

## UNAIDS Terminology Guidelines (June 2010)

### Contents

1. Summary of important preferred terminology and errors to avoid.....page number
2. Commonly used words and expressions  
page number
3. Acronyms and other  
abbreviations.....page number
4. Further resources ..... page  
number

### Introduction

This list of UNAIDS preferred terminology has been developed for use by staff members, colleagues in the programme's ten cosponsoring organizations, and other partners working in the global response to HIV.

Language shapes beliefs and may influence behaviours. Considered use of appropriate language has the power to strengthen the global response to the epidemic. UNAIDS is pleased to make this list of preferred terminology freely available. It is a living, evolving document that is reviewed on a regular basis. Comments and suggestions for consideration should be sent to [terminology@unaids.org](mailto:terminology@unaids.org)

The boxed list (summary of preferred terminology) overleaf highlights the most important points that we recommend users follow.

This list may be freely copied and reproduced, provided that the source is mentioned and it is not done so for commercial gain.

## Summary of preferred terminology

Past Terminology	Preferred Terminology
HIV/AIDS; HIV and AIDS	Use the term that is most specific and appropriate in the context to avoid confusion between HIV (a virus) and AIDS (a clinical syndrome). Examples include: people living with HIV, HIV prevalence, HIV prevention, HIV testing and counselling, HIV-related disease; AIDS diagnosis, children orphaned by AIDS, the AIDS response, national AIDS programme, AIDS service organization. Both HIV epidemic and AIDS epidemic are acceptable but HIV epidemic is a more inclusive term.
AIDS virus	There is no AIDS virus. The virus that causes AIDS is the human immunodeficiency virus or <b>HIV</b> . Please note: “virus” in the phrase “HIV virus” is redundant. Use “HIV”.
AIDS-infected	No one is infected with AIDS; AIDS is not an infectious agent. AIDS describes a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection from acute infection to death. Avoid “HIV-infected” in favour of <b>person living with HIV</b> or <b>HIV-positive person</b> (if serostatus is known).
AIDS test	There is no test for AIDS. Use <b>HIV test</b> or <b>HIV antibody test</b> . For early infant diagnosis, HIV antigen tests are used.
AIDS victim	Use <b>person living with HIV</b> . The word “victim” is disempowering. Use AIDS only when referring to a person with a clinical diagnosis of AIDS.
AIDS patient	Use the term “patient” only when referring to a clinical setting. Use <b>patient with HIV-related illness (or disease)</b> as this covers the full spectrum of HIV-associated clinical conditions.
Risk of AIDS	Use <b>risk of HIV infection; risk of exposure to HIV</b> .
High(er) risk groups; vulnerable groups	Use <b>key populations at higher risk</b> (both key to the epidemic’s dynamics and key to the response). Key populations are distinct from vulnerable populations that may be subject to societal pressures or social circumstances which may make them more vulnerable to exposure to infections, including HIV.
Commercial sex work	This says the same thing twice in different words. Preferred terms are <b>sex work, commercial sex</b> or the <b>sale of sexual services</b> .
Prostitute or prostitution	These words should not be used. For adults, use terms such as <b>sex work, sex worker, commercial sex</b> , or the <b>sale of sexual services</b> . When children are involved, refer to <b>commercial sexual exploitation of children</b> .
Intravenous drug user	Drugs are injected subcutaneously, intramuscularly, or intravenously. Use <b>person who injects drugs</b> . Although “injecting drug user” is still used, it is preferable to place emphasis on the person.
Sharing (needles, syringes)	Use <b>using non-sterile</b> injecting equipment if referring to risk of HIV exposure; use <b>using contaminated</b> injecting equipment if the equipment is known to contain HIV or if HIV transmission occurred after its use. Avoid “sharing” in favour of <b>multi-person use</b> or <b>re-use of injecting equipment</b> .
Fight against AIDS	Use <b>response to AIDS</b> .
Evidence-based	Use <b>evidence-informed</b> . When possible use <b>rights-based, evidence-informed</b> .
HIV prevalence rates	Use <b>HIV prevalence</b> . The word “rates” implies the passage of time and should not be used in most instances.
Abbreviations	In general, abbreviations should be avoided unless they are acronyms (accepted words); if used, spell them out in full when first mentioned.

## **Background for commonly used terms and abbreviations**

### **ABC**

Prevention strategies: **abstain** from penetrative sexual intercourse (also used to indicate delay of sexual debut); **be faithful** (reduce the number of partners or have sexual relations with only one partner); **condom use** (male or female condoms should be used consistently and correctly). Also sometimes seen as ABCCC, meaning ABC plus **counselling** and testing and male **circumcision**.

### **ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)**

*Not...*immune deficiency. AIDS is an epidemiological definition based on clinical signs and symptoms. AIDS is often referred to as a “deadly, incurable disease”, but this may create fear and increase stigma and discrimination. It has also been referred to as a “manageable, chronic illness, much like hypertension or diabetes”, but this may lead people to believe that it is not as serious as they thought. It is preferable to use the following description: AIDS is caused by HIV, the human immunodeficiency virus. HIV destroys the body’s ability to fight off infection and disease, which can ultimately lead to death. Antiretroviral therapy slows down replication of the virus and can greatly enhance quality of life, but does not eliminate HIV infection.

### **AIDS CARRIER**

This term often is used to mean any person living with HIV. However, it is stigmatizing and offensive to many people living with the virus. It is also incorrect, since the agent being carried is HIV not AIDS.

### **AIDS- or HIV-RELATED ILLNESS OR DISEASE**

People do not die of AIDS. They die of an opportunistic infection or disease, such as pneumonia or tuberculosis, that their bodies cannot overcome as a result of HIV infection. HIV-related illness or disease is what most people die of.

### **AIDS RESPONSE**

The terms AIDS response, HIV response, response to AIDS, and response to HIV are often used interchangeably to mean the response to the epidemic.

### **AIDS VIRUS**

Since AIDS is a clinical syndrome, it is incorrect to refer to the virus as the “AIDS virus”. HIV (the human immunodeficiency virus) is what ultimately causes AIDS (acquired immunodeficiency syndrome). In referring to the virus, write the full expression at first usage and then use HIV; avoid the term HIV virus (which is a tautology, i.e. it is saying the same thing twice).

### **ART**

It is better to spell out “antiretroviral therapy” or “antiretroviral treatment” and avoid this acronym that can be confused with ARV, AZT, etc. The term ART refers to a triple or more antiretroviral drug combination. Suboptimal regimens are monotherapy and dual therapy.

### **ART FOR PREVENTION OF HIV TRANSMISSION**

This refers to prevention of HIV transmission through the use of antiretroviral drugs that reduce viral load and the risk of HIV transmission at the individual level and potentially may be proven to do so at the population level.

### **AIDS STRATEGY AND ACTION PLAN (ASAP)**

An AIDS Strategy and Action Plan (ASAP) is a programme of technical assistance coordinated by the World Bank, on behalf of the UNAIDS Secretariat and its Cosponsors, to improve coordination among multilateral institutions and international donors. ASAP provides technical support and assistance to Member States that are in the process of drafting their national AIDS policies and strategies.

**ARV**

This abbreviation refers to “antiretrovirals” and is sometimes seen in the press. It should only be used if referring to the drugs themselves and not to their use. Even then, it is best used as an adjective: antiretroviral drugs. Antiretroviral therapy (ART) is a more inclusive term.

**BEHAVIOUR CHANGE (NOT “Behavioural Change”)**

There are a number of theories and models of human behaviour that guide health promotion and education efforts to encourage behaviour change, i.e. the adoption and maintenance of healthy behaviours.

**BEHAVIOUR CHANGE COMMUNICATION**

Behaviour change communication is an interactive process for developing messages and approaches using a mix of communication channels in order to encourage and sustain positive, healthy behaviours. Behaviour change communication promotes tailored messages, personal risk assessment, greater dialogue, and an increased sense of ownership. See also social change communication.

**BI-DIRECTIONALITY**

This term describes both the linking of sexual and reproductive health (SRH) with HIV-related policies and programmes and the linking of HIV with SRH-related policies and programmes.

**BISEXUAL**

A bisexual is defined as a person who is attracted to or/and has sex with both men and with women and who identifies with this as a cultural identity. The expression “men who have sex with both men and women” or “women who have sex with both women and men” should be used unless individuals or groups self-identify as “bisexual”.

**BRIDGING POPULATION**

The term bridging population (or bridge population) describes a population at higher risk of HIV exposure whose members may have unprotected sexual relations with individuals who are otherwise at low risk of HIV exposure.

**CLIENT-INITIATED TESTING**

This is an alternative term for voluntary counselling and testing (VCT), and refers to a process that is initiated by the individual who wants to learn his or her status. It thus differs from provider-initiated testing and counselling (PITC). HIV testing should always be Confidential, accompanied by Counselling and conducted only with informed Consent (a principle that UNAIDS refers to as “the three Cs”).

**COMBINATION PREVENTION**

This approach seeks to achieve maximum impact on HIV prevention, by combining behavioural, biomedical, and structural strategies that are human rights-based and evidence-informed, in the context of a well researched and understood local epidemic. The foundation of combination prevention is Know Your Epidemic/Know Your Response gap analysis.

**COMMUNITY SYSTEMS STRENGTHENING**

Refers to initiatives that contribute to the development and/or strengthening of community-based organizations, in order to increase knowledge of and access to improved health service delivery. It usually includes capacity building of infrastructure and systems, partnership building, and the development of sustainable financing solutions.

**COMPREHENSIVE HIV PREVENTION, TREATMENT, CARE AND SUPPORT**

Comprehensive HIV prevention, treatment, care and support includes tailored HIV prevention strategies, clinical care, adequate nutrition, psychological support, social and daily living support, involvement of people living with HIV and their families, and respect for human rights and legal needs.

### **CONCENTRATED EPIDEMIC**

In a concentrated epidemic, HIV has spread rapidly in one or more subpopulations but is not well established in the general population. Typically, the prevalence is over 5% in sub-populations while remaining under 1% in the general population, although these thresholds must be interpreted with caution. In a concentrated HIV epidemic there still is the opportunity to focus HIV prevention, treatment, care and support efforts on the most affected subpopulations, while recognizing that no subpopulation is fully self-contained.

### **CONCURRENT PARTNERSHIPS**

Individuals with concurrent sexual partnerships (overlapping durations of sexual partnerships) tend to have higher rates of HIV prevalence and incidence than those in non-concurrent (serial) partnerships.

### **CONTAMINATED and NON-STERILE**

Drug injecting equipment or other piercing medical and non-medical equipment is said to be contaminated if it contains an infectious agent such as a virus. If equipment transmits HIV it is said to be contaminated. "Contaminated" should be used when referring to objects and never when referring to people. "Non-sterile" injecting equipment may or may not contain infectious agents.

### **CONTINUUM OF PREVENTION**

A complement of information, support, and services that responds to the HIV prevention needs of an individual as he or she transitions through stages of life, from early childhood and the various stages of adolescence to late adulthood.

### **COSPONSORS**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has the following ten Cosponsors (written with a capital C), listed in the following order (according to UN rules):

- United Nations High Commissioner for Refugees (UNHCR) (<http://www.unhcr.org>)
- United Nations Children's Fund (UNICEF) (<http://www.unicef.org>)
- World Food Programme (WFP) (<http://www.wfp.org>)
- United Nations Development Programme (UNDP) (<http://www.undp.org>)
- United Nations Population Fund (UNFPA) (<http://www.unfpa.org>)
- United Nations Office on Drugs and Crime (UNODC) (<http://www.unodc.org>)
- International Labour Organization (ILO) (<http://www.ilo.org>)
- United Nations Educational, Scientific and Cultural Organization (UNESCO) (<http://www.unesco.org/>)
- World Health Organization (WHO) (<http://www.who.int>)
- World Bank (<http://www.worldbank.org>)

### **COUNTRY COORDINATING MECHANISM (CCM)**

Established by the Global Fund to Fight AIDS, Tuberculosis and Malaria to fulfil its commitment to local ownership and participatory decision-making, these country-level partnerships develop and submit grant proposals to the Global Fund based on priority needs at the national level and monitor implementation.

### **CRIS**

CRIS is the Country Response Information System. Developed by UNAIDS, CRIS provides partners in the global response to HIV with a user-friendly system consisting of an indicator database, a programmatic database, a research inventory database and other important information. The indicator database provides countries with a

tool for reporting on national follow-up to the United Nations General Assembly Special Session on HIV/AIDS (June 2001) *Declaration of Commitment on HIV/AIDS*.

### **CULTURAL DOMINANCE**

Familiar terms used in some cultures may not be appropriate in other cultural contexts e.g. seasons of the year—avoid “fall” or “autumn” and prefer instead last quarter of the year or instead of summer prefer mid-year. Similarly remember that different cultures celebrate the New Year at different times and that seasons in the northern and southern hemispheres are opposite to each other.

### **DISABILITIES**

The preferred expression is persons or people with disabilities. This accords with the definition given in the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), namely that people with disabilities are individuals whose prospects of securing, retaining, and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment.

### **DOTS**

This acronym refers to an internationally approved tuberculosis treatment strategy called Directly Observed Treatment, Short-course.

### **DRIVER**

This expression is often used to describe the underlying determinants of an epidemic, i.e. structural and social factors such as poverty, gender inequality and human rights abuses that can increase people’s vulnerability to HIV. However more directly acting factors such as the extent of multiple and concurrent partners or the number of injecting drug users in a population may also be defined as “drivers”. For this reason, it is better to avoid the word altogether or to define it precisely each time it is used.

### **DUAL PROTECTION**

Dual protection is a strategy that prevents both unintended pregnancy and sexually transmitted infections (STIs), including HIV, through the use of condoms alone or combined with other contraceptive methods (dual method use).

### **EMPOWERMENT/WOMEN’S EMPOWERMENT**

Empowerment is the action taken by women to overcome the obstacles of structural inequality which have previously placed them in a disadvantaged position. Social and economic empowerment of women is a goal and at the same time a process for women’s advancement, aimed at mobilizing women to fight gender discrimination and achieve equality of welfare and equal access to resources, and become involved in decision-making at the domestic, local, and national level. Men at all levels can actively support women’s empowerment.

### **ENABLING ENVIRONMENT**

An enabling legal environment is one in which laws and policies against discrimination on the basis of HIV status, risk behaviour, and gender are in place, and are monitored and enforced. An enabling social environment is one in which social norms support healthy behaviour choices.

### **EPIDEMIC**

An epidemic is an unusual increase in the number of new cases of a disease in a human population. The population may be all the inhabitants of a given geographic area; a school or similar institution; or everyone of a certain age or sex, such as the children or women of a region. Deciding whether an increase in the number of cases constitutes an epidemic is somewhat subjective, depending in part on what the usual or “expected” number of cases would be in the observed population. An epidemic may be restricted to one locale (an outbreak), more general (an epidemic) or global

(a pandemic). Common diseases that occur at a constant but relatively high rate in the population are said to be “endemic”. Widely known examples of epidemics include the plague of mediaeval Europe known as the Black Death, the influenza pandemic of 1918–1919, and the current HIV epidemic which is increasingly described as a pandemic made up of distinct types of epidemics in areas across the globe. Also see the following entries: concentrated epidemic, generalised epidemic, hyper-endemic, low-level epidemic, and mixed epidemic.

## **EPIDEMIOLOGY**

Epidemiology is the scientific study of the causes, distribution and control of diseases in populations.

## **EVIDENCE-INFORMED**

This term is preferred to evidence-based in recognition of the fact that several elements may play a role in decision making, only one of which may be evidence; others may include cultural appropriateness, cost, feasibility, concerns about equity and human rights, and so on.

## **FAITH-BASED ORGANIZATIONS**

Faith-based organization is the term preferred instead of e.g. church, synagogue, mosque or religious organization, as it is inclusive (non-judgmental about the validity of any expression of faith) and moves away from historical (and typically European) patterns of thought.

## **FEMINIZATION**

This word has been used in the past, to emphasise the increasing impact that the HIV epidemic has been having on women. However it is vague and potentially stigmatising and should therefore be avoided. When discussing epidemiological trends, specific facts and figures should be used rather than vague concepts.

## **FIGHT**

Avoid using words such as ‘fight’ and other combatant language, e.g. struggle, battle, campaign or war, unless in a direct quotation or the context of the text. Possibly a poster or very short publication designed to have high impact would make such use appropriate. Alternatives include: response, management of, measures against, initiative, action, efforts, and programme. One rationale for this is to avoid transference from the fight against HIV to a fight against people living with HIV.

## **GAY**

“Gay” can refer to same sex sexual attraction, same sex sexual behaviour, and same sex cultural identity. Some individuals prefer this term to “homosexual” which focuses on physical behaviour and may have negative connotations. However, “gay” can also be used in a pejorative sense and should therefore be used with caution. The expression “men who have sex with men” (MSM) should be used unless individuals or groups self-identify as “gay”.

## **GENDER and SEX**

The term “sex” refers to biologically determined differences, whereas “gender” refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity, and religion, as well as by geographical, economic, and political environments. Moreover, gender roles are specific to a historical context and can evolve over time, in particular through the empowerment of women. Since many languages do not have the word gender, translators may have to consider alternatives to distinguish between these two concepts.

## **GENDER EQUALITY**

Gender equality, or equality between men and women, entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, and prejudices. Gender equality means that the different behaviour, aspirations, and needs of women and men are considered, valued, and favoured equally. It signifies that there is no discrimination on grounds of a person's gender in the allocation of resources or benefits, or in the access to services. Gender equality may be measured in terms of whether there is equality of opportunity, or equality of results.

#### **GENDER-RESPONSIVE**

This term is usually encountered in conjunction with another word: gender-responsive governance, strategies, treatments, budgets, etc. Its meaning is similar to gender-sensitive (see below).

#### **GENDER-SENSITIVE**

Gender-sensitive policies, programmes or training modules recognize that both women and men are actors within a society, that they are constrained in different and often unequal ways, and that they may consequently have differing and sometimes conflicting perceptions, needs, interests, and priorities.

#### **GENDER-SPECIFIC**

This term refers to any intervention that aims to promote gender equality, by targeting either women or men specifically, or women and men together. Gender-specific interventions may be justified when analysis shows that one sex – predominantly women – has been historically disadvantaged socially, politically, and/or economically.

#### **GENDER-TRANSFORMATIVE**

A gender-transformative HIV response seeks not only to address the gender-specific aspects of HIV but to change existing structures, institutions, and gender relations into ones based on gender equality. Gender-transformative interventions not only recognize and address gender differences but go a step further by creating the conditions whereby women and men can examine the damaging aspects of gender norms and experiment with new behaviours to create more equitable roles and relationships.

#### **GENERALIZED EPIDEMIC**

A generalized epidemic is an epidemic that has spread into the general population of a given area. In practice, generalized epidemics have usually been declared when the prevalence exceeds 1% in the general population.

#### **GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA**

The Global Fund to Fight AIDS, Tuberculosis, and Malaria, established in 2001, is an independent public-private partnership. The purpose of the Global Fund is to attract, manage and disburse additional resources to make a sustainable and significant contribution to mitigate the impact caused by HIV, tuberculosis and malaria in countries in need, while contributing to poverty reduction as part of the Millennium Development Goals. When citing in text spell out title in full at first usage and thereafter refer to the Global Fund **not** the abbreviation, GFATM.  
<http://www.theglobalfund.org>

#### **GIPA**

An acronym for the “greater involvement of people living with HIV/AIDS”. In 1994, 42 countries prevailed upon the Paris AIDS Summit to include the Greater Involvement of People Living with HIV/AIDS Principle (GIPA) in its final declaration.  
[http://www.unaids.org/en/Issues/Affected\\_communities/gipa.asp](http://www.unaids.org/en/Issues/Affected_communities/gipa.asp)

#### **GLOSSARIES**



The internet is a rich source of information about HIV. The following links to glossaries may be useful and are, in our view, usually clear and accurate in the information they provide (but note we cannot verify the accuracy of information on these sites and accept no responsibility for the information provided there).

<http://www.sfaf.org/glossary>

<http://www.aidsinfo.nih.gov>

<http://www.aegis.com/ni/topics>

### **KEY POPULATIONS AT HIGHER RISK OF HIV EXPOSURE**

UNAIDS does not use the term “high-risk group” because it implies that the risk is contained within the group whereas, in fact, all social groups are interrelated. It may also lull people who don’t identify with such groups into a false sense of security. As well, it can increase stigma and discrimination. It is often more accurate to refer directly to “higher risk of HIV exposure”, “sex without a condom”, “unprotected sex”, or “using non-sterile injection equipment” rather than to generalize by saying “high-risk group”. Membership of groups does not place individuals at risk, behaviours may. In the case of married and cohabiting people, particularly women, it may be the risk behaviour of the sexual partner that places them in a “situation of risk”. There is a strong link between various kinds of mobility and heightened risk of HIV exposure, depending on the reason for mobility and the extent to which people are removed from their social context and norms. UNAIDS prefers the term ‘key populations’ because it emphasises that these populations, while being important to the dynamics of HIV transmission in a setting, are essential partners for an effective response to the epidemic. (Key to the epidemic and key to the response)

### **HARM REDUCTION**

Harm reduction refers to policies, programmes, and projects which seek to reduce the harmful health, social, and economic consequences associated with the use of psychoactive substances. For example, people who inject drugs are vulnerable to blood-borne infections such as HIV if they use non-sterile needles. Therefore ensuring adequate supplies of sterile needles and syringes helps reduce the risk of blood borne infections. Harm reduction is a comprehensive package of evidence-based interventions for people who use drugs. The nine interventions in the package are: opioid substitution therapy; HIV testing and counselling; HIV care and antiretroviral therapy for injecting drug users; sexual transmission; outreach (information, education and communication for IDUs and their sexual partners); hepatitis diagnosis, treatment and vaccination (where applicable); and tuberculosis prevention, diagnosis, and treatment.

### **HEALTH CARE**

Health care includes preventive, curative, and palliative services and interventions, delivered to individuals or populations. In most countries, these services account for the majority of employment, expenditure, and activity that would be included in a broader notion of health sector or health system (see following entries).

### **HEALTH SECTOR**

The health sector encompasses organized public and private health services (including those for health promotion, disease prevention, diagnosis, treatment, and care); health ministries; health-related nongovernmental organizations; health-related community groups; and health-specific professional organizations; as well as institutions which directly input into the health-care system, such as the pharmaceutical industry and teaching institutions.

### **HEALTH SYSTEM**

A health system consists of all organizations, people, and actions whose primary intent is to promote, restore or maintain health. It involves the broad range of individuals, institutions, and actions that help to ensure the efficient and effective

delivery and use of products and information for prevention, treatment, and care and support to people in need of these services.

### **HEALTH SYSTEMS STRENGTHENING**

A process that empowers a health system to deliver effective, safe, and high quality interventions to those who need them. Areas that require strengthening are typically the service delivery system, health workforce, health information system, systems to guarantee equitable access to health products and technologies, health financing systems, as well as effective leadership, governance, and accountability.

### **HETEROSEXUAL/ HETEROSEXUALITY**

This refers to people who have sex only with people of the opposite sex.

### **HIGH-BURDEN COUNTRY (HBC)**

This expression describes a country with high HIV prevalence, and is sometimes also used in reference to high tuberculosis prevalence. Such expressions should be used with caution, in order to avoid stigmatisation.

### **HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART)**

Antiretroviral therapy is highly active in suppressing viral replication, reducing the amount of virus in the blood to undetectable levels, and slowing the progress of HIV disease. Therefore, the term 'highly active' is not needed as a qualification. The usual antiretroviral therapy regimen combines three or more different drugs such as two nucleoside reverse transcriptase inhibitors, protease inhibitor; two nucleoside analogue reverse transcriptase inhibitors and a non-nucleoside reverse transcriptase inhibitor; or other combinations. More recently, entry inhibitors and integrase inhibitors have joined the treatment armamentarium. (See <http://www.aidsinfo.nih.gov>, a service of the US Department of Health and Human Services).

### **HIPC INITIATIVE**

The Heavily Indebted Poor Countries Initiative is a debt relief tool for increasing the funds that countries have available and for ensuring that they are channelled to core human development priorities, such as basic health care. The HIPC initiative, created in 1996 by the World Bank and further enhanced in 1999, has already helped some of the poorest nations in the world to free up precious resources for human development that would otherwise have been spent on servicing debt. Fully funded and implemented, the enhanced HIPC initiative has the potential to be an even more powerful tool to allow countries to devote more resources to combating infectious diseases.

### **HIV/AIDS**

The expression HIV/AIDS should be avoided whenever possible because it can cause confusion. Most people with HIV do not have AIDS. The expression "HIV/AIDS prevention" is even more unacceptable because HIV prevention entails correct and consistent condom use, sterile injecting equipment, changes in social norms, etc. whereas AIDS prevention entails cotrimoxazole, good nutrition, isoniazid prophylaxis (INH), etc. It is preferable to use the term that is most specific and appropriate in the context. Examples include people living with HIV, HIV prevalence, HIV prevention, HIV testing, HIV-related disease; AIDS diagnosis, children made vulnerable by AIDS, children orphaned by AIDS, the AIDS response, national AIDS programme, AIDS service organization. Both HIV epidemic and AIDS epidemic are acceptable.

### **HIV-RELATED DISEASE**

Symptoms of HIV infection may occur both at the beginning of HIV infection and after immune compromise sets in, leading to AIDS. During the initial infection with HIV, when the virus comes into contact with mucosal surfaces, it finds susceptible target cells and moves to draining lymph nodes where massive production of the virus

ensues. This leads to a burst of high-level viraemia (virus in the bloodstream) with wide dissemination of the virus. Some people may have flu-like symptoms at this stage but these are generally referred to as symptoms of primary infection rather than HIV-related disease. The resulting immune response to suppress the virus is only partially successful and some virus escapes and may remain undetectable, sequestered in reservoirs for months to years. As crucial immune cells, called CD4+ T cells, are disabled and killed, their numbers progressively decline. In this manner, HIV-related disease is characterized by a gradual deterioration of immune function. Eventually high viral turnover leads to destruction of the immune system, sometimes referred to as advanced HIV infection, which leads to the manifestation of AIDS.

#### **HIV-INFECTED**

An object can be HIV-infected, but human beings should be referred to as “HIV-positive” if they know they are HIV-positive or as ‘having undiagnosed HIV infection’ if they do not.

#### **HIV-NEGATIVE**

Showing no evidence of infection with HIV (e.g. absence of antibodies against HIV) in a blood test. Synonymous with seronegative. An HIV-negative person can be infected if he or she is in the window period between HIV exposure and detection of antibodies.

#### **HIV-POSITIVE**

Showing indications of infection with HIV (e.g. presence of antibodies against HIV) on a blood test or gingival exudate test (commonly known as a saliva test). Synonym: seropositive. Results may occasionally be false positive, especially in infants up to 18 months of age who are carrying maternal antibodies.

#### **HOMOPHOBIA**

Fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behaviour, towards homosexuals and/or homosexuality.

#### **HOMOSEXUAL/ HOMOSEXUALITY**

The word homosexual is derived from the Greek word “homos”, meaning “same”. It refers to people who have sex with people of the same sex. This should not be confused with the Latin word *Homo* that describes humanity as a whole.

#### **HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

HIV is the virus that weakens the immune system, ultimately leading to AIDS. Since HIV means “human immunodeficiency virus”, it is redundant to refer to the *HIV virus*.

#### **HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 (HIV-1)**

HIV-1 is the retrovirus isolated and recognized as the etiologic (i.e. causing or contributing to the cause of a disease) agent of AIDS. HIV-1 is classified as a lentivirus in a subgroup of retroviruses. Most viruses and all bacteria, plants, and animals have genetic codes made up of DNA, which is transcribed into RNA to build specific proteins. The genetic material of a retrovirus such as HIV is the RNA itself. The viral RNA is reverse transcribed into DNA, which is then inserted into the host cell's DNA preventing the host cell from carrying out its natural functions and turning it into an HIV factory.

#### **HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 (HIV-2)**

HIV-2 is a virus closely related to HIV-1 that has also been found to cause AIDS. It was first isolated in West Africa. Although HIV-1 and HIV-2 are similar in their viral structure, modes of transmission, and resulting opportunistic infections, they have differed in their geographical patterns of infection and in their propensity to progress to illness and death. Compared to HIV-1, HIV-2 is found primarily in West Africa and has a slower, less severe clinical course.

**HYPER-ENDEMIC**

This adjective is used to qualify a generalised epidemic that exhibits a sustained, high incidence.

**THE THREE “I”s**

The Three 'I's - isoniazid preventive treatment, intensified case finding for active TB, and TB infection control - are key public health strategies to decrease the impact of TB on people living with HIV.

**INCIDENCE**

HIV incidence (sometimes referred to as cumulative incidence) is the number of new cases arising in a given period in a specified population. UNAIDS normally refers to the number of people (of all ages) or children (0–14 years) who have become infected during the past year. In contrast HIV prevalence refers to the number of infections at a particular point in time, no matter when infection occurred, and is expressed as a percentage of the population (like a camera snapshot). In specific observational studies and prevention trials, the term incidence rate is used to describe incidence per hundred person years of observation.

**INJECTING DRUG USERS (IDUs)**

This term is preferable to drug addicts or drug abusers, which are derogatory terms that are not conducive to fostering the trust and respect required when dealing with people who use drugs. Note that the term “intravenous drug users” is wrong because subcutaneous and intramuscular routes may be involved. A preferable term that places the emphasis on people first is “people who inject drugs” which may be found abbreviated as PWID.

**INTERVENTION**

This term means different things in different contexts. In medical treatment, an intervention may save a person's life. When describing programmes at the community level, use of the term ‘intervention’ can convey “doing something to someone or something” and as such undermines the concept of participatory responses. Preferred terms include programming, programme, activities, initiatives, etc.

**INTIMATE PARTNER TRANSMISSION**

This expression is more inclusive and is now used instead of “spousal transmission”.

**INTERSEX**

Intersex in humans refers to an individual with both male and female biological attributes (primary and secondary sexual characteristics).

**KNOW YOUR EPIDEMIC, KNOW YOUR RESPONSE**

Sometimes abbreviated KYER, *Know your epidemic, know your response* refers to Modes of Transmission exercises, resource tracking, and programmatic gap analysis to inform tailored programme planning.

**LESBIANS**

The term “women who have sex with women” (WSW) should be used, unless individuals or groups self-identify as lesbians.

**LINKAGES**

This word can be used to describe synergies in policy, programmes, services, and advocacy between the field of sexual and reproductive health and the field of HIV prevention and treatment. It refers to a broad human rights-based approach of which service integration is a subset.

**LOW-LEVEL EPIDEMIC**

This term is used for epidemics where HIV prevalence has not consistently exceeded 1% in the general population, nor 5% in any sub-population.

#### **MALNUTRITION**

A state of malnutrition, or under-nutrition, refers to the situation of people whose diet does not provide adequate calories and protein for growth and maintenance or who are unable to fully utilize the food they eat due to illness. In adults, malnutrition is considered 'Mild' when the body mass index (BMI) is between 17 and 18.5, 'Moderate' when BMI is between 16 and 17, and 'Severe' when BMI is less than 16.

**Comment [dhc1]:** New submission from Isler, WFP.

#### **MEN WHO HAVE SEX WITH MEN (MSM)**

MSM is an acronym used for "men who have sex with men" or "males who have sex with males". This concept is useful because it includes not only men who self-identify as gay or homosexual but also bisexual men, as well as men who self-identify as heterosexual but have sex with other men. However, acronyms should be avoided whenever possible. Spelling out the term is preferred.

#### **MIGRANT WORKER**

A migrant worker is a person who migrates from one country to another with a view to being employed otherwise than on her or his own account. i.e. not self-employed. This includes any person regularly admitted as a migrant for employment, as reflected in the Migration for Employment Convention (Revised) 1949, No. 97.

**Comment [dhc2]:** New term suggested by ILO. UNHCR and UNAIDS have added comments. A discussion is required.

**Comment [dhc3]:** ILOAIDS is still following up with its International Migration Department.

#### **MIGRATION**

The term "migration" is used mainly for economic migration while the term "forced displacement" applies to asylum seekers, refugees, internally displaced persons, and stateless persons. The term "populations in humanitarian crisis situations" refers to both forcibly displaced populations and non-displaced populations that are in crisis settings.

#### **MILLENNIUM DEVELOPMENT GOALS (MDGs)**

Eight goals were agreed at the Millennium Summit in September 2000. Goal 6 refers specifically to halting and reversing HIV. Lack of progress across other MDGs may seriously curtail progress in tackling HIV and, conversely, success in attaining other MDGs is being hampered by the HIV epidemic. The concept of AIDS+MDGs implies sharing lessons and building stronger links between the global HIV response and broader health and development agendas. <http://www.un.org/millenniumgoals>

#### **MIXED EPIDEMIC**

In a mixed epidemic, new infections are occurring in one or more sub-populations as well as in the general population. A mixed epidemic is therefore one or more concentrated epidemics within a generalized epidemic (see these entries for more details).

#### **MOST AT RISK**

Expressions such as most at risk adolescents (MARA), most at risk young people (MARYP) and most at risk populations (MARPs) should be avoided because communities view them as stigmatizing. It is more appropriate and precise to describe the behaviour each group is engaged in which places them at risk for HIV exposure, for example: young people who sell sex, young people who use drugs, young men who have sex with men, victims of commercial sexual exploitation, sex workers, men who have sex with men, people who use drugs, etc. In specific projects where such expressions continue to be used, it is important never to refer to a person (directly or indirectly) as a MARA, MARYP, or MARP.

#### **MTCT**

Abbreviation for "mother-to-child transmission" (PMTCT is the abbreviation for "prevention of mother-to-child transmission"). Some countries prefer the term "parent-

to-child transmission” to avoid stigmatizing pregnant women and to encourage male involvement in HIV prevention.

### **MULTI DRUG-RESISTANT TUBERCULOSIS (MDR-TB)**

MDR-TB is a specific form of drug-resistant TB, due to a bacillus resistant to at least isoniazid and rifampicin, the two most powerful anti-TB drugs.

### **NUTRITIONAL SUPPORT**

Nutritional support aims at ensuring adequate nutrition and includes assessment of the dietary intake, nutritional status, and food security of the individual or household; offering nutrition education and counselling on how to ensure a balanced diet, mitigate side effects of treatment and infections, and ensure access to clean water; and where necessary providing food supplements or micronutrient supplementation.

### **OPIOID SUBSTITUTION THERAPY (OST)**

Opioid substitution therapy is the recommended form of drug dependence treatment for people who are dependent on opioids. It has proven to be effective in the treatment of opioid dependence, in the prevention of HIV transmission, and in improving adherence to antiretroviral therapy.

### **OPPORTUNISTIC INFECTIONS (OIs)**

Opportunistic infections are illnesses caused by various organisms, some of which usually do not cause disease in persons with healthy immune systems. Persons living with advanced HIV infection may have opportunistic infections of the lungs, brain, eyes and other organs. Opportunistic illnesses common in persons diagnosed with AIDS include *Pneumocystis carinii* pneumonia, cryptosporidiosis, histoplasmosis, bacterial infections, other parasitic, viral and fungal infections; and some types of cancers. Tuberculosis is the leading HIV-associated opportunistic infection in developing countries.

### **ORPHANS**

In the context of AIDS, it is preferable to say “children orphaned by AIDS” or “orphans and other children made vulnerable by AIDS”. Referring to these children as “AIDS orphans” not only stigmatizes them, but also labels them as HIV-positive, which they may not necessarily be. Identifying a human being by his/her medical condition alone also shows a lack of respect for the individual. Contrary to traditional usage but consistent with the dictionary definition, UNAIDS uses “orphan” to describe a child who has lost either one or both parents.

### **PANDEMIC**

A disease that spreads across an entire region, continent, or the whole world is called a pandemic. Preferred usage is to write “pandemic” when referring to global disease and to use “epidemic” when referring to country or regional level. For simplicity, UNAIDS often uses “epidemic”, see EPIDEMIC.

### **PATHOGEN**

A pathogen is an agent that causes disease.

### **PEOPLE LIVING WITH HIV**

Avoid the expression “people living with HIV and AIDS” and the abbreviation PLWHA. With reference to those living with HIV, it is preferable to avoid certain terms: *AIDS patient* should only be used in a medical context (most of the time, a person with AIDS is not in the role of patient); the term *AIDS victim* or *AIDS sufferer* implies that the individual in question is powerless, with no control over his or her life. It is preferable to use “people living with HIV” (PLHIV), since this reflects the fact that an infected person may continue to live well and productively for many years. Referring to people living with HIV as *innocent victims* (which is often used to describe HIV-positive children or people who have acquired HIV medically) wrongly

implies that people infected in other ways are somehow deserving of punishment. It is preferable to use “people living with HIV”, or “children with HIV”. The term “people affected by HIV” encompasses family members and dependents who may be involved in care giving or otherwise affected by the HIV-positive status of a person living with HIV.

### **POST-EXPOSURE PROPHYLAXIS (PEP)**

Post-exposure prophylaxis refers to antiretroviral medicines prescribed and taken after exposure or possible exposure to the human immunodeficiency virus (HIV). The exposure may be occupational, as in a needle stick injury, or non-occupational, as in unprotected sex with a partner with HIV infection.

### **Pre-exposure prophylaxis [PrEP]**

Pre-exposure prophylaxis refers to antiretroviral medicines prescribed before exposure or possible exposure to the human immunodeficiency virus (HIV). PrEP strategies under evaluation increasingly involve the addition of a post-exposure dosage.

### **POSITIVE HEALTH, DIGNITY, AND PREVENTION**

Positive health, dignity, and prevention is a term that was coined during an international meeting organized by the Global Network of People Living with HIV/AIDS (GNP+) and UNAIDS in April 2009. It aims to replace terms such as “Positive prevention” or “Prevention by and for Positives”. Encompassing strategies to protect sexual and reproductive health and delay HIV disease progression, it includes individual health promotion, access to HIV and sexual and reproductive health services, community participation, advocacy, and policy change. The term “positive health, dignity, and prevention” frames HIV prevention policies and programmes within a human rights perspective in which preventing HIV transmission is viewed as a shared responsibility of all individuals irrespective of HIV status.

### **POVERTY REDUCTION STRATEGY PAPERS (PRSPs)**

Poverty Reduction Strategy Papers are prepared by member countries through a participatory process involving domestic stakeholders as well as external development partners, including the World Bank and International Monetary Fund. <http://www.imf.org/external/np/prsp/prsp.asp>

### **PREVALENCE**

Usually given as a percentage, HIV prevalence quantifies the **proportion** of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults, aged 15–49 years. The term “prevalence rates” is not used because a time period of observation is not involved. “Prevalence” is sufficient, e.g. “the Caribbean region, with estimated adult HIV prevalence of 2.3% in 2003, is an area to focus on in the future”. HIV prevalence can also refer to the **number** of people living with HIV as in “by December 2009 an estimated 33.4 million people were living with HIV worldwide.

### **PRISON SETTINGS**

Prison settings can include jails, prisons, pre-trial detention centres, forced labour camps, and penitentiaries. Universal access to HIV prevention, treatment, care and support extends to these settings.

### **PROGRAMMES AND POLICIES**

HIV programmes and policies include the complete spectrum of prevention, treatment, care and support activities, as well as the appropriate and timely development and implementation of HIV policies and broad guidance. Core programmes and policies may include HIV counselling and testing; prophylaxis for opportunistic infections and antiretroviral treatment for people living with HIV; home-based care and psycho-social support; positive health, dignity and prevention for and

by people living with HIV; HIV awareness and anti-stigma campaigns for the general population; male and female condom provision; male circumcision; prevention of mother-to-child transmission; and specific services for key populations.

#### **PROGRAMME INTEGRATION**

Programme integration refers to joining together of different kinds of sexual and reproductive health (SRH), TB, and HIV services or operational programmes to maximize outcomes. This may include referrals from one service to another or the offer of one-stop comprehensive and integrated services.

#### **PROGRAMME ACCELERATION FUNDS (PAF)**

Programme Acceleration Funds (PAFs) are designed to assist the UN system to play a catalytic and facilitating role in advancing the scope, scale, and effectiveness of a country's response to HIV. Funded activities reflect one or more cross-cutting functions of UNAIDS: to empower leadership for an effective country response; to mobilize and empower public, private and civil society partnerships and civil society engagement; to strengthen strategic information management; to build capacities to plan, track, monitor and evaluate country responses; and to enable access to, and efficient use of, financial and technical resources. UNAIDS has supported country level efforts through PAFs since the 2000–2001 budgetary biennium.

#### **PROSTITUTION**

This word should not be used any more. For adults, use terms such as sex work, sex worker, commercial sex, or the sale of sexual services. If children are involved, the correct expression is "commercial sexual exploitation of children".

#### **PROVIDER-INITIATED TESTING AND COUNSELLING**

This term is used for HIV testing and counselling recommended by a health care provider in a clinical setting. It is defined in contrast to client-initiated testing where the patient takes the initiative to seek information on his or her HIV status. Testing may be recommended for diagnostic purposes to all adults, adolescents, or children who present to health facilities with signs or symptoms that could indicate HIV infection. HIV testing may be recommended as part of the clinical evaluation of patients with sexually transmitted infections and during pregnancy to identify the need for antiretroviral prophylaxis. Regardless of the type of testing or location, all HIV testing should always be carried out under conditions respecting the three Cs—confidentiality, informed consent and counselling. Testing without counselling has little impact on behaviour and is a significant lost opportunity for assisting people to avoid acquiring or transmitting infection. All HIV testing and counselling must be linked to prevention, treatment, care and support accompanied by action to address stigma and discrimination based on HIV serostatus.

#### **PARENT-TO-CHILD TRANSMISSION (PTCT)**

PTCT is a term preferred in some countries (see MTCT).

#### **REASONABLE ACCOMMODATION**

Reasonable accommodation is any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV (or any other condition or disability) to have access to or participate or advance in employment

#### **REGIONAL SUPPORT TEAM (RST)**

A team that oversees and coordinates UNAIDS activities in a defined geographical region.

#### **RISK**

Risk is defined as the risk of exposure to HIV or the likelihood that a person may become infected with HIV. Certain behaviours create, increase, or perpetuate risk.



Behaviours, not memberships, place individuals in situations in which they may be exposed to HIV. Avoid using the expressions “groups at risk” or “risk groups”. People with behaviours which may place them at higher risk of exposure to HIV do not necessarily identify themselves with any particular group.

#### **RISK COMPENSATION or RISK ENHANCEMENT**

A compensatory increase in behaviours that carry a risk of exposure to HIV, as a result of reduced perception of personal risk. For example, in the absence of tailored communication strategies, uptake of a 50% effective preventive HIV vaccine might lead to reductions in correct and consistent condom use.

#### **SAFER SEX**

Use by preference the term *safer sex* because *safe sex* may imply complete safety. Sex is 100% safe from HIV transmission when both partners know their HIV-negative serostatus and neither partner is in the window period between HIV exposure and detectable HIV antibodies. In other circumstances, reduction in the numbers of sexual partners and correct and consistent use of male or female condoms can reduce the risk of HIV transmission. The term *safer sex* more accurately reflects the idea that choices can be made and behaviours adopted to reduce or minimise risk.

#### **SCALE UP**

Use this form when used as a verb. Hyphenate as “scale-up” or “scaling-up” when used as a noun. Same advice applies for follow up (verb) versus “follow-up” (noun).

#### **SCREENING**

Screening for HIV status for employment purposes may involve assessment of risk-taking behaviour, asking questions about tests already taken or about medication, and HIV testing. According to the International Guidelines on HIV/AIDS and Human Rights (article 22), laws, regulations and collective agreements should be enacted so as to guarantee freedom from HIV screening for employment, promotion, training or benefits; ensure confidentiality regarding all medical information, including HIV status; and provide employment security for workers living with HIV.

#### **SECOND GENERATION SURVEILLANCE**

Built upon a country’s existing data collection system, second generation HIV surveillance systems are designed to be adapted and modified to meet the specific needs of differing epidemics. For example, HIV surveillance in a country with a predominantly heterosexual epidemic will differ radically from surveillance in a country where HIV infection is mostly found among men who have sex with men or people who inject drugs. This form of surveillance aims to improve the quality and diversity of information sources by developing and implementing standard and rigorous study protocols, while using appropriate methods and tools.

#### **SEROPREVALENCE**

As related to HIV infection, seroprevalence is the proportion of persons who have serologic evidence of HIV infection, i.e. antibodies to HIV at any given time.

#### **SEROSTATUS**

A generic term that refers to the presence/absence of antibodies in the blood. Often, the term refers to HIV antibody status.

#### **SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMES AND POLICIES**

Sexual and reproductive health programmes and policies include, but are not restricted to, services for family planning; infertility services; maternal and newborn health services; prevention of unsafe abortion and post-abortion care; prevention of mother-to-child transmission of HIV; diagnosis and treatment of sexually transmitted infections, including HIV infection, reproductive tract infections, cervical cancer, and

other gynaecological morbidities; promotion of sexual health, including sexuality counselling; and prevention and management of gender-based violence.

### **SEXUAL ORIENTATION**

Sexual orientation refers to each person's profound emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different, the same or both sexes.

### **SEXUALLY TRANSMITTED INFECTION (STI)**

The former terms venereal disease (VD) and sexually transmitted disease (STD) do not convey the concept of being asymptomatic in the same way that the term *sexually transmitted infection* does. Sexually transmitted infections are spread by the transfer of organisms from person to person during sexual contact. In addition to the "traditional" STIs (syphilis and gonorrhoea), the spectrum of STIs now includes HIV, which causes AIDS; *Chlamydia trachomatis*; human papilloma virus (HPV) which can cause cervical, penile or anal cancer; genital herpes; chancroid; genital mycoplasmas; hepatitis B; trichomoniasis; enteric infections; and ectoparasitic diseases (i.e., diseases caused by organisms that live on the outside of the host's body). The complexity and scope of sexually transmitted infections have increased dramatically since the 1980s; more than 20 disease-causing organisms and syndromes are now recognized as belonging in this category.

### **SEX WORK**

"Commercial sex work" is a tautology because it says the same thing twice in different words. Preferred terms are "sex work", "commercial sex", or "the sale of sexual services". It is also acceptable to say that sex workers are "paid for sex".

### **SEX WORKER**

This term is intended to be non-judgmental, focusing on the conditions under which sexual services are sold. Sex workers include consenting female, male, and transgender adults and young people over the age of eighteen, who receive money or goods in exchange for sexual services, either regularly or occasionally. Acceptable alternate formulations for sex worker are: "women/men/people who sell sex". Clients of sex workers may be called "men/women/people who buy sex". The term "commercial sex worker" is no longer used (tautology). People selling sex under the age of eighteen are considered to be victims of commercial sexual exploitation (see under "prostitution"), unless otherwise determined.

### **SHARING**

When referring to injecting equipment, the word "sharing" is avoided in UNAIDS publications. Instead, "use of contaminated injecting equipment" is preferred if referring to actual HIV transmission and "multi-person use" or "use of non-sterile injecting equipment" is preferred if referring to risk of HIV exposure. This is because people who inject drugs uncommonly "share" their needles in the usually understood sense of the word—with the exception of sexual partners who inject together. In the absence of needle syringe distribution programmes, people may use discarded needles (which are anonymous), bargain away drugs for a needle, or are injected by professional injectors. They do not regard this as sharing. Neither does "sharing" distinguish between needle borrowing and needle lending; this is important because (usually) different dynamics are at work. A person aware of his or her HIV-positive status may try to avoid lending, but may continue to borrow or vice versa. Also "sharing" has positive connotations in injecting drug use communities (and wider communities also), e.g. sharing a meal, which are not appropriate in writing about HIV risk.

### **SOCIAL CHANGE COMMUNICATION**

Social change communication encourages a process of public and private dialogue to identify harmful social norms and change them to create an enabling environment.

## **STANDARD PRECAUTIONS**

The expression “standard precautions” has now replaced “universal precautions”. It describes standard infection control practices to be used universally in healthcare settings to minimize the risk of exposure to pathogens, e.g. the use of gloves, barrier clothing, masks and goggles (when anticipating splatter) to prevent exposure to tissue, blood and body fluids.

## **STIGMA and DISCRIMINATION**

“Stigma” is derived from the Greek meaning a mark or a stain. Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others. Within particular cultures or settings, certain attributes are seized upon and defined by others as discreditable or unworthy. When stigma is acted upon, the result is discrimination that may take the form of actions or omissions. Discrimination refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group—in the case of AIDS, a person’s confirmed or suspected HIV-positive status—irrespective of whether or not there is any justification for these measures. The term “stigmatization and discrimination” has been accepted in everyday speech and writing, and may be treated as plural.

## **STRATEGIES FOR PREVENTING HIV INFECTIONS IN WOMEN AND INFANTS (PMTCT)**

The main strategies for preventing HIV infections in women and infants are the following: prevent primary HIV infection among girls and women; prevent unintended pregnancies among women living with HIV; reduce mother-to-child transmission of HIV through antiretroviral drug treatment or prophylaxis, safer deliveries and infant feeding counselling; and provide care, treatment and support to women living with HIV and their families.

## **STRUCTURAL INTERVENTIONS**

Structural interventions are those that seek to alter the physical and social environment in which individual behaviour takes place. Their aim can also be to remove barriers to protective action or to create constraints to risk-taking.

## **SUB-EPIDEMIC**

National or regional HIV epidemics usually consist of multiple *sub-epidemics* which affect different sub-populations, occur with different timing and severity in different geographical areas, and evolve at different rates.

## **SURVEILLANCE**

Continual analysis, interpretation, and feedback of systematically collected data, generally using methods distinguished by their practicality, uniformity, and rapidity rather than by accuracy or completeness.

## **TARGET**

This term is acceptable as a noun referring to an objective or goal. Avoid using as a verb for example “targeting men who have sex with men...” as this conveys non-participatory, top-down approaches. Preferred alternative terms include: “programmes for and by men who have sex with men”; “engaging men who have sex with men in programming”; and “programmes involving men who have sex with men in the response to the epidemic”, etc.

## **TESTING**

HIV testing is pivotal to both prevention and treatment programmes. The “3Cs” continue to be underpinning principles for the conduct of all HIV testing of individuals. Testing must be: *confidential*; accompanied by *counselling*; only be conducted with

informed *consent*, meaning that it is both informed and voluntary. A full policy statement on HIV testing and counselling is available at:  
<http://www.unaids.org/en/Policies/Testing/default.asp>

### **“3 BY 5” INITIATIVE**

Always cite in this form, with double quotation marks. “3 by 5” was a WHO/UNAIDS global initiative aimed at placing three million people living with HIV in low- and middle-income countries on antiretroviral treatment by the end of the year 2005.  
<http://www.who.int/3by5>

### **“THREE ONES” PRINCIPLES**

Always use in this form “Three Ones” principles, with double quotation marks. The principles are: one agreed AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.

### **TRANSGENDER**

A transgender person has a gender identity that is different from his or her sex at birth. Transgendered people may be male-to-female (female appearance), or female-to-male (male appearance). It is preferable to describe them as ‘he’ or ‘she’ according to their gender identity, i.e. the gender that they are presenting, not their sex at birth.

### **TRANSPHOBIA**

Fear, rejection or aversion, often in the form of stigmatizing attitudes or discriminatory behaviour, towards transsexuals, transgender people, and transvestites.

### **TRANSVESTITE**

A transvestite is a person who wears clothes associated with the opposite gender in order to enjoy the temporary experience of membership of the opposite gender. A transvestite does not necessarily desire a permanent sex change or other surgical reassignment.

### **TRANSSEXUAL**

A transsexual person has undertaken surgery and/or hormonal treatment in order to make his or her body more congruent with his or her preferred gender.

### **TRIPS AGREEMENT**

The Agreement on Trade-Related Aspects of Intellectual Property Rights, supervised by the World Trade Organization, provides certain flexibilities to low- and middle-income countries with respect to pharmaceutical patent protection.  
[http://www.wto.org/english/tratop\\_e/trips\\_e/trips\\_e.htm](http://www.wto.org/english/tratop_e/trips_e/trips_e.htm)

### **TECHNICAL SUPPORT FACILITIES (TSF)**

UNAIDS established “Technical Support Facilities” (TSF) in 2005 to provide timely and quality technical support to ensure that the resources available for AIDS are used most effectively and efficiently. TSF are small management teams hosted by existing regional institutions that facilitate access to technical support for country partners. TSFs cover over 80 countries in Africa and Asia.

### **TUBERCULOSIS (TB)**

Tuberculosis is the leading HIV-associated opportunistic infection in low- and middle-income countries and is a leading cause of death among people living with HIV globally. The term HIV-associated tuberculosis or HIV-associated TB should be used, rather than the shorthand HIV/TB.

## **UNIVERSAL ACCESS**

The often-used phrase refers to working towards achieving the goal of universal access (not capitalized) to HIV prevention, treatment, care and support. This initiative is outlined in the 2006 Political Declaration on HIV/AIDS.

[http://data.unaids.org/pub/Report/2006/20060615\\_HLM\\_PoliticalDeclaration\\_ARES60262\\_en.pdf](http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf)

Universal access is also used in the field of sexual and reproductive to mean universal access to sexual and reproductive health and reproductive rights. These concepts of universal access demonstrate a shift in MDG-related discourse towards reducing inequities and ensuring complete coverage. It is significant that these intimately linked programme areas – sexual and reproductive health, and the HIV response – both refer to universal access in a rights-based context.

## **UNPROTECTED PAID SEX**

In unprotected paid sex, clients of sex workers do not use condoms.

## **VOLUNTARY COUNSELLING AND TESTING (VCT)**

VCT is also known as “client-initiated testing” in opposition to “provider-initiated testing”. All testing should be conducted in an environment which adheres to and implements the “Three Cs”: confidentiality, informed consent, and counselling.

<http://www.unaids.org/en/PolicyAndPractice/CounsellingAndTesting>

## **VERTICAL TRANSMISSION**

This term is sometimes used to indicate transmission of a pathogen such as HIV from mother to foetus or baby during pregnancy or birth but may be used to refer to the genetic transmission of traits. UNAIDS primarily uses the term mother-to-child transmission.

## **VULNERABILITY**

Vulnerability refers to unequal opportunities, social exclusion, unemployment or precarious employment, and other social, cultural, political, and economic factors that make a person more susceptible to HIV infection and to developing AIDS. The factors underlying vulnerability may reduce the ability of individuals and communities to avoid HIV risk and may be outside the control of individuals. These factors may include lack of knowledge and skills required to protect oneself and others; accessibility, quality, and coverage of services; and societal factors such as human rights violations or social and cultural norms. These norms can include practices, beliefs, and laws that stigmatize and disempower certain populations, limiting their ability to access or use HIV prevention, treatment, care, and support services and commodities. These factors, alone or in combination, may create or exacerbate individual and collective vulnerability to HIV.

## **WOMEN WHO HAVE SEX WITH WOMEN (WSW)**

This term is useful as it includes not only women who self-identify as lesbian or homosexual and have sex only with other women but also bisexual women, as well as women who self-identify as heterosexual but have sex with other women. As with the term “MSM” it is preferable to spell out the term.

## **XDR-TB**

This acronym describes “extensively drug-resistant tuberculosis”. Whereas multi-drug resistant TB (MDR-TB) occurs when the bacteria are resistant to isoniazid and rifampicin, the two most powerful anti-TB drugs, XDR-TB is also resistant to fluoroquinolones and at least one injectable second-line drug. The emergence of XDR-TB underlines the necessity to manage TB programmes in a systematic way at the global level.

## **Further resources**

### **Language**

UNAIDS uses British English as its preferred style. When using common word processing packages it is useful to set this as default style when the option is available.

### **Style guide**

The World Health Organization style guide is the foundation of UNAIDS' editorial house style. See [http://whqlibdoc.who.int/hq/2004/WHO\\_IMD\\_PUB\\_04.1.pdf](http://whqlibdoc.who.int/hq/2004/WHO_IMD_PUB_04.1.pdf)

### **Dictionaries**

UNAIDS uses the Concise Oxford English Dictionary for English language but note that UNAIDS follows variant spellings and terms preferred in the WHO Style Guide.

A useful resource is A Dictionary of Epidemiology (Fifth edition) edited by Miquel Porta, Sander Greenland and John M Last, published by Oxford University Press (2008)

## LIST OF ORGANIZATIONS, ACRONYMS, AND ABBREVIATIONS

### **Asia Pacific Network of Sex Workers (APNSW)**

The Asia Pacific Network of Sex Workers is an informal network of sex workers and support organizations for sex workers in the Asia & Pacific Region.

### **ERG**

The Economics Reference Group (ERG) is an advisory body to UNAIDS and to the World Bank on the economics of HIV.

### **ILO**

The International Labour Organization is one of UNAIDS' ten cosponsors (see <http://www.ilo.org>)

## **INTERNATIONAL HEALTH PARTNERSHIP**

The International Health Partnership and related initiatives (IHP+) seeks to achieve better health results by mobilizing donor countries and other development partners around a single country-led national health strategy, guided by the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. Launched in September 2007, the IHP+ aims to better harmonize donor funding commitments, and improve the way international agencies, donors and developing countries work together to develop and implement national health plans.\*

### **LGBTI**

LGBTI is an acronym covering lesbian, gay, bisexual, transsexual, transgender, transvestite, and intersex people. Although it is preferable to avoid acronyms when possible, the term LGBTI (or LGBT) has gained recognition because it emphasizes a diversity of sexuality and gender identities.

### **MERG**

Established by UNAIDS, the Monitoring and Evaluation (M&E) Reference Group (MERG) has a broad membership of national, bilateral agency, and independent evaluation expertise, enabling it to assist in the harmonization of monitoring and evaluation approaches among collaborating organizations and in the development of effective monitoring and evaluation of the response to the epidemic.

<http://elink.unaids.org/menew/Resource/Resource1.asp>

### **NAC**

National AIDS Commissions, committees, councils.

<http://hivaidsclearinghouse.unesco.org/en/related-links/national-aids-commissions.html>

### **NACP**

National AIDS control programme.

### **NAP**

National AIDS programme.

### **NAP+**

Network of African People Living with HIV/AIDS. <http://www.rapnap.org>

### **NSWP**

The Network on sex work projects was established as an informal alliance in 1992 by a group of sex worker rights activists working within sex work projects around the world, this network upholds the voice of sex workers globally and connects regional networks advocating for the rights of female, male, and transgender sex workers.

---

\* <http://www.internationalhealthpartnership.net/en/home>

It advocates for rights-based health and social services, freedom from abuse and discrimination, and self determination for sex workers.

#### **NSP**

This acronym stands for national strategic plan, other related terms are national AIDS action frameworks and annual AIDS action plans. Abbreviations should be avoided, especially in this instance because NSP can also mean needle-syringe programmes (note that this term has now replaced “needle exchange programmes” because exchange has been found to have unintended negative consequences).

#### **PAHO**

Pan American Health Organization: <http://www.paho.org>

#### **PCB**

The Programme Coordinating Board of UNAIDS.  
<http://www.unaids.org/en/AboutUNAIDS/Governance>

#### **PEPFAR**

The US President’s Emergency Plan for AIDS Relief (PEPFAR) was announced by President George W. Bush in 2003. In its first five years, PEPFAR supported the provision of treatment to more than 2 million people, care to more than 10 million people, including more than 4 million orphans and vulnerable children, and prevention of mother-to-child treatment services during nearly 16 million pregnancies. In 2008, the second phase of PEPFAR began, with the aim of working through partner governments to support a sustainable, integrated, and country-led response to HIV. <http://www.pepfar.gov>

#### **REDPES**

Red Latinoamericano y del Caribe de Planificación Estratégica (Latin American and Caribbean Network on Strategic Planning and AIDS). <http://ciss.insp.mx/redpes/>

#### **Sida**

Sida stands for *syndrome d’immunodéficience acquise*. It is the French language acronym for AIDS and, as an accepted word, it is not capitalised (write: sida). The same acronym is used in several other languages, including Spanish, where it can appear as either Sida or SIDA.

#### **SIDA**

Written in capital letters, this is the abbreviation for the Swedish International Development Cooperation Agency ([www.sida.se](http://www.sida.se)). Not to be confused with the French word *sida* (see above).

#### **SIDALAC**

Iniciativa regional sobre SIDA para América Latina y el Caribe: in English, “Regional AIDS Initiative for Latin America and the Caribbean”.

#### **UCC**

UNAIDS Country Coordinator

#### **UN Reference Group on HIV Prevention and Care among IDU in Developing and Transitional Countries**

[www.idurefgroup.org](http://www.idurefgroup.org)

#### **UNAIDS Reference Group on HIV and Human Rights:**

[www.unaids.org/en/in+focus/hiv\\_aids\\_human\\_rights/reference+group.asp](http://www.unaids.org/en/in+focus/hiv_aids_human_rights/reference+group.asp)

#### **UNAIDS Reference Group on Estimates, Modelling and Projections:**

[www.epidem.org](http://www.epidem.org)



**UNAIDS Reference Group on Prevention**

[www.unaids.org](http://www.unaids.org)

**UN CARES**

UN Cares is the UN system-wide workplace programme on HIV. More information can be accessed on: <http://www.uncares.org>

**UN Plus**

The objectives of UN Plus are to create a more enabling environment for all HIV-positive staff members, irrespective of the level of disclosure of their HIV status; to create an organized and effective voice for people living with HIV within the UN system; to contribute to the development and improvement of existing policies on HIV among the UN agencies. More information on: <http://www.unplus.org>

**UNDP**

The United Nations Development Programme is one of UNAIDS' ten Cosponsors. See <http://www.undp.org>

**UNESCO**

The United Nations Educational, Scientific and Cultural Organization is one of UNAIDS' ten Cosponsors. See <http://www.unesco.org>

**UNFPA**

The United Nations Population Fund is one of UNAIDS' ten Cosponsors. See <http://www.unfpa.org>

**UNGASS - DECLARATION OF COMMITMENT ON HIV/AIDS**

In June 2001, the Special Session of the United Nations General Assembly on HIV/AIDS adopted the Declaration of Commitment on HIV/AIDS in which member States made a commitment to provide regular country progress reports. The UNAIDS Secretariat is entrusted with the responsibility for developing the reporting process, accepting reports from member States and preparing a report for the General Assembly

**UNHCR**

The Office of the United Nations High Commissioner for Refugees is one of UNAIDS' ten Cosponsors. See <http://www.unhcr.org>

**UNICEF**

The United Nations Children's Fund is one of UNAIDS' ten Cosponsors. See <http://www.unicef.org/>

**UNODC**

The United Nations Office on Drugs and Crime is one of UNAIDS' ten Cosponsors. See <http://www.unodc.org>

**WEF**

World Economic Forum: <http://www.weforum.org/>

**WFP**

The World Food Programme is one of UNAIDS' ten Cosponsors. <http://www.wfp.org>

**WIPO**

World Intellectual Property Organization. <http://www.wipo.org>

**WHO**

The World Health Organization is one of UNAIDS' ten Cosponsors. It is correct to write "WHO" and not "the WHO". See <http://www.who.int>

**WORLD BANK**

The World Bank is one of UNAIDS' ten Cosponsors. See <http://www.worldbank.org>

**WSSD**

World Summit for Social Development. <http://www.un.org/esa/socdev/wssd>