

# **Ending HIV Transmission in Scotland by 2030: HIV Transmission Elimination Delivery Plan 2023-26**

**Equality Impact Assessment Record**

**April 2024**

## Equality Impact Assessment Record

**Title of policy:** Ending HIV Transmission in Scotland by 2030: HIV Transmission Elimination Delivery Plan 2023-26

**Lead Minister:** Minister for Public Health and Women’s Health, Jenni Minto MSP

**Lead official:** Rebekah Carton

**Officials involved in EQIA:** Caroline Pretty, Morgan Callaghan, Amy Watson

**Directorate:** Population Health Directorate

**Division :** Population Health Resilience and Protection Division

**Team:** Sexual Health and Blood Borne Virus Policy Team

**Is this new policy or revision to an existing policy?** New policy

### Screening

#### Policy Aim

Our vision is to end HIV transmission. This means achieving the ambitious target of zero people contracting HIV within Scotland by 2030. This aligns with wider global strategic aims, including UNAIDS’ goal “to end the AIDS epidemic as a public health threat by 2030.”<sup>1</sup> The Scottish HIV Transmission Elimination Oversight Group defined HIV transmission elimination as the point when there are zero individuals acquiring HIV within Scotland, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status.

1. To prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status.
2. To find people living with HIV in Scotland (some of whom are undiagnosed) and support entry or re-entry into equitable and

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<sup>1</sup> Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. | UNAIDS

accessible HIV care and treatment, thereby improving health and quality of life, as well as preventing onward transmission of HIV.

3. To reduce stigma that makes some people less likely to access HIV prevention, testing and treatment services and adversely affects quality of life.

- **Who will it affect?**

This policy affects anyone in Scotland living with HIV (diagnosed or undiagnosed), health and social care workers, as well as those at risk of acquiring HIV.

- **What might prevent the desired outcomes being achieved?**

There are currently significant gaps in our data, intelligence and research to inform elimination planning, many of which will be addressed by actions already underway and those outlined in this plan. A large amount of the delivery plan, for example reducing stigma and raising awareness, is hard to quantify, so we are less able to track progress in these areas. We do not currently have robust prevalence estimates in Scotland, which makes it harder to target interventions based on epidemiological evidence.

Due to the changing epidemiology of HIV in Scotland, a dynamic approach to HIV transmission elimination (HIVTE) is required. Broad approaches addressing the wider population are a valuable step in the initial stages, however as the number of new HIV diagnoses reduces further, local interventions focused on smaller groups of sub-populations and individuals will be required. At very low levels of new transmissions, interventions focused on outbreak response and individual case investigation will become a key factor to achieving the 'zero' transmission goal. A person-centred approach is required at all stages of the epidemic. We must also ensure that the needs of the individual, anonymity and data protection are given the highest priority, particularly as the number of new diagnoses becomes very few. At all stages it is important that we consider the needs of people living with HIV to ensure that they can live longer, healthy lives free from stigma and harm.

As HIV incidence declines and interventions become more localised, it is important that we consider the potential barriers and other key considerations to be addressed at each stage including resources, staff training and skill maintenance, developing and maintaining knowledge

and skills across the workforce – at a local level as well as a national level.

The recovery from the COVID-19 pandemic is ongoing. The NHS continues to face unprecedented challenges and pressures, and this includes Sexual Health and Blood Borne Virus services. Waiting lists and waiting times continue to have an impact on services and service users throughout Scotland. It is acknowledged there are no easy solutions to the challenges currently facing services, particularly given the current economic climate with the associated budget challenges. Equally, there may be future challenges or emergent issues, such as STI outbreaks or further particularly challenging winter periods, that may provide further pressures that make the Delivery Plan more difficult to implement. Scottish Government has granted funding for a two year project at Glasgow Caledonian University to examine the impact of the COVID-19 pandemic on the uptake of HIV PrEP and effectiveness in preventing HIV infection, and how funding difficulties and pressures within the NHS are exacerbating this. This may also have relevance to wider SHBBV services.

One of the biggest barriers to the outcomes of this Plan is that it relies upon individual participation in primary, secondary and tertiary interventions. As part of the Delivery Plan, we are aiming to reduce stigma and increase awareness and education on HIV so that individuals living with or at risk of acquiring HIV are well-informed, appropriately supported and motivated to engage with prevention, testing and treatment.

## **Stage 1: Framing**

- **Results of framing exercise**

This Delivery Plan responds to the HIV Transmission Elimination Proposal, published in 2022, which provides much of the framing for this policy. Third sector and community organisations, public health, academia, primary care, and services including drug and alcohol/sexual health/HIV were brought together to draw upon lived experience and expertise rather than representing specific populations. The approach was collaborative and included participants from outside Scotland to strengthen the evidence base and broaden the perspective in setting recommendations.

A HIV Elimination Implementation Short Life Working Group, comprised of third sector and NHS Board representatives, was consulted during the planning and writing of this Delivery Plan to prioritise the HIVTE Proposal's recommendations. This enabled us to understand the current challenges to achieving HIV transmission elimination, and the impact on service users. This in turn helped to determine what key issues should be focused on within the Delivery Plan in order to provide the most positive impact to services and service users.

- **Extent / Level of EQIA required**

The Delivery Plan provides prioritisation of the 22 HiTEOG recommendations into short, medium and longer term actions to ensure an effective approach that aligns with the realities of workforce capacity and finite resources. Eliminating HIV transmission and reducing stigma around HIV will impact on those with protected characteristics and officials have worked with various stakeholders to ensure that protected characteristics are considered through this policy. At the heart of the policy is a goal to end HIV transmission, and ensure that people living with HIV have the support they need, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status. There is anticipated to be minimal negative impact in regards to other protected characteristics as a result of this Plan.

## Stage 2: Data and evidence gathering, involvement and consultation

Include here the results of your evidence gathering (including framing exercise), including qualitative and quantitative data and the source of that information, whether national statistics, surveys or consultations with relevant equality groups.

| Characteristic <sup>2</sup> | Evidence gathered and Strength/ quality of evidence  | Data gaps identified and action taken  |
|-----------------------------|--|--|
| Age                         | <ul style="list-style-type: none"> <li>- As people can live longer, healthier lives with HIV we have seen the number of people with an HIV diagnosis who are aged 50 and over increase in recent years. In the UK, the largest age group living with HIV is 50-64.<sup>3</sup> Among those diagnosed with HIV in Scotland for the first time in 2022, the median age range was 28-42.</li> </ul> | <ul style="list-style-type: none"> <li>- The HIVTE Delivery Plan seeks to prevent people from acquiring HIV regardless of their age and increasing testing, treatment, and support for those who are living with HIV.</li> <li>- The Plan seeks to bolster education and awareness around HIV for young people and tackle awareness and stigma around HIV for all ages.</li> </ul> |
| Disability                  | <ul style="list-style-type: none"> <li>- Under the Equality Act 2010, living with HIV is recognised as a disability.<sup>4</sup></li> </ul>  | <ul style="list-style-type: none"> <li>- The Plan seeks to eliminate HIV transmission and reduce the risk of people living with HIV as a disability. The tertiary prevention actions seek to ensure that people living with HIV receive appropriate treatment and care, thus reducing the impact of HIV and</li> </ul>   |

<sup>2</sup> Refer to Definitions of Protected Characteristics document for information on the characteristics

<sup>3</sup> [UK HIV Statistics | National AIDS Trust](#)

<sup>4</sup> [Equality Act 2010 Guidance \(publishing.service.gov.uk\)](#)

|                         |  |   |
|-------------------------|--|---|
|                         |  | <p>enabling them to live healthy lives.</p> <ul style="list-style-type: none"> <li>- The Plan also seeks to make HIV testing more accessible and equitable.</li> </ul>  |
| Sex                     | <ul style="list-style-type: none"> <li>- In 2022, over two-thirds of the people accessing HIV care in the UK were men, with women representing 31.7% of all people accessing care.<sup>5</sup></li> <li>- Of the individuals prescribed PrEP for the first time between 2017 and 2022, women were significantly underrepresented.<sup>6</sup></li> <li>- In 2023, a workshop co-chaired by Mr Grant Sugden, CEO of Waverley Care, Scotland's leading HIV &amp; Hepatitis C charity, and Prof Claudia Estcourt, a clinical academic in Sexual Health &amp; HIV at Glasgow Caledonian University &amp; NHS Greater Glasgow and Clyde explored settings for PrEP provision. It was discussed that women (especially women from minority ethnic groups) find it harder to attend sexual health services, are not well engaged with PrEP and prefer to access sexual health care from their GP due to trust and confidentiality.<sup>7</sup></li> </ul> | <ul style="list-style-type: none"> <li>- Central to this Delivery Plan is eliminating transmission across all groups regardless of sex.</li> <li>- Relatively few women are currently accessing primary prevention services for HIV, possibly because of difficulties accessing sexual health services, or a misconception that HIV transmission is more common in men who have sex with men (this is no longer the case). This Delivery Plan seeks to expand access to PrEP for people whose needs are not currently being met.</li> </ul> |
| Pregnancy and maternity | <ul style="list-style-type: none"> <li>- HIV affects pregnancy and maternity as there is a risk that, without appropriate treatment and care, the virus can be transferred to the baby through pregnancy, childbirth or breastfeeding.<sup>8</sup></li> </ul>  | <ul style="list-style-type: none"> <li>- Routine antenatal testing and the availability of effective treatment for HIV has been successful in eliminating</li> </ul>  |

<sup>5</sup> [UK HIV Statistics | National AIDS Trust](#)

<sup>6</sup> [HIV in Scotland: update to 31 December 2022 \(publichealthscotland.scot\)](#)

<sup>7</sup> [PrEP.Models.Diverse.Needs.Scotland.Report.3.5.23.FINAL.pdf \(gcu.ac.uk\)](#)

<sup>8</sup> [Pregnancy and HIV | Office on Women's Health \(womenshealth.gov\)](#)

|                     |   |   |
|---------------------|---|---|
|                     |   | <p>vertical transmission of HIV in Scotland.</p> <ul style="list-style-type: none"> <li>- Actions in the Plan focussed on identifying and supporting people with HIV will help to ensure that people living with the virus can receive appropriate care and support – including in relation to family planning, pregnancy and maternity.</li> </ul>   |
| Gender reassignment | <ul style="list-style-type: none"> <li>- 136 individuals with self-reported trans status accessed HIV PrEP for the first time during the period July 2017 to December 2022.</li> <li>- The multi-sector workshop highlighted that waiting for gender affirming care is a barrier to accessing other healthcare. Additionally, we want to reach trans people who are already accessing NHS gender services but do not feel comfortable talking to healthcare professionals about their sexuality, as well as trans people who have had no contact with NHS services for gender care or sexual health. A tailored pathway could be a way to reach trans people who will not engage with standard NHS services.<sup>9</sup></li> <li>- At the workshop, a range of barriers and facilitators to trans people accessing PrEP were identified. Of these, the key barriers were waiting for gender care and a lack of trust in sexual health services. It was discussed that those waiting for gender care, on up to 5 year waiting lists, would likely not be thinking about sexual healthcare, nor be receptive to</li> </ul> | <ul style="list-style-type: none"> <li>- Central to the Delivery Plan is the idea that individuals have equitable access to support, regardless of gender identity or reassignment, or other protected characteristics.</li> <li>- This Plan aims to explore ways of broadening PrEP access through settings other than sexual health services which trans people may be reluctant to access.</li> <li>- The self-testing and online postal self-sampling actions within the Plan will allow individuals who do not wish to visit sexual health services, to</li> </ul> |

<sup>9</sup> [PrEP.Models.Diverse.Needs.Scotland.Report.3.5.23.FINAL.pdf \(gcu.ac.uk\)](#)



|                    |  |  |
|--------------------|--|--|
|                    | <p>receiving it when they could not yet receive hormones or surgery. Additionally, historic negative experiences with sexual healthcare has led to an overall mistrust of sexual health services.<sup>10</sup></p>   | <p>access free HIV testing from their own homes.</p>   |
| Sexual orientation | <ul style="list-style-type: none"> <li>- Public Health Scotland produces annual statistics on HIV and PrEP which are broken down by demographic characteristics and exposure categories including ‘Gay, bisexual and other men who have sex with men’ (GBMSM) and ‘Sexual intercourse between men and women’. Until 2022, GBMSM made up the largest cohort of new HIV diagnoses. However, in 2022, this was overtaken by heterosexual transmission as the most frequent mode of acquisition.<sup>11</sup></li> <li>- Despite this, research shows that GBMSM are significantly more likely to be taking HIV tests and taking PrEP compared to women or men who have sex with women.<sup>12</sup></li> <li>- HIV testing data (SMMASH2 and SELPHIE), and sexual health service attendance and risk behaviour data from NATSAL suggest that GBMSM with unmet need are older, younger (i.e. the very youngest), and non-GBMSM identifying. Non-identification as GBMSM was seen as being particularly significant, so a potential way to improve population knowledge and the reach of PrEP would be to focus more on the behavioural aspect i.e. anal sex with a man/risk and need rather than identity.<sup>13</sup></li> </ul> | <ul style="list-style-type: none"> <li>- As the group with the most new HIV diagnoses, it is vital that we bolster education and testing and encourage primary preventions such as PrEP amongst heterosexual people at highest risk, as well as amongst non-GBMSM identifying men who have sex with men.</li> <li>- This Plan aims to explore ways of broadening PrEP access through settings other than sexual health services, which may be more likely to be accessed by individuals at risk of acquiring HIV who are heterosexual or do not identify as GBMSM.</li> <li>- The anti-stigma campaign aims to reduce the stigma around HIV and allow</li> </ul> |

<sup>10</sup> [PrEP.Models.Diverse.Needs.Scotland.Report.3.5.23.FINAL.pdf \(gcu.ac.uk\)](#)

<sup>11</sup> [HIV in Scotland: update to 31 December 2022 - HIV in Scotland - Publications - Public Health Scotland](#)

<sup>12</sup> [b01226\\_dd035ffb16d4c6abd64559922f4103a.pdf \(smmash2020.org\)](#)

<sup>13</sup> [PrEP.Models.Diverse.Needs.Scotland.Report.3.5.23.FINAL.pdf \(gcu.ac.uk\)](#)

|                                |  |  |
|--------------------------------|--|--|
|                                |  | <p>individuals to access services without shame.</p> <ul style="list-style-type: none"> <li>- The self-testing and online postal self-sampling actions within the Plan will allow individuals who do not wish to visit sexual health services, to access free HIV testing from their own homes.</li> </ul>   |
| Race                           | <ul style="list-style-type: none"> <li>- In the UK, in 2022, 53.7% of the people receiving HIV specialist care were white, with 30.2% being Black African. This shows that HIV is disproportionately affecting Black Africans in the population (as 30% is far higher than the UK percentage of Black Africans).</li> <li>- Since 2018, the number of late HIV diagnoses has been increasing for Black African individuals.</li> <li>- Of those heterosexuals previously diagnosed elsewhere, the majority were of Black African ethnicity and, therefore, may have come to Scotland from high HIV prevalence countries.<sup>14</sup></li> </ul> | <ul style="list-style-type: none"> <li>- The Delivery Plan seeks to eliminate HIV transmission by 2030, regardless of race and ethnicity.</li> <li>- Secondary interventions outlined in the Plan, such as optimising our approach to testing, will help to prevent late diagnoses which disproportionately affect Black African individuals.</li> </ul> |
| Religion or belief             | <ul style="list-style-type: none"> <li>- No specific concerns were raised by the strategy steering group or stakeholders.</li> </ul>   |  |
| Marriage and civil partnership | <ul style="list-style-type: none"> <li>- Not applicable. The Scottish Government does not require assessment against this protected characteristic unless the policy or practice relates to work, for example HR policies and practices.</li> </ul>  |  |

<sup>14</sup> [HIV in Scotland: update to 31 December 2022 \(publichealthscotland.scot\)](https://publichealthscotland.scot)

### Stage 3: Assessing the impacts and identifying opportunities to promote equality

Having considered the data and evidence you have gathered, this section requires you to consider the potential impacts – negative and positive – that your policy might have on each of the protected characteristics. It is important to remember the duty is also a positive one – that we must explore whether the policy offers the opportunity to promote equality and/or foster good relations.

#### Do you think that the policy impacts on people because of their age?

| Age   | Positive | Negative | None | Reasons for your decision   |
|---|----------|----------|------|---|
| Eliminating unlawful discrimination, harassment and victimisation |          |          | N/A  |   |
| Advancing equality of opportunity                                 | Y        |          |      | - The primary goal of this policy is increase equity of access and to prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status and enhancing equity across primary, secondary and tertiary preventions of HIV. |
| Promoting good relations among and between different age groups   |          |          | N/A  |   |

## Do you think that the policy impacts disabled people?

| <b>Disability</b>   | <b>Positive</b> | <b>Negative</b> | <b>None</b> | <b>Reasons for your decision</b>   |
|---|-----------------|-----------------|-------------|--|
| Eliminating unlawful discrimination, harassment and victimisation           | Y               |                 |             | <ul style="list-style-type: none"> <li>- This Delivery Plan directly affects those living with HIV (which is classed as a disability). It seeks to reduce stigma, provide accessible care, re-engage people who are not accessing care, and working to achieve “Undetectable = Untransmittable” status.</li> </ul>   |
| Advancing equality of opportunity   | Y               |                 |             | <ul style="list-style-type: none"> <li>- This plan aims to establish the number of people who are living with HIV (which is classed as a disability) in Scotland but are not currently in care, and work to re-engage those who are not attending for care.</li> </ul>   |
| Promoting good relations among and between disabled and non-disabled people | Y               |                 |             | <ul style="list-style-type: none"> <li>- This Delivery Plan directly affects those living with HIV (which is classed as a disability). It seeks to reduce stigma, provide accessible care, re-engaging people who are not accessing care, and working to achieve “Undetectable = Untransmittable” status.</li> </ul> |

**Do you think that the policy impacts on men and women in different ways?**

| <b>Sex</b>                                     | <b>Positive</b> | <b>Negative</b> | <b>None</b> | <b>Reasons for your decision</b>  |
|--|-----------------|-----------------|-------------|---|
| Eliminating unlawful discrimination            |                 |                 | N/A         |   |
| Advancing equality of opportunity              | Y               |                 |             | The primary goal of this policy is increase equity of access and to prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status and enhancing equity across primary, secondary and tertiary preventions of HIV. |
| Promoting good relations between men and women |                 |                 | N/A         |   |

**Do you think that the policy impacts on women because of pregnancy and maternity?**

| <b>Pregnancy and Maternity</b>      | <b>Positive</b> | <b>Negative</b> | <b>None</b> | <b>Reasons for your decision</b>  |
|-------------------------------------|-----------------|-----------------|-------------|---|
| Eliminating unlawful discrimination |                 |                 | N/A         |   |
| Advancing equality of opportunity   | Y               |                 |             | The primary goal of this policy is increase equity of access and to prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status and enhancing equity across primary, secondary and tertiary preventions of HIV. |
| Promoting good relations            |                 |                 | N/A         |   |

**Do you think your policy impacts on people proposing to undergo, undergoing, or who have undergone a process for the purpose of reassigning their sex? (NB: the Equality Act 2010 uses the term ‘transsexual people’ but ‘trans people’ is more commonly used)**

| <b>Gender reassignment</b>          | <b>Positive</b> | <b>Negative</b> | <b>None</b> | <b>Reasons for your decision</b>  |
|-------------------------------------|-----------------|-----------------|-------------|---|
| Eliminating unlawful discrimination |                 |                 | N/A         |   |
| Advancing equality of opportunity   | Y               |                 |             | The primary goal of this policy is increase equity of access and to prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status and enhancing equity across primary, secondary and tertiary preventions of HIV. |
| Promoting good relations            |                 |                 | N/A         |   |

**Do you think that the policy impacts on people because of their sexual orientation?**

| <b>Sexual orientation</b>           | <b>Positive</b> | <b>Negative</b> | <b>None</b> | <b>Reasons for your decision</b>  |
|-------------------------------------|-----------------|-----------------|-------------|---|
| Eliminating unlawful discrimination |                 |                 | N/A         |   |
| Advancing equality of opportunity   | Y               |                 |             | The primary goal of this policy is increase equity of access and to prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status and enhancing equity across primary, secondary and tertiary preventions of HIV. |
| Promoting good relations            |                 |                 | N/A         | -   |

**Do you think the policy impacts on people on the grounds of their race?**

| <b>Race</b>                         | <b>Positive</b> | <b>Negative</b> | <b>None</b> | <b>Reasons for your decision</b>  |
|-------------------------------------|-----------------|-----------------|-------------|---|
| Eliminating unlawful discrimination |                 |                 | N/A         |   |
| Advancing equality of opportunity   | Y               |                 |             | The primary goal of this policy is increase equity of access and to prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status and enhancing equity across primary, secondary and tertiary preventions of HIV. |
| Promoting good race relations       |                 |                 | N/A         |   |

**Do you think the policy impacts on people because of their religion or belief?**

| <b>Religion or belief</b>           | <b>Positive</b> | <b>Negative</b> | <b>None</b> | <b>Reasons for your decision</b> |
|-------------------------------------|-----------------|-----------------|-------------|----------------------------------|
| Eliminating unlawful discrimination |                 |                 | N/A         | - Not applicable to the policy.  |
| Advancing equality of opportunity   |                 |                 | N/A         |                                  |
| Promoting good relations            |                 |                 | N/A         |                                  |

**Do you think the policy impacts on people because of their marriage or civil partnership?**

| <b>Marriage and Civil Partnership<sup>15</sup></b> | <b>Positive</b> | <b>Negative</b> | <b>None</b> | <b>Reasons for your decision</b> |
|--|-----------------|-----------------|-------------|----------------------------------|
| Eliminating unlawful discrimination                |                 |                 | N/A         | - Not applicable to the policy.  |

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<sup>15</sup> In respect of this protected characteristic, a body subject to the Public Sector Equality Duty (which includes Scottish Government) only needs to comply with the first need of the duty (to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010) and only in relation to work. This is because the parts of the Act covering services and public functions, premises, education etc. do not apply to that protected characteristic. Equality impact assessment within the Scottish Government does not require assessment against the protected characteristic of Marriage and Civil Partnership unless the policy or practice relates to work, for example HR policies and practices.



## Stage 4: Decision making and monitoring

- **Identifying and establishing any required mitigating action**

If, following the impact analysis, you think you have identified any unlawful discrimination – direct or indirect - you must consider and set out what action will be undertaken to mitigate the negative impact. You will need to consult your legal team in SGLD at this point if you have not already done so.

- Have positive or negative impacts been identified for any of the equality groups?

Positive impacts

- Is the policy directly or indirectly discriminatory under the Equality Act 2010<sup>16</sup>?

No

- If the policy is indirectly discriminatory, how is it justified under the relevant legislation?

N/A

- If not justified, what mitigating action will be undertaken?

N/A

- **Describing how Equality Impact analysis has shaped the policy making process**

No significant changes were deemed necessary / appropriate as a result of this assessment. However, the process helped us to see that we had undertaken adequate consultation and considered the different protected characteristics and the needs of each group. It helped us to confirm the HIV Transmission Elimination Delivery Plan wasn't being discriminatory in any context.

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<sup>16</sup> See EQIA – Setting the Scene for further information on the legislation.

- **Monitoring and Review**

We will be cognisant of developments which might result in a requirement to adapt the content.

### **Stage 5 - Authorisation of EQIA**

Please confirm that:

- ◆ This Equality Impact Assessment has informed the development of this policy:

Yes  No

- ◆ Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

- Eliminating unlawful discrimination, harassment, victimisation;
- Removing or minimising any barriers and/or disadvantages;
- Taking steps which assist with promoting equality and meeting people's different needs;
- Encouraging participation (e.g. in public life)
- Fostering good relations, tackling prejudice and promoting understanding.

Yes  No

- ◆ If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment and victimisation in respect of this protected characteristic:

Yes  No  Not applicable

## **Declaration**

I am satisfied with the equality impact assessment that has been undertaken for the HIV Transmission Elimination Delivery Plan 2023-26 and give my authorisation for the results of this assessment to be published on the Scottish Government's website.

Name: Daniel Kleinberg

Position: Deputy Director

Authorisation date: 22.03.24



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