



UNAIDS' Terminology Guidelines¹

(February 2008)

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 response. UNAIDS is pleased to make this list of preferred terminology freely available. It is a living, evolving document that is reviewed regularly. Comments and suggestions for consideration should be sent to terminology@unaids.org

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

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¹ The basis of UNAIDS' house style is the WHO Style Guide, found at : https://intranet.who.int/homes/whp/write_edit/topics/who_style_guide.shtml

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. 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.
AIDS virus	There is no "AIDS virus". The virus associated with AIDS is called the Human Immunodeficiency Virus, or HIV . Please note: "virus" in the phrase " HIV virus " is redundant. Use HIV.
AIDS-infected	Avoid the term infected. No one can be infected with AIDS, because it is not an infectious agent. AIDS is a surveillance definition meaning a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection from primary infection to death. Use person living with HIV or HIV-positive person .
AIDS test	There is no test for AIDS. Use HIV or HIV antibody test .
AIDS victim	The word "victim" is disempowering. Use person living with HIV . Use the term AIDS only when referring to a person with a clinical AIDS diagnosis.
AIDS patient	Use the term patient only when referring to a clinical setting. Use: patient with advanced HIV-related illness (or disease) or AIDS-related illness (or disease) .
Risk of AIDS	Use risk of HIV infection ; risk of exposure to HIV .
High(er) risk groups; vulnerable groups	Use key populations at higher risk (both key to the epidemic's dynamics and key to the response). Key populations are distinct from vulnerable populations , which may be subject to societal pressures or social circumstances which may make them more vulnerable to exposure to infections, including HIV.
Commercial sex work	Use sex work or commercial sex or the sale of sexual services .
Prostitute	Use only in respect to juvenile prostitution; otherwise use sex worker .
Intravenous drug user	Use injecting drug user . Drugs may be injected subcutaneously, intramuscularly or intravenously.
Sharing (needles, syringes)	Use using non-sterile injecting equipment if referring to risk of HIV exposure; use using contaminated injecting equipment if the equipment is known to contain HIV or if HIV transmission has occurred.
Fight against AIDS	Use response to AIDS .
Evidence-based	Use evidence-informed .
HIV prevalence rates	Use HIV prevalence . The word "rates" connotes the passage of time and should not be used in most instances .
Acronyms and abbreviations	Please spell out all abbreviations in full.

Background for commonly used terms and abbreviations²

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); **condomize** (use **male or female** condoms consistently and correctly).

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Not...immune deficiency...

ADVOCATE

As a verb: write ‘advocate change’ (rather than advocate for change).

AIDS CARRIER

This term is often 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

Although ‘the person died of AIDS’ is commonly said or written, actually people do not die of AIDS, they die of HIV-related or AIDS-related disease. The expression AIDS-related illness can be used if a person has an AIDS diagnosis.

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 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

Spell out in full, i.e. antiretroviral therapy or antiretroviral treatment. **The term ART can be used if it clearly refers to a triple antiretroviral drug combination.**

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.

² All web links in this document are up to date. If on clicking the link, the site does not pop up when you are on line to the internet, you can cut and paste the link.

CLIENT-INITIATED TESTING

Alternative term for voluntary counselling and testing (VCT). All HIV testing must be carried out under conditions of the “three Cs”: **i.e. that it be confidential, accompanied by counselling and conducted only with informed consent.**

CONTAMINATED and NON-STERILE

Drug injecting equipment was “contaminated” if it caused infection, that is, the equipment contained HIV; “unclean”, “dirty” or “non-sterile” if it carried the risk of HIV exposure: that is, it may or may not have carried the virus.

COSPONSORS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has the following ten cosponsors, 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/odccp/index.html>

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/en/>

World Bank <http://www.worldbank.org/>

CRIS

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*. The country-level CRIS will be complemented by a Global Response Information Database (GRID), which will support strategic analysis, knowledge-based policy formulation and subsequent programming. At country and global levels a Research Inventory Database (RID) is also being developed.

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.**

DESCRIBING AIDS

AIDS is often referred to as a “deadly, incurable disease”, but this creates a lot of fear and only serves to 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, the acquired immunodeficiency syndrome, is a fatal disease 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. Currently, antiretroviral drugs slow down replication of the virus and can greatly enhance quality of life, but they do not eliminate HIV infection.

DRIVER

The term relates to the structural and social factors, such as poverty, gender, and human rights abuses that can increase people’s vulnerability to exposure to HIV. It is often reserved to describe underlying determinants.

EPIDEMIC

In epidemiology, an epidemic is a disease that appears as new cases in a given human population (e.g. everyone in a given geographic area; a university, or similar population unit; or everyone of a certain age or sex, such as the children or women of a region) during a given period, at a rate that greatly exceeds what is “expected” based on recent experience. Defining an epidemic is subjective, depending in part on what is “expected”. 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).

EPIDEMIOLGY

Epidemiology is the branch of medical science that deals with the study of the incidence, distribution and determinants of patterns of a disease as well as its prevention in a population.

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 and concerns about equity 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

Referring to the pandemic, feminization is now often used by UNAIDS and others to indicate the increasing impact that it has on women. It is often linked to the idea that the number of women infected has equalled, or surpassed, the figure for men or that women and girls are bearing the brunt of the epidemic in many settings.

FIGHT

Avoid using words such as “fight” and other combatant language e.g. struggle, battle, campaign or war, unless in a direct quotation. Alternatives include: response to; management of; measures against; initiative; action; efforts; and programme. One rationale for this is to avoid a transference being made from the fight against HIV to a fight against people living with HIV.

GAY MEN

Write “men who have sex with men” *unless* individuals or groups specifically self-identify as gay. The broader community of men and women and transsexuals should be described as lesbian, gay, bisexual and transgendered—the abbreviation LGBT is often used for **such communities**, but UNAIDS’ general preference is to spell out all terms in full.

GENDER and SEX

The term “sex” refers to biologically determined differences, whereas the term “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. Since many languages do not have the word gender, translators may have to consider other alternatives to distinguish between these concepts.

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. Its purpose 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. **Since 2001, the Global Fund has attracted US\$ 4.7 billion in financing through 2008. In September 2007, donors provided initial pledges to the Global Fund worth US\$ 9.7 billion over three years. These pledges constitute the largest single financing exercise for health ever and they will allow the Global Fund to move towards annual commitments of US\$ 6–8 billion by 2010.** <http://www.theglobalfund.org/en/>

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

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://aidsinfo.nih.gov/Glossary/GlossaryDefaultCenterPage.aspx?MenuItem=AIDSinfoTools>

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

<http://www.gmhc.org/health/glossary2.html>

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 emphasizes that these populations, while being important to the dynamics of HIV transmission in a setting, are equally essential partners for an effective response to the epidemic.

HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART)

This term is now infrequently used in favour of antiretroviral treatment or therapy (ART). It referred to treatment regimens recommended by leading HIV experts to aggressively suppress viral replication and slow the progress of HIV disease. The usual HAART regimen combines three or more different drugs such as two nucleoside reverse transcriptase inhibitors and a protease inhibitor, two nucleoside analogue reverse transcriptase inhibitors and a non-nucleoside reverse transcriptase inhibitor or other combinations. More recently, new drugs have been developed to prevent the virus from entering the cell. These treatment regimens have been shown to reduce the amount of virus so that it becomes undetectable in a patient’s blood. (See <http://www.aidsinfo.nih.gov/>, a service of the US Department of Health and Human Services). The term ART (antiretroviral treatment or therapy) can be used if it clearly refers to a triple antiretroviral drug combination.

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-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 the mucosal surface, it finds susceptible target cells and moves to lymphoid tissue 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

As distinct from HIV-positive (which can sometimes be a false positive test result, especially in infants up to 18 months of age), the term HIV-infected is usually used to indicate that evidence of HIV has been found via a blood test.

HIV-NEGATIVE

Showing no evidence of infection with HIV (e.g. absence of antibodies against HIV) in a blood or oral fluid 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) in a blood or oral fluid test. Synonymous with seropositive. Results may occasionally be false positive.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

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)

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)

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.

ILO

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

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 (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 seen as derogatory terms and which often result in alienation rather than creating the trust and respect required when dealing with those who inject drugs. UNAIDS does not use the term “intravenous drug users” because subcutaneous and intramuscular routes may be involved. It is preferable to spell out in full and not use the abbreviation. **An acceptable alternate phrasing is *people who inject drugs*.**

INTERVENTION

This term conveys “doing something to someone or something” and as such undermines the concept of participatory responses. Preferred terms include programming, programme, activities, initiatives, etc.

MILLENNIUM DEVELOPMENT GOALS (MDGs)

Eight goals developed at the Millennium Summit in September 2000. Goal 6 refers specifically to AIDS but attainment of several goals is being hampered by the HIV epidemic.

<http://www.un.org/millenniumgoals/>

MONITORING AND EVALUATION REFERENCE GROUP

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.

MSM

Abbreviation for “men who have sex with men” or “males who have sex with males”. This term is useful as it includes not only men who self identify as gay or homosexual and have sex only with other men but also bisexual men, and heterosexual men who may, nonetheless at times have sex with other men.

http://data.unaids.org/Publications/IRC-pub03/mentu2000_en.pdf

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.

http://data.unaids.org/Publications/IRC-pub01/JC531-MTCT-TU_en.pdf

NAC

National AIDS coordinating authority (formerly National AIDS Council)

NACP

National AIDS Control Programme.

NAP

National AIDS Programme.

NAP+

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

NSP

National Strategic Plan. Other terms are national AIDS action frameworks and annual AIDS action plans. Avoid using abbreviations.

OPPORTUNISTIC INFECTIONS

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 UNAIDS uses “orphan” to describe a child who has lost either one or both parents.

PAHO

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

PANDEMIC

A disease that spreads across an entire region, continent or the whole world. 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

An agent causing disease.

PCB

The Programme Coordinating Board of UNAIDS.

<http://www.unaids.org/en/AboutUNAIDS/Governance/default.asp>

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”.

http://data.unaids.org/pub/Report/2007/JC1299-PolicyBrief-GIPA_en.pdf

PEPFAR

The US President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) announced by President George W. Bush in his State of the Union Address 28 January 2003 is the largest commitment ever by a single nation towards an international health initiative—a five-year, US\$ 15-billion, multifaceted approach to responding to the HIV epidemic around the world. The goals of the Emergency Plan include support for treatment for two million HIV infected people, support for prevention of seven million new infections, and support for care for 10 million people infected or affected by HIV. For fiscal year 2008, President Bush requested US\$ 5.4 billion. <http://www.pepfar.gov/press/81352.htm>

POVERTY REDUCTION STRATEGY PAPERS (PRSPs)

Poverty Reduction Strategy Papers are prepared by the 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. We do not write prevalence rates 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 2007 an estimated 33.2 million people were living with HIV worldwide.”

PROGRAMME ACCELERATION FUNDS (PAF)

Programme acceleration funds were designed to assist the UN theme group to play a catalytic and facilitating role in advancing the scope, scale and effectiveness of a country's response to the AIDS epidemic. Activities to be funded must be in line with one or more of the five 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. In addition, funded activities must be in accordance with Global Task Team (GTT) recommendations. <http://data.unaids.org/Publications/IRC-pub07/paf>

PROSTITUTION

Use this term in respect to juvenile prostitution only. Otherwise for people of older ages use “commercial sex” “sex work” or “the sale of sexual services”.

PROVIDER-INITIATED TESTING

Under certain circumstances, when an individual is seeking medical care, HIV testing may be offered. It may be diagnostic—as when a patient presents with symptoms that may be attributable to HIV or has an illness associated with HIV such as tuberculosis—or it may be a routine offer to an asymptomatic person. For example, HIV testing may be offered as part of the clinical evaluation of patients with sexually transmitted infections and pregnant women. HIV testing may be offered to all patients where HIV is prevalent. Regardless of the type of testing and the location of the offer, all HIV testing should always be carried out under conditions respecting the three Cs—confidenti-

ality, 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.

PTCT

Parent-to-child transmission. A term preferred in some countries (see MTCT).

REDPES

Red Latinoamericano y del Caribe de Planificación Estratégica (Latin American and Caribbean Network on Strategic Planning and AIDS).

<http://ciss.insp.mx/redpes/>

REGIONAL SUPPORT TEAM (RST)

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

RISK

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 refers to risk of exposure to HIV which may be high as a result of specific behaviours or situations. Examples of the latter include risk in discordant couples unaware of their serostatus and recipients of unscreened blood or blood products. Behaviours, not memberships, place individuals in situations in which they may be exposed to HIV. Some populations may be at increased risk of exposure to HIV.

RISK COMPENSATION or RISK ENHANCEMENT

A compensatory increase in behaviours which can result in exposure to HIV brought on by reduced perception of personal risk e.g. uptake of a 50% effective preventive HIV vaccine might tend to encourage abandoning condom use.

SAFER SEX

Use by preference the term safer sex because the term 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 appearance of HIV antibodies detectable by the HIV test. 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 minimize risk.

SCALE UP

Form used when used as a verb. Hyphenate as “scale-up” or “scaling-up” when used as a noun. Same for follow up (verb) versus “follow-up” (noun).

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 injecting drug users. This form of surveillance aims to improve the quality and diversity of information sources by developing and implementing standard and rigorous study protocols, using appropriate methods and tools.

SEROPREVALENCE

As related to HIV infection, 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.

SEXUALLY TRANSMITTED INFECTION (STI)

Also called venereal disease (VD), an older public health term, or sexually transmitted disease (STD), terms that 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 considered a tautology, which is saying the same thing twice over in different words. Preferred terms are “sex work”, “commercial sex”, and “the sale of sexual services”.

SEX WORKER

The term “sex worker” is intended to be non-judgmental, focusing on the conditions under which sexual services are sold. Alternate formulations are: “women/men/people who sell sex”. Clients of sex workers may then also be called “men/women/people who buy sex”. The term “commercial sex worker” is no longer used, primarily because it is considered to be saying something twice over in different words (i.e. a tautology).

SHARING

When referring to injecting equipment UNAIDS does not use the word “sharing” in its publications. Instead, “use of contaminated injecting equipment” is preferred if referring to actual HIV transmission and “use of non-sterile injecting equipment” if referring to risk of HIV exposure.

This is because injecting drug users 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 exchanges, people may use discarded needles (which are anonymous) or 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.

SIDA

Swedish International Development Cooperation Agency:

http://www.sida.se/?d=121&language=en_us

Sida

In the French language *sida* (use lower case letters) is also the acronym for AIDS.

SIDALAC

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

STIGMA and DISCRIMINATION

As the traditional meaning of stigma is a mark or sign of disgrace or discredit, the correct term would be stigmatization and discrimination; however, “stigma and discrimination” has been accepted in everyday speech and writing, and may be treated as plural.

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.

TASO

The AIDS Support Organisation (Uganda). www.taso.org

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 is available at:

http://www.unaids.org/en/Policies/HIV_Prevention/Prevention_Umbrella_Policies.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://data.unaids.org/Publications/External-Documents/who_3by5-strategy_en.pdf?preview=true

“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.

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/t_agm0_e.htm

UCC

UNAIDS Country Coordinator (formerly called Country Programme Adviser—CPA).

UNAIDS Reference Group on HIV and Human Rights

http://www.unaids.org/en/Issues/Impact_HIV/20070216_Ref_group_HIV_HR.asp

UNAIDS Reference Group on Estimates, Modelling and Projections:

www.epidem.org

UNAIDS Reference Group on HIV Prevention and Care among Injecting Drug Users in Developing and Transitional Countries

<http://www.idurefgroup.unsw.edu.au/>

UN Reference Group on HIV and Injecting Drug Use

www.idurefgroup.edu.au

UNAIDS Reference Group on Prevention

http://www.unaids.org/en/PolicyAndPractice/Prevention/reference_group.asp

UNDP

The United Nations Development Programme, one of UNAIDS’ ten Cosponsors. <http://www.undp.org/>

UNESCO

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

UNFPA

The United Nations Population Fund, one of UNAIDS’ ten Cosponsors. <http://www.unfpa.org/>

UNHCR

The Office of the United Nations High Commissioner for Refugees, one of UNAIDS’ ten cosponsors. <http://www.unhcr.org>

UNICEF

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

UNODC

The United Nations Office on Drugs and Crime, one of UNAIDS' ten Cosponsors.
<http://www.unodc.org/odccp/index.html>

UNIVERSAL ACCESS

Commonly used is the phrase 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

UNIVERSAL PRECAUTIONS

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.

URGE

The UNAIDS Reference Group on Economics.

VCT

Abbreviation for “voluntary counselling and testing”; 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/Policies/Testing/20070517_policies_testing_keyoperationalguidelines.asp

VERTICAL TRANSMISSION

Sometimes used to indicate transmission of a pathogen such as HIV from mother to fetus 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.**

WEF

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

WFP

World Food Programme. <http://www.wfp.org/index2.html>, one of UNAIDS' ten cosponsors.

WIPO

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

WHO

The World Health Organization is one of UNAIDS' ten cosponsors. <http://www.who.int/en/>

WORLD BANK

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

WSSD

World Summit for Social Development. <http://www.visionoffice.com/socdev/wssd.htm>

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.

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 for many terms is A Dictionary of Epidemiology (Fourth edition) edited by John M Last published by Oxford University Press (2000).