

Lessons from Ireland - challenges and opportunities in establishing a new national support service for young people living with HIV.

Aishling McCormack, Yvon Luky, Vivienne Murtagh, Richard Carson (ACET Ireland)

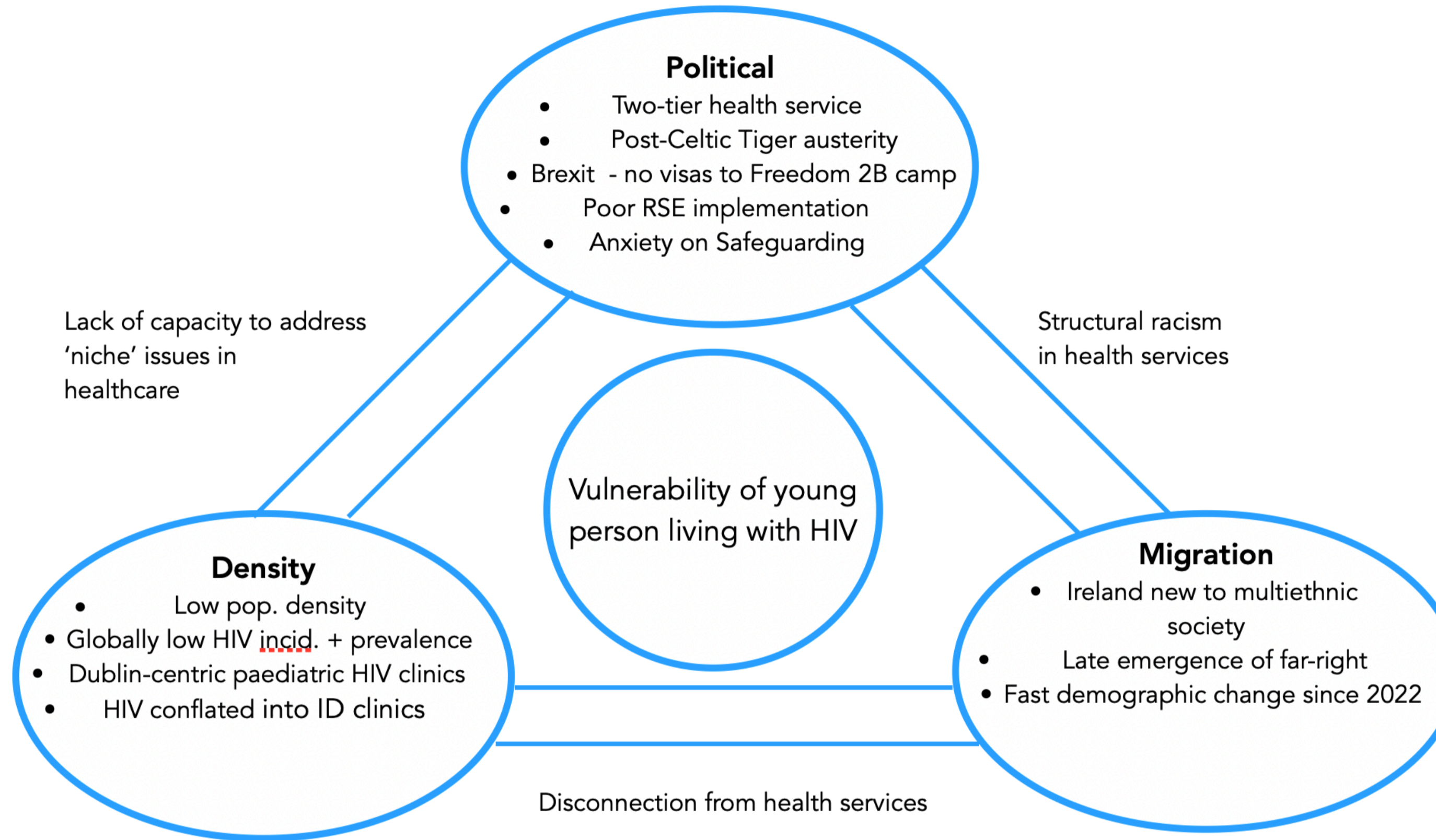
Birmingham, 15th March 2024

Introduction:

Up to late 2023 Ireland had rare and sporadic support services for young people living with HIV with patients reliant on clinical settings for dedicated bio-psycho-social support.

Positive Youth Project (PYP) addresses that gap as a new initiative of ACET Ireland, in partnership with Chiva. This study draws on a combined 200 years of experience working on HIV in the ACET Ireland team as well as ethnographic interviews with sectoral colleagues and patients, including as relates to volunteering with Chiva, to **identify contextual opportunities and challenges for establishing a new national service that seeks to fulfil the Chiva mission of young people growing up with HIV becoming healthier, happier and more in control of their own futures.**

Contextual challenges for young people living with HIV in Ireland:



Ireland and HIV:

- In 2022, there were 884 HIV notifications in Ireland giving a rate of 17.2 per 100,000 population.

- 68% of these were previously diagnosed outside Ireland
- There were 17 diagnoses in 2022 where the probable route of transmission was attributed to vertical transmission
 - Nine adult cases: all previously diagnosed outside Ireland
 - Eight paediatric cases: seven previously diagnosed outside Ireland and one a first-time diagnosis.
- The Rainbow Clinic in Children's Health Ireland reported that 60 babies were born to 59 women known to be HIV positive in pregnancy in 2022, all infants are HIV negative.
- Data on ethnicity and HIV is not gathered in Ireland

HIV in Ireland: Latest trends to end 2022, Health Protection Surveillance Centre, November 2023. p. 22

Transition to adult services - a key contextualised issue:

The transition from child to adult services for young people living with HIV can be tumultuous with risks of both poorer clinical attendance and medication adherence. Factors in Ireland which can add to this risk are: **1) the Dublin-centric nature of children's care** which may lead to a profound geographical change when entering adulthood that may be further complicated by another subsequent change when entering higher education as well as the absence of both dedicated transition clinics and large all-age clinics in Ireland. **2) Ireland's education system**, with the same school attended from aged 12 to 18, means that the clinical transition will likely take place without the educational transition experience of the UK peer. 3) A positive experience of children's HIV care can be followed by an anxiety that adult care, with its new relationships and new responsibilities, will not offer the same positive experience. In this regard, PYP is breaking new ground with **little established legacy in Ireland of an age-appropriate, peer and community-level support.**

Recommendations:

PYP must operate as a contextually tailored service for young people living with HIV, constructing local theologies in such a way that is sensitive to changing social and political circumstances. Accessibility to the service is itself a challenge informed by these contexts and service adaptations have been made through PYP's emphasis on:

- patient trust building with stakeholders**
- the late-teen stage for young people - before, during and after transition to adult services**
- highlighting the need for age-appropriate supports to sectoral colleagues**

PYP's development demonstrates differences and similarities to the UK which create opportunities for international comparative learning, further research and emerging pedagogies.

Come and find us. We look like this:



aishling@acet.ie

richard.c@acet.ie www.acet.ie

