

Equality and Health Impact Assessment All Wales HIV-1 antiretroviral therapy prescribing guidelines

AWTTC will fill in an Equality and Health Impact Assessment in parallel with each development stage of our projects. This will help us to follow the five ways of working for public bodies, and work to achieving the wellbeing goals, outlined in the Well-Being of Future Generations (Wales) Act 2015.

Date: 21/05/26

1.	AWTTC contact details	Tel: 02921 826900 Email: awttc@wales.nhs.uk
2.	State the objectives of the project.	<p>The purpose of the <i>All Wales HIV-1 antiretroviral therapy prescribing guidelines</i> is to support consistency across Wales in the evidence-based and cost-effective prescribing of ART for the treatment of HIV-1. The guidance aims to support clinicians and other healthcare professionals in the pharmacological management of HIV-1 to deliver good prescribing practice, optimise treatment to suppress the viral load and improve health-related quality of life for people living with HIV-1.</p> <p>The project aims to:</p> <ul style="list-style-type: none"> • Provide prescribing guidance for clinicians in the pharmacological management of HIV-1. • Support cost-effective and evidence-based prescribing. • Reduce the potential for medication-related adverse effects. • Support a uniform approach to the prescribing of ART throughout Wales. <p>The specialist HIV treating centre within each health board will be responsible for completing an audit to review the prescribing of ART within their cohort of patients. The audit will measure compliance to the ART guideline.</p> <p>This guideline aligns with the Welsh Government's HIV Action Plan for Wales 2023-2026.</p>
3.	Evidence and background information considered. For example: <ul style="list-style-type: none"> • population data 	<ul style="list-style-type: none"> • BHIVA guidelines on antiretroviral treatment for adults living with HIV-1 2022 (2025 interim update) • Cardiff and Vale HIV Antiretroviral Prescribing Guidelines version 10.1



	<ul style="list-style-type: none">• staff and service users' data, as applicable• needs assessment• engagement and involvement findings• research• good practice guidelines• participant knowledge• list of stakeholders and how stakeholders have engaged in the development stages• comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory.</p>	<ul style="list-style-type: none">• Betsi Cadwaladr University Health Board (BCUHB) HIV-1 Antiretroviral Prescribing Guidelines -MM80 V1.0• EACS guidelines version 12.0 October 2023. Available online at guidelines-12.0.pdf (eacsociety.org)• Vocabria 600 mg prolonged-release suspension for injection – Summary of Product Characteristics (SmPC) – (emc) (medicines.org.uk) <p>The document has been developed by a working group of the All Wales HIV Pharmacist Group and the All Wales Antiretroviral Prescribing Group (AWAPG). Ratification at an All Wales level will reduce the risk of version changes when adopted by each health board.</p>
4.	Who will this project affect?	<p>This project will affect people being treated for HIV-1 and aims to support good prescribing practice, thereby optimising treatment to suppress the viral load and improving quality of life.</p> <p>The project will also affect clinicians and healthcare professionals in secondary care or specialist HIV/infectious diseases clinics who will be supported to manage and treat people with HIV-1 infection with a consistent, evidence-based and prudent approach.</p>

5.0 EQIA – How will the project impact on people?

Questions in this section relate to the impact on people based on the 'protected characteristics' of the Equality Act 2010, and other factors.

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Actions taken (and who by).
<p>5.1 Age For most purposes, the main categories are people aged:</p> <ul style="list-style-type: none"> • under 18 years; • between 18 and 65 years; • over 65 years. 	<p>We do not expect a potential negative, or unequal, impact on people based on their age. This guideline will not be applicable to children under the age of 18 years. Prescribing of ART for children may differ to the treatment of adults with HIV-1 due to licensing of medication, safety and evidence of efficacy in the paediatric population. The guideline does account for other age groups including an increasing elderly population who may have multiple co-morbidities, and ART is tailored to the needs and health of each individual. The guideline takes into account renal function, bone density and other morbidities commonly associated with old age. The care and treatment of all people under the age of 18 years (whom this guideline does not apply to) will be in the specialist tertiary centre.</p>		
<p>5.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.</p>	<p>We do not expect a potential negative, or unequal, impact on people with a disability. A history of an individual's mental health will be taken into consideration when deciding on treatment options as some ART can cause side effects that may worsen the mental health condition. This is important to reduce risk of medication associated harm.</p>	<p>All related documents published on the AWTTC website will meet accessibility requirements. Any patient-facing materials will also</p>	



How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Actions taken (and who by).
	This guideline provides options for treatment for different types of disability for example there are options for single tablet regimens (STR) to reduce pill burden for individuals who struggle with compliance due to disability or other cause.	be produced as easy-read formats.	
5.3 People of different genders: Consider men, women, people undergoing gender reassignment. N.B. Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender.	We do not expect a potential negative, or unequal, impact on people based on their gender, or on people undergoing gender reassignment.		
5.4 People who are married or who have a civil partner.	We do not expect a potential negative, or unequal, impact on people based on their marital status or being in a civil partnership.		
5.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	We do not expect a potential negative, or unequal, impact on women who are expecting a baby, are breastfeeding, or are on a break from work after having a baby. Treatment options for pregnant women will be outside the scope of this guideline. Positive: Treatment options for this group of individuals will be based on national guidelines and safety with support from the local multidisciplinary team (MDT), including paediatric and maternity services. Pregnancy and post-		



How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Actions taken (and who by).
	<p>partum mothers will be offered the same support as all other people living with HIV-1, but treatment options will be tailored to the individual based on resistance report, viral load, CD4 count and the safety of the medication in pregnancy. The treatment and recommendations for the management of all pregnant and breastfeeding mothers with HIV-1 will be supported by the local MDT. A separate guideline and treatment pathway is already in place to support this.</p>		
<p>5.6 People according to their race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies and travellers, migrant workers. The Runnymede Trust</p>	<p>We do not expect a potential negative, or unequal, impact on people of a different race, nationality, colour, culture or ethnic origin. People of different races and ethnicities can have varying responses to medicines. Some race and ethnicity groups are predisposed to genetic factors that increase cardiovascular risks. Some forms of ART are contraindicated if the cardiovascular risk is high. The guideline accounts for pre-disposing factors due to race and ethnicity such as cardiovascular risk and provides tailored treatment options to account for this.</p>	<p>Consider highlighting in the document that people of different races and ethnicities can have varying responses to medicines.</p>	
<p>5.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief. Implications of religious beliefs on selection of medicines (BMJ)</p>	<p>We do not expect a potential negative, or unequal, impact on people who have a religion or belief, or people with no religion of belief. Some medicines are made from certain animal products and people might not want to take them because of religion or belief.</p>	<p>Note to refer to product literature for further information on medicines e.g. SmPC.</p>	



How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Actions taken (and who by).
In practice: guidance on religion, personal values and beliefs (General Pharmaceutical Council)			
5.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual). Stonewall	We do not expect a potential negative, or unequal, impact on people based on who they are attracted to. Further information and guidance will be provided to all individuals on safe sex practice to reduce the risk of sexual transmission of HIV-1.		
5.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.	We do not expect a potential negative, or unequal, impact on people who communicate using the Welsh language.	Any patient-facing materials will be produced in Welsh and English, in line with the Welsh language standards, including easy-read booklets.	
5.10 People according to their income related group.	We do not expect a potential negative, or unequal, impact on people based on their income-related group. This guideline will apply to all individuals over the age of 18 years irrespective of their social economic status. All individuals will have equal access to treatment.		
5.11 People according to where they live.	We do not expect a potential negative, or unequal, impact on people based on where they live.		



How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Actions taken (and who by).
<p>5.12 Consider others who face health inequalities, such as:</p> <ul style="list-style-type: none"> • Looked after and accommodated children and young people • Carers: paid/unpaid, family members • People who are homeless or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs • People involved in the criminal justice system: offenders in prison or on probation, ex-offenders • People with addictions and substance misuse problems • People who have poor literacy • People living in remote, rural and island locations 	<p>We do not expect a potential negative, or unequal, impact on people who face health inequalities.</p> <p>This guideline will apply to all individuals over the age of 18 years irrespective of their characteristics and social economic status. All individuals will have equal access to treatment.</p>		
<p>5.13 Consider any other groups and risk factors relevant to this project.</p>			

6.0 HIA – How will the project impact on the health and wellbeing of people in Wales and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people, and the impact on the population in Wales.

How will the project impact on, or affect:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Actions taken (and who by)
6.1 People being able to access the service offered.	We do not expect a potential negative, or unequal, impact on people's ability to access the service offered.		
6.2 People being able to improve or maintain healthy lifestyles.	We do not expect a potential negative, or unequal, impact on people's ability to improve or maintain healthy lifestyles.		
6.3 People in terms of their income and employment status.	We do not expect a potential negative, or unequal, impact on people in terms of their income and employment status.		
6.4 People in terms of their use of the physical environment.	We do not expect a potential negative, or unequal, impact on people's use of the physical environment.		
6.5 People in terms of social and community influences on their health.	We do not expect a potential negative, or unequal, impact on people in terms of social and community influences on their health.		
6.6 People in terms of macro-economic, environmental and sustainability factors.	We do not expect a potential negative, or unequal, impact on people in terms of macroeconomic, environmental and sustainability factors.		



7.0 Please fill in section 7.1 after completing the EqHIA, and fill in the action plan.

7.1 Please summarise the potential positive and/or negative impacts of the project.

Age: This guideline will not be applicable to children under the age of 18 years. Prescribing of ART for children may differ to the treatment of adults with HIV-1 due to licensing of medication, safety and evidence of efficacy in the paediatric population. The care and treatment of all patients under the age of 18 years will be in the specialist tertiary centre.

The guideline does account for other age groups including an increasing elderly population who may have multiple co-morbidities, and ART is tailored to the needs and health of each individual. The guideline takes into account renal function, bone density and other morbidities commonly associated with old age.

Disability: A history of an individual's mental health will be taken into consideration when deciding on treatment options as some ART can cause side effects that may worsen the mental health condition. This is important to reduce risk of medication associated harm.

This guideline provides options for treatment for different types of disability, for example there are options for STRs to reduce pill burden for individuals who struggle with compliance due to disability or other causes.

Pregnancy, post-partum or breastfeeding: Treatment options for pregnant women will be outside the scope of this guideline. Treatment options for this group of individuals will be based on national guidelines and safety with support from the local MDT, including paediatric and maternity services. Pregnancy and post-partum mothers will be offered the same support as all other people living with HIV-1, but treatment options will be tailored to the individual based on resistance report, viral load, CD4 count and the safety of the medication in pregnancy. The treatment and recommendations for the management of all pregnant and breastfeeding mothers with HIV-1 will be supported by the local MDT. A separate guideline and treatment pathway is already in place to support this.

Race, nationality, colour, culture or ethnic origin: People of different races and ethnicities can have varying responses to medicines. Some race and ethnicity groups are predisposed to genetic factors that increase cardiovascular risks. Some forms of ART are contraindicated if the cardiovascular risk is high.

Action plan for mitigation or improvement and implementation

	Action	Lead(s)	Timescale	Actions taken (state who by)
7.2 What are the key actions identified as a result of completing the EqHIA?	<p>Disability: All related documents published on the AWTTC website will meet accessibility requirements. Any patient-facing materials will also be produced as easy-read formats.</p> <p>Welsh language: Any patient-facing materials will be produced in Welsh and English, in line with the Welsh language standards, including easy-read booklets.</p>			
Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment needed?	No	N/A	N/A	N/A
7.4 What are the next steps?	Review guidance in 3 years, or as developments in guidance or evidence arise	AWTTC	May 2029, or as needed	
7.5 Review of project and EqHIA	TBC	AWTTC	Ongoing	

AWTTC's EqHIA template is adapted from the Cardiff & Vale University Health Board EHIA template.