

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Cabotegravir for preventing HIV-1 in adults and young people

The impact on equality has been assessed during this appraisal according to the principles of the NICE equality scheme.

Final draft guidance

(when draft guidance issued)

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| 1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these? |
| <p>New evidence submitted ahead of the third committee meeting highlighted that people who may benefit from cabotegravir when current PrEP options are not appropriate may have protected characteristics, such as cis women and trans and non-binary people. Other underserved groups highlighted ahead of the third committee meeting included people who:</p> <ul style="list-style-type: none">• inject drugs• struggle with adherence or oral medicines• have contraindications to current standard care PrEP• are experiencing homelessness or are in unstable housing• are experiencing intimate partner violence. <p>Sex and gender reassignment are protected characteristics under the Equality Act 2010. At the committee meeting, it was noted that issues related to differences in prevalence or incidence of a disease cannot be addressed in this technology appraisal.</p> <p>Key populations most at risk of HIV acquisition may be reluctant to engage in healthcare systems or to access SHS because of cultural concerns. Race, sexual orientation, sex, gender reassignment, and religion or belief are protected characteristics under the Equality Act 2010. The committee noted that issues related to differences in prevalence or incidence of a condition</p> |

cannot be addressed in this technology appraisal. It could not directly address issues relating to engagement in healthcare systems or services. The committee recognised that the optimised recommendation permits only some of the potentially eligible population to access cabotegravir, but considered that this was justified because of the cost-effectiveness of cabotegravir in the different subpopulations. The committee acknowledged that cabotegravir may be beneficial for some disadvantaged groups, some of which have protected characteristics. So it took these potential equality issues into account in its decision making.

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

3. If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

No

5. Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?

Yes, in section 3.26

Approved by Associate Director (name): Ian Watson

Date: 10 October 2025