

## UNAIDS' Editors' Notes for authors<sup>1</sup> (August 2006)

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UNAIDS' *Editors' Notes* began as a short and simple aide memoire of preferred terminology for use by staff members. Over time the *Notes* expanded and the range of users grew. Partners as diverse as UNAIDS' Cosponsors, UN system colleagues, nongovernmental organizations, journalists, students, writers and others asked for guidance and the *Notes* served them well. Realizing that the *Notes* have (unexpectedly) become an information resource in wide demand, this latest version has been updated in consultation with UNAIDS' Cosponsors. In-house, the content has been enriched by inputs from colleagues across the Secretariat under the guidance of UNAIDS' Chief Scientific Adviser.

As language shapes beliefs and may influence behaviours, considered use of appropriate language has the power to strengthen the response to AIDS. UNAIDS is now pleased to make these *Notes* freely available to all. We want the *Notes* to be a living, evolving document. Comments and suggestions sent to Alistair Craik (craikr@unaids.org) will be gratefully received and will be considered for future updates.

### Summary of important current preferred usages

<b>Old usage</b>	<b>Current preferred usage</b>
Commercial sex work	Sex work <i>or</i> commercial sex, <i>or</i> the sale of sexual services*
Developing countries	Low and middle income countries
Direct sex workers	Brothel-based sex workers or formal sex workers
Indirect sex workers	Non-brothel-based sex workers or informal sex workers
Fight against AIDS	Response to AIDS
High(er) risk groups	Key populations at higher risk*
HIV/AIDS	HIV unless specifically referring to AIDS
HIV/AIDS	AIDS diagnosis; HIV-related disease

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<sup>1</sup> Complementary guidance is provided in the World Health Organization *Style Guide*; general principles of manuscript preparation for UNAIDS are set forth in the 'Writing and Editorial guidelines for Official UNAIDS Document Production' on the IRC section of UNAIDS intranet.

\*For more explanation, see background notes below.

HIV/AIDS epidemic	AIDS epidemic or HIV epidemic
HIV/AIDS prevalence	HIV prevalence
HIV/AIDS prevention	HIV prevention
HIV/AIDS testing	HIV testing
People living with HIV/AIDS	People living with HIV*
Prostitute	Sex worker
Prostitution	Term to use in respect to juvenile prostitution, otherwise use sex work
Intravenous drug user	Injecting drug user*
Most vulnerable to infection	Most likely to be exposed to HIV (unless specifically referring to vulnerability)
Prevalence rates	Prevalence
Risky sex	Unprotected sex
Sharing (needles, syringes, etc.)	Using contaminated injecting equipment (if referring to HIV transmission)
Sharing (needles, syringes, etc.)	Using non-sterile injecting equipment (if referring to risk of exposure to HIV)
Vulnerable groups	Vulnerable populations or populations most likely to be exposed to HIV <i>or</i> populations at higher risk of exposure

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

### **ABC**

Prevention strategies: abstain from penetrative sexual intercourse (also used to indicate delay of sexual debut); be faithful (reduce the number of partners or have sexual relations with only one partner); condomize (use condoms consistently and correctly).

### **AIDS CARRIER**

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

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

### **AIDS or HIV-RELATED ILLNESSES**

AIDS is what people die of; HIV is what they are infected with. The expression AIDS-related illness can be used if the person has an AIDS diagnosis.

### **AIDS RESPONSE**

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

### **AIDS VIRUS**

Since AIDS is a syndrome, it is incorrect to refer to the virus as the 'AIDS virus'. HIV (the human immunodeficiency virus) is what ultimately causes AIDS (acquired immunodeficiency syndrome). In referring to the virus, write the full expression or use HIV; avoid the term HIV virus.

### **BEHAVIOUR CHANGE**

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

### **CLIENT-INITIATED TESTING**

Alternative term for voluntary counselling and testing (VCT). All HIV testing must be carried out under conditions of the three Cs: counselling, confidentiality and informed consent.

### **COMMERCIAL SEX WORK**

Preferred terms are 'commercial sex' and 'the sale of sexual services'.

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

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

## **COSPONSORS**

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

the United Nations High Commissioner for Refugees (UNHCR)

<http://www.unhcr.ch>

the United Nations Children's Fund (UNICEF)

[\(http://www.unicef.org/\)](http://www.unicef.org/)

the World Food Programme (WFP) <http://www.wfp.org>

the United Nations Development Programme (UNDP)

[\(http://www.undp.org/\)](http://www.undp.org/)

the United Nations Population Fund (UNFPA)

[\(http://www.unfpa.org/\)](http://www.unfpa.org/)

the United Nations Office on Drugs and Crime (UNODC)

[\(http://www.unodc.org/odccp/index.html\)](http://www.unodc.org/odccp/index.html)

the International Labour Organization (ILO) [\(http://www.ilo.org/\)](http://www.ilo.org/)

the United Nations Educational, Scientific and Cultural

Organization (UNESCO) [\(http://www.unesco.org/\)](http://www.unesco.org/)

the World Health Organization (WHO) [\(http://www.who.int/en/\)](http://www.who.int/en/)

the World Bank [\(http://www.worldbank.org/\)](http://www.worldbank.org/)

## **CRIS**

Country Response Information System. Developed by UNAIDS, CRIS provides partners in the global response to HIV with a user-friendly system consisting of an indicator database, a programmatic database, a research inventory database and other important information. The indicator database provides countries with a tool for reporting on national follow-up to the United Nations General Assembly Special Session on HIV/AIDS (June 2001) *Declaration of Commitment on HIV/AIDS*. The country-level CRIS will be complemented by a Global Response Information Database (GRID), which will support strategic analysis, knowledge-based policy formulation and subsequent programming. At country and global levels a Research Inventory Database (RID) is also being developed.

## **CULTURAL DOMINANCE**

Familiar terms used in some cultures not be appropriate in other cultural contexts e.g. seasons of the year, avoid 'fall' or 'autumn' prefer instead last quarter of the year or instead of summer prefer mid-year. Similarly remember that different cultures celebrate the New Year at different

times. Avoid terms which evoke ethnocentricity such as "AIDS has killed more people than the two world wars" (the two most extensive wars in the twentieth century didn't actually involve the whole world).

### **DESCRIBING AIDS**

AIDS is often referred to as a 'deadly, incurable disease', but this creates a lot of fear and only serves to increase stigma and discrimination. It has also been referred to as a 'manageable, chronic illness, much like hypertension or diabetes', but this may lead people to believe that it is not as serious as they thought. It is preferable to use the following description: AIDS, the acquired immunodeficiency syndrome, is a fatal disease caused by HIV, the human immunodeficiency virus. HIV destroys the body's ability to fight off infection and disease, which can ultimately lead to death. Currently, antiretroviral drugs slow down replication of the virus and can greatly enhance quality of life, but they do not eliminate HIV infection.

### **EPIDEMIC**

In epidemiology, an epidemic is the occurrence in a community or region (e.g. everyone in a given geographic area; a university, or similar population unit; or everyone of a certain age or sex, such as the children or women of a region) during a given period of cases of an illness, specific health-related behaviour or other health-related event clearly in excess of normal expectancy. Defining an epidemic is subjective, depending in part on what is 'expected'. An epidemic may be restricted to one locale (an outbreak), more general (an epidemic) or global (a pandemic). Common diseases that occur at a constant but relatively high rate in the population are said to be 'endemic'. Widely-known examples of epidemics include the plague of mediaeval Europe known as the Black Death, the Influenza Pandemic of 1918-1919, and the current HIV epidemic which is increasingly described as pandemic.

### **EPIDEMIOLOGY**

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

### **FAITH-BASED ORGANIZATIONS**

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

## **FEMINIZATION**

Referring to the pandemic, feminization is now often used by UNAIDS and others to indicate the increasing impact that the HIV epidemic has on women. It is often linked to the idea that the number of women infected has equalled, or surpassed, the figure for men. To avoid confusion, do not use 'feminization' in its primary sense in English, 'becoming more feminine'.

## **FIGHT**

Fight and other combatant language, e.g. struggle, battle, campaign, war—avoid using such words, unless in a direct quotation or the context of the text (possibly a poster or very short publication designed to have high impact) makes it appropriate. Alternatives include: response, measures against, initiative, action, efforts, and programme.

## **GAY MEN**

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

## **GENDER and SEX**

The term '*sex*' refers to biologically determined differences, whereas the term '*gender*' refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments. Since many languages do not have the word gender, translators may have to consider other alternatives to distinguish between these concepts.

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2001, is an independent public-private partnership. It is the largest global fund in the health domain, to date (August 2005) it has committed over US\$ 3 billion in 128 countries. 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 (see below). When citing in text spell out title in full at first usage and thereafter refer to the Global Fund in preference to using the abbreviation, GFATM. [www.globalfundatm.org](http://www.globalfundatm.org)

### **GIPA**

Acronym for 'the greater involvement of people living with or affected by HIV/AIDS'. In 1994, 42 countries prevailed upon the Paris AIDS Summit to include the Greater Involvement of People Living with HIV/AIDS Principle (GIPA) in its final declaration.

<http://www.unaids.org/publications/documents/persons/index.html>

### **GLOSSARIES**

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

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

[http://www.aidsinfo.nih.gov/ed\\_resources/glossary](http://www.aidsinfo.nih.gov/ed_resources/glossary)

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

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

### **HIGH-RISK GROUPS/POPULATIONS WITH HIGHER-RISK OF EXPOSURE TO HIV**

These terms should be used with caution as they can increase stigma and discrimination. They may also lull people who don't identify with such groups into a false sense of security. 'High-risk group' also implies that the risk is contained within the group whereas, in fact, all social groups are interrelated. It is often more accurate to refer directly to 'higher risk of HIV exposure', 'sex without a condom', 'unprotected sex', or 'using non-sterile injection equipment' rather than to generalize by saying 'high-risk group'. Membership of groups does not place individuals at risk, behaviours may. In the case of married and cohabiting people, particularly women, it may be the risk behaviour of the sexual partner that places them in a 'situation of risk'. There is a strong link between various kinds of mobility and heightened risk of HIV exposure, depending on the reason for mobility and the extent to which people are removed from their social context and norms.

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

The name given to treatment regimens recommended by leading HIV



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

### **HIPC INITIATIVE**

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

### **HIV-RELATED DISEASE**

Symptoms of HIV-infection may occur both at the beginning of HIV infection and after immune compromise sets in, leading to AIDS. During the initial infection with HIV, when the virus comes into contact with the mucosal surface, it finds susceptible target cells and moves to lymphoid tissue where massive production of the virus ensues. This leads to a burst of high-level viraemia (virus in the bloodstream) with wide dissemination of the virus. Some people may have flu-like symptoms at this stage but these are generally referred to as symptoms of primary infection rather than HIV-related disease. The resulting immune response to suppress the virus is only partially successful and some virus escapes and may remain undetectable for months to years. Eventually high viral turnover leads to destruction of the immune system, sometimes referred to as advanced HIV infection. HIV disease is, therefore, characterized by a gradual deterioration of immune function. During the course of infection, crucial immune cells, called CD4+ T cells, are disabled and killed, and their numbers progressively decline.



**HIV-INFECTED**

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

**HIV-NEGATIVE**

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

**HIV-POSITIVE**

Showing indications of infection with HIV (e.g. presence of antibodies against HIV) on a test of blood or tissue. Synonymous with seropositive. Test may occasionally show false positive results.

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

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

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

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

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

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

## **ILO**

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

## **INCIDENCE**

HIV incidence refers to the number of new infections occurring during a specified period of time. UNAIDS normally refers to the number of people (of all ages) or children (0-14) who have become infected during the past year. In contrast HIV prevalence refers to the number of infections at a particular point in time (like a camera snapshot). In specific observational studies and prevention trials, the term incidence rate is used to describe incidence per hundred person years of observation.

## **INJECTING DRUG USERS (IDUs)**

This term is preferable to *drug addicts* or *drug abusers*, which are seen as derogatory and which often result in alienation rather than creating the trust and respect required when dealing with those who inject drugs. UNAIDS does not use the term 'intravenous drug users' because subcutaneous and intramuscular routes may be involved. It is preferable to spell out in full and not use the abbreviation.

## **INTERVENTION**

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

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

Eight goals developed at the Millennium Summit in September 2000. Goal six refers specifically to AIDS but attainment of several goals is being hampered by the HIV epidemic. <http://www.un.org/millenniumgoals/>

## **MONITORING AND EVALUATION REFERENCE GROUP**

Established by UNAIDS, the Monitoring and Evaluation (M&E) Reference Group (MERG) has a broad membership of national, bilateral agency and independent evaluation expertise, enabling it to assist in the harmonization of M&E approaches among collaborating organizations and in the development of effective monitoring and evaluation of the response to the epidemic. <http://elink.unaids.org/menew/Resource/Resource1.asp>

**MSM**

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

<http://www.unaids.org/publications/documents/specific/men/mentue2000.pdf>

**MTCT**

Abbreviation for 'mother-to-child transmission' (pMTCT is the abbreviation for 'prevention of mother-to-child transmission'). Some countries prefer the term 'parent-to-child transmission' to avoid stigmatising pregnant women and to encourage male involvement in HIV prevention. Prevention of parent-to-child transmission then becomes pPTCT. <http://www.unaids.org/publications/documents/mtct/index.html>

**NAC**

National AIDS Coordinating Authority (formerly National AIDS Council): the acronym should generally be avoided.

[http://www.cns.sante.fr/web\\_sida/uk/htm/home/index2.htm](http://www.cns.sante.fr/web_sida/uk/htm/home/index2.htm)

**NACP**

National AIDS Control Programme.

**NAP**

National AIDS Programme.

**NAP+**

Network of African People Living with HIV/AIDS.

<http://www.naprap.org/>

**NSP**

National Strategic Plan. Other terms are national AIDS action frameworks and annual AIDS action plans. Recommend avoiding the abbreviation.

**OPPORTUNISTIC INFECTIONS**

Illnesses caused by various organisms, some of which usually do not cause disease in persons with healthy immune systems. Persons living with advanced HIV infection may suffer opportunistic infections of the lungs,

brain, eyes and other organs. Opportunistic illnesses common in persons diagnosed with AIDS include *Pneumocystis carinii* pneumonia, cryptosporidiosis, histoplasmosis, other parasitic, viral and fungal infections; and some types of cancers.

### **ORPHANS**

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

### **PAF**

See PROGRAMME ACCELERATION FUNDS.

### **PAHO**

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

### **PANDEMIC**

A disease prevalent throughout an entire country, continent, or the whole world. Preferred usage is to write 'pandemic' when referring to global disease and to use 'epidemic' when referring to country or regional level. For simplicity, UNAIDS often uses 'epidemic', see EPIDEMIC.

### **PATHOGEN**

An agent causing disease.

### **PCB**

The Programme Coordinating Board of UNAIDS.  
<http://www.unaids.org/about/governance/governance.html>

### **PEOPLE LIVING WITH HIV**

Avoid the expression 'people living with HIV and AIDS' and the abbreviation PLWHA. With reference to those living with HIV, it is preferable to avoid certain terms: *AIDS patient* should only be used in a medical context (most of the time, a person with AIDS is not in the role of patient); the term *AIDS victim* or *AIDS sufferer* implies that the individual in question is powerless, with no control over his or her life. It is preferable to use 'people living with HIV' (PLHIV), since this reflects the fact that an infected person may continue to live well and

productively for many years. Referring to people living with HIV as *innocent victims* (which is often used to describe HIV-positive children or people who have acquired HIV medically) wrongly implies that people infected in other ways are somehow deserving of punishment. It is preferable to use 'people living with HIV', or 'children with HIV'.

<http://www.unaids.org/publications/documents/persons/index.html>

### **PEPFAR**

The US President's Emergency Plan for AIDS Relief announced by President George W. Bush in his State of the Union Address 28 January 2003, the plan is 'a five-year US\$ 15 billion initiative aimed at turning the tide in combating the global HIV/AIDS pandemic'.

<http://www.whitehouse.gov/news/releases/2003/01/print/20030129-1.html>

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

Poverty Reduction Strategy Papers are prepared by the member countries through a participatory process involving domestic stakeholders as well as external development partners, including the World Bank and International Monetary Fund".

<http://www.imf.org/external/np/prsp/prsp.asp>

### **PREVALENCE**

Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults, aged 15-49 years. We do not say prevalence rates because a time period of observation is generally not involved. 'Prevalence' is sufficient, e.g. 'the Caribbean region, with estimated adult HIV prevalence of 2.3% in 2003, is an area to focus on in the future'. HIV prevalence can also refer to the number of people living with HIV, as in 'in 2005 there were 38.6 million people living with HIV worldwide'.

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

Programme acceleration funds were designed to assist the UN Theme Group to play a catalytic and facilitating role in advancing the scope, scale and effectiveness of a country's response to the AIDS epidemic. Activities to be funded must be in line with one or more of the five cross-cutting functions of UNAIDS: to empower leadership for an effective country response; to mobilize and empower public, private and civil society partnerships and civil society engagement; to strengthen strategic

information management; to build capacities to plan, track, monitor and evaluate country responses; and to enable access to, and efficient use of, financial and technical resources. In addition funded activities must be in accordance with Global Task team (GTT) recommendations

<http://www.unaids.org/>

### **PROSTITUTION**

Use this term in respect to juvenile prostitution. Otherwise for older age groups, use 'commercial sex' or 'the sale of sexual services'.

### **PROVIDER-INITIATED TESTING**

Under certain circumstances, when an individual is seeking medical care, HIV testing may be offered. It may be diagnostic—the patient presents with symptoms that may be attributable to HIV or has an illness associated with HIV such as tuberculosis—or it may be a routine offer to an asymptomatic person. For example, HIV testing may be offered as part of the clinical evaluation of patients with sexually transmitted infections and pregnant women. HIV testing may be offered to all patients where HIV is prevalent. Regardless of the type of testing and the location of the offer, all HIV testing should always be carried out under conditions respecting the three Cs—confidentiality, informed consent and counselling. Testing without counselling has little impact on behaviour and is a significant lost opportunity for assisting people to avoid acquiring or transmitting infection.

<http://www.unaids.org/en/Policies/Testing/>

### **PTCT**

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

### **REDPES**

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

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

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

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

## **RISK**

Avoid using the expressions 'groups at risk' or 'risk groups'. People with behaviours which may place them at higher risk of exposure to HIV do not necessarily identify themselves with any particular group. Risk refers to risk of exposure to HIV which may be high as a result of specific behaviours or situations. Examples of the latter include risk in discordant couples unaware of their serostatus and recipients of unscreened blood or blood products. Behaviours, not memberships, place individuals in situations in which they may be exposed to HIV. Some populations may be at increased risk of exposure to HIV.

## **SAFE SEX**

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

## **SECOND GENERATION SURVEILLANCE**

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

## **SEROPREVALENCE**

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

## **SEROSTATUS**

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



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

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

## **SEX WORK**

'Commercial sex work' is considered a tautology, which is saying the same thing twice over in different words. Preferred terms are 'sex work', 'commercial sex', and 'the sale of sexual services'.

## **SEX WORKER**

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

## **SHARING**

When referring to injecting equipment we **do not** use the word 'sharing' in UNAIDS publications. Instead, write 'use of contaminated injecting equipment' if you are considering HIV transmission and 'use of non-sterile injecting equipment' if you are considering risk of HIV exposure. This is because injecting drug users uncommonly 'share' their needles in the usually understood sense of the word—with the exception of sexual partners who inject together. In the absence of needle exchanges, people may use discarded needles (which are anonymous) or bargain away drugs for a needle or are injected by professional injectors. They do not regard this as sharing. Neither does 'sharing' distinguish between needle

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<sup>†</sup> Note: if the terms 'prostitute' or 'prostitution' are found in the official name of an organization or the title of a publication, they should not be changed.

borrowing and needle lending; this is important because (usually) different dynamics are at work. A person aware of his or her HIV-positive status may try to avoid lending, but may continue to borrow or vice versa. Also 'sharing' has positive connotations, e.g. sharing a meal in injecting drug use communities (and wider communities also), which are not appropriate in writing about HIV risk.

### **SIDA**

Swedish International Development Agency:

<http://www.sida.se/Sida/jsp/polopoly.jsp?d=107> Sida is also the French language acronym for AIDS which has become an accepted word that is not capitalised.

### **SIDALAC**

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

<http://www.sidalac.org.mx/english/homee.html>

### **STIGMA and DISCRIMINATION**

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

### **SURVEILLANCE**

The ongoing and systematic collection, analysis, and interpretation of data about a disease or health condition. Collecting blood samples for the purpose of surveillance is called serosurveillance.

### **TARGET**

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

### **TASO**

The AIDS Support Organisation (Uganda). <http://www.taso.co.ug/>

## **TESTING**

HIV testing is pivotal to both prevention and treatment interventions. The '3Cs' continue to be underpinning principles for the conduct of all HIV testing of individuals; testing must be: *confidential*, accompanied by *counselling*; only be conducted with informed *consent*, meaning that it is both informed and voluntary. A full policy statement is available.  
<http://www.unaids.org/en/Policies/Testing/default.asp>

## **TRIPS AGREEMENT**

Trade-Related Intellectual Property Rights Agreement, supervised by the World Trade Organization, provides certain flexibilities to low and middle income countries with respect to pharmaceutical patent protection.  
[http://www.wto.org/english/tratop\\_e/trips\\_e/t\\_agm0\\_e.htm](http://www.wto.org/english/tratop_e/trips_e/t_agm0_e.htm)

## **UCC**

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

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

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

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

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

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

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

**UNAIDS Reference Group on Prevention:**

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

## **UNDP**

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

## **UNESCO**

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

**UNFPA**

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

**UNHCR**

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

**UNICEF**

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

**UNODC**

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

**UNIVERSAL PRECAUTIONS**

Standard infection control practices to be used universally in healthcare settings to minimize the risk of exposure to pathogens, e.g. the use of gloves, barrier clothing, masks and goggles (when anticipating splatter) to prevent exposure to tissue, blood and body fluids.

**URGE**

The UNAIDS Reference Group on Economics.

**VCT**

Abbreviation for 'voluntary counselling and testing'. All testing should be conducted in an institutional environment which has adopted the 'Three Cs': confidentiality, informed consent, and counselling.

<http://www.unaids.org/publications/documents/health/counselling/index.html>

**VERTICAL TRANSMISSION**

Sometimes used to indicate transmission of a pathogen such as HIV from mother to foetus or baby during pregnancy or birth but may be used to refer to the genetic transmission of traits.

**WEF**

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

**WFP**

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

**WIPO**

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

**WHO**

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

**WORLD BANK**

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

**WSSD**

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

**Short summary of terms to avoid when writing and speaking about HIV or AIDS**

<i>Do not use this</i>	<i>Use this</i>
AIDS virus	<b>HIV</b> There is no "AIDS virus". The virus associated with AIDS is called the Human Immunodeficiency Virus, or HIV.
HIV virus	<b>HIV</b> The abbreviation "HIV" includes the word virus, so "HIV virus" is redundant.
AIDS sufferers	<b>People living with HIV or HIV-positive people (in reference to serostatus)</b> Many people living with HIV are healthy and happy. People living with AIDS can have periods of relatively good health. They should not be portrayed as suffering.
AIDS-infected person	<b>Person living with HIV or HIV-infected person</b> People can be infected with HIV, but no one can be infected with AIDS, because it is not a virus or single disease. AIDS is a syndrome of opportunistic infections and diseases that can develop at the end stage of the continuum of HIV disease.
HIV-infected person, HIV-positive person	<b>HIV-positive person or HIV-infected person</b> <b>What is the difference in the way these terms are used?</b>  Three distinctions can be made between the ways the terms "HIV positive" and "HIV infected" are used. <b>1. Different tests.</b> An HIV-positive person has tested positive for HIV antibodies. There can be rare "false positive" results on these tests. All children born to mothers with HIV-infection will test positive up to 18 months of age when the mother's antibodies disappear from the baby's blood. A baby that is infected will continue to test HIV-positive after that time. However, a different test for evidence of HIV in blood (antigen test) can confirm whether a baby who has tested HIV-positive has HIV infection or not. <b>2. Lack of awareness.</b> Only about 10 per cent of people infected with HIV worldwide have been tested and are aware that they have HIV infection. <b>3. Preference.</b> Some people prefer the word "positive" to the word "infected", so they use the term "HIV-positive" except when emphasizing points 1 or 2 above.

<i>Don't use this</i>	<i>Use this</i>
AIDS patient	<b>Patient with HIV-related illness or disease.</b> Use these terms when referring to a hospital setting or to the medical care a person is receiving. Can be used to refer to a person who has been diagnosed with AIDS. Avoid the term 'full-blown AIDS'.
AIDS victims or innocent victims	<b>To have AIDS or live with HIV</b> People with AIDS are not victims. To call someone a victim stigmatizes them by implying powerlessness.  The word "innocent" is sometimes used when talking about children who are infected. This is stigmatizing to others living with HIV, because it implies that they are somehow "guilty".
AIDS victim or sufferer	<b>Person living with HIV</b> The word "victim" is stigmatizing. Use "person with AIDS" or "person living with HIV". And only use the term AIDS when the person you are referring to actually has an AIDS diagnosis. A person who is HIV-infected does not necessarily have AIDS.
To die of AIDS	<b>To die of an HIV-related illness.</b> AIDS is not a single disease, but a syndrome of opportunistic infections and diseases. People do not die of the syndrome. They die from opportunistic infections or diseases, such as pneumonia, that their immune system cannot fight as a result of HIV infection. However, 'to die of AIDS' is common usage and can be used.
Test for AIDS AIDS testing AIDS blood test	<b>HIV antibody test or HIV test</b> There is no test for AIDS. Tests can determine whether antibodies to HIV are present or whether there is actual evidence of the virus in the blood or tissue samples.



<i>Don't use this</i>	<i>Use this</i>
<p>Risk of contracting AIDS  Risk of AIDS infection  Transmitting AIDS</p>	<p><b>Risk of HIV infection</b>  <b>Acquiring HIV infection</b>  <b>Transmitting HIV</b>  AIDS is not a single disease. It is a syndrome. HIV-positive people are at risk of developing AIDS. No one is at risk of acquiring HIV from social contact. Only HIV, not AIDS, can be transmitted from person to person.</p>
<p>Drugs for AIDS</p>	<p><b>Drug therapy</b>  <b>AIDS-related drugs</b>  AIDS-related drugs are used to combat specific opportunistic infections, such as tuberculosis or pneumonia. AIDS is not a single disease. Antiretroviral therapy is the standard treatment for AIDS.</p>
<p>Fight against AIDS</p>	<p><b>Response to HIV</b>  <b>Transmission prevention (or simply prevention)</b>  Avoid using all combatant language (e.g. battle, struggle, campaign, war) whenever possible. Other alternatives include: initiative, programme, action, and efforts.</p>

## UNAIDS editorial house style

**Abbreviations:** spell out in full whenever possible; always spell out in titles and subheadings. Try to restrict usage to direct quotations or full titles, or when very frequent repetition of the full words would distract rather than aid the reader. Try to avoid creating new abbreviations for common expressions e.g. there is unlikely to be any imperative need to create and use AWP for annual work plan. When an abbreviation is used as an adjective (e.g. UN system, US Government, PMTCT programmes) it should be spelled out on first usage if the meaning may not be clear to all readers. In general, try to avoid the use of abbreviations and acronyms.

**Advocate** (*as a verb*): write 'advocate change' (rather than advocate for change).

**Ampersand (&):** avoid using this symbol unless it is part of an official name or title. Do not use HIV & AIDS.

'**And/or**': try to avoid by rewriting.

**ART:** spell out in full, i.e., antiretroviral therapy or ARV treatment.

**ARV:** spell out in full, i.e., antiretroviral (drug)

'Assist in implementing', but '**help implement**'.

**Behaviour change** (rather than behavioural change).

**Bibliographies and footnotes:** authors in bibliographies and footnotes are listed as last name and initial (no periods or commas, as per Harvard style), followed by year of publication in parentheses, title of publication (in italics, unless a paper), place of publication, and publisher. For example:

Hardstaff P (2003). *Treacherous conditions: how IMF and World Bank policies tied to debt are undermining development*. London, World Development Movement.

Meda N et al. (1999). Low and stable HIV infection rates in Senegal: natural course of the epidemic or evidence for success of prevention? *AIDS*, 13(11):1397-1405.

**Bullet points** should be used to assist readers' understanding. Documents with many bulleted lists lose impact. If bullet points are required use only a simple point, not any other 'fancy' style, to make typesetting easier.

**Country names and inhabitants:** refer to and follow the styles listed by WHO in the *Style Guide*. On title pages, in signatures and in recording nominations, elections and votes, full names of countries must be used: the United Kingdom of Great Britain and Northern Ireland and the United States of America. Thereafter, short form may be used: the United Kingdom and the United States or the USA. Countries must be listed in the alphabetical order of their official names when featured in a text.

To avoid possible confusion, note especially the distinction between the Republic of the Congo (also referred to as Congo—Brazzaville); and the Democratic Republic of the Congo (also referred to as the DRC).

**Currency:** when dollar figures are mentioned, they are normally US dollars (unless otherwise indicated) and should be written thus: US\$ 1000. Avoid using 'm' to denote million, or 'b' to denote billion. Always convert local currencies into US dollar equivalents and cite the approximate US\$ figure in brackets e.g. 'In the United Kingdom it is estimated that it will cost £100 000 (approximately US\$ 175 000) per year...'. Exchange rates used should be current at time of writing.

**Dashes:** en and em dashes are printers' terms, named because the smaller is the width of a capital 'N' and the larger is the width of a capital 'M'. Use an en dash between figures to show a range (e.g. 14-16 February, 10-20%). Use an em dash to further explain a clause (e.g. Women account for an increasing share of newly diagnosed HIV infections—33% in 2002, compared to 24% a year earlier). Avoid 'between 14-20%' or 'from 23-24 March', as opposed to 'between 14% and 20%' and 'from 23 to 24 March'. To use en and em dashes in Word, click on 'Insert' on the tool bar, select 'Symbol', select the en or em dash and then click the 'insert' box.

**Figures and tables.** Figures are illustrative materials of any type (e.g. photograph, diagram) that are not tables; tables present numerical data in cells. Number both separately and sequentially commencing with number one, e.g. Figure 1, Figure 2, Table 1. Remember to provide a reference to the source of all illustrations and tables other than those newly created by the author.

**Footnote reference numbers** in texts should be included inside the punctuation of the relevant sentence, rather than after the period—for example: HIV infection rates rose tenfold in two years<sup>2</sup>.

**Geography:** eastern, northern, southern, western; capitalize if used to describe countries (geopolitical) so e.g. '...the governments of East Africa...' but lower case if only geographical, e.g. '... spread of infection in western Europe...'

**Government** is only capitalized if used in conjunction with a particular country, as in '...the Kenyan Government...'

**Hyphens and dashes** follow WHO rules in its *Style Guide*. Do not use a hyphen where a dash is required. To use en and em dashes in Word click on 'insert' on the tool bar, select dash and click insert box.

**-Ise, -ize and -yse spellings:** where there is a choice (e.g. organize or organise), *ize*, derived from the Greek suffix "-izo", is preferred. Some words such as comprise, surprise and televise must be spelled with -ise. "-yse" must be used for words derived from the Greek *lusis*, as in analyse, and therefore cannot be spelled -yze. When in doubt, consult the list in the *WHO Style Guide*. Direct quotations or proper names must use the spelling of the original. Our definitive reference is *The Concise Oxford Dictionary*.

**Language option** setting in Word: use English (U.K.) option on spell check.

**Latin and other language expressions:** try to avoid using them. If you use a foreign expression and it is likely to be familiar to your readers, do not put in italics in text.

**Like and such as:** beware of using 'like' in place of 'such as'. Rather than '... in countries like Nigeria and Uganda' (there *are* no countries like Nigeria and Uganda), it is more accurate to say 'in countries such as Nigeria and Uganda ...' or 'in several countries including...'

**Numbers:** spell out numbers in full up to and including nine. From 10 upwards use numerals, except at the beginning of a sentence. Rewrite a sentence to avoid beginning it with numerals.

**Per cent or percent:** do not use this form unless the number is written in words. Use the symbol, %, with numerals.

**Punctuating lists:**

Punctuate lists as if they are sentences, as in this example.

In preparing text care should be taken to:

- avoid unfamiliar and technical expressions,
- ensure that abbreviations are spelled out in full,
- present data in a consistent style, and
- ensure that the reference list is complete.

**Punctuation:** no punctuation is required for acronyms and abbreviations, including USA and UK, but these should not be used; spell out in full whenever possible.

**Quotation marks:** always use single quotation marks unless you are quoting someone directly. For example, to denote an uncommonly used word, a newly coined term, or a term used out of context, single quotation marks should be used. (e.g. The teenagers considered themselves to be very 'hip'). Direct quotes are written thus: "Things can only get worse," said Dr Musanga. If whatever is inside the quotation marks constitutes a complete, free-standing sentence, then the quotation marks close outside the period. If, however, a quotation is contained within a sentence, then the quotation marks close before the period—e.g. The president made a very positive speech on World AIDS Day, saying that he felt "the situation had greatly improved since last year".

'**Scale up**', when used as verb; 'scale-up' or 'scaling-up' when used as noun. Same for 'follow up' (verb) versus 'follow-up' (noun).

**Simple short words and sentences** are always preferred (remember, many who read your documents may not have English as their first language).

**Sexist, stereotyping or belittling language.** Avoid it; e.g. do not write 'male nurse' which implies that being male and a nurse is unusual. People 'live with disabilities' just as people 'live with HIV'; they should not be referred to as 'the disabled' or 'suffering from' or a 'victim'. Also avoid use of over-dramatic language, though the expression of emotion and empathy obviously has its place in our work'.

**Sub-Saharan Africa** is written as 'sub-Saharan Africa', unless at the beginning of a sentence.

**"3 by 5" Initiative:** always cite in this form, with double quotation marks.

**"Three Ones"** principles: always use in this form, with double quotation marks.

**Titles of publications.** When writing the title of a publication in text, use the 'upstyle' form, e.g.

- Last year UNAIDS published the *2004 Report on the Global AIDS Epidemic*.

However, when citing a title in a biography or footnote, use the 'downstyle' form referred to in the entry on "Bibliographies and footnotes" above, e.g.

- UNAIDS (2004). *2004 Report on the global AIDS epidemic*. UNAIDS, Geneva.

**Units of measure** are written with a space between the number and the unit, e.g. 10 km, 16 mg.

**Upstyle versus downstyle.** Either can be used for headings and subheadings in UNAIDS layout. In an upstyle title, capitalize every word except for articles, prepositions and conjunctions. In a downstyle title, capitalize the first word and proper nouns, as you would when writing a sentence, e.g.:

- Upstyle: HIV-Related Stigma, Discrimination and Human Rights Violations
- Downstyle: HIV-related stigma, discrimination and human rights violations

**'Which'** is often used where 'that' is correct. 'Which' is normally used with reference to a preceding clause (e.g.: He returned to the office early, which was a good idea...), whereas 'that' usually qualifies what precedes it (e.g.: the explosion that killed four people last night was caused by a gas leak).

### **Some preferred spellings**

- adviser, not advisor
- ageing, not aging

- among, not amongst
- analyse, not analyze
- by-law, by-product
- capacity building (unless used as an adjective, eg 'capacity-building activities')
- case-load, case-study
- decision-maker
- Director-*General*
- et al. (no italics)
- HIV-positive (not HIV+; similarly, HIV-negative, not HIV-)
- inasmuch as
- intercountry (not inter-country)
- interagency (not inter-agency)
- multisectoral (not multi-sectoral or multi-sectorial)
- policy-making
- programme (unless referring to a computer software program)
- seroprevalence (not sero-prevalence; also serostatus)
- socioeconomic (not socio-economic)
- time-scale
- test-tube
- under way, not underway