pharmacist to extend prescriptions or to initiate the prescription of well-tolerated forms of contraception for women, in a manner that is safe and that improves convenience, access and patient choice.

95. <https://www.oireachtas.ie/en/committees/32/eighth-amendment-constitution/>

96. Expert Taskforce to Support the Expansion of the Role of Pharmacy Final Report; <https://www.gov.ie/en/department-of-health/publications/expert-taskforce-to-support-the-expansion-of-the-role-of-pharmacy-final-report/>

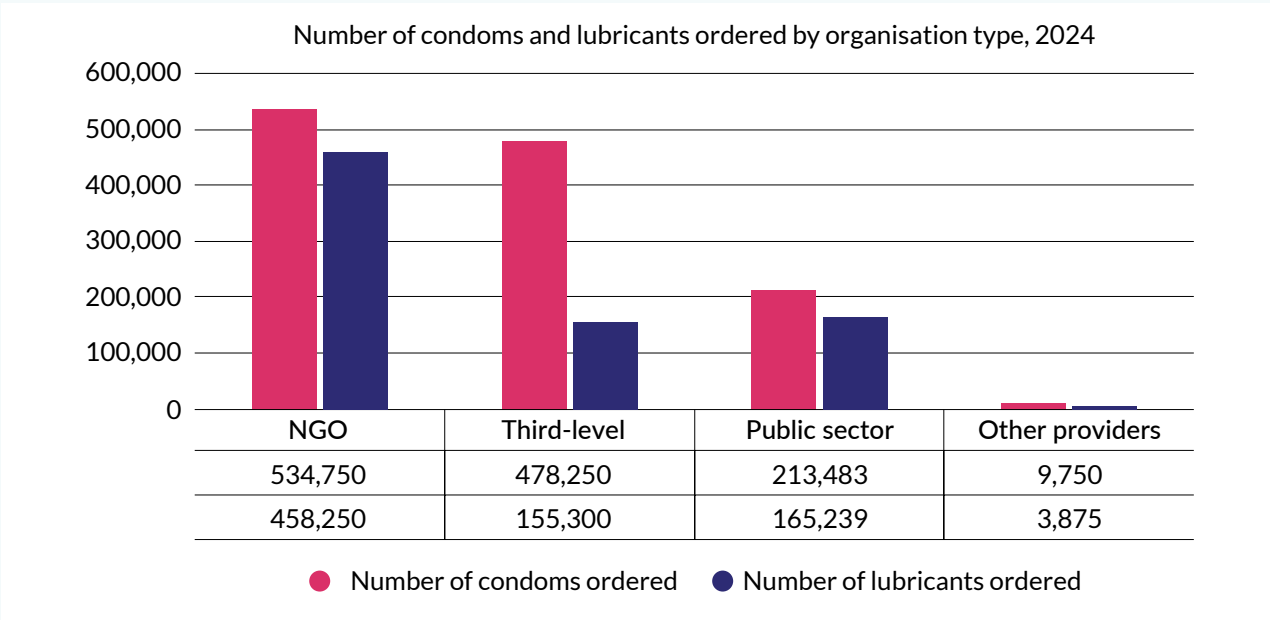
We will:

- In line with clinical advice, enact legislative and regulatory change and develop care pathways to enable a wider role for community pharmacies and pharmacists in delivering free contraception.

National Condom Distribution Service

The National Condom Distribution Service (NCDS) distributes free condoms and lubricant sachets to services working directly with population groups who may be at increased risk of unplanned pregnancy, HIV or STIs, including public STI clinics, community services working with key groups⁹⁷ and third level institutions.

Since establishment in 2015, the NCDS has continued to grow, with just over 1.2m condoms and just under 800,000 lubricant sachets distributed in 2024. Of the organisations ordering from the NCDS in 2024, NGOs who provide sexual health information and support ordered the highest number of condoms and lubricant, followed by third level Institutions and the public sector.



*Other providers of healthcare, health promotion, or social care services

Since September 2024, free condoms and lubricant are available to order through the home STI testing service. At time of writing, this service is available to gbMSM users with signposting to how to order free condoms from participating NGOs for other users. Between September and December 2024 approximately 4500 condom and lube orders were placed by gbMSM home STI testing service users.

Resulting from competition law conflicts, it is not possible to include condoms in the FCS, which is based on the reimbursement of prescription contraceptives that are restricted for sale to pharmacies alone.

We will:

- Continue to extend the NCDS to meet population need.

97. Key groups include (but are not limited to): young adults, early school leavers, Travellers, Roma, vulnerable migrant groups and other ethnic and/or faith-based minority groups, the LGBTIQ+ community, people living with consistent poverty, sex workers, people with a disability, people in prisons and other places of detention and people new to Ireland, all of whom may benefit from targeted information on sexual health and how to access services when needed

Sterilisation

Sterilisation methods include tubal ligation or sterilisation implants for women and vasectomy for men, chosen by a significant minority of people. In particular, for couples and individuals where female hormonal contraception is not tolerated or contraindicated, female or male sterilisation may remain the most appropriate choice. In addition, for some couples and individuals, sterilisation is the preferred contraception option.

Female sterilisation is already available through maternity and gynaecology services. There is significant inequity of access to vasectomy, both geographically and based on ability to pay. Vasectomies are available without cost to some medical card holders and at a cost to patients in a limited number of primary care settings and through private urology care.

We will:

- Scope the potential for expanding access to male and female sterilisation, via the HSE's cross divisional expert group on contraception, to meet the needs of patients who may benefit.

Unplanned pregnancy counselling and supports

Following the introduction of termination of pregnancy services, a new dedicated, free service, My Options, was established to provide contact information for GPs and women's health clinics that provide ToP services and listening support to anyone experiencing an unplanned pregnancy. My Options is accessible through a dedicated free phone helpline on 1800 828010, staffed by professional counsellors. Interpreters are available in 240 languages.

My Options also provides nurse-led 24/7 medical support for anyone who has accessed or is accessing ToP services. Counselling is available on request, to women and their partners seeking additional support. The low number requesting counselling is in-keeping with international research findings and with the recent Unplanned Pregnancy and Abortion Care (UnPAC) study, which found that most participants were supported by their partner, family and/or friends and did not require counselling or other supports to help them to reach a decision regarding their pregnancy^{98,99,100,101}.

In 2024, there were 11,767 calls to the My Options helpline. Of those:

- » 10,364 calls related to information seeking on ToP services;
- » 1,671 calls provided listening support;
- » 2,774 calls were directed to a Nursing Line which provides medical advice on ToP;
- » 80 counselling calls were made.

98. Conlon, C., Antosik-Parsons, K., & Butler, É. (2022). Unplanned pregnancy and abortion care (UnPAC) study. Health Service Executive. <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/unpac.pdf>

99. Charles, V.E., Polis, C.B., Sridhara, S.K., & Blum, R.W. (2008) Abortion and long-term mental health outcomes: a systematic review of the evidence. *Contraception* 78: 436–50. <https://pubmed.ncbi.nlm.nih.gov/19014789/>

100. Biggs, M.A., Upadhyay, U.D., McCulloch, C.E., & Foster, D.G. (2017) Women's mental health and well-being 5 years after receiving or being denied an abortion: a prospective, longitudinal cohort study. *JAMA Psychiatry* 74: 169–78

101. Steinberg, J.R. (2011) Later abortions and mental health: psychological experiences of women having later abortions: a critical review of research. *Women's Health Issues*; 21-3; S44–8. Available from: <https://psycnet.apa.org/record/2011-09226-014>

While numbers attending crisis pregnancy counselling services have declined in recent years, services have reported an increase in complex cases, such as pregnant women presenting at a young age, experiencing abusive relationships, seeking international protection, homeless or at risk of becoming homeless or without a support network in Ireland. Those needing a ToP for medical reasons including (but not limited to) fatal foetal anomaly often also benefit from counselling.

We will:

- Continue to provide, promote and improve the My Options service.
- In line with a review of unplanned pregnancy counselling services in 2023, we will reconfigure pregnancy counselling services to meet evolving needs, including recurrent miscarriage, unsuccessful fertility treatment and complex menopause.

Summary and impacts

The significant support for women's health during the lifetime of the previous Strategy and under the Women's Health Action Plans has provided significant further opportunities to build on our achievements to date to ensure that people's sexual and reproductive health needs are met across the lifecourse, equitably.

Achievements to date include the free contraception scheme, the introduction of specialist ambulatory gynaecology, fertility, menopause and endometriosis services and period poverty supports, with developments informed by radical listening exercises, which highlight the impacts of sharing lived experience and of patient public involvement in policy development.

The plans included in this Strategy, and in the *Programme for Government*, have the potential to expand free supports to the full reproductive age-range, also incorporating improved local access to wider health services through primary care. Work under this Strategy will link a range of newly established services, expanding access to free contraception, STI testing, HRT, new menopause and gynaecology services and others, providing integrated care pathways that link GPs and pharmacies with STI clinics, maternity and gynaecology services, that will be both easier for patients to navigate, and more efficient.

4

Sexual health surveillance, monitoring, evaluation and research

Health intelligence is the development and use of an evidence base to support decision making to improve the health of the population.

Sexual health intelligence, supported by Goal 4, includes:

1

Surveillance of HIV and STIs: their epidemiology, antimicrobial resistance (AMR) rates, and behaviours associated with infection;

2

Research on the determinants of sexual health and ill-health (including sexual health inequalities) and operational research on aspects including STI outbreak management;

3

Monitoring and evaluation of sexual and reproductive health trends, service usage and delivery (e.g., termination of pregnancy¹⁰², contraception services, unplanned pregnancy rates).



102. Termination of pregnancy services have been reviewed as originally specified in the Health (Regulation of Termination of Pregnancy) Act 2018; the review has been published and is available through the following link <https://www.gov.ie/en/department-of-health/publications/the-independent-review-of-the-operation-of-the-health-regulation-of-termination-of-pregnancy-act-2018/>

The WHO Integrated Strategy on HIV, Hepatitis and STIs states:

Generate high-quality data and use data analyses to drive action, including at decentralized levels. Accurate, timely and granular data are essential for national strategic planning, resource allocation, health service delivery, advocacy, and accountability. Joint efforts to strengthen strategic information systems, including population-based burden estimates and relevant disaggregation of data by sex, age and other relevant population characteristics, are important to guide programme implementation and quality improvement. Investing in capacity building for strengthened data collection, reporting, analysis and use is important, including for comorbidities. Data must inform decision making and programme improvement, including at subnational levels, supported by adequate analytical capacity at the national, district and facility levels. Regular reporting on programme implementation, financing, performance and impact, and data transparency, are important for accountability.

Surveillance of HIV and STIs

Surveillance is the ongoing, systematic collection, collation, analysis, reporting, and dissemination of information on HIV and STIs. This is essential for monitoring trends, estimating the population disease burden, improving prevention programmes, evaluating the effectiveness of programmes, and assessing determinants of transmission. HIV and STIs have been included in the national Computerised Infectious Disease Reporting System (CIDR) since 2012 and 2013, respectively.

The validity of these surveillance data depends critically on the quality of laboratory services and laboratory notification to CIDR. The HPSC regularly publishes reports on HIV and STI notifications. Currently, there is complete, timely reporting from all laboratories of a standardised dataset (including age, sex, county of residence, and date of notification), with weekly reports made publicly available within 10 days of notification.

As CIDR is approaching the end of its operational life, a new Outbreak, Case, Incident Management and Surveillance system (OCIMS) is planned. OCIMS will bring additional benefits, such as outbreak and case management, in addition to surveillance and reporting. The HSE has developed an *Outline Strategic Plan for Laboratory Services*¹⁰³ that proposes the development will be phased, with full implementation anticipated by the end of 2026.

103. <https://www.hse.ie/eng/about/who/cspd/lsr/resources/programme-documents-resources.html>

In order to better support HIV and STI surveillance, we will:

- Support full implementation of HIV and STI surveillance through OCIMS, including a dedicated project implementation team;
- Support EU work to develop a wider indicator set, in line with the ECDC framework and other international guidance, as national markers of sexual health status¹⁰⁴;
- Establish a dedicated project team to collaborate with subject matter experts in national STI clinics, laboratories, public health, the National Health Protection Office (NHPO) and the HPSC to develop integrated behavioural surveillance solutions for STI clinics;
- Support mechanisms to incorporate behavioural data from local clinic information systems into OCIMS;
- Pending full implementation of OCIMS, support pilot sentinel surveillance projects to improve behavioural surveillance information for key STI pathogens;
- Widen collaboration with academic research groups to maximise access to up-to-date information, identify trends, and develop future projections that can be made available to policy makers;
- Ensure that laboratory capacity for testing and reporting keeps pace with the growing volume and complexity of testing.

Reference laboratory services and wider use of technology

The risks posed by increases in antimicrobial resistance (AMR), and by new, emerging and evolving pathogens have become more apparent, following the Covid-19 pandemic and recent mpox outbreaks. Moreover, demographic change and changes in behaviour are affecting both disease transmission and demand for services. Resilience and appropriate capacity within public health, sexual health and laboratory diagnostics to provide a robust, timely response to new and emerging threats is a key consideration in the development of the proposed model of care.

Diagnostic laboratories must be supplemented by reference laboratory services. The core functions of microbiology reference laboratories have been identified by the ECDC¹⁰⁵. Reference laboratory services are increasingly important, given increasing STI case numbers, expanding range of pathogens (including sexually transmitted enteric infection (STEI)), growing AMR, and rapidly evolving technologies. Surveillance of AMR in gonorrhoea, currently undertaken via the European Gonococcal Antimicrobial Surveillance Programme (EURO-GASP), for a 3-month period each year, needs to be strengthened. Reference laboratories are required to pilot new methods, support diagnostic laboratories in implementation, describe pathways of transmission including outbreaks and to monitor AMR.

A review of STI diagnostic services was undertaken in 2017¹⁰⁶. The HSE has developed a draft Strategic Plan for Laboratory Services that proposes the development of a comprehensive, integrated national reference laboratory service that would integrate existing services and address any gaps.

104. The ECDC is developing a framework for the implementation of behavioural surveillance and second-generation surveillance related to STI/HIV in Europe. Second generation surveillance (SGS) refers to surveillance that combines both the monitoring of biological (new cases of HIV/AIDS and STIs) and behavioural indicators (e.g. sexual behaviour, use of protection). This approach is important both in informing policy development and in evaluating its outcome. See: ECDC (2009) Mapping of HIV/STI behavioural surveillance in Europe, ECDC, Stockholm, available at: <https://www.ecdc.europa.eu/en/publications-data/mapping-hivsti-behavioural-surveillance-europe>

105. <https://www.ecdc.europa.eu/en/publications-data/core-functions-microbiology-reference-laboratories-communicable-diseases>

106. STI Diagnostics in Ireland: A Survey of Laboratories (2018): www.sexualwellbeing.ie/for-professionals/research/research-reports/survey-of-sti-diagnostics_june2018.pdf

As part of wider efforts to improve public health surveillance, we will:

- Continue work to provide reference laboratory services for existing, new and emerging STIs as part of a comprehensive reference laboratory service;
- Scope the need for national bacterial reference laboratory facilities and epidemiological capacity for AMR surveillance in bacterial pathogens, including bacterial STIs;
- Monitor and investigate new and emerging STIs, as well as changes in the transmission or pathogenicity of known pathogens;
- Develop additional operational research capacity for use during responses to emerging pathogens and major STI outbreaks. This will support evidence-informed and timely responses and improve preparedness for emerging threats;
- Support a move towards harmonised routine diagnostic laboratory susceptibility testing for gonorrhoea and collate that data to supplement periodic reference laboratory surveillance (EURO GASP).

Termination of pregnancy, reporting

Section 20 of the Health (Regulation of Termination of Pregnancy Act), 2018 provides for a notification system in relation to all terminations of pregnancy carried out under the legislation. Specifically, it requires that the Minister for Health be notified of each termination of pregnancy no later than 28 days after it has been carried out.

Section 20 also requires the Minister to prepare a report on the notifications received during the immediately preceding year not later than 30 June in each year and to lay it before the Houses of the Oireachtas. The report is then published (a link to the most recent report for 2023 is provided below)¹⁰⁷. The recent review of ToP services¹⁰⁸ considers options and provides recommendations for further development of ToP services, including reporting. These recommendations are being considered, however, this work is outside the remit of this Strategy.

Knowledge, behaviour and attitudes research

To monitor population health and plan for current and future needs, sexual and reproductive health data needs to be timely, accurate, detailed, standardised, representative and systematically collected. High-quality data are also necessary for monitoring and evaluating the effectiveness of policies, services and interventions and for making international comparisons. High-quality, in-depth qualitative research plays a key role in understanding changing sexual health related knowledge, attitudes, and behaviours (KABs) of specific population groups that cannot be captured through other methods.

Behaviour relating to sex and sexuality is complex and constantly changing, influenced by factors including societal trends, changes in sexual practices (e.g., condom or hormonal contraception use rates, number of partners, dating apps, and social media influences), demographic profiles, migration, and health service developments. We will support ongoing research identifying key behaviours and their drivers through both quantitative and qualitative research.

107. The numbers of women accessing ToP services are subject to mandatory annual reporting under the Act; the most recent 2023 Report is referenced here: <https://www.gov.ie/en/department-of-health/publications/notifications-in-accordance-with-section-20-of-the-health-regulation-of-termination-of-pregnancy-act-2018-annual-report-2023/>

108. ToP Review - www.gov.ie/en/department-of-health/publications/the-independent-review-of-the-operation-of-the-health-regulation-of-termination-of-pregnancy-act-2018/

Behavioural research programmes identifies and tracks population risk patterns in terms of behaviours contributing to STI and HIV transmission. They provide valuable information on how pandemics emerge, can help inform public health interventions, sexual health information campaigns and promotion work.

General population surveys on sexual health

Regularly repeated, representative surveys, such as the UK's National Survey of Sexual Attitudes and Lifestyles (Natsal)¹⁰⁹, are useful in assessing population trends and behavioural prevalence without the sampling biases often inherent in more targeted surveys. In Ireland, sexual health behaviours and attitudes were last comprehensively surveyed in 2010, although sexual or reproductive health modules have been included periodically in surveys such as Growing Up in Ireland, the Health Behaviours in School-Aged Children Study (HBSC), and the Healthy Ireland Survey.

A scoping study to inform a general population survey of knowledge, attitudes and behaviours on sexual health, wellbeing and unplanned pregnancy in Ireland was published in 2021¹¹⁰. Following the scoping study, a large general population survey, the Irish National Survey of Sexual Health (INISH), has been contracted by the HSE SHP for a five-year period, with a view to repeating the survey every four to five years. The first wave of the Survey is due for completion in Q2, 2028.

Targeted surveys involving key groups

Key groups¹¹¹, such as people who engage in sex work, people who use drugs, gbMSM, and minority groups, may be small in number or difficult to access but may face a set of unique challenges related to their sexual health. Challenges reaching certain groups can relate to various aspects, including homelessness, transient living situations, language barriers, and lack of awareness regarding service access.

As a result, some people are unlikely to be captured to a sufficient degree in general population surveys. Targeted population surveys, such as the European MSM Internet Survey (EMIS)¹¹² or the MSM Internet Survey Ireland (MISI)¹¹³, both of which surveyed gay, bisexual and other men who have sex with men (gbMSM), are therefore an important adjunct to general population surveys. All surveys will include equity stratifiers. Additional research on minority and at risk-groups may occur in between INISH survey waves, informed by INISH findings.

Overall, repeated survey data will build a clear and evolving picture of national sexual health, while also monitoring the effectiveness of interventions, service improvements, and policy initiatives.

109. <https://www.lenus.ie/bitstream/handle/10147/630054/sexual-health-and-crisis-pregnancy-programme-annual-report-2020.pdf>

110. Kelleher, C. & Tierney, K. (2021). Scoping Study to Inform a Survey of Knowledge, Attitudes and Behaviours on Sexual Health and Wellbeing and Crisis Pregnancy among the General Population in Ireland. Dublin: Sexual Health and Crisis Pregnancy Programme, HSE. Available from: https://www.sexualwellbeing.ie/for-professionals/research/research-reports/scoping-study_sexual-health-and-wellbeing-and-crisis-pregnancy_2021.pdf

111. <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/domestic-violence/dsgbv-training-resource-manual.pdf>

112. European men who have sex with men and trans people Internet Survey, 2024: <https://www.emis-project.eu/emis-2024/>

113. MISI (MSM Internet Survey Ireland) 2015: <https://www.hpsc.ie/a-z/specificpopulations/menwhohavesexwithmenmsm/msminternetsurveys/misi2015/>

We will:

- Prioritise sexual health as a public health research topic, ensuring that research capacity and infrastructure are supported, sustained and improved;
- Develop and run a representative population survey (INISH) of sexual health knowledge behaviour and attitudes every four to five years;
- Conduct targeted surveys of key groups¹¹⁴ in the intervening years and use existing and emerging survey data on specific populations to fill information gaps where possible (e.g., through the use of the Growing Up in Ireland cohort study, the Irish Longitudinal Study on Ageing (TILDA), EMIS-2024);
- Continue to include high-level sexual and reproductive health questions or modules in more general population surveys such as Healthy Ireland and HBSC, correlating outcomes with wider health behaviours such as smoking, alcohol and drug use;
- In collaboration with the NSIO, include a sex, gender identity and sexual orientation lens in study and survey design and delivery, and in any actions arising from such research, to ensure that the needs of the LGBTIQ+ community, especially transgender and non-binary individuals, are captured;
- Support qualitative research methods, such as exploratory face-to-face interviews and focus groups, in order to better understand the behaviours of key groups;
- Continue to include sexual health questions in wider research calls (such as the Health Research Board (HRB) Evidence for Policy programme), building connections with academic groups nationally and internationally;
- Develop and support cross-sectoral partnership approaches to the commissioning of research, to achieve greater value for investment;
- Scope the sexual health needs of people living with chronic conditions, disabilities and neurodiversity as part of our research efforts.

Knowledge transfer and exchange

Knowledge transfer is a two-way flow of information between stakeholders, including bottom-up and top-down communication. We will broaden the flow of sexual health information, including from current collaborations and information sources, to better support policy development and service planning and to get full value from investment in research and surveillance. Efforts will be made to ensure a close alignment between those delivering research projects with sexual health service and policy experts, to ensure funded research captures upcoming and new developments, and to update researchers of emerging findings and behavioural trends.

114. Key groups include (but are not limited to): young adults, early school leavers, Travellers, Roma, vulnerable migrant groups and other ethnic and/or faith-based minority groups, the LGBTIQ+ community, people living with consistent poverty, sex workers, people with a disability, people in prisons and other places of detention and people new to Ireland, all of whom may benefit from targeted information on sexual health and how to access services when needed

We will:

- Deliver effective knowledge transfer and exchange to maximise use of investment to date;
- Identify and build on linkages with researchers and international initiatives to support information sharing.

Summary and Impacts

In summary, we plan to develop a clearly defined surveillance, research, monitoring and evaluation framework for sexual health. This will involve building on the existing evidence base to understand emerging trends relating to sexual and reproductive health, and also new research initiatives to address knowledge gaps. Reporting and monitoring from new schemes, once established and further developed, will be very useful in evaluating reproductive health services more broadly, identifying their reach and effectiveness, and addressing any gaps and opportunities for further development.

Sexual health is, and always has been, subject to rapidly moving trends, both in terms of behavioural change and the risks accompanying it. Supporting a robust research base is the best way to keep policy up to date.

It is also imperative to maintain and update our laboratory testing and surveillance systems, in line with public health priorities and international guidance. These systems are our key defence against a wide range of rapidly evolving pathogens that can have significant adverse health impacts if not detected and treated in a timely fashion.

The behavioural studies and surveys work in tandem with the lab testing systems; testing identifies the number of diagnoses, while behavioural research has potential to identify the reasons behind trends in those numbers. In summary, research and evaluation will inform good decision making at all levels of the sexual health system.



5

Working together in partnership



In line with the third core principle underlying the Strategy and recognising that the work of improving sexual health is wider than the health system alone, we will continue to:

- Work with the Department of Education and Youth and its agencies to provide relationship and sexuality education (RSE) supports and wider resources for schools;
- Work with Department of Further and Higher Education, Research, Innovation and Science (DFHERIS) and the Higher Education Authority (HEA) on Healthy Campus supports for sexual health;
- Support the Department of Justice, Cuan and HSE NSIO in terms of treating and supporting victims of DSGBV, and in providing information supporting prevention, including consent;
- Support the care system, including children and women's refuges, led by DCDE and Tusla, in terms of information and resources;
- Work with the Department of Foreign Affairs and Trade (DFAT) to align our domestic, regional and international engagements;
- Work with Department of Children, Disability and Equality (DCDE) and HSE National Social Inclusion Office on supports for people arriving in Ireland to work, study or to seek international protection, who come from different cultural and health backgrounds and may have diverse sexual health needs;
- Work with DCDE to scope sexual health supports for people living with a disability and/or neurodiversity and to support the sexual and reproductive health commitments in wider inclusion policies, such as the LGBTIQ+ Inclusion Strategy and Traveller and Roma Inclusion Strategy (NTRIS).

We will:

- Strengthen connections and synergies across the health system, wider Government and with key stakeholders, to deliver joined up and efficient services, in both community and acute settings, that are user friendly, easy-to-access and value for money.

Partnership is a key element of equitable access and capacity. The value of partnership also extends to the fourth key principle; International Commitments; we plan, through partnership with the Department of Foreign Affairs and Trade (DFAT), to ensure that this Strategy's principles are in line with the principles of international cooperation and commitments.

Supporting domestic, sexual and gender-based violence prevention and treatment, and consent awareness

Domestic, sexual and gender- based violence (DSGBV) is a significant societal issue. Prosecution is a matter for the criminal justice system. The Department of Justice leads the State response to sexual violence and liaising with international bodies in terms of Ireland's commitments (see **Appendix 5**). This includes developing policy and legislation to tackle domestic violence as well as raising awareness of the issue through campaigns such as the 'No Excuses' campaign on sexual harassment and sexual violence, and dedicated information for victims of sexual violence on the Victims Charter website.

Zero Tolerance: The Third National Strategy on Domestic, Sexual and Gender Based Violence 2022-2026, published in June 2022, is a whole-of-Government strategy to combat DSGBV. The overarching purpose of the Strategy is that of zero tolerance in Irish society for DSGBV, delivering an enhanced understanding of the root causes and impacts of DSGBV across society, ensuring significant and ongoing reduction in the incidence of DSGBV and supporting changes in behaviour. The Strategy also recognises and acknowledges the need to provide support for all victims/survivors of DSGBV so that Ireland becomes a place where victims and survivors receive quality supports and justice. The Strategy was developed in partnership with the DSGBV sector to ensure it is targeted, comprehensive and effective in achieving its goals. It is structured around the four pillars of the Istanbul Convention: Prevention; Protection; Prosecution; and Policy Coordination.

The health care system has a key role to play in supporting prevention, through working in partnership with the justice and education systems and in providing treatment and supports for victims. Furthermore, the HSE has a responsibility to ensure that healthcare staff are equipped to recognise signs of DSGBV in all its forms and to respond to the needs of victims and survivors. In this line, the NSIO has developed the HSE National DSGBV Training Programme and, in collaboration with the Anti-Human Trafficking Team (AHTT), the HSE Human Trafficking Awareness Training, available to all healthcare staff on www.HSELand.com.

There are six HSE SATUs located around Ireland (see **Appendix 4** for locations), which strive to provide a 24 hour, 7 days a week service to men and women over the age of 14 years who have experienced sexual violence. These Units provide services in line with the *Rape/Sexual Assault: National Guidelines on Referral and Forensic Clinical Examinations in Ireland (3rd Edition 2014)*.

To further support both prevention and its victims, we will:

- Work with the Department of Justice, Cuan, NSIO, NWIHP, the SATU network and the Women's and Gay Men's Health Services, to ensure appropriate treatment, supports and sexual health guidance is in place for victims of DSGBV, including coercive control;
- Work collaboratively with DoJ, Cuan and HSE NSIO to support the justice system and the State response to sexual violence, ensuring that supports are provided and updated in partnership and in line with the latest evidence;
- Support research regarding pornography and its impacts, also scoping interventions to provide more information, education and support to people to prevent adverse outcomes.

Supports for people working in the sex trade

People working in the sex trade have been recognised as a key group 'at greater risk of negative sexual health outcomes'¹¹⁵. A recent study¹¹⁶ on the health, wellbeing and experiences of women accessing care through the HSE's Women's Health Service (WHS), *Confronting the Harm*, details impacts on physical, mental, sexual and reproductive health, such as persistent rounds of vaginal, genital and urinary tract infections and risk of unwanted pregnancy and STIs, and negative mental health impacts, such as stress, anxiety, depression and substance abuse.

The WHS supports cis- and transgender women, while the co-located Gay Men's Health Service (GMHS) and other STI clinics work with men and others who may identify as transgender or non-binary who are working in the sex trade – similar risks apply to both groups. The study recommends strengthening provision of comprehensive, specialist healthcare to women. We support the recommendations of the report and will scope the feasibility of implementing the following, for all people working in the sex trade, regardless of gender or orientation.

We will:

- Support and explore the continuing need and demand for dedicated sexual and reproductive health services for people working in the sex trade, free from cost barriers and on the need for wider service provision outside Dublin;
- Scope the need for wider specialist mental health supports in addition to drop in psychology supports already provided through the WHS¹¹⁷;
- Support and train staff to facilitate open discussions with people working in the sex trade about their experience and needs;
- Increase promotion of the WHS, GMHS and other services; explore ways to encourage direct engagement with health services – current engagement rates among this group are low;
- Explore ways to engage with service users to gain a clearer understanding of their healthcare needs, with an emphasis on inclusion of key groups in planning and design;
- Further develop procedures to identify and support people who may have been trafficked;
- Further develop cooperation with the specialist exiting support service Ruhama;
- Research the experiences and impacts on health and wellbeing of sexual exploitation amongst those being supported by the Anti-Human Trafficking Team (AHTT);
- Commission a study of the long-term outcomes and impacts of sex-work on sexual, reproductive and mental health, drawing on a larger sample;
- Research the experiences, health and support needs of transgender people working in the sex trade.

115. HSE Sexual Health & Crisis Pregnancy Programme, 2018. Sexual Health in Ireland: What Do We Know? www.sexualwellbeing.ie/for-professionals/research/research-reports/sexual-health-in-ireland_june2018.pdf

116. *Confronting the harm: documenting the prostitution experiences and impacts on health and wellbeing of women accessing the Health Service Executive Women's Health Service*. HSE / SERP, 2021, https://www.ucd.ie/geary/static/publications/Confronting_the_Harm.pdf

117. WHS provides a drop-in psychology service on site during clinics

Supporting our international commitments

Ireland has significant responsibilities in terms of the international treaties and agreements to which we are signatories. Many of these contain significant commitments regarding equality, including sexual and reproductive health and rights. Major international partners include the EU, UN, WHO, OECD and others. The international landscape is constantly evolving, with revisions to these commitments occurring on an ongoing basis.

Through Ireland's international engagements, including via the United Nations system, and by virtue of our membership of the EU, our policy and action is informed and guided by a range of international frameworks and commitments, including the Sustainable Development Goals. Commitments and targets in respect of health and well-being (Goal 3) and gender equality (Goal 5) are of particular relevance for sexual and reproductive health and rights (SRHR)¹¹⁸ and will be supported by this Strategy.

In addition, the Beijing Platform for Action, and the Programme of Action of the International Conference on Population and Development (ICPD), serve as key reference points for our domestic and international policy commitments with regard to SRHR.

These commitments may need member states to reform relevant laws, policies and practices and take effective steps to respect and protect sexual and reproductive health and rights, by ensuring access to comprehensive sexuality education; modern contraception; safe and legal abortion; disease surveillance, prevention, diagnosis and treatment and quality maternal health care. More detail is available in **Appendix 5**.

We also need to consider Northern Ireland, in line with the principles of our Shared Island initiative. Cross-border cooperation and information sharing regarding sexual health is underway, providing information and improved effectiveness. Further work to facilitate cooperation with Northern Ireland partners, and those in the wider UK, has potential for wider, mutually beneficial cooperation in provision of services and promotion activity.

To support our international commitments, we will:

- Develop and implement sexual and reproductive health services and policy in line with our international commitments, linking with Department of Foreign Affairs and Trade (DFAT) to ensure policy coherence and that our understanding of these remains up-to-date;
- Link with partners in DFAT to ensure support for international outreach initiatives through Irish Aid, in line with international and domestic policy and practice;
- Broaden and strengthen links with Northern Ireland and other UK nations in terms of information sharing and enhanced co-operation;
- Work together to support the sexual health aspects of the UN Strategic Development Goals (SDGs).

118. United Nations Sustainable Development; the 17 Goals: <https://sdgs.un.org/goals>

Sexual health on campus

The HSE SHP has long had links with higher education institutions and with student health facilities, supporting good sexual health on campus. Recent initiatives, such as expansion of the National Condom Distribution Service to include third level institutions (2019), the home STI testing service (2022) and the free contraception scheme (2022) have strengthened the links between the Department, HSE and campus health.

The HEA Healthy Campus Charter and Framework, a collaboration between the Department of Health and Higher Education Authority launched in 2022, offers guidelines to higher education institutions (HEIs) to build on existing wellbeing actions, integrating health and wellbeing across the whole campus including teaching and learning, student supports and services, staff development and policies¹¹⁹.

Links with the HEA and with the Irish Student Health Association (ISHA) have been used to support a stakeholder feedback exercise, through Healthy Campus Co-ordinators, their campus contacts and healthcare professionals working on campus. Feedback was very positive regarding the progress made in recent years, however, campus sexual health services are far from standardised, with variable access to HSE contracts and State services through student health facilities. Most HEIs are providing subsidised services on campus, but few are completely free of charge to students.

A Sláintecare Integration Fund project, piloted in on the Technological University of the Shannon (TUS), Athlone campus, put in place a funded, nurse-led, comprehensive sexual health and contraception clinic on campus. The impacts of this initiative been very significant, with both TUS and other institutions seeking to replicate this programme in other locations. The TUS scheme was implemented prior to launch of the Free Contraception Scheme and free home STI testing service, which are provided on participating campuses and are already funded separately, meaning that costs of wider roll-out can be reduced accordingly.

Recognising that students, largely within the key age-group of 15-24 year-olds, are at higher risk of STIs and/or unplanned pregnancy and would benefit from more sexual health supports, we will:

- Widen and deepen collaboration with higher education campuses and health facilities, under the Healthy Campus Framework and in collaboration with the HSE, HEA and ISHA, to support wider provision of sexual health services on campus;
- Seek to extend the potential of campus sexual health supports, potentially including wider access to PrEP, ToP and other sexual health services, including nurse led Sexual Health clinics, either on campus or in collaboration with local providers, in line with the planned Model of Care for Sexual Health;
- Develop a “user-activated” facility for provision of home STI test kits in community settings such as on campus.

119. Healthy Campus Charter and Framework: <https://hea.ie/policy/health-and-wellbeing-landing-page/healthy-campus-landing-page/healthy-campus-charter-and-framework/>

Summary and Impacts

Sexual and reproductive health, and its impacts, extend beyond the health sector alone. Valuing partnership, we work with other Government Departments and agencies to ensure that health and wellbeing, including sexual health, are supported across various sectors, with a particular focus on supporting children and young people, including within the context of our education systems. Knowledge is power; the right information and supports can put people on a pathway to healthy relationships and, consequently, better mental and physical health, for life.

Young people are a key group in terms of sexual health, therefore a key element of this Strategy is to widen and integrate the sexual health supports that are provided on campus. Ireland has one of the highest rates of 3rd level participation internationally and outreach on campus has potential to reach many of this age cohort.

Working in partnership with the Justice sector and with Cuan, we have many new opportunities to improve consent awareness, support and treat victims of domestic, sexual and gender-based violence and, perhaps most importantly, to reduce its incidence.

Working in partnership, cross-sectorally, will, in turn, support Ireland's international commitments, including international accords and treaties, the Sustainable Development Goals, targets set by bodies such as the UN, EU and WHO and also supporting work by Irish Aid abroad.



6

Governance and Implementation

Given the many positive developments in sexual and reproductive health in recent years, there is a broader need to co-ordinate both this new Strategy and its successors across wider areas of the health services, ensuring necessary and appropriate levels of support (without overlap) for related policy areas such as termination of pregnancy, maternity and gynaecology, fertility services, women's, men's and LGBTIQ+ health, DSGBV prevention and supports for victims. This will further support social inclusion and the reduction of inequality, in line with Healthy Ireland and Sláintecare principles.

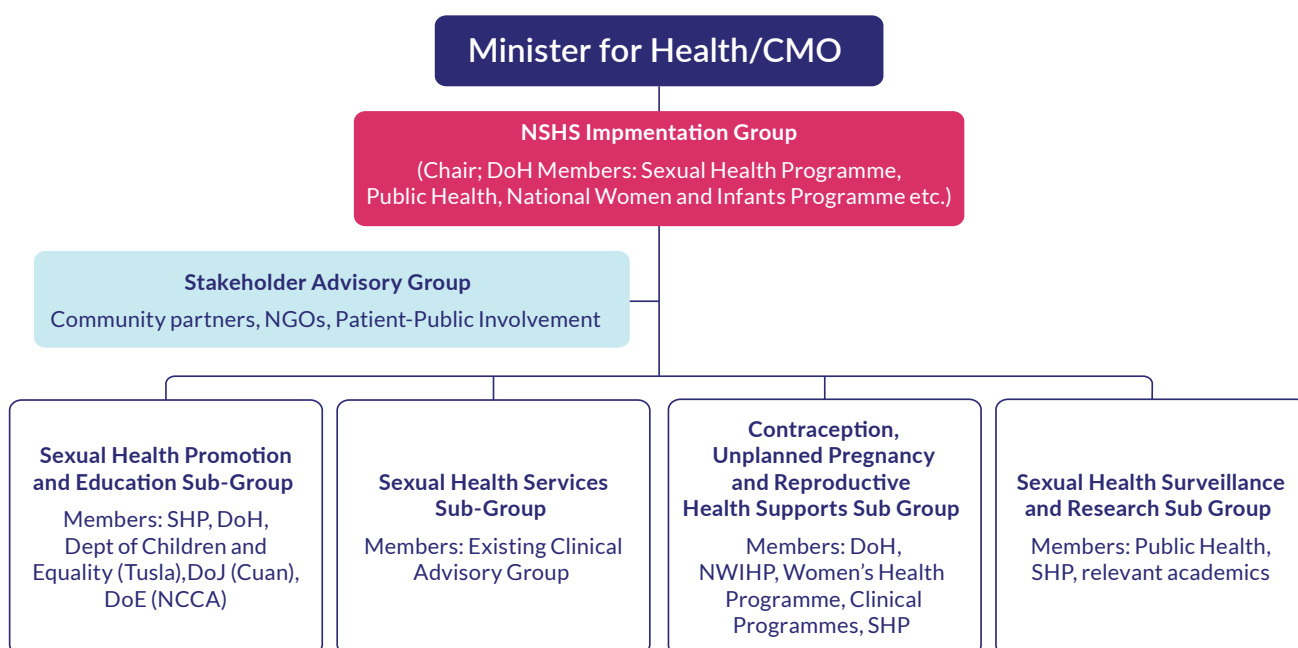


Figure 6.1: NSHS Implementation Structures

Oversight, governance and communication

Continued collaboration and development of strategic planning has been key to building this document, led by the Department of Health, with input from the HSE SHP, NWIHP, HSE Primary Care, the ICGP Women's Health Lead, Social Inclusion, HSE Public Health including National Health Protection, Health Service Improvement and Health Improvement, and the HPSC, clinicians, representative organisations and other stakeholders.

An NSHS Implementation Group, chaired by the Department and analogous in membership to the Strategy Drafting Committee, will work in partnership to implement the Strategy. This will meet 3-4 times per annum as necessary, with additional meetings of sub-groups supporting specific areas of service delivery.

The HSE Sexual Health Programme will lead on My Options and a range of actions under sexual health promotion, education, communications, some behavioural research, and sexual health work in partnership with NGOs and civil society stakeholders. The HSE SHP will also be responsible for overseeing development and implementation of the Model of Care for Sexual Health and implementing and monitoring the sexual health elements of the Action Plans, in conjunction with the national Implementation Group, focussing on PrEP, PEP and equitable access to sexual health services.



Figure 6.2: HSE Sexual Health Programme

The Free Contraception Scheme will be overseen by the Department's Contraception Implementation Group and an expert, multidisciplinary group to advise on clinical aspects of contraception within the HSE. Implementation will be supported by NWIHP, the SHP and the HSE Divisions working with Primary Care services, including PCRS.

Research will be supported, variously, through the SHP, HRB, the Department and academic sector. The Health Protection Surveillance Centre, National Health Protection and SHP will have responsibility for monitoring and surveillance of HIV and STIs and progress towards their elimination as public health threats by 2030, in line with international targets. With support from the Department, the OCIMS National Steering Group will implement the incorporation of STI behavioural information from STI clinics into the OCIMS electronic case, incident management and surveillance system. The HSE will also oversee Implementation of the Strategic Plan for Laboratory Services. HSE Health Protection, Health Service Improvement and Health Improvement will provide key guidance.

These arrangements will support the delivery of the Strategy, working cross-divisionally within the Department and HSE and with external partners and stakeholders, as required to enhance the practice and delivery of sexual health services.

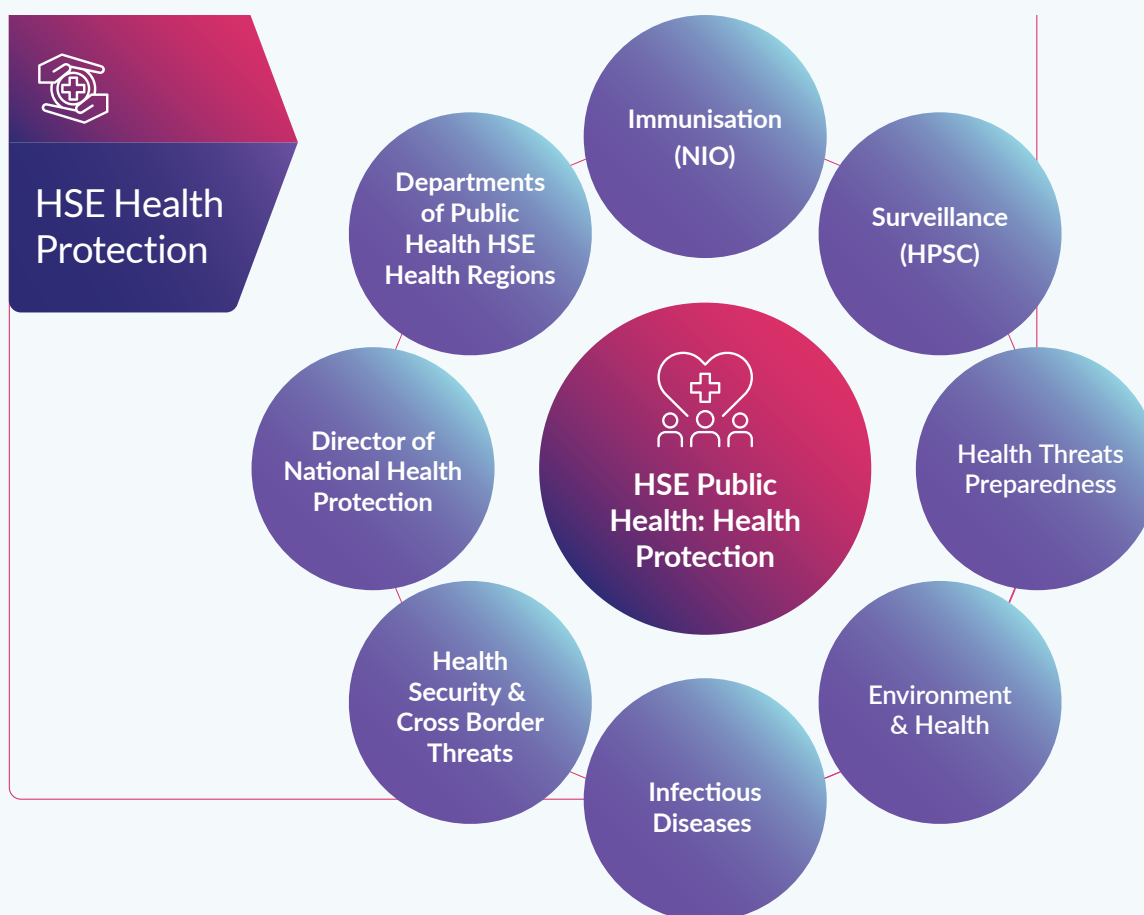


Figure 6.3: HSE Health Protection

Stakeholder input

Working in partnership with cross-Government, State Agency, international and civil society partners (NGOs) will be a vital component of the Strategy, co-ordinated through the Department of Health, supported by the HSE and building on existing co-operation arrangements in many cases.

For contraception, DSGBV and women's health supports, the existing structures provided by the Department of Health Women's Health Taskforce and collaborations with Cuan and external bodies such as the NWCI will be used to inform planning and implementation and enable radical listening. Connections with DCDE, the Education sector and Healthy Campuses will be used to ensure that student and youth voices are heard; annual meetings with Comhairle na n'Óg and other representatives will be set up to engage with young people. Work with men's health leads in the HSE and key stakeholders such as the Irish Men's Sheds Association, Men's Development Network, sexual health and cancer survivorship clinical experts will be used to support men's health. Links with LGBTIQ+ representative organisations are already strong and will be strengthened further.

Stakeholder input is a key element of implementation, with feedback loops to ensure that governance processes and action plans reflect awareness of what is taking place on the ground, enabling changes to be made efficiently and effectively, where necessary. This will also facilitate innovation; not all initiatives can be evidence based; depending on urgency and the level of threat to health posed by emerging issues, some actions may need to be based on partial information as it arises and to be evidence informed. Service providers will be encouraged to participate in evaluations and up-skilling opportunities will be provided for professionals to generate sexual health intelligence.

Radical listening will be enabled, incorporating public and patient involvement and providing key external stakeholders with a voice to raise new and arising issues experienced by their communities with the Implementation Group on a regular basis, through regular feedback opportunities and an annual forum.

Supporting our commitments to listen to our partners across Government, our stakeholders and service users, and to support patient public involvement (PPI), we will:

- Hold stakeholder communication and feedback exercises annually, to inform implementation, ensuring good communication and timely responses to emerging issues;
- Supporting listening, set up an annual forum to meet with key stakeholders to discuss existing service provision and any emerging trends, developments or issues;
- Engage with Comhairle na nÓg, through DCDE, to ensure that the voices of young people are heard.

Development of integrated services

We ultimately aim to deliver an increasing number of sexual and reproductive health programmes in a more integrated way, ensuring that individuals have access to joined-up, high-quality, culturally competent, supportive and non-stigmatising services throughout life. These principles will also extend to the delivery of education and information supports, and to sexual health intelligence and research

This will require collaboration and cooperation between services, programmes and research initiatives. In terms of clinical services, based on clearly defined competencies, skill mix, training, and resources, different services will manage differing degrees of caseload complexity with clearly defined referral pathways between different services. Service user pathways and referral pathways will be formalised (where already in existence), developed and delivered to ensure that the service user experiences a seamless, high-quality service.

Partnership working should facilitate coordination and geographical standardisation of services and programmes, having potential to reduce costs, improve impacts and reduce sexual health inequalities. We aim to create a sense of shared ownership by fostering strong engagement among members of the NSHS Implementation Group, providing leadership for the agenda across different policy and health service areas. Widening the remit of research, surveillance, monitoring and evaluation will work in tandem with service redevelopment and expansion, being responsive to changing user needs.

Sexual health service providers are being supported to engage in continuing professional development (CPD), appropriate to the type of service they provide and compliant with relevant professional bodies. There are strong links between sexual health, relationships and mental health status; counselling and mental health supports can be a key adjunct to sexual health services. However, counselling is neither regulated nor considered a named profession under the Health and Social Care Professionals Act 2005. As part of wider work supporting mental health policy and regulation, this absence of regulation will be critically examined in the development of CPD for counselling service providers.

Action Plans, reviews and KPIs

This Strategy is envisaged as a living document, structured to be open to feedback and to the inclusion of new priority actions as issues emerge over its term. The 10-year term of the Strategy will be supported by 3 detailed Action Plans, a mid-term review and a final review that will inform development of the next Strategy. The feedback from stakeholders, along with wider data sources, will be used to inform the action sets included in the second and third Action Plans, which will be flexible and adaptable in response to change over time.

The Strategy will benefit from an increasingly wide range of specific sexual and reproductive health indicators, based on surveillance, research and service delivery data. Data from diverse sources will be used to develop performance indicators, which will in turn be combined to monitor and evaluate outcomes. Key performance indicators will support planning, and assessment of demand, with a limited number to be considered for inclusion in the next Healthy Ireland Outcomes Framework Report. This work will be informed by the principles of equity, accessibility and quality with regard to sexual health and wellbeing throughout life.

We will:

- Put a cross sectoral NSHS Implementation Group, and expert sub-groups in place to monitor and inform progress, co-ordinate collaboration and to manage resourcing;
- Support implementation across the 10 year-term of the Strategy through three sequential Action Plans in 2025, 2029 and 2032;
- Link various sources of survey, research, service and administrative data to develop a wide-ranging suite of PIs informing governance, oversight, delivery and impact;
- Include a subset of KPIs in the Healthy Ireland Outcomes Framework Reports;
- Complete a mid-term Review of the Strategy by end 2030;
- Complete and publish a full-term Review of the Strategy by the end of 2035.

Summary and Impact

Improving data gathering, stakeholder, governance and implementation structures, such that the voices of key groups¹²⁰ and service users are heard and new information is integrated into policy and implementation in a timely fashion, is a key support for sexual health and wellbeing, and for wider public health. New research data and KPIs, in addition to the outcomes of listening exercises and stakeholder engagement, will feed into 3 yearly Action Plans, supporting patient and public involvement and innovation in the delivery of this Strategy as a living document, across its 10-year timeframe.

Conclusions

The new NSHS will continue our work to put sexual health promotion, services and research on a stronger footing, supporting positive sexual health and risk prevention, making services more accessible for those who need them, and integrating these with wider health service provision, particularly in terms of reproductive health. This new Strategy has a wider, cross-sectoral remit, building on our learnings from over 10 years of cross-Government support for the Healthy Ireland Framework, 4 years of focus on women's health and the launch of new services such as the free contraception scheme.

The substantial legislative, policy, and service delivery changes delivered under the previous Strategy and to be continued under this one, will continue to require a realignment and enhancement of resources and priorities for both sexual health policy and services. Success over the lifetime of this Strategy will allow consideration of a wider Sexual and Reproductive Health Strategy, in line with international trends and recommendations.

120. Key groups include (but are not limited to): young adults, early school leavers, Travellers, Roma, vulnerable migrant groups and other ethnic and/or faith-based minority groups, the LGBTIQ+ community, people living with consistent poverty, sex workers, people with a disability, people in prisons and other places of detention and people new to Ireland, all of whom may benefit from targeted information on sexual health and how to access services when needed

The National Sexual Health Action Plan

2025-2028

Supporting the National Sexual Health Strategy



An Roinn Sláinte
Department of Health

The first *National Sexual Health Action Plan, 2025-2028*, supports implementation of the *National Sexual Health Strategy, 2025-2035*, setting out in more detail, our plans for supporting sexual health and wellbeing between 2025 and 2028. Actions included in this Action Plan will be prioritised, with work starting on these as soon as possible in 2025. Implementation is set out in line with the *Programme for Government, Securing Ireland’s Future, 2025*, the principles of Sláintecare, Healthy Ireland and with the goals, principles, priorities and timelines of the *National Sexual Health Strategy, 2025-2035*.

Governance and implementation

The first priority in building a secure foundation for good sexual health and wellbeing lie in ensuring that the governance, oversight and stakeholder engagement elements of the second National Sexual Health Strategy are in place as early as possible.

Governance and Implementation: Actions		Lead
1	Put a cross sectoral NSHS Implementation Group, and expert sub-groups in place to monitor and inform progress, co-ordinate collaboration and manage resourcing.	Department of Health
2	Hold communication and feedback exercises and events annually, to inform implementation, ensuring collaborative communication with stakeholders and service users and timely responses to emerging issues.	Department of Health
3	Engage with Comhairle na nÓg, through DCDE, to ensure that the voices of young people are heard.	Department of Health
4	Link various sources of survey, research, service and administrative data to develop a wide-ranging suite of PIs informing governance, oversight, delivery and impact.	Department of Health

Impact

Setting up the right support structures will ensure that the governance, oversight and performance monitoring mechanisms underpinning the second NSHS will be in place early, laying the best possible foundations for successful implementation across the full timeline of the Strategy. These structures will be set up as soon as possible in 2025 to support the Strategy across its lifetime.

Sexual health promotion and education

Building supports for healthy relationships, family planning, education, information and sexual health services, and prevention of adverse sexual health outcomes, have been a significant element of our work to date; we will be building on this key foundation further, under this Strategy.

Sexual Health Promotion and Education: Actions		Lead
5	Continue to run public information campaigns that promote positive sexual health and wellbeing, raise awareness of risk management and how to access sexual health services.	HSE SHP & HSE Communications
6	Co-develop campaign on HIV Stigma in partnership with people living with HIV to address HIV stigma and discrimination.	HSE SHP & HSE Communications
7	Review and further develop web resources to promote positive sexual health and wellbeing.	HSE SHP, HSE Digital HSE Communications
8	Evaluate the effectiveness of campaigns promoting positive sexual health and wellbeing.	HSE SHP & HSE Communications
9	Develop a resource to support the implementation of RSE within the senior cycle SPHE curriculum specification; promoting positive sexual health and relationships, and the prevention of domestic, sexual and gender-based violence.	Department of Education and Youth, National Council for Curriculum and Assessment (NCCA) and HSE SHP
10	Support the education sector to train and equip teachers implementing the revised SPHE curriculum specification by delivering the <i>Skills for Facilitating SPHE training</i> .	HSE Education/ Health Region Health Promotion and Improvement (HP&I)
11	Continue to implement the Sexual Health Promotion Training Strategy 2019-2029, to build health, education, youth work and community professionals' capacity to integrate sexual health promotion into their core work.	HSE SHP/ Health Region HP&I
12	Co-ordinate and support the work of the HSE's Sexual Health Promotion Practitioner Network to develop and deliver a range of training including the Foundation Programme in Sexual Health Promotion.	HSE SHP/ Health Region HP&I

13	Roll out and further evaluate and refine the one-day training programme for professionals working with IPAS; explore opportunities for adaptation of the programme to focus on other minority or underserved groups.	HSE SHP and Health Region HP&I
14	Design and pilot a workshop for foster parents to enable them to communicate with their foster children, based on the current toolkit supporting the healthy sexuality and relationship development of children and young people in care.	Tusla and HSE SHP
15	Promote the HSE National DSGBV Training Programme and develop appropriate supports for healthcare workers regarding DSGBV awareness, prevention and responses.	HSE NWIHP, HSE NSIO, Cuan
16	Develop and implement the multi-strand Game Changer intervention in the GAA setting, to combat sexual harassment, sexual violence, and sexual exploitation.	Cuan, GAA, Ruhama, Men's Development Network

Impacts

Supporting information, education, awareness of consent, and combatting domestic, sexual and gender-based violence gives people the tools to support healthy choices in their relationships, across the lifecourse.

Sexual health services

Timely access to sexual health services, free of cost and accessibility barriers, is central to improving and maintaining health and reducing negative health outcomes. We have introduced many new services in recent years and will further support these and develop additional initiatives.

In line with the principles of Sláintecare, we will continue to strive towards provision of universal and equitable access to sexual health services, removing cost and access barriers where possible. This will involve targeting and tailoring services to reach out to those at greatest risk of sexual ill health. We will also expand access to services that have the potential to be delivered through primary care.

Sexual Health Services: Actions		Lead
17	Develop a comprehensive, evidence-based and fit-for-purpose Model of Care (MoC) for sexual health which will deliver integrated, equitable, accessible and cost-effective care, now and into the future, across the life course of the population.	HSE SHP
18	Develop a Sexual Health MoC implementation plan, including a resourcing and business plan.	HSE SHP

19	Develop and update national standards, guidelines and Key Performance Indicators (KPIs) aligned to standards and auditable outcomes for sexual health services across clinical and other settings.	HSE SHP
20	Provide education and training resources and opportunities to staff working in sexual health services to ensure that service providers are appropriately skilled and culturally competent.	HSE SHP
21	Widen access to free HIV and STI testing, through the free home testing service and the STI clinic network.	HSE SHP
22	Develop an Action Plan to eliminate new HIV transmissions by 2030 and provide support for people living with HIV, including regional implementation plans.	Department of Health, HSE SHP and National Infectious Diseases Clinical Care Programme
23	Develop a Model of Care that meets the care needs of people living with HIV in Ireland across the life course of the population.	HSE National Infectious Diseases Clinical Care Programme
24	Develop a HIV MoC implementation plan, including a resourcing and business plan.	HSE National Infectious Diseases Clinical Care Programme
25	Develop and update national standards, guidelines and KPIs for HIV clinical care delivery, aligned to standards and auditable outcomes.	HSE National Infectious Diseases Clinical Care Programme
26	Expand equitable capacity for PrEP as a priority, scoping options including additional capacity for public PrEP clinics, widening access to free PrEP services through primary care and exploring digital solutions to improve access to PrEP.	HSE SHP
27	Explore a digital solution to improve timely access to PEP, out-of-hours and for people living at a distance from public STI clinics.	HSE SHP
28	Improve free access to current and future vaccines protecting sexual health, in line with NIAC advice and DoH policy and funding, through expanding free access in primary care, student health and private settings.	Department of Health, National Immunisation Office (NIO), HSE SHP, ICGP

29	Prioritise work to progress the development of the National Immunisation Information System (NIIS) that will enable vaccines administered as part of sexual health care eg. mpox, HBV, HPV vaccination to be systematically recorded electronically where they are administered .	NIO, HSE SHP, HSE Infectious Disease Clinical care Programme, ICGP.
30	Support the development of pelvic cancer survivorship service in two locations, provide pilot sexual health support services for those recovering from pelvic cancers (e.g. prostate cancer) and from surgery ¹²¹ .	Department of Health
31	In line with the National LGBTIQ+ Inclusion Strategy, support the sexual health needs of people identifying as LGBTIQ+ across the life course.	HSE SHP, HSE NSIO (LGBTIQ+ Inclusion Strategy)
32	Implement effective public health responses to reduce the sexual health and drug related harms associated with chemsex.	HSE SHP, HSE NSIO, HSE National Addiction Programme
33	Ensure quality laboratory diagnostics to underpin quality diagnosis of STIs.	HSE Laboratory Reform Programme, Public Health
34	Support capacity, value for money, geographic access and choice, through legislating to provide some sexual health services, as identified in the model of care for sexual health, such as PrEP and STI supports, through Primary Care, without cost barriers.	Department of Health

Impact

Development and implementation of models of care for sexual health and HIV will improve the sexual health of the population, reduce HIV transmission, reduce STIs and allow for equitable, access to quality, efficient services.

Contraception, unplanned pregnancy and reproductive health supports

The *Programme for Government, Securing, Ireland's Future, 2025*, commits to further developing the transformation in women's healthcare that was commenced in 2022. Commitments most relevant to this Strategy and Action Plan include providing a comprehensive women's health programme in general practice, including contraception, sexually transmitted infections and support for women experiencing menopause. Other relevant commitments include widening access to period products and continuing to expand the free contraception scheme. Removing cost barriers, in line with the principles of Sláintecare, is a key element of accessibility.

121. St. James's and Cork University Hospitals

Contraception, Unplanned Pregnancy, Reproductive Health: Actions		Lead Agency
35	Provide more information resources for conditions linked to reproductive health, including adverse menstrual symptoms, menstrual health and treatments for health conditions linked to the menstrual cycle, linking wider HSE resources with existing resources ¹²² .	Department of Health, HSE National Social Inclusion Office
36	Scope the potential to expand the provision of free period products across publicly accessible HSE healthcare services, including hospitals and community health centres, commencing with pilot programmes.	Department of Health
37	Ensure the planned rollout of free HRT medicines at no cost for the drug/product, as per the Programme for Government commitment.	Department of Health
38	Expand eligibility for free contraception to the full reproductive age range, commencing with 36 – 40 year olds in 2026.	Department of Health
39	Establish a cross divisional expert group, to advise and support the development of the FCS to ensure that the model of contraception service delivery meets the needs of the population across the life-course.	HSE Cross Divisional Contraception Working Group
40	Ensure that full and unbiased web-based information on all methods of contraception is provided through HSE web resources.	HSE SHP and Clinical Design and Innovation
41	Expand access to free contraception through maternity units and hospitals, Sexual Assault Treatment Units (SATUs) and the Women's Health Service (WHS), STI clinics and other relevant hospital services, to provide seamless access to contraception across the health services.	Department of Health
42	Expand access to free condoms through the National Condom Distribution Service.	HSE SHP
43	Scope the need for improved access to male and female sterilisation to increase reproductive options.	HSE Cross Divisional Contraception Working Group

122. Available on www.sexualwellbeing.ie – this web resource may be moved to hse.ie during the lifetime of this Action Plan, however, the resources will still be accessible and will be developed further.

44	Continue to provide, promote and improve the My Options unplanned pregnancy support service.	HSE SHP
45	Pregnancy and post-termination counselling services will be reconfigured to meet evolving needs of public patients including, but not limited to; recurrent miscarriage, unsuccessful fertility treatment and complex menopause.	HSE SHP and HSE NWIHP

Impacts

Significant improvements to sexual health care and to women's health were put in place under the first NSHS, the Scally Report and Women's Health Action Plans, 2022-2023 and 2024-2025. The work outlined here aims to lay the foundations for delivering the additional commitments made in the Programme for Government and Second National Sexual Health Strategy. These include providing more services through community and primary care services and widening the availability of more comprehensive, integrated women's health supports in these settings. The aim is to enable people to access comprehensive sexual and reproductive health services through their local GP, pharmacy, primary care, student health or family planning centre where possible, with quick and easy referral to specialist services, when needed.

Sexual health surveillance, monitoring, evaluation and research

High quality comprehensive surveillance and monitoring of HIV, STIs and other notifiable diseases are key elements of managing risk, assessing population trends, and developing tailored health promotion and disease prevention interventions. Allied to behavioural and social research, these data provide a strong basis for current management and future planning of sexual health services.

Sexual Health Surveillance, Monitoring, Evaluation, Research; Actions		Lead Agency
46	Commence and support a dedicated project team to implement comprehensive integrated electronic surveillance of HIV and STIs in the new national Outbreak Case Incident Management and Surveillance System (OCIMS), including electronic upload of behavioural indicators from STI clinics into OCIMS.	Department of Health and HSE Public Health
47	Develop a national HIV registry to understand the needs and outcomes of people living with HIV and for improved national reporting of HIV sustainable development goals.	HSE National Infectious Diseases Clinical Care Programme
48	Strengthen reference laboratory services for existing, new and emerging STIs including AMR surveillance in bacterial pathogens, out of hours testing availability as part of a comprehensive reference laboratory service.	Department of Health and HSE Laboratory Services Reform Programme

49	Develop and implement a representative population-level survey (INISH) of sexual health knowledge, attitudes and behaviours.	HSE SHP
50	Conduct targeted surveys and/or qualitative research with specific key groups including gbMSM, young people, migrant women, sex workers and people living with disability.	HSE SHP
51	Support sexual health as a public health research priority, ensuring research capacity and infrastructure are supported, sustained and improved (for example, continuing to include sexual health topics in State funded research calls).	HSE SHP and Department of Health
52	Continue to include high-level sexual and reproductive health questions within general population health surveys (e.g. Healthy Ireland Survey and Health Behaviour in School Aged Children Study, Growing Up in Ireland).	HSE SHP and Department of Health
53	Develop a Key Performance Indicator set (KPIs) for wider sexual and reproductive health, drawn from administrative, surveillance, Survey and research data to provide a comprehensive and evidence-based overview of sexual health in Ireland.	Department of Health, HSE SHP

Impacts

These data will contribute to our knowledge of the rapidly evolving sexual health landscape in Ireland, making it easier to identify emerging threats and further develop information campaigns and services. The development of a comprehensive set of KPIs, drawn from administrative data relating to use of services, surveillance data relating to disease prevalence and trends and data gathered from representative and targeted Surveys and qualitative research, we will be able to chart an effective course in terms of implementation.

Working together in partnership

Supporting good sexual health and wellbeing, at the population level and across the lifecourse, extends beyond the remit of the health system alone. Building and extending partnerships will be a key element of successful implementation. Setting up and supporting these relationships, building a roadmap for progress over the lifetime of the Strategy, will be a key element of success, hence, establishing a solid foundation for these partnerships during the initial phase of implementation is vital. Key intersectoral partnerships fall into 4 broad categories;

- Supports for DSGBV prevention and support for victims;
- International partnerships;
- Supports for diversity and inclusion;
- More comprehensive sexual health services on campus.

Working Together in Partnership: Actions		Lead Agency	Supporting partners
54	Working with DCDE and HSE National Social Inclusion Office on supports for ethnic minorities, including Travellers, Roma and people new to Ireland, who come from diverse backgrounds and may need tailored information supports on how to access services, such as translation.	HSE NSIO and DCDE	HSE SHP
55	Work with DCDE to support the sexual and reproductive health commitments in wider inclusion policies, such as the second LGBTIQ+ Inclusion Strategy and second Traveller and Roma Inclusion Strategy (NTRIS).	Department of Health	HSE SHP
56	Work with the Department of Justice, CUAN, NWIHP, the SATU network and the Women's and Gay Men's Health Services, to ensure appropriate treatment, supports and sexual health guidance is in place for victims of DSGBV, including coercive control.	Department of Health	HSE NWIHP, HSE NSIO
57	Support the continuing need and demand for dedicated sexual and reproductive health services for people working in the sex trade, free from cost barriers and supporting wider service provision outside Dublin.	Department of Health	HSE NSIO
58	Work with the HEA and DFHERIS to provide additional supports for sexual health through the Healthy Campus Programme and student health services.	Department of Health	HEA, HSE. DFHERIS
59	Working with the Department of Foreign Affairs and Trade (DFAT) to align our domestic, regional and international engagements and support treaties, agreements and accords to which Ireland is a signatory.	Department of Health	DFAT, international organisations (EU, UN, WHO, OECD)
60	Broaden and strengthen links with Northern Ireland and other UK nations in terms of information sharing and enhanced co-operation to support sexual health and wellbeing across these islands.	Department of Health	Department of Health, Northern Ireland

Impacts

Setting up and working with our partners, with service users and with representative organisations will provide a strong foundation on which to build the cross sectoral services that we aim to develop further. International partnerships, meanwhile, will be key to keeping us updated on the various targets, standards, developments, initiatives and risks that are always changing on the world stage. We aim to inform and to be informed, interacting actively on the world stage to ensure that Ireland's voice is heard, to learn from the experiences of others and to support others on the basis of our own experience.

Summary and impacts, by 2028

The work outlined in this Action Plan will lay the foundations for progress over the lifetime of this Strategy, prioritising the establishment of oversight, stakeholder consultation and partnership structures to ensure a strong foundation for further implementation.

Clinically, the Models of Care for Sexual Health and for HIV are key, establishing the foundations for future progress. By 2028, it is envisaged that work to expand services to primary care will be well under way, with additional sexual health and women's health services accessible through GPs, family planning, student health and primary care centres, and community pharmacies.

Pilot projects to inform further expansion and integration of specialised services, such as those for campuses and supporting people working in the sex trade, will be completed, allowing future plans to be outlined in subsequent Action Plans. Women's health supports will be substantially advanced, with the Free Contraception Scheme extended to all relevant age groups and also providing support for menopause care.

Research, monitoring and surveillance supports will be enhanced, with OCIMS and additional reference laboratory support providing a more comprehensive foundation for the assessment of HIV and STI related trends and risks. A comprehensive set of KPIs will have been set up, to be shared with the public via the HPSC, HSE sources and through the Healthy Ireland Outcomes Framework Reports. Pilot programmes, led by research and surveillance data, will inform initiatives to be included in subsequent Action Plans.

Good sexual health and wellbeing and healthy relationships support wider physical and mental health and wellbeing. In addition, sexual health supports play a key role in supporting wider Government objectives, relating to the delivery of education, DSGBV prevention and in meeting our international obligations. This Action Plan will make a start in terms of fulfilling Programme for Government, Sláintecare, Women's Health Action Plan and Healthy Ireland objectives, supporting good health and wellbeing more generally.

Appendix 1

Leads, drafting committee membership

Chair: Department of Health, Health and Wellbeing Programme, Sexual Health and Contraception

Membership: Department of Health Social Inclusion, Bioethics, Corporate Legislation Unit, Women's Health Taskforce (WHT), HSE Sexual Health Programme (SHP), HSE Public Health, National Health Protection, National Women and Infants Health Programme (NWIHP), HSE/Irish College of General Practitioners (ICGP) Women's Health Lead, HSE Primary Care

Collaborations and consultation

Department of Health: Division of the Chief Nursing Officer (SATU leads), Maternity and Gynaecology Policy Unit, Policy, Strategy and Integration Unit, Immunisation and Infectious Diseases Unit, Cancer Unit, Men's Health.

HSE: Men's Health leads St. James's Hospital and Cork University Hospital Survivorship programmes, National Social Inclusion Office, Health Protection Surveillance Centre, Integrated Care Lead.

Department of Justice, Cuan

Department of Education and Youth, National Council for Curriculum and Assessment

HSE Dublin and South-East Health Area (formerly CHO6) leads, Gay Men's Health Service and Women's Health Service, Health Protection Surveillance Centre

Department of Children, Disability and Equality, Young People, Disability, Tusla, Equality

Department of Foreign Affairs and Trade

Department of Further and Higher Education, Research, Innovation and Science/Higher Education Authority, Healthy Campus Co-ordinator

Appendix 2

Key recommendations, reports and studies:

- » Publishing surveys, studies and reports that were either focussed on sexual health or included it as a component of wider studies; MISI 2015¹²³, EMIS 2017¹²⁴, the Healthy Ireland Surveys¹²⁵, 2016, 2017, HBSC¹²⁶, GUI¹²⁷ and a number of specialist reports;
- » The findings of the Joint Committee on the Eighth Amendment of the Constitution¹²⁸, 2017;
- » Inclusion of sexualised drug use (chemsex) in *Reducing Harm, Supporting Recovery, Ireland's National Drugs Strategy*¹²⁹ 2017;
- » UnPAC Report & Review of the Health (Regulation of Termination of Pregnancy) Act, 2018;
- » The Report of the Working Group on Access to Contraception, 2019¹³⁰;
- » The recommendations of the final report of the scoping inquiry into the CervicalCheck Screening Programme^{131,132} (Dr Gabriel Scally), 2022;
- » Developing the first *Women's Health Action Plan, 2022-2023*¹³³ and its successor, the *Women's Health Action Plan, 2024-2025 Phase 2: An Evolution in Women's Health*¹³⁴; additional investment in women's health has been approximately €140m since 2020;
- » Sexual Assault Treatment Units (SATU) Policy Review 2018¹³⁵.

123. MISI Survey: <https://www.hpsc.ie/a-z/specificpopulations/menwhohavesexwithmenmsm/msminternetsurveys/misi2015/>

124. EMIS Survey: <https://www.hpsc.ie/a-z/specificpopulations/menwhohavesexwithmenmsm/msminternetsurveys/emis-2017/#:~:text=The%20EMIS%2D2017%20survey%20collected,men%20responded%20to%20EMIS%2D2017.>

125. Healthy Ireland Surveys, 2015-2024: <https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/>

126. Health Behaviour in School- Aged Children Survey: <https://www.universityofgalway.ie/hbsc/hbscireland/>

127. <https://www.growingup.gov.ie/>

128. Committee on the Eighth Amendment of the Constitution (32nd Dáil): <https://www.oireachtas.ie/en/committees/32/eighth-amendment-constitution/>

129. National Drugs Strategy, Reducing Harm, Supporting Recovery, 2017-2025: <https://www.gov.ie/en/publication/4e5630-reducing-harm-supporting-recovery-2017-2025/>

130. Report of the Working Group on Access to Contraception: <https://assets.gov.ie/38063/89059243e750415ebf7e96247a4225ae.pdf>

131. Scoping inquiry into the CervicalCheck Screening Programme <https://www.gov.ie/en/publication/aa6159-dr-gabriel-scallys-scoping-inquiry-into-cervicalcheck/>

132. Scoping Inquiry into the CervicalCheck Screening Programme, final report, 2018 : <https://assets.gov.ie/9785/9134120f5b2c441c81eed06808351c7.pdf>

133. Women's Health Action Plan, 2022-2023: <https://www.gov.ie/en/publication/232af-womens-health-action-plan-2022-2023/>

134. Women's Health Action Plan, 2024-2025: <https://www.gov.ie/en/publication/064c5-ministers-launch-the-womens-health-action-plan-2024-2025-phase-2-an-evolution-in-womens-health/>

135. Department of Health Policy Review of the National Sexual Assault Treatment Unit (SATU) Service: <https://www.gov.ie/en/publication/e9ee89-department-of-health-policy-review-of-the-national-sexual-assault-tr/>

Appendix 3: STI, HIV and mpox transmission data, 2023-2024

To note; the HPSC data presented in this appendix and in the introduction were extracted from CIDR on at the end of December, 2024; they may not exactly match the data presented on the HPSC website as time goes on; figures can change following further data validation and review. For the most up-to date perspectives, please visit <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/>

STI summary:

In 2024, 20,626 STIs were notified in Ireland to the national Computerised Infectious Disease Reporting (CIDR) system (see Table 1 and Figure 1).

- The commonest STIs notified in 2024 were chlamydia (n=11,539), gonorrhoea (n=5,974) and genital herpes (n=1,838);
- Decrease of 11% in STI notifications in 2024 compared to 2023 but STI notifications in 2024 were still considerably higher (42%) than in pre-pandemic year, 2019 (n=14,538);
- The decrease in total notifications in 2024 is driven by notable decreases in chlamydia (16%) and gonorrhoea (12%) notifications. This follows significant increases in notifications of both STIs in 2022 and 2023;
- Younger people are more affected by STIs, notably females aged 20-24 years. Male cases are spread over a wider age range (see Figure 2);
- The HSE home STI testing service accounted for almost half (48%) of chlamydia notifications and 29% of gonorrhoea notifications, both increased from the proportion in 2023.

3.1 Chlamydia

- Chlamydia is the most frequently reported STI in Ireland (2024 data: 11,539 notifications; notification rate of 224 per 100,000 population);
- Following significant increases in 2022 (52%)¹³⁶ and 2023 (25%), the chlamydia notification rate of chlamydia decreased by 16% in 2024. However, the notification rate remains higher than pre-pandemic levels;
- Approximately equal cases of chlamydia are reported among males and females (2024 data: 52% male and 48% female);
- Notification rates of chlamydia in females are highest among those aged 20-24 years, with male rates highest from 25-49 years of age. Rates in those aged 20-24 years decreased by 20% in 2024 compared to 2023, following increases of chlamydia in this age group in 2022 and 2023;

136. The increase noted in 2022 was relative to 2021 when notifications were lower due to COVID-19 pandemic

- The HSE free home STI testing service accounted for a higher proportion of chlamydia notifications in 2024 (48%) compared to 2023 (43%).
 - » 54% in females (up from 49% in 2023)
 - » 42% in males (up from 37% in 2023)

3.2 Gonorrhoea

- Gonorrhoea is the second most frequently reported STI in Ireland (2024 data: 5,974 notifications; notification rate of 116 per 100,000 population);
- Following large increases in 2022 (94%)¹³⁷ and 2023 (68%), the gonorrhoea notification rate decreased by 12% in 2024. However, the notification rate in 2024 remains high and almost double that in pre-pandemic year 2019 (59 per 100,000 population);
- The majority of gonorrhoea notifications occur in males (2024 data: 83% male). The notification rate in males was highest among those aged 30-34 years (705 per 100,000 population in 2024), with the rate in this age group very similar to the rate in 2023;
- Following significant increases in notifications of gonorrhoea in young people (15-24 years) in 2022 and 2023, rates in this age group decreased in 2024
 - » Females: 47% decrease in those aged 15-19 years; 44% decrease in those aged 20-24 years
 - » Males: 40% decrease in those aged 15-19 years; 24% decrease in those aged 20-24 years
- Among males, where mode of transmission was known (54%), 90% were in gay bisexual and other men who have sex with men (gbMSM). The notification rate in gbMSM has risen by 126% since 2019. The overall rate in gbMSM (18 years and older) was high in 2024 at 2,115 per 100,000 population. There was no significant change in gbMSM notifications between 2023 and 2024;
- The HSE free home STI testing service accounted for a higher proportion of gonorrhoea notifications in 2024 (29%) compared to 2023 (25%);
 - » 39% in females (up from 34% in 2023)
 - » 29% in males (up from 22% in 2023)

3.3 Herpes simplex (genital):

- Genital Herpes is the third most frequently reported STI in Ireland (2024 data: 1,838 cases; notification rate of 36 per 100,000 population);
- Slight increase (9%) in notification rate in 2024 compared to 2023;
- Majority of cases reported in females (2024 data: 70% female);
- Median age of cases in 2024 was 28 years with 35% in young people (15-24 years);
- Most cases (70%) were female. The highest age specific rate in females was among those aged 20-24 years (254 per 100,000 population);
- The highest age specific rate in males was among those aged 25-29 years (77 per 100,000 population).

137. The increase noted in 2022 was relative to 2021 when notifications were lower due to COVID-19 pandemic

3.4 Early infectious syphilis (EIS)

Weekly notifications of EIS from laboratories to CIDR are based on laboratory criteria for notification and can include people with previously treated infection, which are not EIS cases. Notifications require further review between Public Health and STI clinics and generally will result in some de-notifications and a reduction in numbers.

Therefore, analysis of 2024 data and comparison with previous years is not valid at this point.

The latest valid information on EIS is contained in the 2023 EIS report which can be accessed at [2023 EIS Slide Set](#).

2023 data – key points

- The notification rate in 2023 (17.7 per 100,000 population) was similar to the rate in 2022;
- Most cases (93%) were in males with the highest rate in those aged 30-34 years (120 per 100,000 population);
- Rates in females were low with the highest rate in those aged 25-29 years (11 per 100,000 population);
- The key population affected by EIS are gbMSM (91% of all male cases). The rate of notification in gbMSM remains stable but high (438 per 100,000 population);
- Where HIV status was known, 30% of notifications were in people living with HIV;
- 44% of HIV negative males were on HIV Pre-Exposure Prophylaxis (PrEP);
- Just over a quarter of EIS notifications were reinfections;
- Where country of birth was known, 46% were born in Ireland and 31% born in Latin America and Caribbean.

3.5 LGV

Notifications of *Lymphogranuloma venereum* (LGV) remain low with no increase noted in 2024 (37 notifications in both 2024 and 2023). All notifications (where known) are among gbMSM.

3.6 Trichomoniasis

An improvement to the case definition for trichomoniasis was introduced in January 2024 to include the detection of *T. vaginalis* nucleic acid target in specimens from clinically appropriate sites. This has resulted in increased notification of cases from laboratories and more accurate determination of the incidence of trichomoniasis in Ireland.

Therefore, comparison of 2024 data with previous years is not valid.

3.7 HIV

HIV remains a major public health issue in Ireland and key efforts are required to achieve the targets set by the United Nations Sustainable Development Goal (3.3) to end AIDS by 2030.

In recent years, an increasing number of HIV diagnoses are among people previously diagnosed outside Ireland. To have meaningful analysis of HIV epidemiology in Ireland, data are separated into first-time diagnoses and previously positive diagnoses. This breakdown is not yet available for most notifications in 2024 so analysis of 2024 data and comparison of 2024 HIV data with previous years is not valid. The latest valid data is contained in the 2023 HIV report which can be found at [2023 HIV Slide Set](#).

2023 data – key points

- 911 total HIV diagnoses with majority (61%) in people already known to be living with HIV and 19% in people diagnosed with HIV for the first time (see Figure 3);
- 173 first time diagnoses, a rate of 3.4 per 100,000 population. This was very similar to the rate in 2022 and lower compared to pre-pandemic and earlier years;
- Key population group affected by HIV in Ireland are gbMSM. Encouragingly, a declining trend in first-time diagnoses in gbMSM has been evident since 2015 and a lower proportion of this key group were diagnosed late in recent years;
- Heterosexuals accounted for 50% of first-time diagnoses in 2023, however the rate among this group remains low. Of concern, a higher proportion of heterosexuals (males in particular) are diagnosed late. This has been shown to be associated with poorer outcomes and an increased likelihood of ongoing HIV transmission and suggests that some people may experience difficulty with access to HIV testing;
- HIV transmission among PWID remains at consistently low levels which is likely to be attributable to the presence of well-established and effective harm-reduction programmes. However, previous outbreaks in this group highlights that trends can rapidly reverse;
- In 2023, of the 553 people previously diagnosed with HIV abroad, 95% were reported to have transferred their care from another country to Ireland and of these 89% had a suppressed viral load (where viral load was known).

3.8 mpox

In May 2022, the first case of mpox was notified in Ireland, linked to the international outbreak of mpox (Clade IIb) that caused the global Public Health Emergency of International Concern (PHEIC). During 2022, 227 confirmed cases of mpox were notified in Ireland and a description of the cases notified in the first year can be found at [Mpox-outbreak-Response-and-epidemiology-of-confirmed-cases-in-Ireland-from-May-2022-to-May-2023.pdf](#).

A further 13 confirmed cases were notified in 2023, and 25 confirmed cases were notified in 2024.

Of the cases notified in 2024:

- All reported as Clade II with no Clade I cases reported;
- All male and where the sexual orientation was known, almost all (20/21) were reported to be gbMSM;
- Age range 27 to 63 years;
- 6 reported recent vaccination;
- 6 were living with HIV;
- 11 reported international travel;
- 5 were hospitalised.

Appendix 4: Lists of public STI clinics, SATUs

County	Location	Contact details
Carlow	STI Clinic, St Dymphna's Hospital, Athy Road, Carlow	Tel: 051 842 646
Clare	STI Clinic, Ennis General Hospital, HSE Ennis OPD, Westpoint Business Park, Kilrush Road, Ennis V95 D9KW, Co. Clare.	Tel: 061 482 382 Email: theclinic@hse.ie
Cork	STI Clinic, South Infirmary Victoria University Hospital, Old Blackrock Road.	Tel: 021 496 6844
Cork	STI Clinic, Youth Health Service, Penrose House, Penrose Quay, Cork City.	Tel: 021 4937250
Donegal	Errigal Chronic Disease Management (CDM) HUB, Kilmacrennan Road, Letterkenny University Hospital,	Tel: 074 912 3715
Dublin	GUIDE Clinic, St. James's Hospital, James's Street, Dublin 8.	Tel: 01 416 2315 or 01 416 2316. eBooking available at http://www.guidelclinic.ie
Dublin	Young Persons' Clinic @ the GUIDE Clinic is for people aged 20 and younger, held every Thursday morning.	Appointments: 01 4162315 or 01 4162316. More information: http://guidelclinic.ie/sti-clinic/young-persons-clinic
Dublin	STI Clinic, Mater Hospital, Eccles Street, Dublin 7.	Tel: 01 803 2063. Booking information available at https://www.mater.ie/patients/sti/
Dublin	Gay Men's Health Service, Meath Primary Care Centre, Heytesbury Street, Dublin 8.	Tel: 01 921 2730. Booking information: https://www.hse.ie/eng/services/list/5/sexhealth/gmhs/clinics
Galway	STI Clinic, Portiuncula Hospital, Ballinasloe.	Tel: 090 962 4676
Galway	University Hospital Galway, Newcastle Road.	Tel: 091 525 200
Kerry	STI Clinic, University Hospital Kerry, Tralee.	Tel: 021 496 6844
Laois	STI Clinic, Out-Patients Dept., Midland Regional Hospital, Block Rd., Portlaoise.	Tel: 086 859 1273
Limerick	STI Clinic, University Hospital Limerick, Dooradoyle.	Tel: 061 482 382. Email: theclinic@hse.ie
Louth	GUM Clinic, Louth County Hospital, Dublin Road, Dundalk.	Tel: 086 824 1847
Louth	STI Clinic, Our Lady of Lourdes Hospital Drogheda.	Tel: 086 824 1847
Mayo	STI Clinic, Mayo General Hospital, Castlebar.	Tel: 087 4518971
Sligo	GUM Clinic, Sligo General Hospital, The Mall.	Tel: 071 917 0473
Tipperary	STI Clinic, University Hospital Nenagh.	Tel: 061 482 382 Email: theclinic@hse.ie
Waterford	STI Clinic, University Hospital Waterford Dunmore Road.	Tel: 051 842 646
Westmeath	STI Clinic, Midland Regional Hospital, Longford Road, Mullingar.	Tel: 087 710 4152
Wexford	STI Clinic, Enniscorthy Health Centre, Millpark Rd, Enniscorthy, Co. Wexford	Tel: 051 842 646

Service updates are regularly updated on www.sexualwellbeing.ie. The clinic list is available online at <https://www.sexualwellbeing.ie/sexual-health/hse-sti-services-in-ireland.html>

HIV treatment centres

HIV treatment is available in 10 hospital settings. Adult care is provided in Cork (Cork University Hospital), Dublin (Beaumont Hospital, Mater Misericordiae University Hospital, St. James's Hospital, St. Vincent's University Hospital), Galway (Galway University Hospital), Limerick (Limerick University Hospital), and Waterford (University Hospital Waterford). Paediatric HIV care is provided in Dublin at Temple St. University Hospital and Our Lady's Children's Hospital.

Sexual assault treatment units (SATUs)

County	Location	Contact details
Cork SATU	South Infirmary Victoria University Hospital.	021 492 6297 weekdays from 8am to 4.30pm. 021 492 6100 weekends and after 4.30pm, ask for SATU.
Donegal SATU	Justice Walsh Road, Letterkenny.	Phone: 087 06 81 964 at any time. This is a direct line to SATU.
Dublin SATU	Rotunda Hospital Campus.	Phone: 01 817 1736 weekdays from 8am to 5pm. Phone: 01 817 1700 after 5pm and weekends, ask for SATU.
Galway SATU	The Willow Centre, Faustina House, IDA Small Business Centre, Tuam Road, Galway	Phone: 091 76 57 51 or 087 63 38 118 weekdays from 8am to 4pm. Phone: 091 75 76 31 or 091 524222 after 4pm and weekends, ask for SATU.
Mullingar SATU	Midland Regional Hospital.	Phone: 044 939 4239 or 086 04 09 952 weekdays from 8am to 5pm. Phone: 044 934 0221 after 5pm and weekends, ask for SATU.
Waterford SATU	University Hospital Waterford.	Phone: 051 842 157 weekdays from 8am to 5pm. Phone: 051 848 000 after 5pm and weekends, ask for SATU.
*Limerick	Alternative service delivery	Please call 112 or 999 to access a different out-of-hours service that can help you. This service provides forensic examinations also.

Regular updates on <https://www2.hse.ie/services/satu/contact/>

Appendix 5: Summary of International commitments

This Strategy aims to include and support such commitments that fall within its remit. Sustainable Development Goal (SDG) **Target 3.3, Communicable diseases**, states: “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”. The ECDC generally includes STIs under SDG 3.3¹³⁸.

In line with ECDC mandates and WHO guidelines, ECDC supports the EU/EEA countries, the European Commission and other key stakeholders in reaching the SDG 3.3 targets as well as the targets in other global and international action plans. ECDC has developed a draft framework to describe the proposed approach to guide ECDC’s work in supporting EU/EEA countries and the European Commission to make progress on the Sustainable Development Goal-related diseases. This framework describes the proposed approach and focus areas for how ECDC will work, in alignment with the updated ECDC Strategy for 2023-2027 and within the new ECDC expanded mandate, across the areas of hepatitis B and C, HIV and STIs.

The UNAIDS HIV targets have been updated to 95-95-95 by 2025 (that 95% of all people living with HIV are diagnosed; 95% of those diagnosed are on treatment; and 95% of those on treatment are virally suppressed)¹³⁹, to keep countries on track to meet the Sustainable Development Goal to end the HIV epidemic by 2030 (SDG3)¹⁴⁰. SDG 3.7 is also very relevant to the Strategy also: *By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.*

A *Council of Europe issue paper*¹⁴¹ has highlighted certain human rights as having particular relevance to sexual and reproductive health. These include:

- » The right to health, including sexual and reproductive health;
- » The right to life;
- » The right to freedom from torture and ill-treatment including torture and ill-treatment related to sexuality, reproductive capacities and decisions;
- » The right to freedom from ill-treatment including guarantees of access to sexual and reproductive health care, when failures to do so could risk health or cause undue suffering;
- » Access to a comprehensive range of relevant sexual and reproductive health services, including HIV post-exposure prophylaxis, emergency contraception and safe abortion services, for survivors of sexual violence;

138. Sustainable Development Goals: https://sdgs.un.org/goals/goal3#targets_and_indicators

139. UNAIDS Global AIDS Strategy 2021-2026. <https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>

140. United Nations Sustainable Development Goals (SDGs) <https://sdgs.un.org/goals/goal3>

141. Women’s sexual and reproductive health and rights in Europe: [Issue paper published by the Council of Europe Commissioner for Human Rights], Council of Europe, 2017

- » The right to privacy or respect for private and family life, including to decide freely and responsibly on the number and spacing of children and to have access to the information, education and means to enable these rights, and also including the principle of informed consent to medical procedures and interventions;

- » The right to gender equality and freedom from discrimination;

Goal 5 (gender equality), is also relevant to the aims of this Strategy;

- » Target 5.1.: *End all forms of discrimination against all women and girls everywhere*;
- » Target 5.3.: Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation.

GREVIO

The Council of Europe Convention on preventing and combating violence against women and domestic violence, widely referred to as the Istanbul Convention, mandates an independent expert body, the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), with monitoring the implementation of the convention. Its members are elected by the state parties. Ireland ratified the Convention on 8 March, 2019 and it came into force on 1 July 2019. GREVIO draw up and publish reports evaluating legislative and other measures taken by the Parties to give effects to the provisions of the Convention. In cases where action is required to prevent a serious, massive or persistent pattern of any acts of violence covered by the Convention, GREVIO may initiate a special inquiry procedure. GREVIO may also adopt, where appropriate, general recommendations on themes and concepts of the Convention. The HSE and Department of Health participate in an annual evaluation visit by GREVIO to Ireland. The delegation also meet with a wide range of governmental and non-governmental representatives working in the area of preventing and combating violence against women.

The Beijing declaration

The Beijing Declaration and the Platform for Action, adopted by 189 countries, is the comprehensive and transformative global agenda for the achievement of gender equality and the empowerment of women and girls¹⁴².

Universal declaration of human rights

The Universal Declaration of Human Rights, published in 1948, set out, for the first time, fundamental human rights to be universally protected. The UDHR has been translated into over 500 languages and is widely recognized as having inspired, and paved the way for, the adoption of more than seventy human rights treaties, applied today on a permanent basis at global and international levels¹⁴³.

142. Beijing Platform for Action: [The Beijing Declaration and Platform for Action at 30, and why that matters for gender equality | UN Women – Headquarters](#)

143. Universal Declaration of Human Rights: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

International conference on population & development

The International Conference on Population and Development (ICPD), held in Cairo in 1994, placed people's dignity and rights at the heart of sustainable development. There, 179 governments adopted the ICPD Programme of Action, which affirms the need to prioritise human rights, including reproductive rights; empowering women and girls; and addressing inequalities as well as the needs, aspirations and rights of individuals, in order to support inclusive sustainable development. ICPD guides national policies and programmes for the implementation of the Programme of Action by governments, in collaboration with parliaments and civil society, including women and youth-led organizations, the private sector, community groups and individuals at the grassroots level¹⁴⁴.

Summary of definitions and abbreviations

Acronym	Definition
AHTT	HSE Anti-Human Trafficking Team
AIDS	Acquired Immune Deficiency Syndrome
AIT	Athlone Institute of Technology, now part of TUS
AMR	Antimicrobial resistance
ART	Antiretroviral therapy
AZT	Zidovudine
CCO	Chief Clinical Officer
Chemsex	The use of one or more drugs to facilitate or enhance sex
CHO	Community Health Organisation. CHOs 1-9 now moved to Health Regions
CIDR	Computerised Infectious Disease Reporting
CMO	Chief Medical Officer
CPD	Continuing Professional Development
Cuan	The Domestic, Sexual and Gender-Based Violence Agency
DCDE	Department of Children, Disability and Equality
DCMO	Deputy Chief Medical Officer
DFAT	Department of Foreign Affairs and Trade
DFHERIS	Department of Further and Higher Education, Research, Innovation and Science
DoE	Department of Education and Youth
DoH	Department of Health
DoJ	Department of Justice, Home Affairs and Migration
DSGBV	Domestic, Sexual and Gender-Based Violence
ECDC	European Centre for Disease Control
EMIS	European MSM Internet Survey
EURO-GASP	European Gonococcal Antimicrobial Surveillance Programme
FCS	Free Contraception Scheme
FTC	HIV Fast-Track Cities Initiative
GAA	Gaelic Athletic Association
gbMSM	Gay, bisexual and other men who have sex with men
gbWSW	Gay, bisexual and other women who have sex with women
GDPR	General Data Protection Regulation
GHSS	WHO Global Health Sector Strategies
GMHS	Gay Men's Health Service

144. International Conference on Population and Development: <https://www.unfpa.org/icpd>

GP	General practitioner
GREVIO	Group of Experts on Action against Violence against Women and Domestic Violence
GUI	Growing Up in Ireland Study
GUM	Genito-Urinary Medicine
HAART	Highly active anti-retroviral treatment
HAV	Hepatitis A Virus
HBSC	Health Behaviour in School-Aged Children Study
HBV	Hepatitis B Virus
HEA	Higher Education Authority
HEI	Higher Education Institution
HI	Healthy Ireland
HI SAP	Healthy Ireland Strategic Action Plan
HIF	Healthy Ireland Framework, 2013-2025
HI-M	Healthy Ireland Men's Action Plan, 2024-28
HIV	Human Immunodeficiency Virus
HP&I	Health Promotion and Improvement
HPSC	Health Protection Surveillance Centre
HPV	Human Papilloma Virus
HRB	Health Research Board
HRT	Hormone replacement therapy
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
ICL	Integrated Care Lead
ICPD	International Conference on Population and Development
INISH	Irish National Study of Sexual Health
ISHA	Irish Student Health Association
IUD	Intrauterine device, also known as a coil
IUS	Intra-uterine system, also known as a hormonal coil
KABs	Knowledge, Attitudes and Behaviours
Key Groups	Key groups include (but are not limited to): young adults, early school leavers, Travellers, Roma, vulnerable migrant groups and other ethnic and/or faith-based minority groups, the LGBTIQ+ community, people living with consistent poverty, sex workers, people with a disability, people in prisons and other places of detention (PDD) and people new to Ireland, all of whom may benefit from targeted information on sexual health and how to access services when needed
KPIs	Key Performance Indicators
LARC	Long-Acting Reversible Contraception (implants, coils, injections, IUS, IUD)
LGBTIQ+	Lesbian, gay bisexual, transgender, intersex, queer and additional genders and orientations
LGV	Lymphogranuloma venereum
MDN	Men's Development Network
MISI	MSM Internet Survey Ireland
MoC	Model of Care
My Options	Freephone helpline for those experiencing unplanned pregnancy
Natsal	UK's National Survey of Sexual Attitudes and Lifestyles
NCCA	National Council for Curriculum and Assessment
NCDS	National Condom Distribution Scheme
NGO	Non-governmental organisation

NHPO	HSE National Health Protection Office
NIAC	National Immunisation Advisory Committee
NIIS	National Immunisation Information System
NIO	National Immunisation Office
NLIS	National LGBTIQ+ Inclusion Strategy
NMHPP	National Mental Health Promotion Plan, Pathways to Wellbeing, 2024-2030
NSHS	National Sexual Health Strategy, 2015-2020
NSHS2	Second National Sexual Health Strategy, 2025-2035
NSIO	HSE National Social Inclusion Office
NTRIS	National Traveller and Roma Inclusion Strategy
NWCI	National Women's Council of Ireland
NWIHP	National Women and Infants Health Programme
OCIMS	Outbreak, Case, Incident Management and Surveillance System (in development)
OCP	Oral contraceptive pill
OECD	Organisation for Economic Co-Operation and Development
PCOS	Polycystic ovary syndrome
PCRS	Primary Care Reimbursement Service
PDD	Places of Detention
PEP	Post-Exposure prophylaxis for HIV
PfG	Programme for Government, Securing Ireland's Future, 2025
PI	Performance Indicator
PMDD	Premenstrual dysphoric disorder
PMS	Premenstrual syndrome
PPI	Patient and public involvement
PrEP	Pre-Exposure Prophylaxis for HIV
PWID	People who inject drugs
RHA	Regional Health Area - previous name for Health Regions
RSE	Relationship and sexuality education
Ruhamá	Ruhamá offers nationwide support to women impacted by prostitution, sex trafficking and other forms of commercial sexual exploitation.
SATU	Sexual Assault Treatment Unit
SDGs	UN Sustainable Development Goals
SHAP	Sexual Health Action Plan, 2025-2028
SHCPP	Sexual Health and Crisis Pregnancy Programme, renamed as HSE Sexual Health Programme
SHP	HSE Sexual Health Programme (formerly SHCPP)
SIF	Sláintecare Integration Fund
STEI	Sexually transmitted enteric infection
STI	Sexually Transmitted Infection
TasP	HIV treatment as prevention
TILDA	The Irish Longitudinal Study on Ageing
ToP	Termination of Pregnancy
TUS	Technological University of the Shannon
Tusla	Child and Family Agency
U=U	Undetectable = untransmissible, in terms of HIV viral load
UDHR	Universal Declaration of Human Rights

UN	United Nations
UNAIDS	Agency leading global effort to end AIDS as a public health threat by 2030 as part of SDGs
WHAP	Women's Health Action Plan
WHO	World Health Organisation
WHS	Womens' Health Service
WHT	Women's Health Taskforce

Notes

[illegible]





An Roinn Sláinte
Department of Health



ISBN 978-1-4468-8123-1



9 781446 881231