

UNAIDS TERMINOLOGY GUIDELINES

UNAIDS TERMINOLOGY GUIDELINES

2015

CONTENTS

INTRODUCTION	3
PREFERRED TERMINOLOGY	4
USEFUL BACKGROUND TO SELECTED TERMS	12
ORGANIZATIONS	51
FURTHER RESOURCES.....	53
TERMS BY SUBJECT	54
REFERENCES	59

INTRODUCTION

Language shapes beliefs and may influence behaviours. Considered use of appropriate language has the power to strengthen the global response to the AIDS epidemic. That is why the Joint United Nations Programme on HIV/AIDS (UNAIDS) is pleased to make these guidelines to Preferred terminology freely available for use by staff members, colleagues in the Programme's 11 Cosponsoring organizations and other partners working in the global response to HIV.

These guidelines are a living, evolving document that is reviewed on a regular basis. This revision of the 2011 edition has discarded a few terms and added new ones that are relevant to the global response to HIV and commonly used by UNAIDS. The same terms, grouped by subject headings, also are listed at the end of this document.

These guidelines may be freely copied and reproduced, provided that it is not done for commercial gain and the source is mentioned. Comments and suggestions for additions, deletions or modifications should be sent to terminology@unaids.org.

PREFERRED TERMINOLOGY

Don't use	Background	Preferred term
AIDS carrier	This term is no longer used because it is incorrect, stigmatizing and offensive to many people living with HIV.	person living with HIV
	The terms AIDS response, HIV response, response to AIDS and response to HIV often are used interchangeably to mean the response to the epidemic.	HIV response Much of the response is now aimed at preventing the transmission of HIV and treating people living with HIV before they develop AIDS.
AIDS-infected; HIV-infected; transmitters	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). People should never be referred to as an abbreviation, such as PLHIV, since this is dehumanizing. Instead, the name or identity of the group should be written out in full. Abbreviations for population groups can, however, be used in charts or graphs where brevity is required.	Refer to people as being HIV-positive or a person/ people living with HIV (if serostatus is known/ disclosed), or as having unknown HIV status (if serostatus is unknown).
AIDS orphans	This term not only stigmatizes children, but it also labels them as HIV-positive, which may be untrue. Identifying a human being by his or her social condition alone shows a lack of respect for the individual, in the same way as identifying a human being by his or her medical condition. Contrary to traditional usage (but consistent with the dictionary definition), UNAIDS sometimes uses orphan as a subset of orphans and other children made vulnerable by AIDS to describe children who have lost either one or both parents to HIV.	orphans and other children made vulnerable by AIDS

Don't use	Background	Preferred term
AIDS test	There is no test for AIDS. The test is for HIV.	Use HIV test or HIV antibody test.
AIDS virus; HIV virus	AIDS is a clinical syndrome. Thus, it is incorrect to refer to an AIDS virus; HIV is what ultimately causes AIDS. Avoid using HIV virus, (HIV stands for human immune-deficiency virus, so there is no need to repeat "virus").	HIV There is no need to define, nor add the word "virus" after it.
behavioural change	Behaviour change is usually defined as the adoption and maintenance of healthy behaviours (with respect to particular practices) that reduce the chances of acquiring HIV.	behaviour change
bridging population; bridge population	These terms describe 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 these terms.	Describe the behaviour instead.
church; synagogue; mosque; religious organization	It is important not to express or invite judgement (explicitly or implicitly) on the validity of any expression of faith. The term faith-based organization is more inclusive, and it moves away from historical (and typically Western) patterns of thought.	faith-based organization
commercial sex work; commercial sex worker	<p>The words "commercial" and "work" imply the same thing so one or the other can be used but not both together.</p> <p>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—as well as young people over the age of 18 years—who regularly or occasionally receive money or goods in exchange for sexual services. As sex work is defined as the consensual sale of sex between adults, children (people under 18 years) cannot be involved in sex work. Instead, children involved in sex work are considered to be victims of sexual exploitation.</p>	<p>sex work, commercial sex, the sale of sexual services</p> <p>It is also acceptable to say that sex workers are paid for sex.</p> <p>sex worker, women/ men/ people who sell sex</p> <p>Clients of sex workers may be called men/ women/people who buy sex.</p>

Don't use	Background	Preferred term
corrective rape	<p>In “homophobic” rape, people are raped because they are, or are perceived to be, lesbian or gay. Part of a wider pattern of sexual violence, attacks of this kind commonly combine a fundamental lack of respect for women, often amounting to misogyny, with deeply-entrenched homophobia.</p> <p>Don't use the term “corrective rape”, as it implies the need to correct or rectify a “deviated” behaviour or sexual orientation. The preferred term, “homophobic rape”, notes the deep-seated homophobia that motivates the hate crime.</p>	homophobic rape
deadly, incurable disease; manageable, chronic illness; immune deficiency	<p>Labelling AIDS as deadly or incurable may create fear, and increase stigma and discrimination. Referring to it as a manageable, chronic illness also may lead people to believe that, with treatment, AIDS is not as serious as it was thought. AIDS remains a serious health condition.</p> <p>AIDS is not simply a case of someone suffering from immune deficiency. It is an epidemiological definition based on clinical signs and symptoms. It 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 extend life and enhance quality of life, but it does not eliminate HIV infection.</p>	<p>To avoid misconceptions, it is preferable to avoid using these adjectives when referring to AIDS.</p> <p>acquired immunodeficiency syndrome (AIDS)</p>
disabilities	<p>“The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions” (1).</p> <p>This accords with the definition given in the UN Convention on the Rights of Persons with Disabilities (2008), namely that people with disabilities include those who have long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.</p>	persons or people with disabilities
driver	<p>This term 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 direct factors—such as the extent of multiple and concurrent sexual partners, or the number of people who inject drugs in a population—may also be defined as drivers.</p>	<p>To avoid confusion, it is preferable to avoid the word, or to define it each time it is used.</p>

Don't use	Background	Preferred term
<p>drug addicts; drug abusers</p> <p>intravenous drug users</p>	<p>Such terms are derogatory and are not conducive to fostering the trust and respect required when engaging with people who use drugs. This is incorrect because subcutaneous and intramuscular routes may be involved.</p> <p>People should never be referred to as an abbreviation, such as IDU (for injecting drug users), since this is dehumanizing. Instead, the name or identity of the group should be written out in full. Abbreviations for population groups can, however, be used in charts or graphs where brevity is required.</p>	<p>It is preferable to use person/people who inject(s) drugs because they place the emphasis on people.</p> <p>In some situations, person who uses drugs is a broader term that may be applicable.</p>
<p>end AIDS, the end of AIDS; end HIV; ending HIV; the end of HIV; eliminate HIV; eliminate AIDS; eradicate HIV; eradicate AIDS</p>	<p>Eliminating HIV is still not an achievable goal at the moment. However, proven strategies for the prevention and treatment of HIV are available and can be made to work together to end the AIDS epidemic as a public health threat.</p>	<p>ending the AIDS epidemic as a public health threat (preferred); others acceptable—ending the epidemic, ending the AIDS epidemic, end the AIDS epidemic, end the epidemic</p>
<p>evidence-based</p>	<p>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.</p> <p>The preference for evidence-informed is 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 and so on.</p>	<p>evidence-informed</p>
<p>feminization</p>	<p>In the past, the term feminization has been used to emphasize the increasing impact that the HIV epidemic has had on women. However, it is vague and potentially stigmatizing, and it should therefore be avoided.</p>	<p>Instead of vague concepts, use specific facts and figures when discussing epidemiological trends.</p>

Don't use	Background	Preferred term
fight and other combatant language (e.g. struggle, battle, campaign or war)	Avoid such terms unless in a direct quotation or because of the specific context of the text. One rationale for this is to avoid transference from the fight against HIV to a fight against people living with HIV.	response, management of, measures against, initiative, action, efforts and programme
high(er)-risk group; vulnerable groups	These terms should be avoided because they imply that the risk is contained within the group, whereas all social groups actually 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, and it can also increase stigma and discrimination against the designated groups. 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 the partner, who is not engaged in risk behaviour, in a situation of risk.	Use key populations ¹ or young key populations (when applicable) (in the sense of being key to the epidemic's dynamics or 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.
HIV/AIDS; HIV and AIDS	The expression HIV/AIDS should be avoided whenever possible because it can cause confusion. Most people with HIV do not have AIDS. The expression HIV/AIDS prevention is even more unacceptable because HIV prevention entails correct and consistent condom use, use of sterile injecting equipment, changes in social norms and so on, whereas AIDS prevention entails antiretroviral therapy, cotrimoxazole, good nutrition, isoniazid prophylaxis (INH), etc. It is preferable to use the term that is most specific and appropriate in the context.	People living with HIV, HIV prevalence, HIV prevention, HIV response, HIV testing, HIV-related disease, AIDS diagnosis, children made vulnerable by AIDS, national AIDS programme, AIDS service organization HIV epidemic and AIDS epidemic are acceptable, but HIV epidemic is a more inclusive term.

1 UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs as the four main key population groups, but it acknowledges that prisoners and other incarcerated people also are particularly vulnerable to HIV and frequently lack adequate access to services. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

Don't use	Background	Preferred term
hotspots	In the context of HIV, hotspot connotes a small area within a bigger province/city/country where there is high HIV prevalence or incidence. Use this term with caution, as it may be seen as having a negative connotation for the people in the hotspot. Instead, describe the actual situation you want to convey.	Use location or local epidemic, and describe the situation or context.
intervention	This term means different things in different contexts. In medical treatment, an intervention may save a person's life, but when describing programmes at the community level, its use can convey doing something to someone or something. Used in that way, intervention undermines the concept of participatory responses.	programming, programme, activities, initiatives, etc. The word intervention occurs in three other definitions: structural interventions, health-care interventions, and health systems strengthening interventions. Its use in these contexts is appropriate.
most at risk; most-at-risk adolescents (MARAs), most-at-risk young people (MARYP), most-at-risk populations (MARPs)	Such terms should be avoided because communities view them as stigmatizing. 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.	Describe the behaviour each population is engaged in that places individuals at risk of HIV exposure (e.g. 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.).
multiple concurrent partnerships (MCP)	People with concurrent sexual partnerships are involved in overlapping sexual partnerships where intercourse with one partner occurs between two acts of intercourse with another partner. For surveillance purposes, this is defined specifically as those occurring within the past six months.	concurrent sexual partnerships, concurrent partnerships or simply concurrency

Don't use	Background	Preferred term
needle–syringe sharing	<p>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. It is preferable to emphasize the availability of injecting equipment rather than the behaviour of individuals when injecting equipment is in short supply.</p>	<p>When referring to the risk of HIV transmission via injection, use of contaminated injecting equipment indicates actual HIV transmission, while use of non-sterile injecting equipment or multiperson use of injecting equipment refers to risk of HIV exposure.</p>
pandemic	<p>An epidemic sweeping across entire regions, continents or the entire world is sometimes called a pandemic. This term, however, is imprecise. See also epidemic.</p>	<p>Use epidemic, but be specific about the scale that is being considered: local, country, regional or global.</p>
people living with HIV and AIDS, PLWHA, PLWHIV, AIDS patient, AIDS victim, AIDS sufferer	<p>With reference to people living with HIV, it is preferable to avoid certain terms. For instance, 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). These terms imply that the individual in question is powerless, with no control over his or her life. Referring to people living with HIV as innocent victims (which often is used to describe HIV-positive children or people who have acquired HIV medically) wrongly implies that people who acquire HIV in other ways are somehow deserving of punishment. People should never be referred to as an abbreviation, such as PLHIV, since this is dehumanizing. Instead, the name or identity of the group should be written out in full. Abbreviations for population groups can, however, be used in charts or graphs where brevity is required.</p>	<p>The preferred terms are people living with HIV and children living with HIV as they reflect the fact that persons with HIV may continue to live well and productively for many years. 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.</p>
prostitute; prostitution	<p>A term that implies a person is in the business of selling sex. This is not to be used as it denotes value judgement.</p>	<p>For adults (18 years and older), use sex work, sex worker, commercial sex, or the sale of sexual services. For children (younger than 18 years old), use sexual exploitation of children.</p>

Don't use	Background	Preferred term
risk of AIDS	Do not use unless referring to behaviours or conditions that increase the risk of disease progression in an HIV-positive person.	risk of acquiring HIV, risk of exposure to HIV
safe sex	This term 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 acquisition and 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.	safer sex
spousal transmission	This term limits the transmission of HIV to only occurring between spouses, which is not always the case.	intimate partner transmission
target	Avoid using as a verb (e.g. target men who have sex with men), as this conveys non-participatory, top-down approaches. Preferred terms include engage (e.g. engage men who have sex with men in programming), involve (e.g. involve men who have sex with men in the response to the epidemic), or designed for and by (e.g. programmes designed for and by men who have sex with men).	engage, involve, focus, designed for and by
target populations	Likewise, rather than use target populations, it is better to refer to populations that are key to the epidemic and key to the response. However, the term target is acceptable as a noun, such as when referring to an objective or goal.	priority populations, key populations
venereal disease (VD); sexually transmitted disease (STD)	Many sexually transmitted infections (STIs) do not cause symptoms and are therefore not recognized by affected individuals as diseases. 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 the following: 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 have increased dramatically since the 1980s; more than 30 disease-causing organisms and syndromes are now recognized as belonging in this category (2).	sexually transmitted infection (STI)

USEFUL BACKGROUND TO SELECTED TERMS

accountability

Accountability is the obligation of people and organizations to live up to what is expected of them and to report on the use of resources; it also is the assumption of responsibility for one's actions and the consequences of such actions.

acute malnutrition

Acute malnutrition—also known as wasting—develops as a result of recent rapid weight loss or a failure to gain weight. In children, it is assessed through the nutritional indicator of weight-for-height (WFH) or mid-upper arm circumference (MUAC). In adults, wasting is assessed through BMI (body mass index) or MUAC; for pregnant and lactating women, it is assessed through MUAC alone. It also can be assessed in all groups through the clinical signs of visible wasting and nutritional oedema.

age-disparate relationships (see also intergenerational relationships)

Age-disparate relationships generally refer to relationships in which the age gap between sexual partners is five years or more (3).

AIDS

acquired immunodeficiency syndrome

AIDSinfo

AIDSinfo is a data visualization and dissemination tool intended to facilitate the use of AIDS-related data, both within individual 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, for instance, includes 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 the rapid production of charts, maps and tables for presentations and analysis. For more information, contact aidsinfo@unaids.org or see <http://aidsinfoonline.org>.

<p>antiretroviral medicines/ antiretrovirals (ARVs)/ antiretroviral therapy (ART)/ HIV treatment</p>	<p>Antiretroviral therapy is highly active in suppressing viral replication, reducing the amount of the virus in the blood to undetectable levels and slowing the progress of HIV disease.</p> <p>The usual antiretroviral therapy regimen combines three or more different medicines, such as two nucleoside reverse transcriptase inhibitors (NRTI) and a protease inhibitor, two nucleoside analogue reverse transcriptase inhibitors and a non-nucleoside reverse transcriptase inhibitor (NNRTI), or other combinations. More recently, entry inhibitors and integrase inhibitors have joined the range of treatment options. Suboptimal regimens are monotherapy and dual therapy.</p> <p>The term highly active antiretroviral therapy was commonly used after the demonstration of excellent virological and clinical response to combinations of three (or more) antiretroviral medicines. Highly active is not needed as a qualification, however, and the term is no longer commonly used.</p> <p>ARV refers to antiretroviral medicines. It should only be used when referring to the medicines themselves and not to their use.</p> <p>It is better to spell out antiretroviral therapy and avoid the abbreviation ART, as it can be confused with ARV, AZT, etc.</p>
<p>antiretroviral therapy prevention benefits</p>	<p>This term refers to the prevention benefits of antiretroviral therapy in reducing HIV transmission risk.</p>
<p>ARV-based prevention</p>	<p>ARV-based prevention includes the oral or topical use of antiretroviral medicines to prevent the acquisition of HIV in HIV-negative persons (such as the use of pre-exposure prophylaxis or post-exposure prophylaxis) or to reduce the transmission of HIV from people living with HIV (treatment as prevention).</p>
<p>azidothymidine (AZT) or zidovudine (ZDV)</p>	<p>AZT or ZDV, a first among NRTIs to be approved by the United States Food and Drug Administration in 1987, is a drug used to delay development of AIDS.</p>
<p>behaviour change communication (BCC) (see also social change communication)</p>	<p>Behaviour change communication promotes tailored messages, personal risk assessment, greater dialogue and an increased sense of ownership of the response by the individual and the community. It is developed through an interactive process, and its messages and approaches use a mix of communication channels to encourage and sustain positive, healthy behaviours.</p>
<p>biomedical factors</p>	<p>Biomedical factors relate to human physiology and its interaction with medicine.</p>

bisexual	A bisexual person 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 terms 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.
caregiver or carer	Differentiated from professional caregivers or carers, caregivers or carers are people who provide unpaid care for a family member, friend or partner who is ill, frail or living with a disability. This could include provision of unpaid care to a person living with HIV.
client-initiated testing and counselling (CITC) (see also HIV testing services (HTS) and provider-initiated testing and counselling (PITC))	Client-initiated testing and counselling (CITC) involves individuals actively seeking HIV testing and counselling at a facility that offers such services. CITC is one of three principal modalities of HIV testing—the other two modalities being provider-initiated testing and counselling (PITC) and HIV self-testing (HIVST). CITC can be undertaken or carried out in community or special purpose settings.
combination HIV prevention	<p>Combination HIV prevention seeks to achieve maximum impact on HIV prevention by combining human rights-based and evidence-informed behavioural, biomedical and structural strategies in the context of a well-researched and understood local epidemic.</p> <p>Combination HIV prevention also can be used to refer to an individual’s strategy for HIV prevention—combining different tools or approaches (either at the same time or in sequence), according to their current situation, risk and choices.</p>
community response	A community response (or community system response) is the collective of community-led activities in response to HIV. These activities are not limited to service delivery and can also include the following: advocacy by civil society and community networks for policies, programming and investments that meet the needs of communities; participation by civil society in monitoring and reporting on progress made in delivering the national HIV response; and work by community systems on addressing inequalities and social drivers that are barriers to universal access. Service delivery by community systems could include community-led HIV testing and counselling, peer-to-peer adherence support, home-based care, delivery of harm reduction services and service delivery by community networks to key populations.
community systems	There is no singular understanding of community systems, but one way of defining them is as “community-led structures and mechanisms used by communities, through which community members and community-based organizations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities” (4). Community systems can be informal and small-scale, or they can be extensive networks of organizations.

community systems strengthening (CSS)

The term community systems strengthening (CSS) refers to initiatives that contribute to the development and/or strengthening of community-based organizations. This is done in order to increase knowledge of (and access to) improved health-service delivery, and it usually includes capacity-building of infrastructure and systems, partnership-building and the development of sustainable financing solutions.

CSS promotes the development of informed, capable and coordinated communities and community-based organizations, groups and structures. In other words, it is the capacity-building and the actions that are needed to ensure that the community response can be delivered through community systems. CSS should reach a broad range of community actors, enabling them to contribute to the long-term sustainability of health and other interventions at the community level, including creating an environment in which these contributions can be effective. should reach a broad range of community actors, enabling them to contribute to the long-term sustainability of health and other interventions at the community level, including creating an environment in which these contributions can be effective.

As a systems approach, CSS aims to strengthen the role and effectiveness of key populations, community actors and organizations in the following areas: design, delivery, monitoring and evaluation of HIV and related services and activities; advocacy and policy; organizational management and development; capacity strengthening; engagement in decision-making processes; and accountability and transparency.

comprehensive sexuality education

Sexuality education is defined as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic and non-judgemental information.” “Sexuality education provides opportunities to explore one’s own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality” (5).

The term comprehensive indicates “that this approach to sexuality education encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality. It is important to understand that comprehensive sexuality education offers the full range of possibilities for young people to practice safer sex and does not just promote messages about abstinence” (6).

<p>comprehensive social protection (see also HIV-related social protection, HIV-sensitive social protection, HIV-specific social protection and social protection)</p>	<p>Comprehensive social protection addresses a range of measures for policy and programming, such as legal reforms to protect the rights of people living with HIV, women and key populations. It also includes economic empowerment programmes, referrals and linkages to maximize the impact of investments in (and across) sectors.</p>
<p>concurrent sexual partnerships</p>	<p>People with concurrent sexual partnerships are involved in overlapping sexual partnerships where intercourse with one partner occurs between two acts of intercourse with another partner. For surveillance purposes, this is defined specifically as those occurring within the past six months. The phrases concurrent sexual partnerships, concurrent partnerships or simply concurrency may be used.</p>
<p>condomless sex</p>	<p>In condomless sex, the sex act is not protected by male or female condoms. Previously known as unprotected sex, this is now increasingly referred to as condomless sex; this is done to avoid confusion with the protection from pregnancy that is provided by other means of contraception.</p> <p>As oral pre-exposure prophylaxis (PrEP) becomes more widespread (and if topical PrEP is introduced), it will become increasingly important to be clear about the different methods of protection against HIV and the other consequences of sex, and how those methods might be used or combined.</p>
<p>contaminated injecting equipment</p>	<p>Drug injecting equipment or other piercing medical and non-medical equipment is said to be contaminated if it contains an infectious agent (such as HIV).</p> <p>Contaminated should be used when referring to objects and never when referring to people.</p>
<p>counselling</p>	<p>Counselling is an interpersonal, dynamic communication process between a client and a trained counsellor (who is bound by a code of ethics and practice) that tries to resolve personal, social or psychological problems and difficulties. In the context of an HIV diagnosis, counselling aims to encourage the client to explore important personal issues, identify ways of coping with anxiety and stress, and plan for the future (such as keeping healthy, adhering to treatment and preventing transmission). 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.</p>

counselling, post-test	<p>Post-test counselling is used to explain the result of the test. It provides additional information on risk-reduction measures—including prevention options for individuals who have tested negative—and it encourages people with high-risk practices or who may have been tested during the window period to come again for testing.</p> <p>The aim of post-test counselling for those who have tested HIV-positive is to help them cope psychologically with the result of the test and understand the services (including treatment and care options) that are available to them. This serves to encourage HIV-positive people to adopt prevention measures to avoid transmission of HIV to their partners and to begin a discussion about issues around disclosure and partner notification. Post-test counselling should be linked to onward referral to care and support services, including antiretroviral therapy, tuberculosis services and family planning (if applicable).</p>
counselling, follow-up	<p>Follow-up counselling after post-test counselling helps clients identify their concerns and supports them in addressing these. Follow-up counselling is of particular importance for supporting prevention of HIV transmission in serodiscordant couples and for linking women of reproductive age with HIV to programmes for the prevention of mother-to-child transmission (which are key to eliminating new HIV infections among children and keeping their mothers alive).</p>
Country Coordinating Mechanism (CCM)	<p>The Country Coordinating Mechanism was established by the Global Fund to fulfill 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 also monitor the implementation of the said proposal once funded.</p>
country dialogue	<p>A term introduced by the Global Fund to define a country-led, inclusive and iterative process that builds upon existing, ongoing country mechanisms and dialogues in health, human rights and development. Although it is not a Global Fund-specific process, the country dialogue is a prerequisite for an application to the Global Fund, and it should include the country coordinating mechanism (CCM), implementers, partners, donors, governments, civil society, key and vulnerable populations and the Global Fund.</p>
coverage rate	<p>Coverage rate is the proportion of individuals accessing and receiving a service or commodity at a point in time. The numerator is the number of people who receive the service and the denominator is the number of individuals who are eligible to receive the service at the same point in time. This is typically measured in surveys, but it also may be measured using service data (e.g. receiving clean needles or antiretroviral therapy).</p>

critical enablers	Critical enablers are “activities that are necessary to support the effectiveness and efficiency of basic programme activities” (7). Programmes that are critical enablers “should be primarily assessed in terms of their effectiveness in increasing the uptake, equitable coverage, rights-based delivery and quality of basic programme activities.” Critical enablers also “overcome major barriers to service uptake, including social exclusion, marginalization, criminalization, stigma and inequity.”
cross-generational relationships	See intergenerational relationships.
development synergies	Development synergies are “investments in other sectors that can have a positive effect on HIV outcomes” (7). Some key development sectors—such as social protection, gender equality, health systems—present opportunities for synergies in multiple contexts. Development synergies “tend to have a broader range of impacts across health and development sectors. Although development synergies can have a profound impact on HIV outcomes, their primary objective is not typically related to HIV. Maximizing the HIV-related benefits and minimizing the HIV-related harm of development synergies would make them HIV-sensitive. The most relevant development synergies for HIV will vary according to epidemic and social contexts.”
directly observed treatment, short course (DOTS)	DOTS is an internationally approved tuberculosis treatment strategy. Despite its name, directly observed treatment (DOT) is only one element of DOTS.
discrimination against women	“Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field” (8).
dual protection (see also multipurpose technologies)	Dual protection strategies are intended to prevent both unintended pregnancy and sexually transmitted infections (including HIV).
elimination of mother-to-child transmission (eMTCT)	See mother-to-child transmission (MTCT).
empowerment (see also women’s empowerment)	Empowerment is action taken to overcome the obstacles of structural inequality that have placed people, especially women, in a disadvantaged position. Social and economic empowerment is a goal and a process aimed at mobilizing people to respond to discrimination and marginalization, achieve equality of welfare and equal access to resources, and become involved in decision-making at the domestic, local and national levels.

enabling environment	<p>There are different kinds of enabling environment in the context of HIV. For instance, an enabling legal environment would not only have laws and policies against discrimination on the basis of sex, health status (including HIV status), age, disability, social status, sexual orientation, gender identity and other relevant grounds, but they would be enforced. In such an environment, people also would have access to justice—that is, a process and remedy if they are aggrieved. An enabling social environment is one in which social protection strategies (e.g. economic empowerment) are in place, and where social norms support knowledge, awareness and healthy behaviour choices.</p>
epidemic	<p>An epidemic refers to a disease condition affecting (or tending to affect) a disproportionately large number of individuals within a population, community or region at the same time. The population may be all of 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). 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.</p> <p>Widely known examples of epidemics include the plague of medieval 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.</p>
epidemiology	<p>Epidemiology is the scientific study of the causes, spatial and temporal distribution, and control of diseases in populations.</p>
equitable health care	<p>This term refers to the provision of health care that takes into account the specific needs and situations of all people in the population in order to ensure that none are discriminated against.</p>
equivalence of health care	<p>In the context of prisons and other closed settings, equivalence of health care refers to the provision of access to preventive, curative, reproductive and palliative health services that have the same norms and standards as those available in the larger community.</p>
extensively drug-resistant tuberculosis (often abbreviated as XDR-TB)	<p>Extensively drug-resistant tuberculosis occurs when the bacteria causing tuberculosis are resistant to isoniazid, rifampicin, fluoroquinolones and at least one injectable second-line drug. The emergence of XDR-TB underlines the necessity of managing tuberculosis programmes in a systematic way at all levels.</p>

Fast-Track	Fast-Track is an approach adopted by UNAIDS to accelerate the implementation of essential HIV prevention and treatment and human rights approaches that will enable the response to outpace the epidemic.
food by prescription (FBP) programming	Food by prescription programming aims to improve health and/or treatment outcomes in patients who have acute malnutrition by providing short-term, individual nutritional supplementation with specialized nutritious foods. FBP programmes usually are directly affiliated with an HIV care and treatment programme or clinic.
full expression of demand	This term was introduced by the Global Fund to define the total amount of funding that is needed to finance a technically appropriate, focused, cost-effective and efficient response that aims to achieve maximum impact against the diseases within a given country context.
gay (see also men who have sex with men)	The term gay can refer to same-sex sexual attraction, same-sex sexual behaviour and same-sex cultural identity. Unless individuals or groups self-identify as gay, the expression men who have sex with men should be used.
gay men and other men who have sex with men (see also gay; men who have sex with men)	The term gay men and other men who have sex with men encompasses both men who self-identify as gay, as well as men who do not, yet who have sex with other men.
gender (see also sex)	<p>Gender “refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities” (9).</p> <p>Note that since many languages do not have the word gender, translators may have to consider alternatives to distinguish between the terms gender and sex.²</p>

2 For instance, translation to Spanish requires care to ensure correct references to gender.

gender-based violence (see also violence against women)

Gender-based violence “describes violence that establishes, maintains or attempts to reassert unequal power relations based on gender.” It encompasses acts that inflict physical, mental or sexual harm or suffering, threat of such acts, coercion and other deprivations of liberty.

“The term was first defined to describe the gendered nature of men’s violence against women. Hence, it is often used interchangeably with violence against women. The definition has evolved to include violence perpetrated against some boys, men and transgender persons because they challenge (or don’t conform to) prevailing gender norms and expectations (e.g. they may have a feminine appearance), or to heterosexual norms” (10).

gender equality

Gender equality—or equality between men and women—is a recognized human right, and it reflects the idea that all human beings, both men and women, are free to develop their personal abilities and make choices without any limitations set by stereotypes, rigid gender roles or prejudices.

Gender equality means that the different behaviours, aspirations and needs of women and men are considered, valued and favoured equally. It also 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—as well as other expressions of gender, including dress, speech and mannerisms.

gender-related barriers

This term refers to the legal, social, cultural or economic barriers to the access of services, participation and/or opportunities that may be imposed on individuals or groups based on socially constructed gender roles.

gender-responsive (see also gender-sensitive)

The term gender-responsive is usually encountered in conjunction with another word (e.g. gender-responsive governance, gender-responsive strategies or gender-responsive treatments). Its meaning is similar to gender-sensitive.

gender-sensitive (see also gender-responsive)	Gender-sensitive policies, programmes or training modules recognize that both women and men are actors within a society, that they are constrained in different and often unequal ways and that they consequently may have differing (and sometimes conflicting) perceptions, needs, interests and priorities.
gender-specific	The term gender-specific is an adjective that refers to any programme or tailored approach that is designed or delivered 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	<p>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 that are based on gender equality.</p> <p>Gender-transformative programmes not only recognize and address gender differences, but they also seek to transform gender norms and stereotypes that increase the vulnerability of people who do not conform to gender norms (including transgender people and gay men and other men who have sex with men). In addition, they attempt to examine the damaging aspects of gender norms, experimenting with new behaviours to create more equitable roles and relationships.</p>
Global AIDS Response Progress Reporting (GARPR)	Global AIDS Response Progress Reporting (GARPR) is a process whereby countries report progress annually on an established set of GARPR indicators (previously, UNGASS indicators). The indicators are designed to assist countries assess the current state of their national HIV response and progress in achieving their national HIV targets. They will contribute to a better understanding of the global HIV response to the AIDS epidemic, including progress towards the global targets set in the 2011 United Nations Political Declaration on HIV and AIDS and the Millennium Development Goals.
Global Fund concept note	A term introduced by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to define an application to request new funds from the Global Fund for any one of the three diseases or for cross-cutting support for health and community system strengthening.
Global Fund Funding Model	The Global Fund has changed its funding model in order to have a bigger impact on the three diseases. The Global Fund Funding Model was designed to have predictable funding, to reward ambitious vision and to work on more flexible timings with a smoother, shorter process that ensures a higher success rate for applications.

greater involvement of people living with HIV/AIDS³ (GIPA)	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. For more information, see http://data.unaids.org/pub/BriefingNote/2007/JC1299_Policy_Brief_GIPA.pdf .
harm reduction	<p>The term harm reduction refers to a comprehensive package of policies, programmes and approaches that seeks to reduce the harmful health, social and economic consequences associated with the use of psychoactive substances. The elements in the package are as follows: needle and syringe programmes; opioid substitution therapy; HIV testing and counselling; HIV care and antiretroviral therapy for people who inject drugs; prevention of sexual transmission; outreach (information, education and communication for people who inject drugs and their sexual partners); viral hepatitis diagnosis, treatment and vaccination (where applicable); and tuberculosis prevention, diagnosis and treatment.</p> <p>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 is a harm reduction measure that helps to reduce the risk of blood-borne infections.</p>
harmful gender norms	Harmful gender norms are social and cultural norms of gender that cause direct or indirect harm to women and men. Some examples are norms that contribute to women's risk and vulnerability to HIV, or those that hinder men from assuming their share of the burden of care or from seeking information, treatment and support.
health care	Health care includes preventive, curative and palliative services and interventions that are delivered to individuals or populations.
health education (see also counselling, behaviour change communication)	<p>Health education is the provision of accurate and appropriately contextualized information on health (e.g. according to age, sex and culture) that is aimed at assisting individuals to make informed choices to improve their health.</p> <p>In the context of HIV, health education and counselling are closely linked and may take place at the same time. While the aim of health education is to help a person make informed choices regarding sexual behaviour and healthy practices, counselling relates more to exploring challenges to behaviour change (if the individual is HIV-negative) or issues like living positively, coping with anxiety and stress, and overcoming barriers to HIV prevention and treatment adherence (if the individual is living with HIV).</p>

3 Although the term GIPA is in widespread usage, UNAIDS no longer encourages the use of HIV/AIDS as a term. Thus, GIPA really stands for greater involvement of people living with HIV.

health sector	The health sector encompasses a number of related organizations and services. These include 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. It also includes institutions that provide direct input into the health-care system, such as the pharmaceutical industry and teaching institutions.
health system	A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. It involves the broad range of individuals, institutions and actions that help to ensure the efficient and effective delivery and use of products and information to provide prevention, treatment, care and support for those who need such services.
health systems strengthening	The term health systems strengthening refers to a process that improves a health system's capacity to deliver effective, safe and high-quality services equitably. Areas that require strengthening are typically the service delivery system, health workforce, health information system, systems to guarantee equitable access to health commodities and technologies, and health financing systems. Leadership, governance and accountability also can be strengthened.
HIPC Initiative: Heavily Indebted Poor Countries Initiative	<p>The Heavily Indebted Poor Countries (HIPC) Initiative is an international debt relief mechanism that provides special assistance to the world's poorest countries. It does this by increasing the funds that countries have at their disposal and ensuring that those funds are channelled to core human development priorities (such as basic health care), thus helping countries meet the Millennium Development Goals. Launched in 1996 by the World Bank and the International Monetary Fund, the HIPC Initiative was further enhanced in 1999, and it has already helped some of the poorest nations in the world free up precious resources for human development that otherwise would have been spent on servicing debt.</p> <p>As of January 2012, the HIPC Initiative had identified 39 countries, including 33 in sub-Saharan Africa, as being potentially eligible to receive debt relief. The Initiative includes debt relief/cancellation and structural and social policy reform, with a particular focus on basic health and education. By giving HIV a prominent place in the required Poverty Reduction Strategy Papers and HIPC Initiative agreements, there is significant potential for dedicating more resources to address HIV needs.</p>

heterosexual	The term heterosexual is used to refer to people who have sex with and/or are attracted to people of the opposite sex.
highly active antiretroviral therapy (HAART) (see antiretroviral medicines/antiretrovirals (ARVs)/ antiretroviral therapy (ART)/ HIV treatment)	HAART refers to the use of a combination of antiretroviral medicines that, when used together, can prevent HIV replication and suppress viral load. Often used interchangeably with ART. The term is no longer commonly used today.
HIV cure (functional or sterilizing)	<p>A sterilizing cure is a theoretical concept referring to the complete eradication of all viable HIV in the body, including provirus within cellular reservoirs.</p> <p>A functional cure is analogous to remission in cancer care; some authors now use remission in preference to the term cure. It implies that there is no evidence of ongoing viral replication, and that such a state persists despite not taking antiretroviral therapy.</p>
HIV-negative (seronegative)	A person who is HIV-negative (also known as seronegative) shows no evidence of HIV in a blood test (e.g. there is an absence of antibodies against HIV). The test result of a person who has acquired HIV but is in the window period between HIV exposure and detection of antibodies also will be negative.
HIV-positive (seropositive)	A person who is HIV-positive (or seropositive) has had antibodies against HIV detected in a blood test or gingival exudate test (commonly known as a saliva test). Results may occasionally be false-positive, especially in infants up to 18 months of age who are carrying maternal antibodies.

HIV-related disease

Symptoms of HIV may occur both at the time of HIV infection and after immune compromise sets in. When the virus comes into contact with mucosal surfaces during initial infection with HIV, 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 will escape; it may remain undetectable, sequestered in reservoirs for months or 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; this is sometimes referred to as advanced HIV infection, which leads to the manifestation of AIDS.

**HIV-related social protection
(see also comprehensive social protection, HIV-sensitive social protection, HIV-specific social protection and social protection)**

This term refers to programmes that are designed for the general public but that tend also to address HIV. Examples include social protection programmes that target older people (over the age of 60 years) in high-prevalence countries, which also will reach older caregivers who face specific HIV caregiving burdens.

**HIV-sensitive social protection
(see also comprehensive social protection, HIV-related social protection, HIV-specific social protection and social protection)**

Under an HIV-sensitive approach, people living with HIV and other vulnerable populations are provided with services together; this prevents the exclusion of equally needy groups. HIV-sensitive social protection is the most preferred approach, as it avoids the stigmatization that can be caused by focusing exclusively on HIV.

Approaches to HIV-sensitive social protection include the following: financial protection through predictable transfers of cash, food or other commodities 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.

HIV-specific social protection
(see also **comprehensive social protection, HIV-related social protection, HIV-sensitive social protection and social protection**)

This term refers to programmes that focus exclusively on HIV and people living with and affected by HIV. Under HIV-specific programmes, HIV services are provided for free, and financial incentives are offered to encourage access to them. Examples of this might include cash refunds to address the opportunity costs of accessing services and free food and nutrition for people living with HIV on antiretroviral therapy or tuberculosis treatment in order to encourage adherence to treatment.

HIV testing services (HTS)
(see also **client-initiated testing and counselling (CITC) and provider-initiated testing and counselling (PITC)**)

HIV testing is the gateway to HIV treatment and care, and it is critical in the scale-up of universal access to HIV prevention, including in the context of male circumcision, elimination of new infections among children and antiretroviral medicine based prevention approaches (including pre-exposure prophylaxis or post-exposure prophylaxis).

The term HIV testing services (HTS) is used to embrace the full range of services that should be provided together with HIV testing. HIV testing should be undertaken within the framework of the 5Cs: consent, confidentiality, counselling, correct test results and connection/linkage to prevention, care and treatment.

HIV treatment cascade

The term HIV treatment cascade is used to refer to the chain of events that are involved in an HIV -positive person receiving treatment until his or her viral load is suppressed to undetectable levels. Each step in the cascade is marked by an assessment of the number of people who have reached that stage, making it possible to determine where gaps might exist in the treatment of people living with HIV. It emphasizes the need to focus on all the required steps in order to suppress the virus in the cohort of people living with HIV.

The stages of the HIV treatment cascade are as follows: the number of people living with HIV; the number who are actually linked to medical care; the number who start HIV treatment; the number who adhere to their treatment regimen; and, finally, the number who suppress HIV to undetectable levels in their blood.

HIV vaccine

A vaccine is a substance that when introduced into the body teaches the body's immune system to fight off disease. An HIV vaccine elicits an immune response by effectively making the body create antibodies and/or cells against HIV.

The first vaccine to reduce the risk of HIV infection in people was RV144, in a trial conducted in Thailand and reported in 2009. Those who got the vaccine were 31% less likely to acquire HIV than those who received a placebo. The Pox-Protein Public-Private Partnership (P5) aims to build on the RV144 findings. It hopes to increase the level and durability of protection by using an extra vaccine boost and different adjuvants.

Preventive vaccines aim to prevent HIV infection in HIV-negative people; therapeutic vaccines, on the other hand, aim to build immune strength and help to control the virus in people already living with HIV.

homophobia

Homophobia is the fear or rejection of (or aversion to) homosexuals and/or homosexuality. This often takes the form of stigmatizing attitudes or discriminatory behaviour, and it occurs in many settings in all societies, often beginning as early as school.

homosexual

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 people of the same sex. This should not be confused with the Latin word homo, meaning a man.

human immunodeficiency virus (HIV)

HIV is a virus that weakens the immune system, ultimately leading to AIDS.

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, instead turning it into an HIV factory.

human immunodeficiency virus type 2 (HIV-2)

HIV-2 is a virus closely related to HIV-1 that also has 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 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.

human rights-based approach (HRBA)

A human rights-based approach is a conceptual framework for the HIV response that is grounded in international human rights norms and principles, both in terms of process (e.g. right to participation, equality and accountability) and outcome (e.g. rights to health, life and scientific progress). HRBA addresses discriminatory practices and unjust distributions of power that impede progress in the HIV response by strengthening the capacities of rights-holders to claim their rights and the ability of duty-bearers to meet their obligations.

incentive funding

Incentive funding is a term introduced by the Global Fund to define a separate reserve of funding that rewards high-impact, well-performing programmes and encourages ambitious but feasible requests that make a particularly strong case for investment.

incidence

HIV incidence is expressed as the number of new HIV infections over the number of people susceptible to infection in a specified time period. Cumulative incidence may be expressed as the number of new cases arising in a given period in a specified population. UNAIDS reports the estimated number of incident cases that occurred in the past year among people aged 15–49 years and 0–14 years.

intergenerational relationships (see also age-disparate relationships)

Intergenerational relationships and cross-generational relationships generally refer to relationships where there is a 10-year (or greater) age disparity between sexual partners (3).

intersex

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

intimate partner transmission

The term intimate partner transmission (also known by its full name, HIV transmission in intimate partner relationships) describes the transmission of HIV to individuals from their regular partners who inject drugs, who have sex with other people, including with sex workers, people who inject drugs, or gay men and other men who have sex with men.

intimate partner violence (IPV)

Intimate partner violence is “behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours” (10). It is one of the most common forms of violence against women with one in three women globally experiencing IPV in their lifetime (11).

investment approach

An investment approach maximizes the returns on investment in the HIV response. It allocates resources towards combinations of interventions that will achieve the greatest impact, and it enhances equity and impact by focusing efforts on key locations and populations with the greatest needs.

An investment approach also improves the efficiency of HIV prevention, treatment, care and support programmes. It does this by using empirical evidence and modelling to identify priorities and gaps, as well as enabling countries to secure sustainable funding for HIV programmes.

Finally, an investment approach provides the framework to align government domestic funding strategies for the medium and long term with donor-supported efforts.

investment case

An investment case is a document that makes the case for optimized HIV investments. At its core, it is a description of returns on investment in a country’s optimized HIV response over the long term (typically more than 10 years). It summarizes the state of the epidemic and the response, describing the prioritized interventions to be implemented—and the populations and geographic areas that should be focused on—in order to achieve the greatest impact, indicating the resources required. It also outlines the main access, delivery, quality and efficiency issues to be addressed in order to improve HIV services, and it describes what will be done to address these issues. Finally, it includes an analysis of (and plan for) realistic and more sustainable financing of the HIV response, incorporating increases in domestic financing where relevant.

An investment case is a means of demonstrating national leadership in the response. It has the capacity to unite diverse stakeholders, including the ministries of finance, health, development and planning, civil society, people living with HIV and international partners. It articulates a common effort to identify programmatic gaps and bottlenecks, and to create a road map for action. An investment case can be different from a national strategic plan, which often includes an extensive and aspirational articulation of needs and is constrained by set time frames.

investment case

An investment case is a document that makes the case for optimized HIV investments. At its core, it is a description of returns on investment in a country's optimized HIV response over the long term (typically more than 10 years). It summarizes the state of the epidemic and the response, describing the prioritized interventions to be implemented—and the populations and geographic areas that should be focused on—in order to achieve the greatest impact, indicating the resources required. It also outlines the main access, delivery, quality and efficiency issues to be addressed in order to improve HIV services, and it describes what will be done to address these issues. Finally, it includes an analysis of (and plan for) realistic and more sustainable financing of the HIV response, incorporating increases in domestic financing where relevant.

An investment case is a means of demonstrating national leadership in the response. It has the capacity to unite diverse stakeholders, including the ministries of finance, health, development and planning, civil society, people living with HIV and international partners. It articulates a common effort to identify programmatic gaps and bottlenecks, and to create a road map for action. An investment case can be different from a national strategic plan, which often includes an extensive and aspirational articulation of needs and is constrained by set time frames.

key populations (see also young key populations)

UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people and people who inject drugs as the four main key population groups. These populations often suffer from punitive laws or stigmatizing policies, and they are among the most likely to be exposed to HIV. Their engagement is critical to a successful HIV response everywhere—they are key to the epidemic and key to the response. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

The term key populations also is used by some agencies to refer to populations other than the four listed above. For example, prisoners and other incarcerated people also are particularly vulnerable to HIV; they frequently lack adequate access to services, and some agencies may refer to them as a key population.

The term key populations at higher risk also may be used more broadly, referring to additional populations that are most at risk of acquiring or transmitting HIV, regardless of the legal and policy environment. In addition to the four main key populations, this term includes people living with HIV, seronegative partners in serodiscordant couples and other specific populations that might be relevant in particular regions (such as young women in southern Africa, fishermen and women around some African lakes, long-distance truck drivers and mobile populations).

know your epidemic, know your response	UNAIDS uses the expression know your epidemic, know your response to emphasize the approach to programme planning that uses granular data analysis to tailor the HIV response accordingly.
latency	<p>This term describes a virus that exists inside a body in an inactive or resting (latent) state. Latent viruses do not produce more viruses, and they can exist in cellular pools, often referred to as reservoirs, in a person's body, not causing any observable symptoms for a considerable period of time before re-awakening and becoming active again.</p> <p>HIV is capable of latency, as seen in the reservoirs of latently HIV-infected cells that persist despite antiretroviral therapy. It is because of this HIV persistence that antiretroviral therapy must to be taken for life.</p>
lesbian (see also women who have sex with women (WSW))	A lesbian is a woman attracted to other women. She may or may not be having sex with women, and a woman having sex with women may or may not be a lesbian. The term women who have sex with women should be used unless individuals or groups self-identify as lesbians.
lesbian, gay, bisexual, transgender and intersex people (LGBTI 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.
location	See population and location.
loss/lost to follow-up	This term refers to patients/research participants who at one point in time were actively participating in a clinical research trial, but who have since become lost at the point of follow-up. It also can refer to people who have registered to receive some kind of health service or commodity at a point in time, but who have not done so until completion, instead dropping out of care/treatment.
masculinities	“Socially constructed definitions and perceived notions and ideals about how men should or are expected to behave in a given setting. Masculinities are configurations of practice structured by gender relations, and can change over time. Their making and remaking is a political process affecting the balance of interests in society and the direction of social change” (12).

maternal mortality

Maternal death is “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes” (13).

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 of women who are HIV-positive

These are deaths of HIV-positive women who die of an underlying obstetric cause. They are categorized as maternal deaths.

Indirect maternal deaths aggravated by HIV

These 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 (International Classification of Diseases (ICD) code O98.7). These deaths are categorized as maternal deaths.

HIV-related deaths of women during pregnancy, delivery or puerperium

The underlying cause of death is AIDS-related illness (ICD codes B20–24). These deaths are not classified as maternal deaths.

HIV-associated deaths of women during pregnancy, delivery or puerperium (summary term)

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

**men who have sex with men
(see also gay)**

The term men who have sex with men describes males who have sex with males, regardless of whether or not they also 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 who have sex with other men.

When referring to men who have sex with men no abbreviations, such as MSM, should be used, since this is dehumanizing.

Rather, the group should be written out in full, although abbreviations for population groups can be used in charts or graphs where brevity is required.

microbicides	A microbicide is a general term for products used topically to serve as a barrier to infection. These may be developed as creams, vaginal or rectal gels, or rings, and they may contain antiretroviral medicines or other antiviral compounds.
migrant worker	The term migrant worker refers to a person who is engaged (or has been engaged) in a remunerated activity in a state of which he or she is not a national (14). Internal migration, including for seasonal work, may also be important in the context of HIV epidemics in some countries.
migration and forced displacement	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 both to forcibly displaced populations and non-displaced populations that are in crisis settings.
Millennium Development Goals (MDGs)	Eight goals were agreed to at the Millennium Summit in September 2000. While Goal 6 refers specifically to halting and reversing HIV and other infectious diseases, a lack of progress across other MDGs may seriously curtail progress in tackling HIV; conversely, success in attaining other MDGs is being hampered by the HIV epidemic. For more information, see www.un.org/millenniumgoals .
mobile worker	<p>The term mobile worker refers to a large category of persons who may cross borders or move within their own country on a frequent and short-term basis for a variety of work-related reasons. This is done without changing their primary residence or home base.</p> <p>Mobile work involves a range of employment or work situations that require workers to travel in the course of their work. Mobile workers usually are in regular or constant transit—sometimes in (regular) circulatory patterns and often spanning two or more countries—and they can be away from their habitual or established place of residence for varying periods of time.</p>
modes of transmission	Modes of transmission is an abbreviation for 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. 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 an assessment of a country’s current resource allocation—against the findings of the modes of transmission modelling facilitates an analysis of the likely effectiveness of the existing response for the consideration of decision-makers. This process is sometimes referred to as know your epidemic, know your response or tailor your response.

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 four-prong strategy for stopping new HIV infections among children and keeping their mothers alive and families healthy. The four prongs are: helping reproductive-age women avoid HIV (prong 1); reducing unmet need for family planning (prong 2); providing antiretroviral medicine 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 often is mistakenly used to refer to only prong 3—the provision of antiretroviral medicine prophylaxis. Some countries prefer to use the terms 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. Still other countries and organizations use the term elimination of mother-to-child transmission (eMTCT). The UNAIDS preferred terminology for the four programmatic prongs is eliminating (or stopping/ending) new HIV infections among children and keeping their mothers alive. It has no abbreviation.

WHO guidelines on the use of antiretroviral medicines for treating and preventing HIV infection in 2013 recommends two options for pregnant and breastfeeding women: (1) providing lifelong antiretroviral therapy to all pregnant and breastfeeding women living with HIV, regardless of CD4 count or clinical stage; and (2) providing antiretroviral therapy for pregnant and breastfeeding women living with HIV during the mother-to-child transmission risk period, and then continuing lifelong antiretroviral therapy for women who are eligible for treatment for their own health. These treatment options are commonly still referred to as Option B+ and Option B, respectively.

Option A, which provides prophylaxis for mothers who are not yet eligible for ART for their own health (rather than treatment for both mother and infant), is no longer formally recommended by WHO, although it is still used in some countries.

multidrug-resistant tuberculosis (MDR-TB)

MDR-TB is a specific form of drug-resistant tuberculosis, caused by a bacillus that is resistant to at least isoniazid and rifampicin, the two drugs that form the backbone of standard anti-tuberculosis treatment.

multipurpose technologies (see also dual protection)

Multipurpose technologies are devices or approaches that protect against both HIV and other sexual-related consequences (such as other sexually transmitted infection or pregnancy). Male and female condoms are two examples, but others are in development, including intravaginal rings containing both contraceptives and antiretroviral medicines to prevent HIV infection.

National AIDS spending assessment (NASA)

NASA describes the flow of resources spent in the HIV response from their origin to the beneficiary populations. It provides decision-makers with strategic information that allow countries to mobilize resources, and have a stronger accountability and a more efficient and effective programme implementation. NASA is a tool within the national monitoring and evaluation framework and is a recommended measurement tool to track HIV spending at the country level. For more details, see <http://www.unaids.org/en/dataanalysis/datatools/nasapublicationsandtools>.

national strategic plan (NSP)

Other terms related to NSP 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.

needle-syringe programme (NSP)

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. Exchange, as implied by the term, required the presentation of used equipment in order to get new clean ones, and this 'condition' has been associated with negative incidents. Both terms, however, refer to programmes aimed at increasing the availability of sterile injecting equipment.

noncommunicable diseases (NCDs)

Noncommunicable diseases are a group of chronic diseases that account for 68% (in 2012) of all deaths worldwide. The WHO Global Action Plan focuses on four major noncommunicable diseases: cardiovascular diseases (including high blood pressure and atherosclerosis that causes heart attacks and stroke); cancer (despite the fact that many cancers, including major killers such as cervical cancer, are in fact caused by viruses or are associated with HIV, such as Kaposi's sarcoma); chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma); and diabetes. These four major groups of conditions also share four major risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. Other causes of disability and death that are not communicable—such as road traffic injuries—are not generally included within the term NCDs, nor are mental health or degenerative and other neurological diseases.

NCDs share many guiding principles with HIV, including the following: a response that involves the whole of society and not just the health sector; community engagement and behaviour change; social justice and equity; and chronic disease management through effective, accessible and affordable health systems.

nutritional support

Nutritional support aims to ensure adequate nutrition of individuals and households. It includes an assessment of the dietary intake, nutritional status and food security of an individual or household, as well as the provision of nutrition education and counselling on how to ensure a balanced diet, mitigate side-effects of treatment and infections, and ensure access to clean water. It also might, where necessary, provide food supplements or micronutrient supplementation.

opioid substitution treatment or 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 the improvement of adherence to antiretroviral therapy. The most common drugs used in OST are methadone and buprenorphine.

opportunistic infection

Opportunistic infections are infections 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 people diagnosed with AIDS include *Pneumocystis jirovecii* pneumonia, cryptosporidiosis, histoplasmosis, bacterial infections and some kinds of cancer, as well as other kinds of parasitic, viral and fungal infections. In many countries, tuberculosis is the leading HIV-associated opportunistic infection.

parent-to-child transmission

See also mother-to-child transmission.

**population and location
(see also key populations)**

In the context of HIV, population and location or local epidemic is a concept that is used to help prioritize programme activities within the HIV response. It refers to the need to focus on specific areas and specific populations where there is high HIV prevalence or incidence. The result of using a population and location approach will be a more efficient HIV response based on a more distilled knowledge of the HIV epidemic in the country.

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 their HIV status. It was coined in April 2009 during an international meeting organized by the Global Network of People Living with HIV (GNP+) and UNAIDS, and its goal is to replace terms such as positive prevention or prevention by and for positives, in order to avoid dehumanizing people by using labels to refer to them. Encompassing strategies to protect sexual and reproductive health and to delay HIV disease progression, the term includes individual health promotion, access to HIV and sexual and reproductive health services, community participation, advocacy and policy change.

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 (e.g. a needlestick injury) or non-occupational (e.g. condomless sex with a seropositive partner). The latter is sometimes referred to as non-occupational post-exposure prophylaxis (N-PEP).

poverty reduction strategy paper (PRSP)

Poverty reduction strategy papers are prepared by Member States through a participatory process involving domestic stakeholders and external development partners, including the World Bank and the International Monetary Fund. For more information, see www.imf.org/external/np/prsp/prsp.asp.

pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) refers to antiretroviral medicines prescribed before exposure (or possible exposure) to HIV. Several studies have demonstrated that a daily oral dose of appropriate antiretroviral medicines is effective in both men and women for reducing the risk of acquiring HIV infection through sexual or injection transmission.

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. HIV prevalence also can refer to the number of people living with HIV. UNAIDS normally reports HIV prevalence among people aged 15–49 years.

The term prevalence rates is not used; prevalence is sufficient.

prisons and other closed settings

Prisons and other closed settings refers to places of detention that hold people who are awaiting trial, who have been convicted or who are subject to other conditions of security. These settings may differ in some jurisdictions, and they can include jails, prisons, police detention, juvenile detention, remand/pretrial detention, forced labour camps and penitentiaries. There is a need to be inclusive in the language used to describe prisoners and other incarcerated people. Universal access to HIV prevention, treatment, care and support ideally should extend to these settings.

programme integration

The term programme integration refers to joining together different kinds of services or operational programmes in order to maximize efficiency and outcomes at a programme level (e.g. by organizing referrals from one service to another, or by offering one-stop comprehensive and integrated services). At the policy level, integration requires joint planning and budgeting, strategic leadership and policies, and efforts to strengthen health systems.

provider-initiated testing and counselling (PITC) (see also client-initiated testing and counselling (CITC) and HIV testing services (HTS))

Provider-initiated testing and counselling (PITC) refers to HIV testing and counselling that is recommended by health-care providers to people attending health-care facilities as a standard component of medical care. It is offered routinely to all people attending a service (such as pregnant women attending antenatal care) and is recommended as an opt-out approach; that is, it remains voluntary and the decision not to take the test is left with the patient.

The purpose of provider-initiated testing and counselling is to enable specific clinical decisions to be made (or specific medical services to be offered) that would not be possible without knowledge of the person's HIV status. It also helps to identify unrecognized or unsuspected HIV infection among people attending health-care facilities.

reproductive health

Reproductive health "is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility that are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant" (15).

reproductive rights	Reproductive rights “embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community” (15).
reservoirs	See latency.
risk	<p>Risk is defined as the risk of exposure to HIV or the likelihood that a person may acquire HIV. Behaviours, not membership of a group, place individuals in situations in which they may be exposed to HIV, and certain behaviours create, increase or perpetuate risk.</p> <p>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 with any particular group.</p>
risk compensation	The term risk compensation is 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. For example, because circumcision provides partial protection from HIV, a circumcised man may think that he can no longer acquire HIV and may stop using condoms consistently. Another would be the perception that protection from infection is less important because treatment is becoming more available. Tailored effective communication strategies aim to minimize risk compensation when new, partially protective prevention tools are introduced.
school-related gender-based violence (SRGBV)	School-related gender-based violence refers “to acts of sexual, physical or psychological violence inflicted on children in and around schools because of stereotypes and roles or norms attributed to or expected of them because of their sex or gendered identity. It also refers to the differences between girls’ and boys’ experience of and vulnerabilities to violence” (16).

screening

Screening is a population-based intervention offered to an identified key population that attempts to detect medical conditions in individuals and groups that are not experiencing signs and symptoms of illness. It is a key strategy of preventative medicine and should be distinguished from diagnosis and active case finding.

Screening may be misused to identify the HIV status of individuals for employment and insurance purposes. According to the International Guidelines on HIV/AIDS and Human Rights (Article 22), laws, regulations and collective agreements should be enacted to do the following, among others: guarantee freedom from HIV screening for employment, promotion, training or benefits; ensure confidentiality regarding all medical information, including HIV status; and provide employment security for workers living with HIV (17). These principles are found in ILO Recommendation No. 200 (18).

second generation surveillance

Second generation surveillance for HIV is the regular and systematic collection, analysis, interpretation, reporting and use 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 in order to identify or explain changes in levels of infection and the monitoring of sexually transmissible infections in populations at risk of acquiring HIV. These different components achieve greater or lesser significance depending on the surveillance needs of a country, as determined by the nature of the epidemic it is facing.

seroprevalence (see also seronegative and seropositive)

As related to HIV infection, seroprevalence is the proportion of people 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 or absence of antibodies in the blood. The term is often used to refer to HIV antibody status.

sex (see also gender)

The term sex refers to biologically determined differences that are used to label individuals as males or females. The bases for this classification are reproductive organs and functions.

sexual and reproductive health package

This term refers to programmes, supplies and multi-integrated services to ensure that people are able to have not only a responsible, satisfying and safer sex life, but also the capability to reproduce and the freedom to decide if, when and how often to do so. It is particularly important that this decision be free of any inequality based on socioeconomic status, education level, age, ethnicity, religion or resources available in their environment.

A sexual and reproductive health package aims to guarantee that men and women are informed of (and to have access to) the following resources: safe, effective, affordable and voluntary acceptable methods of birth control; access to appropriate health-care services for sexual and reproductive care, treatment and support; and access to comprehensive sexuality education. A package also includes (but is not limited to): pregnancy-related services (and skilled attendance and delivery), as well as emergency obstetric and post-abortion care; STI and HIV prevention, diagnosis and treatment; prevention and early diagnosis of breast and cervical cancers; and prevention of gender-based violence and care for survivors of gender-based violence.

sexual and reproductive health programmes and policies

Sexual and reproductive health programmes and policies include, but are not restricted to, the following: 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 health

Sexual health is “not merely the absence of disease, dysfunction or infirmity—it is a state of physical, emotional, mental and social well-being in relation to sexuality. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences that are free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (19).

sexual orientation

The term sexual orientation refers to each person’s capacity for profound emotional, affectional and sexual attraction to (and intimate and sexual relations with) individuals of any sex. SOGI, an often used abbreviation, stands for sexual orientation, gender identity.

sexual rights

Sexual rights embrace a “human right that already are recognized in many national laws, international human rights documents and other consensus statements: the right of all persons to the highest attainable standard of sexual health, free of coercion, discrimination and violence. This includes the following: accessing sexual and reproductive health-care services; seeking, receiving and imparting information related to sexuality; obtaining sexuality education; enjoying respect for bodily integrity; choosing a partner; deciding to be sexually active or not; participating in consensual sexual relations; engaging in consensual marriage; determining whether or not (and when) to have children; and pursuing a satisfying, safe and pleasurable sexual life” (19).

**social change communication
(see also behaviour 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. These circumstances (which include the health system) are shaped by the distribution of money, power and resources at the global, national and local levels, and these factors 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 that are seen within (and between) countries. It is common practice in public health to use the term as an umbrella concept that incorporates not only social factors influencing health, but also economic, cultural or environmental factors (including those codified in laws and policies) and those operating through community norms.

The term overlaps with socioeconomic determinants of health and structural determinants of health, but social determinants of health is an 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 the term refers to social, economic, cultural or other structural factors within a specific context.

social protection (see also comprehensive social protection, HIV-related social protection, HIV-sensitive social protection and HIV-specific social protection)

Social protection has been defined as “all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of the poor, vulnerable and marginalized groups” (20).

Social protection is more than cash and social transfers; it encompasses economic, health and employment assistance to reduce inequality, exclusion and barriers to accessing HIV prevention, treatment, care and support services.

standard precautions

The expression standard precautions has now replaced universal precautions. It describes standard infection control practices—including the use of gloves, barrier clothing, masks and goggles (when anticipating splatter)—to be used universally in health-care settings in order to minimize the risk of exposure to pathogens found in tissue, blood and body fluids.

stigma and discrimination

Stigma is derived from a Greek word meaning a mark or stain, and it refers to beliefs and/or attitudes. Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others, such as when certain attributes are seized upon within particular cultures or settings and defined as discreditable or unworthy. When stigma is acted upon, the result is discrimination.

Discrimination refers to any form of arbitrary distinction, exclusion or restriction affecting a person, usually (but not only) because of an inherent personal characteristic or perceived membership of a particular group. It is a human rights violation. In the case of HIV, this can be a person’s confirmed or suspected HIV-positive status, irrespective of whether or not there is any justification for these measures. The terms stigmatization and discrimination have been accepted in everyday speech and writing, and they may be treated as plural.

strategic use of antiretrovirals/ARVs A collective term that refers to the different strategies for using antiretroviral medicines for HIV prevention and treatment. These include the following: antiretroviral medicines given to treat HIV-positive individuals in order to reduce HIV-related morbidity and mortality (antiretroviral therapy); antiretroviral medicine prophylaxis for pregnant women living with HIV to prevent HIV transmission to their infants (PMTCT); antiretroviral medicines given to HIV-positive individuals in order to prevent HIV transmission (e.g. in serodiscordant relationships); and antiretroviral medicines given to HIV-negative individuals in order to prevent HIV acquisition (PrEP or PEP). The use of topical antiretrovirals to prevent HIV acquisition (topical PrEP) is still being researched, and it is not generally included within the term strategic use of antiretrovirals.

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

surveillance Public health surveillance is the continuous systematic collection, analysis and interpretation of health-related data that are needed for the planning, implementation and evaluation of public health practice.

sustainable development goals (SDGs) The agreement of Member States to launch a process to develop a set of sustainable development goals (SDGs) was one of the main outcomes of the Rio+20 Conference. The SDGs will build upon the MDGs and provide a framework for the post-2015 development agenda.

The outcome document of the Open Working Group (OWG) on the SDGs proposes 17 goals, of which the third is: “Ensure healthy lives and promote well-being at all ages”. Specifically, target 3.3 states: “by 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases”. For more information, see <http://sustainabledevelopment.un.org>.

syndrome d’immunodéficience acquise (sida) The French language abbreviation for AIDS; it is not capitalized (write sida). The same acronym is used in several other languages, including Spanish, where it also appears as sida. Do not confuse with SIDA (Swedish International Cooperation Agency).

systemic factors Systemic factors are factors inherent in a system that preclude individual and isolated factors. This relates to how systems function and allocate resources.

technical support facility (TSF)

UNAIDS established technical support facilities (TSFs) in 2005 to provide timely and quality technical support to ensure the most efficient and effective use of the resources available in response to the epidemic. 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.

ten targets of the 2011 United Nations Political Declaration on HIV and AIDS

1. Reduce sexual transmission of HIV by 50% by 2015.
 2. Reduce transmission of HIV among people who inject drugs by 50% by 2015.
 3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths.
 4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015.
 5. Reduce tuberculosis deaths in people living with HIV by 50% by 2015.
 6. Close the global AIDS resource gap by 2015 and reach annual global investment of US\$ 22–24 billion in low- and middle-income countries.
 7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV.
 8. Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms.
 9. Eliminate HIV-related restrictions on entry, stay and residence.
 10. Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts, as well as to strengthen social protection systems.
-

test and treat

Test and treat is sometimes used as a way of referring to voluntary HIV testing and the offer of antiretroviral therapy after diagnosis, irrespective of WHO clinical stage or CD4 cell count. The voluntary nature of both testing and treatment should be emphasized to ensure that individual autonomy is respected.

Where test and treat is offered, it is necessary to establish strong support for adherence in order to keep people on lifelong treatment. In addition, test and treat strategies always should be supplemented by strong combination HIV prevention, including risk reduction counselling, condom provision and/or PrEP. In settings where it is recommended, test and treat also can include referral to male circumcision services for men who test negative for HIV.

three Is for HIV/TB

The three Is for HIV/TB—isoniazid preventive treatment, intensified case finding for active tuberculosis and tuberculosis infection control and early antiretroviral therapy (per national guidelines) and for active TB (irrespective of CD4 count)—are key public health strategies to decrease the impact of tuberculosis on people living with HIV, their partners and family, and the community.

transgender

Transgender is an umbrella term to describe people whose gender identity and expression does not conform to the norms and expectations traditionally associated with their sex at birth. Transgender people include individuals who have received gender reassignment surgery, individuals who have received gender-related medical interventions other than surgery (e.g. hormone therapy) and individuals who identify as having no gender, multiple genders or alternative genders.

Transgender individuals may self-identify as transgender, female, male, transwoman or transman, transsexual, hijra, kathoey, waria or one of many other transgender identities, and they may express their genders in a variety of masculine, feminine and/or androgynous ways. Due to this diversity, it is important to learn and use positive local terms for transgender people, and to avoid derogatory terms.

transphobia

Transphobia is fear and rejection of (or aversion towards) transgender people, often in the form of stigmatizing attitudes or discriminatory behaviour.

TRIPS Agreement (Agreement on Trade-related Aspects of Intellectual Property Rights)

The Agreement on Trade-related Aspects of Intellectual Property Rights (or TRIPS), supervised by the World Trade Organization, provides certain flexibilities to low- and middle-income countries with respect to pharmaceutical patent protection.

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 medicines). 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 granting pharmaceutical patents until 1 January 2016. For more information, see www.wto.org/english/tratop_e/trips_e/trips_e.htm.

tuberculosis (TB)

Tuberculosis (TB) is the leading HIV-associated opportunistic infection in low- and middle- income countries, and it is a leading cause of death globally among people living with HIV. The term HIV-associated tuberculosis or HIV-associated TB should be used, rather than the shorthand HIV/TB, in order to distinguish such instances from tuberculosis per se.

The main strategies to reduce the burden of HIV in TB patients are HIV testing (for people whose HIV status is unknown) and the provision of antiretroviral therapy and cotrimoxazole preventive therapy (CPT) (for people living with HIV). The main activities to reduce TB among people living with HIV are regular screening for TB among people in HIV care and the provision of isoniazid preventive therapy (IPT) and ART to HIV-positive people without active TB who meet eligibility criteria.

undernutrition

A state of undernutrition is the consequence of an insufficient intake of energy, protein and/or micronutrients, poor absorption or rapid loss of nutrients due to illness and increased energy expenditure. The term undernutrition encompasses the terms low birth weight, stunting, wasting, underweight and micronutrient deficiencies.

unfunded quality demand

Unfunded quality demand is a term introduced by the Global Fund to define funding requested through a concept note that is considered by the Technical Review Panel to be technically sound but beyond the funding amount available (indicative funding and any additional incentive funding awarded). An unfunded quality demand is registered for up to three years for possible funding by the Global Fund or other donors when (and if) new resources become available.

United Nations General Assembly Special Session	Use UNGASS as the abbreviation.
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.
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 different needs, targets for universal access are set nationally.
universal precautions	See standard precautions.
vertical transmission	See mother-to-child transmission.
violence against women (VAW)	“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (21).
voluntary medical male circumcision (VMMC)	<p>Voluntary medical male circumcision (VMMC) is the surgical removal of the foreskin, the tissue covering the head of the penis where cells highly receptive to the human immunodeficiency virus are located. There is compelling evidence that circumcision can significantly reduce the risk of HIV transmission.</p> <p>VMMC may be performed by conventional surgery or, more recently, through the use of male circumcision devices. It should always be offered as part of a combination package of HIV prevention services that includes the following: active detection of symptomatic sexually transmitted infections and their treatment; provision and promotion of male and female condoms; safer sex and risk reduction counselling; and HIV testing and (if the individual is found to be HIV-positive) linkage to antiretroviral therapy.</p>

vulnerability

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

wasting

See acute malnutrition.

**women who have sex with women
(see also lesbian)**

The term women who have sex with women (including adolescents and young women) includes not only women who self-identify as lesbian or homosexual and have sex only with other women, but also bisexual women and women who self-identify as heterosexual, but who have sex with other women.

People should never be referred to as an abbreviation, such as WSW (for women who have sex with women), since this is dehumanizing. Rather, the term should be written out in full, although abbreviations for population groups can be used in charts or graphs where brevity is required.

**women's empowerment
(see also 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, legal and economic empowerment of women is both a goal and a process, mobilizing women to respond to gender discrimination, to achieve equality of welfare and equal access to resources and opportunities, to benefit from protective laws and access to justice and to become involved in decision-making at the domestic, local and national levels. Men at all levels can actively support women's empowerment.

**young key populations (see also
key populations)**

The term specifically refers to young people aged 15 to 24 years who are members of key populations, such as young people living with HIV, young gay men and other men who have sex with men, young transgender people, young people who inject drugs and young people (18 years and older) who sell sex. Young key populations often have needs that are unique, and their meaningful participation is critical to a successful HIV response.

ORGANIZATIONS

Cosponsors

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has the following 11 Cosponsors (written with a capital C and no hyphen), listed in the following order:

Office of the United Nations High Commissioner for Refugees (UNHCR) [see www.unhcr.org]

United Nations Children's Fund (UNICEF) [see www.unicef.org]

World Food Programme (WFP) [see www.wfp.org]

United Nations Development Programme (UNDP) [see www.undp.org]

United Nations Population Fund (UNFPA) [see www.unfpa.org]

United Nations Office on Drugs and Crime (UNODC) [see www.unodc.org]

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) [see www.unwomen.org]

International Labour Organization (ILO) [see www.ilo.org]

United Nations Educational, Scientific and Cultural Organization (UNESCO) [see www.unesco.org]

World Health Organization (WHO) [see www.who.int]

World Bank [see www.worldbank.org]

Note that these abbreviations are normally used without the definite article (the) or without full stops (i.e. UNHCR, not U.N.H.C.R.).

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 indicating the organization in text, spell out the title in full at its first usage; thereafter, refer to the Global Fund (and not GFATM). For more information, see www.theglobalfund.org.

PAHO: Pan American Health Organization

PAHO is the specialized health agency of the Inter-American System and serves as the Regional Office for the Americas of WHO. For more information, see www.paho.org.

UN Cares

UN Cares is the UN system-wide workplace programme on HIV. For more information, see www.uncares.org.

UN-Globe

A UN staff group of gay, lesbian, bisexual and transgender employees at the United Nations. For more information, see <http://www.unglobe.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. For more information, see www.unplus.org.

UNITAID

Launched by Brazil, Chile, France, Norway and the United Kingdom of Great Britain and Northern Ireland at the UN General Assembly in September 2006, 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 has since expanded to include more than 29 countries and the Bill & Melinda Gates Foundation; some of these members 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 at the WHO Headquarters in Geneva. For more information, see <http://www.unitaid.eu>.

WIPO: World Intellectual Property Organization

WIPO is the global forum for intellectual property services, policy, information and cooperation. For more information, see www.wipo.org.

FURTHER RESOURCES

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

UNAIDS uses the *UNAIDS editorial style guide*, September 2015 update, which is based on the *WHO style guide*.

Dictionaries

UNAIDS uses the *Concise Oxford English dictionary*. Another 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, and 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.aidsinfo.nih.gov/education-materials/glossary>
- <http://www.aidsmap.com/Glossary>

TERMS BY SUBJECT

Antiretrovirals and treatment

antiretroviral medicines/antiretrovirals (ARVs)/antiretroviral therapy (ART)/HIV treatment
antiretroviral therapy prevention benefits
ARV-based prevention
azidothymidine (AZT) or zidovudine (ZDV)
highly active antiretroviral therapy (HAART)
HIV treatment cascade
post-exposure prophylaxis (PEP)
pre-exposure prophylaxis (PrEP)
strategic use of ARVs/strategic use of antiretrovirals
test and treat
TRIPS Agreement

Community

community response
community systems
community systems strengthening (CSS)
faith-based organization

Enabling environment

comprehensive social protection
critical enablers
equitable health care
equivalence of health care
HIV-related social protection
HIV-sensitive social protection
HIV-specific social protection
social determinants of health
social protection
structural interventions

Epidemiology and epidemics

coverage rate
epidemic
epidemiology
incidence
know your epidemic, know your response
modes of transmission
prevalence
second generation surveillance
seroprevalence
surveillance

Gender and sexuality

bisexual
gay
gay men and other men who have sex with men
gender
gender-based violence
gender equality
gender identity
gender-related barriers
gender-responsive
gender-sensitive
gender-specific
gender-transformative
harmful gender norms
heterosexual
homophobia
homophobic rape
homosexual
intersex
lesbian
masculinities
men who have sex with men
school-related gender-based violence
sex
sexual health
sexual orientation
transgender
transphobia
women who have sex with women

Health care/education/sector/systems

caregiver or carer
comprehensive sexuality education
health care
health education
health sector
health system
health systems strengthening
loss/lost to follow-up
reproductive health
sexual health

HIV

HIV antibody test
HIV cure (functional or sterilizing)
HIV-negative (seronegative)
HIV-positive (seropositive)
HIV response
HIV test
HIV vaccine
human immunodeficiency virus (HIV)
human immunodeficiency virus type 1 (HIV-1)
human immunodeficiency virus type 2 (HIV-2)
latency (reservoirs)
person/people living with HIV

HIV-associated TB and co-morbidities

extensively drug-resistant tuberculosis (often abbreviated as XDR-TB)
HIV-related disease
multidrug-resistant tuberculosis (MDR-TB)
opportunistic infection (OI)
three Is for HIV/TB
tuberculosis (TB)

HIV prevention and related elements

antiretrovirals (ARVs)
behaviour change communication
combination HIV prevention
contaminated injecting equipment
dual protection
harm reduction
microbicides
multipurpose technologies
needle–syringe programme
opioid substitution therapy (OST)
post-exposure prophylaxis (PEP)
pre-exposure prophylaxis (PrEP)
risk
risk compensation
safer sex
social change communication
standard precautions
universal precautions
voluntary medical male circumcision

HIV testing and counselling

client-initiated testing and counselling (CITC)
counselling
follow-up counselling
HIV testing services (HTS)
post-test counselling
provider-initiated testing and counselling (PITC)
screening

Key populations and related terms

commercial sex
key populations at higher risk of HIV exposure
injecting drug users
migrant worker
migration
mobile worker
person/people who inject[s] drugs
person/people who use[s] drugs
person/people with disabilities
prisons and other closed settings
sex work
sex worker
young key populations

Maternal and child health

maternal mortality
mother-to-child transmission (MTCT)
parent-to-child transmission
vertical transmission

Partnerships

age-disparate relationships
concurrent sexual partnerships
cross-generational relationships
intergenerational relationships

Programming

food by prescription (FBP) programming
positive health, dignity and prevention
programme integration
sexual and reproductive health package
sexual and reproductive health programmes and policies
universal access

Rights, empowerment, stigma and discrimination

discrimination against women
empowerment
human-rights based approach
intimate partner violence
reproductive rights
sexual rights
stigma and discrimination
violence against women
vulnerability
women's empowerment

Sexual transmission

condomless sex
intimate partner transmission
sexually transmitted infections

Strategic investments and the Global Fund

accountability
country dialogue
development synergies
full expression of demand
Global Fund concept note
Global Fund Funding Model
incentive funding
investment approach
investment case
unfunded quality demand

REFERENCES

1. Disability and health. Fact sheet N°352. World Health Organization (WHO) Reviewed December 2014 (available from <http://www.who.int/mediacentre/factsheets/fs352/en/>; accessed 3 February 2015)
2. Global incidence and prevalence of selected curable sexually transmitted infections—2008. Geneva: World Health Organization (WHO), 2008 (available from http://apps.who.int/iris/bitstream/10665/75181/1/9789241503839_eng.pdf?ua=1, accessed 11 August 2014).
3. Leclerc-Madlala S. et al. Age-disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability. *AIDS*. 2008;22 Suppl 4:S17–25.
4. Community systems strengthening framework. Revised edition. The Global Fund, February 2014.
5. United Nations Educational, Scientific and Cultural Organization (UNESCO), UNAIDS, United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF) and WHO. International technical guidance on sexuality education. Volume I. Paris: UNESCO, 2009.
6. From evidence to action: advocating for comprehensive sexuality education. London: International Planned Parenthood Federation (IPPF), 2009.
7. UNDP and UNAIDS. Understanding and acting on critical enablers and development synergies for strategic investments. New York: UNDP, 2012.
8. Convention on the Elimination of All Forms of Discrimination against Women—CEDAW, Article 1 (available from <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>, accessed 11 August 2014).
9. Concepts and definitions [website]. The United Nations Entity for Gender Equity and the Empowerment of Women (UN Women)(available from <http://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm>, accessed 11 August 2014).
10. WHO and UNAIDS. 16 ideas for addressing violence against women in the context of HIV epidemic: a programming tool. Geneva: WHO, 2013.
11. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva. World Health Organization. 2013. (available http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1, accessed 25 June 2015).

12. UNICEF, Masculinities: male roles and male involvement in the promotion of gender equality—a resource packet. New York: Women’s Commission for Refugee Women and Children, 2005 (available from http://www.unicef.org/emergencies/files/male_roles.pdf, accessed 11 August 2014)
13. WHO, UNICEF, UNFPA and the World Bank. Trends in maternal mortality: 1990 to 2010. Geneva: WHO, 2012 (available from http://whqlibdoc.who.int/publications/2012/9789241503631_eng.pdf?ua=1, accessed 11 August 2014).
14. Office of the United Nations High Commissioner for Human Rights. United Nations Convention on the Protection of the Rights of all Migrant Workers and Members of their Families. 1990.
15. Programme of action of the ICPD Development, chap. VII, sect. A, para. 7.2; Report of the International Conference on Population and Development, Cairo, 5–13 September 1994 (United Nations publication, Sales No. E.95.XIII.18)
16. Greene M et al. A girl’s right to learn without fear: working to end gender-based violence at school. Woking, Surrey: Plan International, 2013.
17. International Guidelines on HIV/AIDS and Human Rights. Consolidated Version. Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS. 2006. (available from <http://www.ohchr.org/Documents/Publications/HIVAIDSGuidelinesen.pdf>, accessed 15 September 2014)
18. The ILO recommendation concerning HIV and AIDS and the world of work. International Labour Organization (ILO), 2010 (available from http://ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/--ilo_aids/documents/normativeinstrument/wcms_194088.pdf, accessed 11 August 2014).
19. Defining sexual health: report of a technical consultation on sexual health, 28-31 January 2002, Geneva, World Health Organization (WHO), (available from http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf, accessed 15 September 2014)
20. Devereux S and Sabates-Wheeler R. Transformative social protection. Institute of Development Studies (IDS) working paper. Brighton: IDS, 2004 (available from http://www.unicef.org/socialpolicy/files/Transformative_Social_Protection.pdf, accessed 11 August 2014).
21. Declaration on the Elimination of Violence against Women, Article 1 (available from <http://www.un.org/documents/ga/res/48/a48r104.htm>, accessed 11 August 2014).

Copyright © 2015
Joint United Nations Programme on HIV/AIDS (UNAIDS)
All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

UNAIDS / JC2672E



UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org