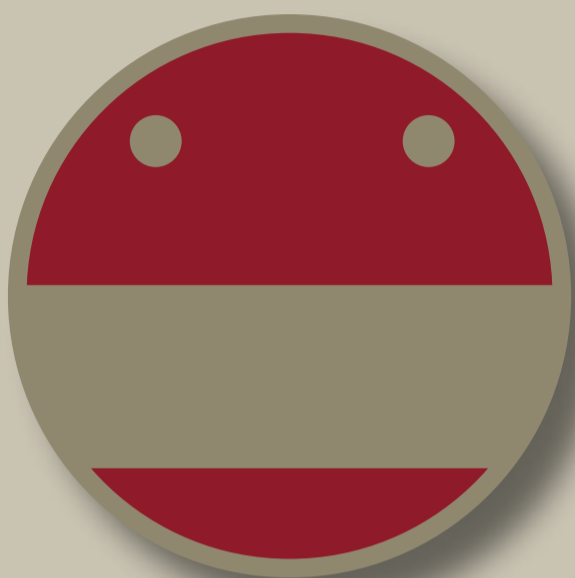


# The Sound of Stigma is Silence



## Background

Dublin AIDS Alliance (DAA) is a registered charity operating at local, national and European level. The principal aims of the organisation are to improve, through a range of support services, conditions for people living with HIV/AIDS and/or Hepatitis, their families and caregivers, while further promoting sexual health in the general population. Since 1987, DAA has been pioneering services in sexual health education and promotion, and has consistently engaged in lobbying and campaigning in the promotion of human rights.

DAA is acutely aware of the cultural and economic barriers that can affect life choices, rendering both men and women more vulnerable to HIV. Our support, prevention, education and training programmes are therefore rooted in capacity building and experiential learning techniques, which enable the negotiation of safer sex and/or injecting practises. While supporting service users around the choices available, DAA's approach broadly reflects a harm minimisation model, which emphasises practical rather than idealised goals.

DAA's individual and group interventions are at all times age appropriate, and sensitive to the psychosocial needs, learning abilities and life experiences of our clients. We operate under an ethos of equality and are committed to making a positive contribution towards a humane and just society. DAA strives to ensure an environment that promotes equal opportunity and prohibits discrimination, while further enabling our staff, volunteers and service users to experience dignity and respect at all times.

DAA represents voluntary sector organisations operating in the Dublin region on the National AIDS Strategy Committee (NASC), and is affiliated to the Irish National Organisation of the Unemployed (INOUE); the Irish Social Policy Association (ISPA); the European Council of AIDS Service Organisations (ECASO); the Irish AIDS and Mobility Network (IAMN); the HIV Services Network (HSN); Gay Health Network (GHN), and the Outreach Workers Forum (OWF).

## Our Mission

Working to improve conditions for people living with HIV/AIDS, their families and caregivers, while actively promoting HIV and sexual health awareness in the general population.

## Our Vision

To contribute to a reduction in the prevalence of HIV in Ireland.

## Organisational Objectives

- To support those living with and affected by HIV/AIDS.
- To confront the stigma and discrimination associated with HIV/AIDS.
- To increase public awareness through the promotion of HIV and sexual health education.
- To influence policy through partnership and active campaigning.

## 2006 In Summary

Service Category	Number of Individuals Accessing Services 2006	Number of Interventions 2006
Community Support Programme	1,904	2,588
Prevention, Education & Training Programme	3,402	3,402
Public Information Distribution and Access 2006 (including Library Access)	-	31,000
FASNET – Prevocational Training Initiative	13	-
<b>TOTAL</b>	<b>5,319</b>	<b>36,990</b>

## Chairperson's Foreword

The Board of DAA is pleased to present its Annual Report for 2006. During the year, DAA has continued its longstanding commitment to delivering relevant quality services to our clients, both through direct support to people living with HIV and through raising awareness of HIV and related issues. In the Community Support Programme, 2006 saw a significant increase of 75% from the previous year in the number of clients accessing services, with a total of 1,904 clients through 2,588 interventions. With the help of the MACAIDS Fund, the Community Support Programme continued a unique initiative which seeks to engage ethnic minority communities living in Ireland in the development of culturally specific safer sex and HIV prevention messages. This programme will continue into 2007 and on completion will produce sexual health information booklets in a number of different languages. Prevention, Education & Training (PET) also experienced a significant increase of 41% on 2005 figures, with a total of 241 workshops delivered to 3,402 individuals. PET continued to develop new and innovative approaches to HIV prevention and sexual health promotion throughout 2006 including a unique initiative we've called Dalliance that engages young people in a peer education process using forum theatre techniques. Through Dalliance and other innovative participatory initiatives, PET continued to work for maximum awareness of HIV among both target populations and the general public.

Overall, the number of individuals accessing the services of DAA in 2006 increased by 51%, from 3,513 in 2005 to 5,319 in 2006. These figures indicate the extent of need for the range of services provided by DAA and also reflects positively on DAA's ongoing commitment to maintaining relevant and accessible services for all of its client groups.

During 2006 DAA has also continued its work in influencing both regional and national policy in relation to HIV and in highlighting and campaigning on key issues. It continues to be a key part of DAA's brief to ensure that the issue of HIV/AIDS is kept on the public and political agenda.

Our work would not be possible without the continued support of our funders in the HSE Northern Area and FÁS. Funding from the North Inner City Drugs Task Force, the Dormant Accounts Fund, the MAC AIDS Fund and Durex has enabled us to develop pilot initiatives, which will continue to enhance our services to clients into the future.

On behalf of the Board, I would like to express our sincere thanks to all the staff of DAA for their ongoing commitment to our work and this Annual Report outlines their achievements during 2006. The report also highlights some of the key issues and ongoing challenges that face all of us in our work in the area of HIV. I would also like to thank my fellow Board members for their contributions during the year and their ongoing dedication and enthusiasm for the work of DAA.

### ANNA QUIGLEY

Chairperson

## Executive Director's Foreword

Confronting HIV and AIDS-related stigma and discrimination is one of DAA's key objectives, shaping and defining much of our work in prevention, support and advocacy. Notwithstanding twenty-five years since the first case of AIDS was diagnosed in Ireland, HIV and AIDS is still misunderstood and irrationally feared, despite awareness raising and prevention efforts. When people still report that they would rather disclose a cancer diagnosis to their families, we must accept that we have failed to "normalise" HIV and AIDS in the context of other chronic illnesses. Our Community Support team in partnership with statutory and other services, provides support to people facing the fear of disclosure to family, friends and partners and the sometimes very real risk of rejection. DAA further advocates on behalf of people experiencing both direct and indirect discrimination on the basis of their HIV positive status. It is our experience that discrimination is often unintentional, but points to a general lack of understanding of HIV in non-specialist health care settings, among employers, housing bodies, educational institutions and others. Furthermore, service providers are sometimes unaware of their obligations under equal status legislation and the stigma surrounding HIV in Ireland precludes redress through the legal system, for fear of wider prejudice when one's identity and health status enters the public domain. Hence, incidences of HIV-related discrimination in Ireland go unreported and largely undocumented.

According to the UNAIDS Report, HIV-Related Stigma, Discrimination and Human Rights Violations (2005), "HIV-related stigma and discrimination continue to be manifest in every country and region of the world, creating major barriers to preventing further infection..." and Ireland is no exception. In the context of disclosure, notification and in the current climate of criminalisation of HIV transmission, secondary prevention efforts paralleled with efforts to combat stigma and discrimination are paramount. In advance of the United Nations General Assembly, Special Session on HIV/AIDS, (UNGASS) New York, 31st May – 2nd June, 2006, representatives of the HIV Services Network (HSN) and Dóchas presented a discussion document which called for, "... the development and resourcing of a national education and awareness campaign to combat the stigma associated with HIV and AIDS, while further challenging direct and indirect discrimination experienced by people living with HIV and AIDS in Ireland." We as a nation were already committed through target 37 of the UNGASS Declaration of Commitment on HIV/AIDS 2001 and article 20 of the Dublin Declaration 2004 to the development of multi-sectoral national strategies to combat stigma and discrimination that had to date been unrealised. However, in his address to the General Assembly on 2nd June 2006, An Taoiseach, Bertie Ahern, stated that "...if we are to succeed in reversing the epidemic, we must also tackle the stigma and discrimination associated with it.", while further announcing a national campaign to tackle HIV-related stigma and discrimination in Ireland. STAMP OUT STIGMA, the campaign that was launched on World AIDS Day 2006, is unique in that it is a partnership between domestic and international NGO's, HIV positive people, Irish Aid and the Department of Health & Children. This partnership is united in a nationwide initiative to promote a greater understanding of HIV and AIDS at home and abroad, while further tackling the stigma associated with HIV and challenging both direct and indirect discrimination experienced by people living with HIV in Ireland. DAA is at

the vanguard of this campaign and is committed throughout 2007 and beyond to its success. We will know that we have succeeded when people living with HIV in Ireland may disclose their status without fear of judgement, recrimination, prejudice or discrimination.

### ANN NOLAN

Executive Director

## Community Support Programme

The Community Support Programme at DAA provides for the information and support needs of HIV+ people, their families and caregivers. Additionally, this programme facilitates access, via Street Outreach, to testing and treatment for those who may be at risk of HIV or Hepatitis transmission. Experienced and highly qualified staff, with whom both health care and other professionals seek consultation and advice relating to HIV, deliver this long established programme.

Statistical analysis of services provided by this programme between January and December 2006 is outlined below.

### Numbers Accessing Community Support Services

A total of 1,904 clients accessed the services of Community Support in 2006, an increase of 75% on the previous year. 344 were HIV positive (see Table 1.0), an increase of 9.5% on 2005, with 980 interventions in total, averaging at almost 3 per HIV positive client (see Table 1.1). Overall interventions recorded with carers, street outreach, the general public and professionals totalled 2,588 (see Tables 1.1 and 1.2).

Table 1.0 – Number of Service Users 2005 & 2006

	Male 2005	Female 2005	Total 2005	Male 2006	Female 2006	TOTAL 2006
HIV+ Clients	202	112	314	225	119	344
Carers/Significant others	11	22	33	8	29	37
General Public	146	53	199	281	90	371
Street Outreach	189	271	460	797	274	1,071
Professionals <sup>1</sup>	n/a	n/a	82	n/a	n/a	81
<b>TOTAL</b>			<b>1,088</b>			<b>1,904</b>

Table 1.1 – Number and Category of Interventions for HIV+ Clients 2006

Category of Interventions <sup>2</sup>	Adv/ Med	H/HV	Welf	Pris	Fin	Leg	1-2-1	Coun	Health	Train	Drop -In	TOTAL
Female	138	20	33	0	57	14	75	19	31	14	18	419
Male	165	19	25	0	43	9	116	41	39	17	87	561
<b>TOTAL</b>	<b>303</b>	<b>36</b>	<b>58</b>	<b>0</b>	<b>100</b>	<b>23</b>	<b>191</b>	<b>60</b>	<b>70</b>	<b>31</b>	<b>105</b>	<b>980</b>

Average Number of Interventions per HIV+ Client = 2.8

Table 1.2 – Number of Interventions per Other Category of Clients 2006

	Female	Male	TOTAL
Carers	43	17	60
Street Outreach	274	797	1,071
General Public	95	290	385
Professionals	n/a	n/a	92
<b>TOTAL</b>			<b>1,608</b>

### Type of Service

Specifically in relation to support services, the Advocacy/Mediation strand was the most frequently utilised. Of the 980 interventions made on behalf of HIV+ clients, 31% (n=303) were in this category (see Table 1.1), with the majority of these in relation to Consultants, GPs, Methadone Clinics, and housing needs.

One-to-One support constituted the second most utilised service in 2006, accounting for 19.5% (n=191) of all client interventions, with the Drop-In service accounting for 105 individual visits.

There were a total of 100 interventions in relation to financial support, which includes a significant increase in those seeking support with educational fees.

Hospital and home visits facilitate the needs of clients who may be unable to access the services of Community Support. In 2006, 39 visits were undertaken, which frequently resulted in client requests for practical, advocacy/mediation, or legal assistance.

### HIV+ Client Profile

Of the 344 HIV+ persons accessing the services of Community Support in 2006, 65.4% were male, and 34.6% were female. 23.8% identified as Gay or Bisexual and 32% identified as Heterosexual (see Table 1.3). 152 HIV+ clients did not disclose their sexual orientation. In 2005, 47.7% of Community Support's client base identified as Drug Users (DUs), while in 2006 50.8% identified as DUs (see Table 1.4).

Table 1.3 – HIV+ Clients by Gender and Sexual Orientation <sup>3</sup> 2006

	Gay	Bi-sex	Hetero	Orientation Not Disclosed	TOTAL
Female	0	0	68	51	119
Male	80	2	42	101	225
<b>TOTAL</b>	<b>80</b> <b>(23.2%)</b>	<b>2</b> <b>(0.6%)</b>	<b>110</b> <b>(32%)</b>	<b>152</b> <b>(44.2%)</b>	<b>344</b> <b>(100%)</b>

Table 1.4 - HIV+ Clients by Drug Use <sup>4</sup> 2006

	Non Drug Use	Cocaine Other Amphet	Meth	Meth And Heroin	Meth and Cocaine/ Crack	Not Known	TOTAL
Female	40	0	13	8	8	50	119
Male	57	2	18	11	18	119	225
<b>TOTAL</b>	<b>97</b>	<b>2</b>	<b>31</b>	<b>19</b>	<b>26</b>	<b>169</b>	<b>344</b>

Of the HIV+ clients with a known age bracket, the majority attending services were aged between 31 and 35 years (28.2%), with 27.1% aged between 36 and 40 years. However a significant proportion, 46.5% (n=160) did not disclose their age (see Table 1.5).

Table 1.5 – HIV+ Clients by Gender and Age Band 2006

Years	0-16	17-20	21-25	26-30	31-35	36-40	41-46	47+	Unknown	TOTAL
Female	0	0	0	13	28	20	10	1	47	119
Male	1	1	1	9	24	30	33	13	113	225
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>22</b>	<b>52</b>	<b>50</b>	<b>43</b>	<b>14</b>	<b>160</b>	<b>344</b>

HIV+ non-Irish Nationals accessing Community Support services increased from 109 in 2005 to 117 in 2006. This group represents 34% of overall client access in 2006. Awareness of DAA's services is increasing among minority ethnic communities living with or affected by HIV through street outreach programmes or inter-agency referral. The Community Support team have developed innovative ways of engaging diverse communities in HIV secondary prevention and sexual health promotion, which will be further developed in 2007.

### Client Profile - Other

The number of carers/significant others accessing support and information services increased from 33 in 2005 to 37 in 2006. There was a significant increase in the numbers engaged in services through the street outreach programme from 460 in 2005 to 1,071 in 2006 (see Table 1.0). This was due to increased outreach services among minority ethnic groups at specific events throughout the year, such as the Sports Against Racism (SARI) World Cup, by the Community Support team.

Interventions with the general public, which range from queries regarding HIV risk factors and harm reduction to requests for testing information and pre-test counselling increased from 300 in 2005 to 385 in 2006 (see Table 1.2).

The number of professionals accessing Community Support services was 92, the same figure as in 2005 (see Table 1.2). These interventions do not include mutual client consultations but rather sector professionals seeking personal support or non-sector professionals e.g. teachers, social workers, community leaders etc. requiring information or advice about particular HIV/Drugs related situations.

<sup>1</sup> Gender breakdown not available for this category of service user.

<sup>2</sup> Adv/Med = Advocacy & Mediation; H/HV = Hospital/Home Visits; Welf = Welfare Information; Pris = Prison Visits; Fin = Financial Assistance; Leg = Legal Assistance; 1-2-1 = One-to-One Support; Couns = Counselling Services; Health=Health Information; Train=Training or Employment Info.

<sup>3</sup> Self Identified

<sup>4</sup> Self Identified

## Prevention Education & Training (PET) Programme

The Prevention, Education and Training (PET) Programme provides targeted HIV prevention and sexual health promotion initiatives, while combating the prejudice, stigma and discrimination associated with HIV/AIDS through informational and experiential workshops.

Raising public awareness about issues of social exclusion, marginalisation, HIV, HBV/HCV, sexual health and drug user prejudice is an important part of our work. Consequently, training and education initiatives, while focusing particularly on HIV/Hepatitis prevention and sexual health promotion further encompass a broad range of issues that endeavour to facilitate attitudinal and behavioural change among participants. Our prevention, education and training programmes are therefore rooted in capacity building and experiential learning techniques, which enable the negotiation of safer sex and/or injecting practises. PET's individual and group interventions are, at all times, age appropriate and sensitive to the psychosocial needs, learning abilities and life experiences of our clients.

### Client Profile 2006

There was a significant increase in delivery of workshops by the PET Programme, from 171 workshops in 2005 to 241 workshops in 2006, an increase of 41%. These workshops were delivered to a total of 3,402 individuals (see Tables 2.0 & 2.1).

Table 2.0 – Prevention, Education & Training Sessions 2006

	Schools	Colleges	NGOs	Statutory	Total
January	3	1	8	1	13
February	1	1	17	-	19
March	3	-	19	5	27
April	-	-	13	1	14
May	1	-	39	-	40
June	-	-	29	4	33
July	-	-	5	3	8
August	-	-	2	1	3
September	-	1	18	-	19
October	1	1	23	1	26
November	2	3	21	7	33
December	-	2	2	2	6
<b>TOTAL</b>	<b>11</b>	<b>9</b>	<b>196</b>	<b>25</b>	<b>241</b>

Table 2.1 – Number of Individual Participants 2006

	Schools	Colleges	NGOs	Statutory	Total
January	74	22	94	12	202
February	35	8	186	-	229
March	100	-	180	49	329
April	-	-	145	11	156
May	100	-	478	-	578
June	-	-	380	24	404
July	-	-	35	28	63
August	-	-	34	12	46
September	-	100	126	-	226
October	40	200	215	8	463
November	185	90	197	70	542
December	-	68	68	28	164
<b>TOTAL</b>	<b>534</b>	<b>488</b>	<b>2,138</b>	<b>242</b>	<b>3,402</b>

NGO's including Ana Liffey Project, Saol Project and Youthreach, constituted the highest category, 81.3% (n=196), availing of HIV, HCV, Sexual Health Awareness, Safer Sex Negotiations and Drug Awareness workshops. Training requirements in these agencies focused primarily on staff information needs as part of continuous learning and professional development.

10.3% (n=25) of training sessions were delivered to Statutory organisations including The Homeless Agency, the CYC, Simon Community and Focus Ireland, availing of HIV, STI (Sexually Transmitted Infections) and Sexual Health Training workshops. Eight per cent of sessions were delivered to schools and colleges availing primarily of HIV and STI awareness training.

The gender breakdown of participants engaging in sessions with DAA is demonstrated in Table 2.2; 66% (n =1592) were female and 34% (n = 824) were male, which is similar to data recorded in both 2003 and 2004.

Table 2.2 – Individual Participants by Gender 2006

	Schools	Colleges	NGOs	Statutory	Total
Female	225 (7%)	287 (8%)	1,324 (39%)	141 (4%)	1,977 (58%)
Male	309 (9%)	201 (6%)	814 (24%)	101 (3%)	1,425 (42%)
<b>TOTAL</b>	<b>534</b> <b>(16%)</b>	<b>488</b> <b>(14%)</b>	<b>2,138</b> <b>(63%)</b>	<b>242</b> <b>(7%)</b>	<b>3,402</b> <b>(100%)</b>

A total of 31,000 interventions were recorded via leaflet, postcards, condom and red ribbon distribution, and one-to-one information/advice sought by the general public from on-site professional staff. These interventions include individuals who accessed the Specialist Resource Library at DAA during 2006, which houses a vast range of information and epidemiological data on HIV/AIDS, STIs, HBV/HCV, drug use, and related issues.

A HIV and Hepatitis C (HCV) training initiative funded by the North Inner City Drugs Task Force (NICDTF) commenced at Dublin AIDS Alliance in September 2004. This programme, which is FETAC Level 5 accredited, trains youth leaders primarily working in the NIC area and aims to update their skills and knowledge of HIV, HCV and STI prevention, while enabling them to promote safer sexual practises among young people in their communities. A total of three courses were delivered in 2006.

A Safer Sexual Negotiation Skills training initiative funded by the NICDTF was successfully piloted in 2004 and various levels of the course were delivered in 2006 with ten groups varying from adult community groups to secondary schools. The course targets vulnerable groups in the NIC area, and primarily aims to provide 'at risk' individuals/groups with the skills necessary to make safer sexual choices, reducing primary and secondary HIV and STI transmission. Two 'training-for-trainers' courses were also completed in 2006, and an application was submitted for FETAC Level 5 accreditation.

## FÁS AIDS Special Needs Education & Training Scheme (FASNET)

FASNET is a pre-vocational training initiative that is sponsored by FÁS under the Community Employment Programme, and endorsed by the North Inner City Drugs Task Force (NICDTF). FASNET aims to support marginalised and educationally disadvantaged people who are living with or affected by HIV/AIDS and/or drug use. Operating from principles of empowerment and equality, the programme seeks to address social exclusion by affording participants the opportunity to avail of capacity building training and development opportunities that enable the expansion of life choices and facilitate access to positive social and community experiences.

Each participant attends for 19.5 hours per week over a three-year period, and learns from a broad-based syllabus with an emphasis on life skills. The programme has been successful in enabling progression through drug treatment, recovery, and/or the impact of living with a HIV+ diagnosis.

In June 2006, the three-year programme was completed. Recruitment took place in July 2006 for a new programme to commence in August.

### Participant Profile

Seven new participants commenced on the Scheme in August 2006. While the vast majority of participants are resident in the north inner city, a smaller number are referred from drug treatment services citywide including Dublin 7, 8, and 11. Of the 7 participants involved in the new programme, 3 (43%) are female and 4 (57%) are male. The age range is between 30 and 48 years.

The majority of participants experience difficulties with concentration, and have poor social, communication, and literacy skills. Low levels of self-esteem, poor self-image, low levels of educational attainment, lack of family support and compromised physical and mental health frequently impact to affect participants in terms of both their attendance and progression. In order to operate effectively, FASNET must be flexible enough to accommodate regular hospital visits and clinic appointments while coping with participant relapses into drug use.

### Progression

Of the 9 participants engaged in the previous three-year programme, five completed the Junior Certificate English with one participant completing the Leaving Certificate Maths & English with the Dublin Adult Learning Centre (DALC). Other training focused on personal and skills development through capacity building measures including communications training, drama, holistic therapy and creative writing. On completion, participants gained FETAC accreditation in communications training. Three participants also completed work experience during their final year on the Scheme. One participant remains on the Scheme and is completing the Leaving Certificate English, while also gaining work experience.

## Highlights - Additional DAA Activities 2006

The Dublin AIDS Alliance Strategic Plan was published in 2006 and includes annual work programmes for 2006-2008.

On Irish AIDS Day, 15th June 2006, Dublin AIDS Alliance produced 'Bang On', a play which served as a backdrop to the Dalliance peer education workshops as part of the Peer Education Project, funded by Pobal. The production was kindly funded by Durex, St. Stephen's Green Trust, Create and The Arts Council. 'Bang On' was performed on Irish AIDS Day in Liberty Hall Theatre, with a second performance on 16th June, and was very successful in terms of delivering key messages on the issues of HIV, drug use and sexual health to the target population.

Following on from the highly successful production of 'Bang On' in June 2006, Dublin AIDS Alliance, in partnership with Concern and the National Youth Council of Ireland staged a second production for World AIDS Day 2006 - 'Bang On 2', reflecting teenagers perceptions of sex, drugs and HIV, while focusing on the issues of stigma and discrimination in both local and global contexts. The theme was chosen to coincide with the launch of a National Campaign to Tackle HIV-related Stigma & Discrimination by An Taoiseach, Bertie Ahern, T.D. on 1st December 2006.

A MAC AIDS Fund sponsored project, to develop an understanding of the needs, behaviours and attitudes of ethnic minority target groups, in order to develop and deliver appropriate HIV support and prevention services for this population group, was ongoing throughout 2006. Resulting from the work carried out to date, 2007 will see the development and production of sexual health awareness leaflets in a number of different languages.

Dublin AIDS Alliance, in partnership with UISCE and the Chrysalis Drug Project, received funding from the NICDTF to develop Hepatitis C information packs for drug users. This joint 'Love your Liver' project involved active drug users at all stages of design, production and distribution, making it a unique NGO/service user partnership. In September, 2000 packs were distributed on the streets in the North Inner City and an evaluation of the project will be completed in 2007.

Mid-Term Review of the United Nations Declaration of Commitment on HIV/AIDS - The 2006 follow-up meeting on the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS took place from 31st May to 2nd June 2006 at the United Nations in

New York, USA. Ann Nolan, Executive Director at Dublin AIDS Alliance, was the Irish Civil Society Representative on the Irish Delegation. A summary report of the UNGASS meeting is available on our website [www.dublinaidalliance.com](http://www.dublinaidalliance.com).

The Dublin AIDS Alliance Peer Education Project ('Dalliance'), which commenced in June 2005, and kindly funded by Pobal, was completed in November 2006. The aim of the project was to introduce young people to HIV and sexual health issues through the medium of drama. Twenty eight workshops were delivered and an outreach programme of six information sessions were completed in the North Inner City by the participants, engaging their peers through this highly effective model of learning. Four young peer educators remain involved with Dublin AIDS Alliance in a voluntary capacity in the delivery of workshops to youth groups throughout the city. An external evaluation was completed which stated that the project was "useful, innovative, cost-effective and worth replicating".

In advance of the UNGASS Special Meeting on HIV/AIDS, Dublin AIDS Alliance as Civil Society representative, prepared a submission in partnership with civil society organisations working in HIV/AIDS throughout Ireland and with the Dóchas HIV/AIDS Working Group calling for, amid other priority issues in the local and global context, that "As per target 37 of the UNGASS Declaration of Commitment on HIV/AIDS 2001 and Article 20 of the Dublin Declaration 2004, that An Taoiseach, Bertie Ahern will publicly commit to the development and resourcing of a national education and awareness campaign to combat the stigma associated with HIV/AIDS, while further challenging direct and indirect discrimination experienced by people living with HIV/AIDS in Ireland" An Taoiseach, Bertie Ahern, T.D., subsequently announced on 2nd June 2006 at the UN Special Session that "As a first step, we will have a National Campaign to combat stigma and discrimination against people infected with HIV in Ireland coinciding with World AIDS Day on 1st December this year." Subsequent to that announcement a partnership of domestic and overseas agencies, HIV+ people and statutory frontline workers has developed a year long National Campaign, STAMP OUT STIGMA, supported by the Department of Health & Children and Irish Aid, Department of Foreign Affairs, which will dominate the HIV agenda in an Irish context throughout 2007.

As the Dublin-based NGO representative on NASC, DAA is involved in the subcommittee review group exploring the proposal to make HIV a notifiable disease in Ireland, while also reviewing and developing revised Prevention & Education recommendations in the context of international best practice. The work of these groups is ongoing.

## Acknowledgements

Dublin AIDS Alliance would like to express sincere thanks and appreciation to all who worked with and supported our organisation throughout 2006.

The Director's holding office during the year were: Anna Quigley (Chairperson), Mairéad Lyons, Stephen Rourke, Paul Quigley, Maeve Foreman, Declan Montgomery, and John Eardly.

**Executive Director:** Ann Nolan

**Administration:** Susan Donlon (Office Manager), Martin Ade-Onojobi (CE Supervisor), Patricia Dillon-Killeen, Leanne Smithers, Jessica Bruton, Deborah Eustace, Eunice Macken, Ellen Conway, Nazhat Ali, Marcella Wynne, Uchenna Achebe. **Community Support Programme:** Erin Nugent (Co-ordinator), Lara Gallagher, Lily Hyland, Richard Boyle, Edwina Fitzpatrick.

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