

# UNAIDS Terminology Guidelines (October 2011)

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## Introduction

These guidelines to UNAIDS' preferred terminology have been developed for use by staff members, colleagues in the Programme's 10 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 these guidelines to preferred terminology freely available. It is a living, evolving document that is reviewed on a regular basis. Comments and suggestions for additions, deletions, or modifications 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.

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## Summary of preferred terminology and errors to avoid

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', '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 (HIV). Please note that '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</b> ' or ' <b>risk of exposure to HIV</b> ' (unless referring to behaviours or conditions that increase the risk of disease progression in an HIV-positive person).
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, which are subject to societal pressures or social circumstances that 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</b> , <b>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</b> , <b>sex worker</b> , <b>commercial sex</b> , <b>transactional 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> to place emphasis on the person first. A broader term that may apply in some situations is <b>person who uses drugs</b> .
Sharing (needles, syringes)	Avoid 'sharing' in favour of <b>use of non-sterile</b> injecting equipment if referring to risk of HIV exposure or <b>use of contaminated</b> injecting equipment if the equipment is known to contain HIV or if HIV transmission occurred through its use.
Fight against AIDS	Use <b>response to AIDS</b> or AIDS response.
Evidence-based	Use <b>evidence-informed</b> in recognition of other inputs to decision-making.
HIV prevalence rate	Use <b>HIV prevalence</b> . The word 'rate' implies the passage of time and should not be used in reference to prevalence. It can be used when referring to incidence over time e.g. incidence rate of 6 per 100 person-years.

## Background for commonly used terms and abbreviations

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### **acquired immunodeficiency syndrome (AIDS)**

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. *Don't use* 'immune deficiency'.

### **age-disparate relationships**

As defined in the scientific literature, the term 'age-disparate relationships' generally refers to relationships in which the age gap between sexual partners is 5 years or more. The terms 'intergenerational relationships' and 'cross-generation relationships' generally refer to those with a 10-year or greater age disparity between sexual partners.\*

### **AIDS carrier (don't use)**

The term 'AIDS carrier' is no longer used because it is incorrect, stigmatizing, and offensive to many people living with HIV.

### **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 (don't use)**

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).

### **antiretrovirals (ARV)**

The abbreviation ARV refers to 'antiretroviral' 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' is a more inclusive term.

### **antiretroviral therapy or antiretroviral treatment (ART) or HIV treatment**

It is better to spell out 'antiretroviral therapy' or 'antiretroviral treatment' and avoid this acronym since it can be confused with ARV, AZT, etc. Either term is acceptable, but should be used consistently within a document. The term antiretroviral therapy refers to a triple or more antiretroviral drug combination. Suboptimal regimens are monotherapy and dual therapy.

### **antiretroviral therapy prevention benefits**

This refers to the secondary prevention benefits of antiretroviral therapy in reducing viral load and HIV transmission risk

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\* Leclerc-Madlala S. *et al.* Age-disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability. *AIDS* 22 Suppl 4:S17-25 (2008).

**behaviour change (not 'behavioural change')**

Behaviour change is usually defined as the adoption and maintenance of healthy behaviours.

**behaviour change communication (BCC)**

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

**bidirectionality**

The term 'bidirectionality' 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 and/or has sex with both men and 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 (don't use)**

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. Because HIV is transmitted by individual behaviours and not by groups, avoid using the term bridging population (or bridge population) and describe the behaviour instead.

**client-initiated testing and counselling (CITC)**

'Client-initiated testing and counselling' is an alternative term for voluntary counselling and testing 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 HIV prevention**

The combination prevention 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**

The term '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 populations but is not well established in the general population. Typically, the prevalence is over 5% in subpopulations while remaining under 1% in the general population, although these thresholds must be interpreted with caution. In a concentrated HIV epidemic there is still 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 sexual partnerships**

Persons who have concurrent sexual partnerships are those who report at least two partners for which first sex was reported six months or longer ago, and the most recent sex is reported as less than or equal to six months ago. The phrases ‘concurrent sexual partnerships’, ‘concurrent partnerships’, or simply ‘concurrency’ may be used, but expressions such as ‘multiple concurrent partnerships’ or ‘MCP’ should not be used to identify or describe concurrency.

### **contaminated and non-sterile Injecting equipment**

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 HIV transmission occurs through multi-person syringe use, the equipment is said to have been 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; its use may increase the risk of HIV acquisition.

### **continuum of prevention**

The term ‘continuum of prevention’ refers to a complement of HIV information support, and services that responds to the evolving behaviours, risks, vulnerabilities, and opportunities of individuals as they progress through various stages of their lives.

### **counselling**

Counselling is an interpersonal, dynamic communication process between a client and a trained counsellor, who is bound by a code of ethics and practice, to resolve personal, social, or psychological problems and difficulties. Counselling requires empathy, genuineness, absence of any moral or personal judgment, and the respect necessary to assist the client to explore, discover, and clarify ways of dealing with a concern. When counselling in the context of an HIV diagnosis, the objective is to encourage the client to explore important personal issues, identify ways of coping with anxiety and stress, and plan for the future (keeping healthy, adhering to treatment, and preventing transmission). See ‘positive health, dignity, and prevention’. When counselling in the context of a negative HIV test result, the focus is exploring the client’s motivation, options, and skills to stay HIV-negative.

### **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 use ‘last quarter of the year’. Instead of ‘summer’ prefer ‘mid-year’, or spell out the months for more precision.

### **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.

**driver (don't use)**

The term 'driver' 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 people who inject drugs in a population, may also be defined as 'drivers'. Because of this confusion, it is preferable to avoid the word altogether or to define it very precisely each time it is used.

**dual protection**

Dual protection strategies are intended to prevent both unintended pregnancy and sexually transmitted infections, including HIV. The term refers most often to dual method use through the use of male or female condoms combined with other contraceptive methods such as birth control pills or intrauterine devices.

**eligible for treatment**

Eligible for treatment refers to people living with HIV for whom antiretroviral therapy is indicated, based upon a range of clinical and immunological parameters. While often used interchangeably with 'in need of treatment', the term 'eligible for treatment' is more accurate. 'Need' implies an immediate risk or an obligation to initiate treatment and was previously defined as being those who would die within 2 years if they did not start treatment immediately. 'Eligible' refers to the WHO treatment guidelines' definitions of immunological and clinical eligibility. While there clearly are treatment benefits at various levels of immunosuppression, treatment remains an individual's choice rather than obligation.

**empowerment**

Empowerment is action taken by people to overcome the obstacles of structural inequality that have previously placed them in a disadvantaged position. Social and economic empowerment is a goal and a process aimed at mobilizing people to respond to discrimination and achieve equality of welfare and equal access to resources and become involved in decision-making at the domestic, local, and national level.

**enabling environment**

There are different kinds of enabling environments in the context of HIV. An enabling legal environment is one in which laws and policies against discrimination on the basis of HIV status, risk behaviour, occupation, 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, the population of 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), be more general (an epidemic), or be 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 ‘concentrated epidemic’, ‘generalized epidemic’, ‘hyperendemic’, ‘low-level epidemic’, and ‘mixed epidemic’.

### **epidemiology**

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

### **evidence and evidence-informed**

In the context of research, treatment, and prevention, evidence usually refers to qualitative and/or quantitative results that have been published in a peer-reviewed journal. The term ‘evidence-informed’ 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 scientific evidence. Other elements may include cultural appropriateness, concerns about equity and human rights, feasibility, opportunity costs, etc.

### **faith-based organization**

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

### **feminization (don’t use)**

The term ‘feminization’ has been used in the past to emphasize the increasing impact that the HIV epidemic has been having on women. However, it is vague and potentially stigmatizing and should therefore be avoided. When discussing epidemiological trends, specific facts and figures should be used rather than vague concepts.

### **fight (don’t use)**

Avoid using words such as ‘fight’ and other combatant language, e.g. struggle, battle, campaign, or war, unless in a direct quotation or because of the specific context of the text. For example, 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.

### **food by prescription (FBP) programming**

Food by prescription (FBP) programming aims to improve health and/or treatment outcomes in patients who are clinically malnourished through providing short-term, individual nutritional supplementation with a specialized commodity. FBP programmes are usually directly affiliated with an HIV care and treatment programme or clinic.

### **game-changing**

The word ‘game’ belies the gravity and seriousness of the HIV epidemic. The term ‘game-changing’ is a cliché. For example, ‘Game Change’ is the name of a book and film about the 2008 USA Presidential campaign. Useful alternatives to this expression that also describe a finding, action, or approach that has the potential to significantly alter the effectiveness or efficiency of the response or its direction include: transformative, innovative, unprecedented, novel, revolutionary or radical (*use these latter two terms with care*), and paradigm-shifting.

**gay**

The term 'gay' can refer to same-sex sexual attraction, same-sex sexual behaviour, and same-sex cultural identity. The expression 'men who have sex with men' 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. 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 behaviours, aspirations, and needs of women and men are considered, valued, and favoured equally. It signifies that there is no discrimination on the grounds of a person's gender in the allocation of resources or benefits, or in access to services. Gender equality may be measured in terms of whether there is equality of opportunity or equality of results.

**gender identity**

Gender identity refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means, and other expressions of gender, including dress, speech, and mannerisms.

**gender-responsive**

The term 'gender-responsive' 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 consequently they may have differing and sometimes conflicting perceptions, needs, interests, and priorities.

**gender-specific**

The term 'gender-specific' refers to any programme or tailored approach that is specific for either women or men. Gender-specific programmes may be justified when analysis shows that one gender 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 also to change existing structures, institutions, and gender relations into ones based on gender equality. Gender-transformative programmes 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 HIV epidemic is an epidemic that is self-sustaining through heterosexual transmission. In a generalized epidemic, HIV prevalence usually exceeds 1% among pregnant women attending antenatal clinics.

### **group**

The term 'high-risk group' should be avoided because it implies that the risk is contained within the group, whereas, in fact, all social groups are interrelated. The use of the term 'high-risk group' may create a false sense of security in people who have risk behaviours but do not identify with such groups. It can also increase stigma and discrimination. Membership of groups does not place individuals at risk, behaviours may. In the case of married and cohabiting people, particularly women, the risk behaviour of the sexual partner may place them in a 'situation of risk'.

### **harm reduction**

The term 'harm reduction' refers to policies, programmes, and approaches that 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 injecting equipment. Therefore, ensuring adequate supplies of sterile needles and syringes helps to reduce the risk of blood-borne infections. Harm reduction is a comprehensive package of evidence-informed programming for people who use drugs. The nine components in the package are: opioid substitution therapy; HIV testing and counselling; HIV care and antiretroviral therapy for injecting drug users; prevention of sexual transmission; outreach (information, education, and communication for people who inject drugs 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 activities that would be included in the broader health sector or health system (see following entries).

### **health education (versus counselling)**

Health education is the provision of accurate and appropriately contextualized (e.g. according to age, sex, and culture) information on health, aimed at assisting individuals to make informed choices to improve their health. In the context of HIV, health education and counselling are closely linked and may take place at the same time. While the aim of HIV health education is to help a person become knowledgeable so that he/she can make informed choices regarding sexual behaviour and healthy practices, counselling relates more to exploring challenges to behaviour change and possible solutions, or, if living with HIV, addresses issues such as living positively, coping with anxiety about the biomedical and social consequences of HIV infection, and overcoming barriers to HIV prevention and treatment adherence. (see 'counselling').

### **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 that directly provide inputs 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, care, and support to people in need of these services.

### **health systems strengthening**

The term 'health systems strengthening' refers to 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, and health financing systems, as well as leadership, governance, and accountability.

### **Heavily Indebted Poor Countries (HIPC) initiative**

The Heavily Indebted Poor Countries Initiative (HIPC) 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.

### **heterosexual/heterosexuality**

The term 'heterosexual' is used to refer to people who have sex with and/or are attracted to people of the opposite sex.

### **high-burden country**

The term 'high-burden country' describes a country with a 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 stigmatization.

### **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 and a 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 range of treatment options.

### **HIV/AIDS (don't use)**

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, use of 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', 'AIDS response', 'national AIDS programme', 'AIDS service organization'. Both 'HIV epidemic' and 'AIDS epidemic' are acceptable, but 'HIV epidemic' is a more inclusive term.

### **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 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 or acute 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 (don't use)**

An object can be contaminated whereas people can become infected. 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. Avoid the term 'HIV-infected'.

### **HIV-negative**

A person who is HIV-negative shows no evidence of infection with HIV on a blood test (e.g. absence of antibodies against HIV). Synonym: seronegative. The test result of a person who has been infected but is in the window period between HIV exposure and detection of antibodies will also be negative.

### **HIV-positive**

A person who is HIV-positive has had antibodies against HIV detected 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.

### **HIV-sensitive social protection**

Social protection measures are HIV-sensitive when they include people who are either at risk of HIV infection or susceptible to the consequences of HIV infection and illness. HIV-sensitive social protection approaches include: financial protection through predictable transfers of cash, food, or other transfers for those affected by HIV and those who are most vulnerable; access to affordable quality services, including treatment, health, and education services; and policies, legislation, and regulation to meet the needs and uphold the rights of the most vulnerable and excluded people.

### **homophobia**

Homophobia is 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 and/or sexual attraction to or desires for people of the same sex. This should not be confused with the Latin word 'homo', which 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 with HIV-1, HIV-2 is found primarily in West Africa and has a slower, less severe clinical course.

**hyperendemic**

The word 'hyperendemic' is an adjective used to qualify a generalized epidemic that exhibits a sustained, high prevalence that is typically 15% or higher among pregnant women attending antenatal clinics.

**three 'I's**

The three 'I's—isoniazid preventive treatment, intensified case finding for active tuberculosis, and tuberculosis infection control—are key public health strategies to decrease the impact of tuberculosis on people living with HIV, their partners and family, and the community.

**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 adults aged 15-49 years or children (aged 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 user (IDU)**

The term 'injecting drug users' is preferable to 'drug addicts' or 'drug abusers', which are derogatory terms that are not conducive to fostering the trust and respect required when engaging with people who use drugs. Note that the term 'intravenous drug users' is incorrect because subcutaneous and intramuscular routes may be involved. A preferable term that places the emphasis on people first is '**person who inject drugs**'. A broader term that may apply in some situations is **person who uses drugs**.

### **intergenerational relationships**

As defined in the scientific literature, the terms ‘intergenerational relationships’ or ‘cross-generational relationships’ refer to relationships with a 10-year or more age gap between sexual partners. The term ‘age-disparate relationships’ generally refers to relationships in which the age gap between sexual partners is 5 years or more

### **intervention**

The term ‘intervention’ 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. The word ‘intervention’ occurs in three other definitions: structural interventions, health care interventions, and health care strengthening. Its use in these contexts is appropriate.

### **intimate partner transmission**

The term ‘intimate partner transmission’ is used instead of ‘spousal transmission’ because intimate partners are not necessarily married. The full expression ‘HIV transmission in intimate partner relationships’ describes the transmission of HIV to people from their regular partners who inject drugs or have sex with other people, including with sex workers. Efforts to prevent such transmission events include preventing intimate partner violence (including sexual violence), promoting gender equality, reducing economic inequities, promoting property rights, mitigating vulnerability associated with migration, reducing stigma and discrimination, and improving disclosure within serodiscordant couples.

### **intersex**

An intersex person is an individual with both male and female biological attributes (primary and secondary sexual characteristics).

### **investment framework**

The UNAIDS strategic investment framework was published in 2011 to support better management of national and international HIV responses over the period from 2011 to 2020. Spending on HIV prevention and treatment is an investment that prevents additional costs in future. Major efficiency gains are achieved through community mobilisation, synergies between programme elements, and benefits from the extension of antiretroviral therapy for prevention of HIV transmission. It proposes three categories of investment consisting of six basic programmatic activities, actions to create an enabling environment, and programmatic efforts in other health and development sectors related to HIV. The yearly cost of achievement of universal access to HIV prevention, treatment, care, and support by 2015 is estimated at US\$22 billion annually. The additional investment proposed would be largely offset from savings in treatment costs alone.

### **key populations at higher risk of HIV exposure**

The term ‘key populations’ or ‘key populations at higher risk of HIV exposure’ refers to those most likely to be exposed to HIV or to transmit it – their engagement is critical to a successful HIV response i.e. they are key to the epidemic and key to the response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and seronegative

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\* Leclerc-Madlala S. *et al.* Age-disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability. *AIDS* 22 Suppl 4:S17-25 (2008).

partners in serodiscordant couples are at higher risk of HIV exposure to HIV than other people. 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 outside their social context and norms. Each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. Don't use the term 'high-risk group' (see **group**).

#### **'know your epidemic, know your response'**

The term 'know your epidemic, know your response' refers to the combination of modes of transmission exercises, resource tracking, and programmatic gap analysis to inform tailored programme planning.

#### **lesbian**

The term 'women who have sex with women' should be used unless individuals or groups self-identify as lesbians.

#### **linkages**

The term 'linkages' 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 approach based on human rights, of which service integration is a subset.

#### **low-level epidemic**

The term 'low-level epidemic' is used for epidemics where HIV prevalence has not consistently exceeded 1% in the general population nationally, nor 5% in any subpopulation.

#### **malnutrition**

A state of malnutrition, or undernutrition, 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 to be 'mild' when the body mass index (BMI) is between 17 and 18.5, 'moderate' when the BMI is between 16 and 17, and 'severe' when the BMI is less than 16.

#### **maternal mortality**

There are four different terms related to maternal mortality with very specific meanings— each describes a different cluster of deaths. For example, the terms 'related' and 'associated' each refer to a different group of deaths. The terms 'maternal mortality' and 'maternal deaths' are reserved for deaths due specifically to obstetric-related causes. Because these deaths, by definition, can only occur during pregnancy, delivery, or puerperium (i.e. the 6 weeks after delivery), there is no need to include a phrase indicating the timing. For deaths due to HIV infection, the phrase 'deaths during pregnancy, delivery, or puerperium' is necessary to indicate that the deaths occurred during this time period. The term 'pregnancy-related deaths' should not be used as it incorrectly implies that deaths during this time frame were related to pregnancy when this may not be the case. The following are the correct terms:

**Direct maternal deaths to women who are HIV-positive:** These deaths are categorised as maternal deaths. They are deaths of HIV-positive women who die of an underlying obstetric cause.

**Indirect maternal deaths aggravated by HIV:** These deaths are categorised as maternal deaths. They are deaths of HIV-positive women as a result of the aggravating effect of

pregnancy on HIV. This interaction between pregnancy and HIV is the underlying cause of death (ICD code O98.7).

**HIV-related deaths to women during pregnancy, delivery, or puerperium:** These deaths are not classified as maternal deaths. The underlying cause of death is AIDS-related illness (ICD codes B20-24).

Summary term: **HIV-associated deaths to women during pregnancy, delivery, or puerperium:** This is the sum of direct maternal deaths to women who are HIV-positive, indirect maternal deaths aggravated by HIV, and HIV-related deaths to women during pregnancy, delivery, or puerperium.

### **men who have sex with men (MSM)**

MSM is an abbreviation used for 'men who have sex with men' or 'males who have sex with males'. The term 'men who have sex with men' describes males who have sex with males, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but have sex with other men. However, abbreviations should be avoided whenever possible. Writing out the term is preferred.

### **migrant worker**

A migrant worker is a person who migrates from one country or area to another in pursuit of job opportunities. This includes any person regularly admitted as a migrant for employment, as reflected in the Migration for Employment Convention (Revised) 1949, No. 97.

### **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. See <http://www.un.org/millenniumgoals>.

### **mobile worker**

The term 'mobile worker' refers to a large category of persons who may cross borders or move within their own country on a usually frequent and short-term basis for a variety of work-related reasons, without changing place of habitual primary residence or home base. Mobile work involves a range of employment or work situations that require workers to travel in the course of their work. Mobile workers are usually in regular or constant transit, sometimes in (regular) circulatory patterns and often spanning two or more countries, away from their habitual or established place of residence for varying periods of time.

## **modes of transmission**

Modes of transmission is an abbreviation of 'study of HIV incidence by modes of transmission'. It refers to an epidemiological model developed by UNAIDS to help countries calculate HIV incidence by mode of transmission in the short term. The model incorporates biological and behavioural inputs, such as HIV and sexually transmitted infection prevalence, risk behaviours, and transmission probabilities. Review and analysis of available epidemiological and programmatic data, along with assessment of a country's current resource allocation against the findings of the modes of transmission modelling, facilitate an analysis of the likely effectiveness of the existing response for decision makers to consider. This process is sometimes referred to as 'Know your Epidemic' and 'Know your Response' or 'Tailor your Response'.

## **multiple epidemics**

In multiple epidemics, new infections are occurring in one or more subpopulations as well as in the general population. Multiple epidemics are therefore one or more concentrated epidemics within a generalized epidemic (see 'concentrated epidemic' and 'generalized epidemic' for more details).

## **most at risk (don't use)**

Terms such as 'most-at-risk adolescents' (MARAs), '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 population is engaged in that places individuals at risk of HIV exposure*, for example unprotected sex among stable serodiscordant couples, sex work with low condom use, young people who use drugs and lack access to sterile injecting equipment, 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.

## **mother-to-child transmission (MTCT)**

MTCT is the abbreviation for 'mother-to-child transmission'. PMTCT, the abbreviation for 'prevention of mother-to-child transmission', refers to a 4-prong strategy for stopping new HIV infections in children and keeping mothers alive and families healthy. The four prongs are: halving HIV incidence in women (Prong 1), reducing unmet need for family planning (Prong 2), providing antiretroviral prophylaxis to prevent HIV transmission during pregnancy, labour and delivery, and breastfeeding (Prong 3), and providing care, treatment and support for mothers and their families (Prong 4). PMTCT is often mistakenly used to refer to only Prong 3—the provision of antiretroviral prophylaxis. Some countries prefer to use the term 'parent to-child transmission' or 'vertical transmission' as more inclusive terms to avoid stigmatizing pregnant women, to acknowledge the role of the father/male sexual partner in transmitting HIV to the woman, and to encourage male involvement in HIV prevention. UNAIDS preferred terminology to cover the 4 programmatic prongs is 'eliminating (or stopping) new HIV infections in children and keeping mothers alive'. It has no acronym. See also **maternal mortality**.

## **multi drug-resistant tuberculosis (MDR-TB)**

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

## **needle-syringe sharing (don't use in general)**

When referring to the risk of HIV transmission via injecting, 'use of contaminated injecting equipment' indicates actual HIV transmission and 'use of non-sterile injecting equipment' or 'multi-person use of injecting equipment' refers to risk of HIV exposure. People who inject drugs



rarely 'share' their needles in the usual 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), may bargain away drugs for a needle, or may be injected by professional injectors. They do not regard this as sharing. As in wider communities, 'sharing' has positive connotations in injecting drug use communities that are not appropriate in writing about HIV risk. It is preferable to place emphasis on the availability of injecting equipment rather than on the behaviour of individuals when it is in short supply.

### **needle–syringe programme**

The term 'needle–syringe programme' is increasingly replacing the term 'needle exchange programme' because exchange has been associated with unintended negative consequences compared with distribution. Both terms refer to programmes aimed at increasing the availability of sterile injecting equipment.

### **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 providing food supplements or micronutrient supplementation where necessary.

### **opioid substitution therapy (OST)**

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

### **opportunistic infection (OI)**

Opportunistic infections are illnesses caused by various organisms, many 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 cancer. Tuberculosis is the leading HIV-associated opportunistic infection in developing countries.

### **orphan**

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 or her social condition alone shows a lack of respect for the individual, in the same way that does identifying a human being by his or her medical condition. Contrary to traditional usage but consistent with the dictionary definition, UNAIDS uses 'orphan' to describe children who have lost either one or both parents to HIV.

### **pandemic (don't use)**

An epidemic sweeping across entire regions, continents, or the whole world is sometimes called a pandemic, but this term is imprecise. Preferred usage is to use 'epidemic' while being specific about the scale that is being considered: local, country, regional, global... 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 living with HIV'. The term 'people affected by HIV' encompasses family members and dependents who may be involved in caregiving 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 that are taken after exposure or possible exposure to 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. The latter is sometimes referred to as N-PEP.

**pre-exposure prophylaxis (PrEP)**

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

**'positive health, dignity, and prevention'**

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.

'Positive health, dignity, and prevention' 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.

**Poverty Reduction Strategy Paper (PRSP)**

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 the International Monetary Fund. See <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 are living with 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.

'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.

### **programme integration**

The term ‘programme integration’ refers to joining together different kinds of services or operational programmes in order to maximize outcomes, e.g. by organizing referrals from one service to another or offering one-stop comprehensive and integrated services. In the context of HIV, integrated programmes may include sexual and reproductive health, primary care, maternal and child health, as well as integration of HIV testing and counselling with the diagnosis, prophylaxis, and treatment of tuberculosis.

### **prostitution (don’t use)**

The term ‘prostitution’ should not be used. 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 (PITC)**

The term ‘provider-initiated testing and counselling’ 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 a person takes the initiative to seek information on his or her HIV status. Testing for diagnostic purposes may be recommended for 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 in order to identify the need for antiretroviral treatment or 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 to assist people to avoid acquiring or transmitting infection. All HIV testing and counselling must be linked to the provision of prevention, treatment, care, and support services, accompanied by action to address stigma and discrimination based on HIV serostatus.

### **reasonable accommodation**

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

### **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 membership of a group, 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 that may place them at higher risk of HIV exposure do not necessarily identify themselves with any particular group.

**risk compensation or risk enhancement**

The terms 'risk compensation' and 'risk enhancement' are used to describe a compensatory increase in behaviours carrying a risk of HIV exposure that occurs as a result of a reduced perception of personal risk. Tailored effective communication strategies aim to minimise risk compensation or enhancement when novel, partially protective prevention tools are introduced.

**safer sex**

It is better to use the term 'safer sex' because 'safe sex' may imply complete safety. The term 'safer sex' more accurately reflects the idea that choices can be made and behaviours adopted to reduce or minimize the risk of HIV transmission. Safer sex strategies include postponing sexual debut, non-penetrative sex, correct and consistent use of male or female condoms, and reducing the number of sexual partners.

**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, to ensure confidentiality regarding all medical information, including HIV status, and to provide employment security for workers living with HIV.

**second generation surveillance**

Second generation surveillance for HIV is the regular, systematic collection, analysis, and interpretation of information to track and describe changes in the HIV epidemic over time. In addition to HIV surveillance and AIDS case reporting, second generation surveillance includes behavioural surveillance to track trends in risk behaviours over time to warn of or explain changes in levels of infection and the monitoring of sexually transmissible infections in populations at risk of HIV. These different components achieve greater or lesser significance depending of the surveillance needs of a country, determined by the nature of the epidemic it is facing.

**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**

'Serostatus' is a generic term that refers to the presence/absence of antibodies in the blood. The term is often used to refer 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**

The term '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' (STI) does. STIs 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 papillomavirus (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 STIs 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**

The term 'commercial sex work' says the same thing twice in different words. Preferred terms are 'sex work', 'commercial sex', 'transactional sex', or 'the sale of sexual services'. It is also acceptable to say that sex workers are 'paid for sex'.

**sex worker**

The term 'sex worker' is intended to be non-judgemental and focuses on the working conditions under which sexual services are sold. Sex workers include consenting female, male, and transgender adults and young people over the age of 18 who receive money or goods in exchange for sexual services, either regularly or occasionally. Acceptable alternative formulations for the term '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 not used because it says the same thing twice in different words. Children selling sex under the age of 18 are considered to be victims of commercial sexual exploitation (see under 'prostitution'), unless otherwise determined.

**social change communication**

Social change communication is the strategic use of advocacy, communication and social mobilization to systematically facilitate and accelerate change in the underlying determinants of HIV risk, vulnerability, and impact. It enables communities and national AIDS programmes to tackle structural barriers to effective AIDS responses, such as gender inequality, violation of human rights, and HIV-related stigma. Social change communication programmes act as catalysts for action at the individual, community, and policy levels.

**social determinants of health**

The social determinants of health are defined by WHO as the conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities, the unfair and avoidable differences in health status seen within and between countries. It is common practice in public health to use 'social determinants of health' as an umbrella concept incorporating not only social factors influencing health, but also economic, cultural, or environmental factors, including those codified in laws and policies, as well as those operating through community norms. The concept overlaps with 'socio-

economic determinants of health' and 'structural determinants of health', however 'social determinants of health' is a useful overarching phrase that is widely used and understood. Nevertheless, it may be necessary to clarify the differences between 'determinants' and 'influences', and to specify whether in a specific context the term refers to social, economic, cultural, or other structural factors.

#### **spousal transmission (don't use)**

See 'intimate partner transmission' which is a more inclusive term.

#### **standard precautions**

The expression 'standard precautions' has now replaced 'universal precautions'. It describes standard infection control practices to be used universally in health-care settings in order 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 among women and infants**

The main strategies for preventing HIV infections among 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 (vertical 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.

#### **subepidemic**

National or regional HIV epidemics usually consist of multiple subepidemics that affect different subpopulations, occur with different timing and severity in different geographical areas, and evolve at different rates.

#### **surveillance**

Surveillance is the 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**

The term 'target' is acceptable as a noun referring to an objective or goal. Avoid using as a verb, e.g. 'target men who have sex with men' as this conveys non-participatory, top-down approaches. Preferred alternative terms include: 'engage men who have sex with men in programming', 'involve men who have sex with men in the response to the epidemic', 'programmes designed for and by men who have sex with men', etc.

Likewise, rather than 'target populations', it is better to refer to 'priority populations' or 'key populations' (populations that are key to the epidemic and key to the response).

**testing**

HIV testing is pivotal to both prevention and treatment programmes. The three Cs continue to be the underpinning principles for the conduct of all HIV testing of individuals. Testing must be: **confidential**, accompanied by **counselling**, and 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>.

**transgender**

A transgender person has a gender identity that is different from his or her sex at birth. Transgender 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**

Transphobia is 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 is in the process of or has undertaken surgery and/or hormonal treatment in order to make his or her body more congruent with his or her preferred gender.

**treatment for prevention**

In light of recent scientific developments, new terms have arisen. The population-level indirect prevention benefits of antiretroviral treatment at WHO treatment guidelines' eligibility levels is often termed 'treatment as prevention'. A concerted effort is underway now to document these benefits in specific community settings. In 2011, early antiretroviral treatment before an individual has reached WHO-defined treatment eligibility was shown to reduce linked HIV transmission by 96% in serodiscordant couples. This is coined as 'treatment for prevention', sometimes abbreviated as T4P.

**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. For further information, see under abbreviations and acronyms.

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\* Translation to Spanish requires care to ensure correct references to gender.

**technical support facility (TSF)**

UNAIDS established technical support facilities (TSFs) in 2005 to provide timely and quality technical support in order to ensure the most efficient and effective use of the resources available for AIDS. TSFs 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 (TB) 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**

Universal access implies maximal coverage of HIV prevention, treatment, care, and support services for those who require them. Basic principles for scaling up towards universal access are that services must be equitable, accessible, affordable, comprehensive, and sustainable over the long term. Because different settings often have distinctly different needs, targets for universal access are set nationally.

**universal precautions**

See 'standard precautions'.

**unprotected paid sex**

In unprotected paid sex the sex act is not protected by male or female condoms.

**voluntary counselling and testing (VCT)**

Voluntary counselling and testing is also known as 'client-initiated testing and counselling', in opposition to 'provider-initiated testing'. All testing should be conducted in an environment that adheres to and implements the three Cs: confidentiality, informed consent, and counselling. See <http://www.unaids.org/en/PolicyAndPractice/CounsellingAndTesting>.

**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 the 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's empowerment**

Women's empowerment is the action taken by women to overcome the obstacles of structural inequality that place them in a disadvantaged position. Social and economic empowerment of women is both a goal and a process mobilizing women to respond to gender discrimination, achieve equality of welfare and equal access to resources, and become involved in decision-



making at domestic, local, and national levels. Men at all levels can actively support women's empowerment (see 'empowerment').

**women who have sex with women (WSW)**

The term 'women who have sex with women' 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 'men who have sex with men' it is preferable to write out the term.

**XDR-TB**

XDR-TB is the abbreviation for 'extensively drug-resistant tuberculosis'. Whereas multidrug resistant tuberculosis (MDR-TB) occurs when the bacteria are resistant to isoniazid and rifampicin, the two most powerful antituberculosis 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 tuberculosis programmes in a systematic way at all levels.

## **LIST OF ORGANIZATIONS, ACRONYMS, AND ABBREVIATIONS**

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In general, abbreviations should be avoided unless they are acronyms (a word formed from the initial letters of other words and accepted in common parlance as a word): If an abbreviation is used, spell it out in full when first mentioned.

### **AIDS-info**

AIDSinfo is a data visualization and dissemination tool to facilitate the use of AIDS-related data in countries and globally. AIDSinfo is populated with multisectoral HIV data from a range of sources including WHO, UNICEF, UNAIDS, and Measure DHS. The data provided by UNAIDS include AIDS spending, epidemiological estimates, information on policies, strategies and laws, and other country-reported data from government and civil society. The tool's visualization capabilities allow for rapid production of charts, maps, and tables for presentations and analysis. For more information contact [aidsinfo@unaids.org](mailto:aidsinfo@unaids.org).

### **APNSW**

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

### **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.

### **Cosponsors**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has the following 10 Cosponsors (written with a capital C and no hyphen), listed in the following order:

- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Children's Fund (UNICEF)
- World Food Programme (WFP)
- United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- United Nations Office on Drugs and Crime (UNODC)
- International Labour Organization (ILO)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- World Health Organization (WHO)
- World Bank

### **CCM**

The Country Coordinating Mechanism (CCM) was 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.

### **DOTS**

The acronym DOTS refers to an internationally approved tuberculosis treatment strategy called 'directly observed treatment, short course'.

**ERG**

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

**GIPA**

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

**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 the title in full at first usage and thereafter refer to the Global Fund, not the abbreviation GFATM. See <http://www.theglobalfund.org>.

**ILO**

The International Labour Organization is one of UNAIDS' 10 Cosponsors. See <http://www.ilo.org>.

**IHP+**

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, 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. See <http://www.internationalhealthpartnership.net/en/home>.

**LGBTI**

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

**MERG**

Established by UNAIDS, the Monitoring and Evaluation 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. See <http://elink.unaids.org/menew/Resource/Resource1.asp>.

**NAC**

National AIDS commissions, committees, or councils. See <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. See <http://www.rapnap.org>.

**NSWP**

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

**NSP**

The abbreviation NSP 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.

**PAHO**

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

**PCB**

Programme Coordinating Board of UNAIDS. See <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 other 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. See <http://www.pepfar.gov>.

**REDPES**

Red Latinoamericano y del Caribe de Planificación Estratégica (Latin American and Caribbean Network on Strategic Planning and AIDS). See <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 capitalized (write 'sida'). The same acronym is used in several other languages, including Spanish, where it also appears as 'sida'.

**SIDA**

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

**SIDALAC**

Iniciativa regional sobre sida para América Latina y el Caribe (Regional AIDS Initiative for Latin America and the Caribbean).

**TRIPS agreement**

The Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS) is one of the three primary agreements of the World Trade Organization (WTO). It requires all WTO Member States to provide a minimum level of protection for various types of intellectual property, including patents on essential medicines such as antiretroviral drugs. The TRIPS Agreement contains certain public health related flexibilities and safeguards, such as compulsory licensing, that can be used to increase access to essential medicines. Least Developed Countries are exempt from implementing the TRIPS Agreement until 1 July 2013, and from granting pharmaceutical patents until 1 January 2016. See [http://www.wto.org/english/tratop\\_e/trips\\_e/trips\\_e.htm](http://www.wto.org/english/tratop_e/trips_e/trips_e.htm)

**UBRAF**

The UNAIDS Unified Budget, Results, and Accountability Framework.

**UCC**

UNAIDS country coordinator.

**UCO**

UNAIDS country office.

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

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

**UNAIDS**

UNAIDS is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support.

UNAIDS fulfills its mission by:

- Uniting the efforts of United Nations Cosponsors, civil society, national governments, the private sector, global institutions, and people living with and most affected by HIV;
- Speaking out in solidarity with the people most affected by HIV in defence of human dignity, human rights and gender equality;
- Mobilizing political, technical, scientific, and financial resources and holding ourselves and others accountable for results;
- Empowering agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact; and
- Supporting inclusive country leadership for comprehensive and sustainable responses that are integral to and integrated with national health and development efforts.

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

See [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**

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

**UNAIDS Reference Group on Prevention**

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

**UN Cares**

UN Cares is the UN system-wide workplace programme on HIV. See <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, and to contribute to the development and improvement of existing policies on HIV among the UN agencies. See <http://www.unplus.org>.

**UNDP**

The United Nations Development Programme is one of UNAIDS' 10 Cosponsors. See <http://www.undp.org>.

**UNESCO**

The United Nations Educational, Scientific and Cultural Organization is one of UNAIDS' 10 Cosponsors. See <http://www.unesco.org>.

**UNFPA**

The United Nations Population Fund is one of UNAIDS' 10 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 of 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' 10 Cosponsors. See <http://www.unhcr.org>.

**UNICEF**

The United Nations Children's Fund is one of UNAIDS' 10 Cosponsors. See <http://www.unicef.org/>.

**UNITAID**

Launched at the UN General Assembly in September 2006 by Brazil, Chile, France, Norway, and the United Kingdom, UNITAID is an innovative financing mechanism that leverages price reductions for quality diagnostics and medicines against HIV, malaria, and tuberculosis, primarily for people in low-income countries. UNITAID expanded to include more than 29 countries, as well as the Bill & Melinda Gates Foundation. Some are providing multiyear budgetary contributions while others have placed a solidarity tax on airline tickets. UNITAID is committed to a pro-health approach to intellectual property and is hosted by WHO Headquarters in Geneva.

**UNODC**

The United Nations Office on Drugs and Crime is one of UNAIDS' 10 cosponsors. See <http://www.unodc.org>.

**WEF**

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

**WFP**

The World Food Programme is one of UNAIDS' 10 Cosponsors. See <http://www.wfp.org>.

**WIPO**

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

**WHO**

The World Health Organization is one of UNAIDS' 10 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' 10 Cosponsors. See <http://www.worldbank.org>.

**WSSD**

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

## FURTHER RESOURCES

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### Language

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

### Style guide

The *WHO 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).

### Glossaries

The Internet is a rich source of information about HIV. The following links to glossaries may be useful. The glossaries are usually clear and accurate in the information they provide, but please note that UNAIDS cannot verify the accuracy of information on these sites and accepts no responsibility for the information provided there.

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

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

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