

# UNAIDS TERMINOLOGY GUIDELINES

© Joint United Nations Programme on HIV/AIDS (UNAIDS), 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo/>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that UNAIDS endorses any specific organization, products or services. The use of the UNAIDS logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by UNAIDS. UNAIDS is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules>).

**Suggested citation.** UNAIDS terminology guidelines. Geneva: Joint United Nations Programme on HIV/AIDS; 2024. Licence: CC BY-NC-SA 3.0 IGO.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

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. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by UNAIDS in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by UNAIDS to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall UNAIDS be liable for damages arising from its use.

UNAIDS/JC3122E

# UNAIDS TERMINOLOGY GUIDELINES

2024

## CONTENTS

ACKNOWLEDGEMENTS.....	2
INTRODUCTION .....	3
TERMS NO LONGER IN USE .....	4
PREFERRED TERMINOLOGY .....	8
TERMS BY SUBJECT .....	53
FURTHER RESOURCES.....	58
REFERENCES.....	59

# ACKNOWLEDGEMENTS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) would like to thank Facente Consulting, which helped develop this guidance document, along with the many organizations that contributed to the guidance in this document. These organizations are listed below:

Global Action for Trans Equality (GATE)

Global Network of People Living with HIV+ (GNP+)

Global Network of Sex Work Projects (NSWP)

United Nations Children's Fund (UNICEF)

United Nations Population Fund (UNFPA)

World Health Organization (WHO)

# INTRODUCTION

Language influences the way we think, how we perceive reality, and how we behave. With respect to HIV, language can embody stigma and discrimination, which impacts access to testing, acquisition of HIV, and engagement with treatment. Language plays a role in supporting respect and empowerment of individuals, as communities shape how they are referred to and the labels they wish to use. Consideration and use of appropriate language can strengthen the global response to the HIV pandemic by diminishing stigma and discrimination and increasing support and understanding for individuals and communities living with HIV.

## *Check your language checklist*

Is the language stigmatizing?

Is the language person-centred?

Is the language reflective of the values and preferences of the relevant population?

For these reasons, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has developed guidelines for preferred terminology. The guidelines are for use by staff members, colleagues in the Joint Programme's Cosponsoring organizations, and other partners working in the global response to HIV. The guidelines are rooted in person-centred language, which centres the individual and de-centres their condition or social status.

Person-first language is important because many communities impacted by HIV feel that identifying a person by their physical health, mental health or social condition alone indicates a lack of respect and diminishes the multifaceted nature of the human condition (1, 2). This is not true of all conditions, however—some communities prefer identity-first language. Therefore, although preferred terms are suggested in this guide, it is important to connect with local communities around the language that is most appropriate to refer to them, keeping in mind there may be diverse preferences between and within communities that evolve over time.

These guidelines were developed in consultation with communities of people living with or affected by HIV, UNAIDS Cosponsoring organizations, and various stakeholders (see Acknowledgments for contributing partners). The guidelines recognize that language is constantly evolving. This is a living, evolving document that will be reviewed on a regular basis. This revised 2024 edition has discarded some terms contained in the 2015 version, and it has added new terms relevant to the current global response to HIV and commonly used by UNAIDS and consulted partners.

These guidelines include a glossary of terms in alphabetical order, and the same terms grouped by subject headings. A list of terms that should not be used—and the recommended alternatives—is also included. These guidelines may be copied and reproduced, provided this is not done for commercial gain and the source is acknowledged. Comments and suggestions for modifications should be sent to [editorialboard@unaids.org](mailto:editorialboard@unaids.org).

# TERMS NO LONGER IN USE

Many HIV-related terms previously in use are now considered outdated or inappropriate. The following table shows these terms and the preferred terms that should be used in their place.

<b>Do not use</b>	<b>Preferred term</b>
addict	person who uses drugs person who injects drugs <i>See harm reduction.</i>
AIDS carrier	person living with HIV
AIDS-infected AIDS patient HIV-infected transmitter	person living with HIV ( <i>if serostatus is known</i> ) being HIV-positive acquiring HIV having unknown HIV status ( <i>if serostatus is unknown</i> )
AIDS orphans	orphans and other children made vulnerable by AIDS
AIDS response	HIV response
AIDS test	HIV test HIV antibody test
AIDS virus HIV virus	human immunodeficiency virus (HIV)
behavioural change	behaviour change
case-finding	reach people living with HIV who are unaware of their HIV-positive status
church, mosque, synagogue religious organization	places of worship faith-based organization
clean (injecting equipment)	sterile (injecting equipment)
commercial sex work commercial sex worker prostitute prostitution person who buys sex/buyer	sex work sex worker   client of sex workers

corrective rape	homophobic violence transphobic violence
deadly disease incurable disease	acquired immunodeficiency syndrome (AIDS) human immunodeficiency virus (HIV)
dirty (injecting equipment)	nonsterile (injecting equipment)
disabled people	persons with disabilities
(epidemic) driver	<i>Be specific in defining the appropriate and relevant underlying determinants being referenced.</i>
drug abuser drug addict	person who injects drugs person who uses drugs person with drug use disorder <i>See harm reduction.</i>
eliminate AIDS eliminate HIV eradicate AIDS eradicate HIV	ending the AIDS pandemic/epidemic as a public health threat <i>(preferred)</i> ending the pandemic/epidemic ending the AIDS pandemic/epidemic end the AIDS pandemic/epidemic end the pandemic/epidemic <i>See epidemic/pandemic and Sustainable Development Goals.</i>
feminization	<i>Use specific facts and figures instead of vague concepts such as feminization when discussing epidemiological trends about shifts in the population impacted by HIV, including increases in rates of HIV in women.</i>
fight other combative language (e.g. struggle, battle, campaign, war)	response management of measures against initiative action efforts programme
high(er)-risk groups	key populations young key populations marginalized populations <i>Use specific terms (e.g., migrants, people living in conflict zones).</i>

HIV/AIDS	<p>HIV and AIDS</p> <p><i>Use specific terms and definitions, such as:</i></p> <p>HIV prevalence</p> <p>HIV prevention</p> <p>HIV response</p> <p>HIV testing</p> <p>national AIDS programme</p> <p>AIDS service organization</p> <p><i>HIV pandemic is a more inclusive term than AIDS pandemic.</i></p> <p><i>See People living with HIV.</i></p>
HIV-exposed and uninfected children	children and adolescents with perinatal HIV exposure
hotspot	<p>location</p> <p>local epidemic</p> <p><i>Describe the situation or context.</i></p>
injecting drug user intravenous drug user	person who injects drugs
intervention	<p><i>Use specific terms and definitions, such as:</i></p> <p>programming</p> <p>programme</p> <p>activities</p> <p>initiatives</p> <p><i>The word “intervention” is used appropriately in structural interventions, health-care interventions, and health systems strengthening interventions.</i></p>
most at risk most-at-risk adolescents most-at-risk populations most-at-risk young people	<p><i>Describe the behaviour each population is engaged in that places people at risk of HIV exposure (e.g. unprotected sex among stable partners with differing HIV status, sex work with low condom use, young people who use drugs and lack access to sterile injecting equipment, gender inequalities that prevent adolescent girls from protecting themselves from acquiring HIV).</i></p>
mother-to-child transmission of HIV parent-to-child transmission of HIV prevention of mother-to-child transmission of HIV	<p>vertical transmission of HIV</p> <p>prevention of vertical transmission of HIV</p>
multiple concurrent partnerships	<p>concurrent sexual partnerships</p> <p>concurrent partnerships</p> <p>concurrency</p>



needle/syringe sharing	<p>use of nonsterile injecting equipment (<i>to indicate actual HIV transmission</i>)</p> <p>use of nonsterile injecting equipment (<i>to indicate risk of HIV exposure</i>)</p> <p>multiperson use of injecting equipment (<i>to indicate risk of HIV exposure</i>)</p>
<p>people living with HIV and AIDS</p> <p>AIDS patient</p> <p>AIDS sufferer</p> <p>AIDS victim</p>	<p>people living with HIV</p> <p>children living with HIV</p> <p>people affected by HIV (<i>this 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</i>)</p>
<p>prisoners</p> <p>incarcerated people</p>	people in prisons or other closed settings
risk of AIDS	<p>risk of acquiring HIV</p> <p>risk of exposure to HIV</p>
safe sex	safer sex
<p>sexually transmitted disease</p> <p>venereal disease</p>	sexually transmitted infection
spousal transmission	intimate partner transmission
target	<p>engage</p> <p>involve</p> <p>focus</p> <p>designed for and by</p>
target populations	<p><i>People should not be referred to as “targets”. Depending on context, use:</i></p> <p>priority populations</p> <p>key populations</p> <p>recipient populations</p> <p>supported populations</p> <p>enabled populations</p> <p>empowered populations</p>

# PREFERRED TERMINOLOGY

<b>10–10–10 targets for societal enablers</b>	Adopted by United Nations Member States in June 2021, the 10–10–10 targets for societal enablers set ambitious targets to sharply reduce the prevalence and impact of social and structural drivers. The 10–10–10 targets are to be achieved by 2025. The targets call to reduce to less than 10% the number of women, girls and people living with, at risk of or affected by HIV who experience gender-based inequalities and sexual and gender-based violence; to ensure less than 10% of countries have restrictive legal and policy environments that lead to the denial or limitation of access to services; and to ensure less than 10% of people living with, at risk of or affected by HIV experience stigma and discrimination.
<b>95–95–95 HIV testing, treatment and viral suppression targets</b>	Adopted by United Nations Member States in June 2021, alongside ambitious targets for primary prevention and supporting enablers, the 95–95–95 HIV testing, treatment and viral suppression targets aim to close gaps in HIV treatment coverage and outcomes in all subpopulations, age groups and geographic settings (3). The 95–95–95 targets are to be achieved by 2025. The targets call for 95% of people within the subpopulation who are living with HIV know their HIV status; 95% of people within the subpopulation who are living with HIV and who know their HIV status are on treatment; 95% of people within the subpopulation who are on treatment have suppressed viral loads.
<b>acquired immunodeficiency syndrome (AIDS)</b>	Human immunodeficiency virus (HIV) is an infection that attacks the body’s immune system (4). Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of the disease. Due to the increasing success of HIV treatments and continued expansion of treatment access, it is most often appropriate to use HIV instead of AIDS, such as when describing the HIV response or HIV treatment. <i>AIDS is also referred to as advanced HIV disease.</i>
<b>acute malnutrition</b>	Acute malnutrition—also known as wasting—develops as a result of recent rapid weight loss or a failure to gain weight. In children, wasting is assessed through the nutritional indicator of weight-for-height or mid-upper arm circumference (MUAC) (5). In adults, wasting is assessed through body mass index or MUAC. In people who are pregnant or lactating, wasting is assessed through MUAC alone. Acute malnutrition can be assessed in all people through the clinical signs of visible wasting and nutritional oedema.

<p><b>advanced HIV disease</b></p>	<p>Advanced HIV disease, also known as AIDS, is defined by WHO in adults, adolescents and children aged over 5 years as a CD4 cell count below 200 cells/mm<sup>3</sup> or other clinical manifestations consistent with WHO stage 3 or 4. All children aged under 5 years living with HIV are considered to have advanced HIV disease.</p> <p>People living with HIV who have never been on antiretroviral therapy and people living with HIV who stop HIV treatment can experience advanced HIV disease.</p> <p>People with advanced HIV disease have increased risk of death. WHO recommends several interventions, including “screening, treatment and prophylaxis for major opportunistic infections, rapid [antiretroviral therapy] initiation, and intensified adherence support interventions” (6).</p> <p><i>See acquired immunodeficiency syndrome (AIDS).</i></p>
<p><b>anal sex</b></p>	<p>Anal sex involves penetration of the anus, the external opening of the rectum. Rectal sex involves deeper penetration into the rectum itself, which is the final part of the large intestine.</p> <p>Although the term “anal sex” is more commonly used in everyday language, “rectal sex” may be preferred in medical or technical contexts for precision.</p>
<p><b>antiretroviral-based prevention</b> <b>See also treatment as prevention; and undetectable = untransmittable</b></p>	<p>Antiretroviral-based prevention includes the oral or topical use of antiretroviral medicines to prevent the acquisition of HIV (e.g. pre-exposure prophylaxis or post-exposure prophylaxis) or to prevent transmission of HIV from people living with HIV (treatment as prevention).</p>
<p><b>antiretroviral medicines</b> <b>antiretroviral therapy</b> <b>HIV treatment</b></p>	<p>Antiretroviral therapy suppresses viral replication, reducing the amount of the virus in the blood to undetectable levels, and slowing the progress of HIV disease (7).</p> <p>The usual antiretroviral therapy regimen combines three or more different medicines, such as two nucleoside reverse transcriptase inhibitors and a protease inhibitor; two nucleoside analogue reverse transcriptase inhibitors and a non-nucleoside reverse transcriptase inhibitor; or other combinations. More recently, entry inhibitors and integrase inhibitors have joined the range of treatment options (8).</p> <p>Previously, the term “highly active antiretroviral therapy” was used after the demonstration of excellent virological and clinical response to combinations of three (or more) antiretroviral medicines. The term “highly active” is not needed as a qualification, however, and should not be used.</p> <p>The abbreviations ARV (which refers only to antiretroviral medicines) and ART (for antiretroviral therapy) should be avoided because they may be confused with other terms.</p>

<p><b>antiretroviral therapy prevention benefits</b> See also undetectable = untransmittable</p>	<p>This refers to the prevention benefits of antiretroviral therapy in reducing HIV transmission.</p>
<p><b>biomedical factors</b></p>	<p>Biomedical factors relate to human physiology and its interaction with medicine. Biomedical factors are one element of a spectrum of elements that impact a person’s risk for acquisition of HIV, access to and engagement in prevention and treatment, and treatment outcomes.</p>
<p><b>biomedical interventions</b></p>	<p>Biomedical interventions relate to the activities and applications of science to clinical medicine that aim to improve human health by preventing disease, by curing or reducing the severity or duration of an existing disease (9). Biomedical interventions that are effective in the prevention and treatment of HIV include use of male condoms, male circumcision, prophylactic use of antiretroviral medicines, and antiretroviral therapy for people living with HIV (10). Biomedical interventions should be integrated with social, behavioural and structural strategies to reduce acquisition of HIV and improve overall health outcomes for people living with HIV.</p>
<p><b>bodily autonomy</b></p>	<p>Bodily autonomy is a fundamental right that means people have the power and agency to make choices over their bodies and futures, without violence or coercion, including whether and when to engage in sexual relations and if, when and how many children to have (11).</p>
<p><b>caregivers carers</b></p>	<p>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 caring (unpaid) for a person living with HIV.</p>
<p><b>cisgender</b></p>	<p>Cisgender describes a person whose gender identity corresponds to the sex assigned to them at birth.</p>
<p><b>civic spaces</b></p>	<p>Civic spaces are the political, economic, social and cultural environments that facilitate meaningful involvement. They include formal and informal opportunities for policy-making, advocacy and decision-making. Civic spaces should be safe from discrimination, persecution and threats, and comply with international human rights law (12).</p>
<p><b>client-initiated testing and counselling</b> See also HIV testing services; and provider-initiated testing and counselling</p>	<p>Client-initiated testing and counselling (CITC) involves people actively seeking HIV testing and counselling at a facility that offers such services. CITC is one of three principal modalities of HIV testing, along with provider-initiated testing and counselling and HIV self-testing. CITC can be carried out in community settings or settings created specifically to offer CITC services.</p>

<p><b>combination HIV prevention</b>  <b>See also social and behaviour change communication;</b>  <b>biomedical interventions</b></p>	<p>Combination HIV prevention seeks to achieve maximum impact in preventing HIV acquisition by combining human rights-based and evidence-based behavioural, biomedical and structural strategies in the context of a well-researched and understood local epidemic. Combination HIV prevention can also be used to refer to a person’s strategy for HIV prevention—combining different tools or approaches, at the same time or in sequence, according to their current situation, risk of HIV acquisition and choices.</p>
<p><b>community-led monitoring</b></p>	<p>“Community-led monitoring (CLM) is an accountability mechanism for HIV responses at different levels, led and implemented by local community-led organizations of people living with HIV, networks of key populations, other affected groups or other community entities” (13). CLM as part of community-led HIV responses aims to improve the quality and accessibility of services.</p>
<p><b>community-led organizations, groups and networks</b>  <b>See also youth-led organizations</b></p>	<p>Community-led HIV organizations, groups and networks, whether “formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers reflect and represent the experiences, perspectives and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups and networks engaged in the AIDS response are self-determining and autonomous, and not influenced by government, commercial or donor agendas. Not all community-based organizations are community-led” (14). Community-led organizations is an umbrella term that includes different types of organizations such as those led by members of key populations, women and youth.</p>
<p><b>community-led HIV response</b></p>	<p>Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies and that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them (12). Community-led responses are determined by and respond to the needs and aspirations of their constituents. Community-led responses include advocacy, campaigning and holding decision-makers to account; monitoring of policies, practices and service delivery; participatory research; education and information sharing; service delivery; capacity-building; and funding of community-led organizations, groups and networks. Community-led responses can take place at global, regional, national, subnational and grassroots levels, and can be implemented virtually or in person. Not all responses that take place in communities are community-led. Responses led by key populations, women or youth are all seen as different types of community-led responses.</p>

<b>community response</b>	A community response is the collective of community activities in response to HIV, which is inclusive of community-led responses and community-based organizations; local, national and international nongovernmental organizations; other civil society groups; and other community-based organizations and stakeholders.
<b>community systems</b>	There is no singular understanding of community systems. One definition is “the structures, mechanisms, processes, and actors that engage and deliver interventions to communities. They may be community-focused, community-based, or community-led” (15). Community systems may be informal and small-scale, or extensive networks of organizations.
<b>community systems strengthening</b>	Community systems strengthening is a core component of health systems strengthening that focuses on empowering and improving the capacity of communities to actively participate in and contribute to their own health outcomes. Community systems strengthening recognizes the critical role of communities in promoting health and well-being. By empowering communities, building their capacity, promoting health education, integrating with formal health systems, addressing social determinants of health, and implementing robust monitoring and evaluation mechanisms, community systems strengthening contributes to more resilient, responsive and equitable health systems (15).
<b>comprehensive sexuality education</b>	Comprehensive sexuality education is “a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights, as well the rights of others, throughout their lives” (16). It may be taught in formal or informal settings. Comprehensive sexuality education is sometimes referred to as “life skills education” or “family life education”.
<b>comprehensive social protection</b> <b>See also HIV-related social protection; HIV-sensitive social protection; HIV-specific social protection; and social protection</b>	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 impacted by HIV. It also includes economic empowerment programmes, referrals and linkages to maximize the impact of investments in and across sectors.

<p><b>compulsory licences</b> See also TRIPS Agreement</p>	<p>Compulsory licences are mechanisms used by public authorities to authorize use of a patent-protected invention by the government or third parties without the consent of the patent-holder (17). As clarified by the Doha Declaration, World Trade Organization (WTO) members are free to determine the grounds upon which compulsory licences may be granted; these may include grounds of general interest such as public health.</p>
<p><b>concurrent sexual partnerships</b></p>	<p>Multiple and concurrent partnerships refer to engaging in more than one sexual partnership at the same time. The UNAIDS definition of concurrent partnerships is “overlapping sexual partnerships where sexual intercourse with one partner occurs between two acts of intercourse with another partner” (18). Engaging in concurrent partnerships without condom use increases the risk of acquiring HIV and other sexually transmitted infections.</p>
<p><b>condomless sex</b></p>	<p>In condomless sex, the sex act is not protected by male external or female internal condoms. The term “condomless sex” is increasingly used instead of “unprotected sex”, to avoid confusion with the protection from pregnancy provided by other means of contraception, and protection from HIV provided by pre-exposure prophylaxis and antiretroviral medicines.</p>
<p><b>counselling</b></p>	<p>Counselling is an interpersonal, dynamic communication process between a client and a certified 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 on exploring the client’s motivation, options and skills to stay HIV-negative, while reminding them of the importance of undertaking regular HIV testing.</p>
<p><b>counselling, follow-up</b></p>	<p>Follow-up counselling after post-test counselling helps clients identify their concerns and supports them in addressing these concerns. Follow-up counselling is of particular importance for supporting prevention of HIV transmission in partners with different HIV status and for linking people living with HIV who can become pregnant to programmes for the prevention of vertical transmission (key to eliminating new HIV infections among children and keeping the birthing parent alive).</p>

<b>counselling, post-test</b>	<p>Post-test counselling is used to explain the result of an HIV test. It provides additional information on risk-reduction measures—including prevention options for people who have tested negative—and it encourages people with high-risk practices that increase their risk of HIV acquisition or who may have been tested during the window period to come back for retesting.</p> <p>The aim of post-test counselling for people who have tested positive for HIV is to help them cope psychologically with the result of the test and understand the services, including treatment and care options, available to them. Post-test counselling can encourage people who test positive to adopt measures to prevent transmission of HIV to their partners and allows for discussion about sharing their HIV status 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 services (if applicable).</p>
<b>Country Coordinating Mechanism</b>	<p>A Country Coordinating Mechanism—often called a CCM—is a country-level partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (19). Country Coordinating Mechanisms are national committees that submit funding proposals and monitor implementation of funded proposals (20). A CCM includes representatives of all sectors involved in the response to the diseases: academic institutions, civil society, faith-based organizations, government, multilateral and bilateral agencies, nongovernmental organizations, people living with the diseases, the private sector and technical agencies (20).</p>
<b>country dialogue</b>	<p>This term was introduced by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to define a country-led, inclusive and iterative process that builds on 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. It should include the Country Coordinating Mechanism, implementers, partners, donors, governments, civil society, women and girls, including women living with HIV, key populations and the Global Fund.</p>
<b>coverage</b>	<p>The coverage is the proportion of people accessing and receiving a service or health product at a point in time. The numerator is the number of people receiving the service, and the denominator is the number of people eligible to receive the service at the same point in time. The coverage is typically measured by surveys, but it may also be measured using service data (e.g. receiving sterile needles or antiretroviral therapy).</p>



<p><b>decriminalization</b></p>	<p>Decriminalization is the action or process of ceasing to treat something as illegal or as a criminal offence. Decriminalization is a critical element to ending AIDS by 2030. Punitive laws that discriminate on the basis of sexual orientation and gender identity are a breach of the right to privacy and non-discrimination and have been shown to block HIV service access and increase HIV risk. Harmful laws include the criminalization of same-gender romantic, affectionate and sexual relations; transgender people; HIV exposure, nondisclosure and transmission; drug possession and use; and sex work.</p> <p>Decriminalization of sex work, for example, means all aspects of sex work are decriminalized, including selling, buying, managing and organizing and “sex work and the sex industry is regulated in line with other businesses and industries” (21).</p>
<p><b>development synergies</b> See also mainstreaming HIV</p>	<p>Development synergies are “investments in other sectors that can have a positive effect on HIV outcomes” (22). Some key development sectors—such as social protection, gender equality and 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” (22).</p>
<p><b>differentiated prevention</b></p>	<p>Differentiated prevention (preferred over “precision prevention”) refers to tailored packages based on population, services, service delivery platform, intensity, vulnerabilities, risk and location. It stems from issues of sustainability and strategic use of resources.</p>
<p><b>differentiated service delivery</b></p>	<p>Differentiated service delivery (previously known as “differentiated care”) is a person-centred approach that simplifies and adapts HIV services across the cascade in ways that serve the needs of people living with or vulnerable to HIV and optimize the available resources in health systems. The principles of differentiated service delivery can be applied to prevention, testing, linkages to care, antiretroviral therapy initiation and follow-up, and integration of HIV care and coinfections and comorbidities.</p>

<p><b>directly observed treatment, short course (DOTS)</b></p>	<p>DOTS is an internationally approved tuberculosis (TB) treatment strategy. It is currently the WHO-recommended strategy for TB control.</p> <p>Directly observed treatment (DOT) is only one element of DOTS. There are five elements: “1 Government commitment to sustained TB control activities; 2 Case detection by sputum smear microscopy among symptomatic patients self-reporting to health services; 3 Standardized treatment regimen of six to eight months for at least all confirmed sputum smear positive cases, with directly observed treatment (DOT) for at least the initial two months; 4 A regular, uninterrupted supply of all essential anti-TB drugs; and 5 A standardized recording and reporting system that allows assessment of treatment results for each patient and of the TB control programme overall” (23).</p>
<p><b>discrimination</b> <b>See also stigma</b></p>	<p>Discrimination is any distinction, exclusion, restriction, preference or other differential treatment based directly or indirectly on specific grounds of a person’s identity and personal characteristics (e.g. race, age, sexual orientation, migrant background, gender identity), with the intention or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.</p> <p>Prohibited grounds of discrimination include, but are not restricted to, race, nationality, sex, gender, sexual orientation, gender identity, gender expression, sexual characteristics, health status, marital status, disability and religion.</p> <p>Discrimination is a human rights violation. In the case of HIV, discrimination can occur in response to a person’s confirmed or suspected HIV-positive status.</p>
<p><b>early infant diagnosis</b></p>	<p>Early infant diagnosis is the testing of infants exposed to HIV before age 2 months to establish timely diagnosis and access to lifesaving HIV treatment.</p>
<p><b>empowerment</b></p>	<p>Empowerment is the degree of autonomy and self-determination in people and in communities that enables them to act on their own authority, representing their interests in a responsible and self-determined way. Empowerment is the process of becoming stronger and more confident, especially in controlling one’s life and claiming one’s rights. As action, it refers both to the process of self-empowerment and to professional support of people, which enables them to overcome their sense of powerlessness and lack of influence and to recognize and use their resources.</p> <p>Political, social and economic empowerment is a goal and a process aimed at mobilizing people to respond to discrimination and marginalization, achieve equality of welfare, achieve equal access to resources, and involvement in decision-making at the domestic, local and national levels and access to power.</p>

**enabling environment**  
**See also societal enablers**

An enabling environment is an environment that supports the HIV response. There are different kinds of enabling environments in the context of HIV. For example, an enabling legal environment has laws and policies against discrimination on the basis of sex, gender, health status (including HIV status), age, disability, social status, sexual orientation, gender identity, sexual characteristics and other relevant grounds, and those laws are enforced. In such an environment, people have access to justice—a process and remedy if they are aggrieved.

An enabling social environment has social protection strategies (e.g. economic empowerment) in place, and social norms support knowledge, awareness and positive health behaviour choices. Enabling environments remove punitive laws and regulations that impede the HIV response, such as criminalization of sex work, drug use or same-sex relations, or penalization of possession of condoms or harm reduction supplies.

Within the HIV sector, United Nations Member States committed through the 2021 Political Declaration on HIV and AIDS to “creating and maintaining a safe, open and enabling environment in which civil society can fully contribute to the implementation of the present declaration and the fight against HIV/AIDS” (24) and defined a set of targets for countries commonly referred to as the societal enablers. The Global AIDS Strategy mentions the “shrinking space for civil society” and highlights the pressures on community-led HIV responses and the increased risk of violence against organizations that serve key populations or other marginalized groups” (25).

**epidemic**  
**pandemic**  
**endemic**

An epidemic is a disease affecting a disproportionately large number of people within a specific population, community or region at the same time. The population may be all the inhabitants of a given geographical area; the population of a school or similar institution; or everyone of a certain age, gender, racial background or socioeconomic status. An epidemic may be restricted to one locale (often called an outbreak rather than an epidemic) or be more general within a whole population.

The International Epidemiology Association’s Dictionary of Epidemiology defines a pandemic as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people” (26). Common diseases that occur at a constant but relatively high rate in the population are said to be endemic rather than in an epidemic state (27). For example, some sexually transmitted infections are continually circulating within communities endemically.

Widely known examples of epidemics or pandemics include the plague of medieval Europe, the influenza pandemic of 1918–1919, the coronavirus disease (COVID-19) pandemic, and the HIV pandemic.

Within the HIV response, it is recommended to use epidemic when referring to a national or regional epidemic, and to use pandemic when referring to the global context (global HIV pandemic).

<b>epidemiology</b>	Epidemiology is the scientific study of the causes, spatial and temporal distribution, and control of diseases in populations.
<b>equitable health care</b>	Equitable health care is achieved when everyone can attain their full potential for health and well-being. Health and health equity are determined by the conditions in which people are born, grow, live, work, play and age, and biological determinants. Structural determinants (political, legal and economic) with social norms and institutional processes shape the distribution of power and resources, determined by the conditions listed above. Equitable health care takes into account the specific needs and situations of all people in the population to ensure that no people are discriminated against. It is important to reducing disparities in health-care outcomes (28).
<b>equivalence of health care</b>	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 wider community.
<b>extensively drug-resistant tuberculosis (XDR-TB)</b>	See <i>multidrug-resistant tuberculosis (MDR-TB)</i> .
<b>food by prescription programming</b>	Food-by-prescription programming aims to improve health or treatment outcomes in people with acute malnutrition by providing short-term individual nutritional supplementation with specialized nutritious foods. Food-by-prescription programmes are usually affiliated directly with an HIV care and treatment programme or clinic.
<b>full expression of demand</b>	This term was introduced by the Global Fund to Fight AIDS, Tuberculosis and Malaria to define the total amount of funding needed to finance a technically appropriate, focused, cost-effective and efficient response that aims to achieve maximum impact against disease, within a given country context.
<b>gay men and other men who have sex with men</b> <b>See also men who have sex with men</b>	Gay men and other men who have sex with men encompasses all men, whether cisgender or transgender, who have sex with men, including men who self-identify as gay and men who do not self-identify as gay.
<b>gender</b>	Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society (29). “Gender-based roles and other attributes, therefore, change over time and vary with different cultural, political and historic contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of [women, men, and other genders]” (30).

<p><b>gender-affirming care</b>  <b>See also trans and gender diverse people</b></p>	<p>Gender-affirming care is clinical care aimed at supporting trans and gender diverse people to access “safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfilment” (31).</p> <p>The objective of gender-affirming care is to collaborate with trans and gender diverse people to comprehensively attend to their social, psychological and medical health requirements, while affirming their gender identity in a respectful manner (31).</p>
<p><b>gender-based violence</b>  <b>See also intimate partner violence; sexual violence; violence against women</b></p>	<p>Gender-based violence is any intentional act or failure to act—whether threatened or actual—against a person on the basis of their gender that results, or is likely to result, in physical, sexual or psychological harm (32).</p> <p>Gender-based violence is committed against women, girls, men, boys, people from sexual minorities and people with gender-nonconforming identities. It may be perpetrated by intimate partners, family members, friends, colleagues, social contacts, strangers and people in positions of authority.</p>
<p><b>gender equality</b></p>	<p>Gender equality—or equality between genders—is a recognized fundamental human right reflecting the idea that all humans will have equality of opportunity, regardless of their sex or gender identity, and are free to develop their personal abilities and make choices without any limitations set by stereotypes, rigid gender roles or prejudices. Gender equality means the different behaviours, aspirations and needs of people of all genders are considered, valued and favoured equally. It signifies there is no discrimination on the grounds of a person’s gender identity in the allocation of resources or benefits or in access to services (<i>see discrimination</i>). Gender equality may be measured in terms of whether there is equality of opportunity or equality of results.</p> <p>To achieve true gender equality, historic and intergenerational, material and social disadvantages need to be addressed to redress discriminatory disadvantages faced by women, girls and gender diverse people.</p>
<p><b>gender equity</b></p>	<p>Gender equity refers to the notion of fairness and impartiality in treatment, opportunities and outcomes for people of all genders. It aims to dismantle systemic barriers and biases that disproportionately affect people based on their gender identity, striving for a fair society where everyone has equal access to resources, opportunities and rights. Gender equity seeks to redress historical inequalities, including using measures to compensate for historical and social disadvantages that prevent men and women from operating equally.</p>

<p><b>gender expression</b> See also <b>gender identity</b></p>	<p>Gender expression is the way in which people externally portray gender through actions and appearance, including dress, speech and mannerisms. Gender expression refers to the ability and degree to which a person can publicly express, show, reveal and live openly as their own personally felt and identified gender. Terms to describe gender expression include “masculine”, “feminine” and “androgynous”. A person’s gender expression may vary over time, and is distinct from their gender identity, sexual orientation and sex characteristics (33).</p>
<p><b>gender identity</b> See also <b>gender expressions</b></p>	<p>Gender identity refers to a person’s deeply felt internal and individual experience of their own gender, which may or may not correspond with what is typically associated with the sex assigned to them at birth. Gender identity exists on a spectrum and is not necessarily linked to a single gender.</p>
<p><b>gender-related barriers</b></p>	<p>Gender-related barriers are legal, social, cultural, historical, political or economic barriers to the access of services, participation or opportunities that may be imposed on people or groups based on socially constructed gender roles.</p>
<p><b>gender-responsive</b></p>	<p>Gender-responsive programming refers to programmes where gender norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programmes go beyond raising sensitivity and awareness and actually do something about gender inequalities (34).</p>
<p><b>gender-sensitive</b></p>	<p>Gender-sensitive programming refers to programmes where gender norms, roles and inequalities have been considered and awareness of these issues has been raised, although appropriate actions may not necessarily have been taken (34).</p>
<p><b>gender-specific</b></p>	<p>Gender-specific refers to any programme or approach designed or delivered in a manner that is tailored to the specific needs of people of particular genders. Gender-specific programmes may be necessary when analysis shows that one gender historically has been disadvantaged socially, politically or economically.</p>

<b>gender-transformative approach</b>	<p>The gender-transformative approach is one category on the chain (continuum) of gender integration approaches (35). It seeks to actively examine, challenge and transform the underlying causes of gender inequality rooted in inequitable social structures and institutions.</p> <p>It aims to address imbalanced power dynamics, rigid gender norms and roles, harmful practices, and discriminatory legislative and policy frameworks that perpetuate gender inequality (35).</p> <p>This approach goes beyond treating the symptoms of gender discrimination, such as unequal access to resources and benefits for women, by focusing on the structural determinants of gender inequality. It encourages critical reflection and examination among both women and men of gender roles, norms, and power dynamics. The goal is to eradicate systemic forms of gender-based discrimination by creating or strengthening equitable gender norms, dynamics and systems that support gender equality (35).</p>
<b>gender-transformative HIV response</b>	<p>In the context of HIV, adopting a gender-transformative approach involves working to transform harmful gender norms, prevent gender-based violence, remove gender barriers to services, and advocate for gender equality (36).</p> <p>Gender-transformative programmes recognize and address HIV-related disparities across genders, and seek to transform gender norms and stereotypes that increase the vulnerability of people who do not conform to gender norms.</p>
<b>Global AIDS Monitoring</b>	<p>Global AIDS Monitoring is an annual process in which countries report progress on HIV global commitments through an established set of indicators, including financial, and a policy questionnaire. Indicators are designed to assist countries in assessing the current state of their national HIV response and progress in achieving their national HIV targets.</p> <p>Global AIDS Monitoring contributes to a better understanding of the global HIV response, including progress towards the global targets set in the Political Declaration on HIV and AIDS (24) and the Sustainable Development Goals. The Global AIDS Monitoring framework and annually updated guidelines help structure and organize collective global monitoring efforts (37, 38).</p>
<b>Global Fund concept note</b>	<p>A Global Fund concept note is an application to the Global Fund to Fight AIDS, Tuberculosis and Malaria to request new funds for the HIV, tuberculosis or malaria response, or for cross-cutting support for health and community systems strengthening.</p>

<p><b>Global Fund Funding Model</b></p>	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria changed its funding model in 2012 for maximum impact by focusing resources on countries based on their income level and disease burden. The Global Fund Funding Model is designed to raise funds on a three-year cycle, bringing longer-term predictability in the fight against AIDS, TB and malaria and in reinforcing resilient and sustainable systems for health (39).</p>
<p><b>greater involvement of people living with HIV meaningful involvement of people living with HIV</b></p>	<p>In 1994, 42 countries called on the Paris AIDS Summit to include the principle of greater involvement of people living with HIV (GIPA) in its final declaration (40). Greater or meaningful involvement should specifically include women of all ages living with HIV, gender diverse people and members of key population groups to ensure their active inclusion and engagement in responses to HIV.</p>
<p><b>harm reduction</b></p>	<p>Harm reduction is one of the key elements of a public health promotion framework or response that has been proven highly effective in reducing and mitigating the harms of drug use, including injecting drug use, for people and communities. WHO defines harm reduction as a comprehensive package of evidence-based interventions, based on public health and human rights, including needle–syringe programmes, opioid agonist maintenance therapy, and naloxone for overdose management. Harm reduction also refers to policies and strategies that aim to prevent major public and individual health harms, including HIV, viral hepatitis and overdose, without necessarily stopping drug use (41).</p>
<p><b>harmful gender norms</b></p>	<p>Harmful gender norms are socially constructed norms that cause direct or indirect harm to people based on their gender. Examples include norms that contribute to the risk and vulnerability of cisgender women and transgender people to HIV, such as norms that keep girls away from schooling or prevent women from entering the formal employment sector or making decisions regarding their own health care; norms that hinder men from assuming their share of the burden of care in the household; and norms that prevent men from seeking information, treatment and support.</p>
<p><b>health care</b></p>	<p>Health care includes preventive, curative and palliative services and interventions delivered to people or populations to maintain, restore or promote physical, mental or emotional well-being.</p>



<p><b>health education</b>  <b>See also social and behaviour change communication; and counselling</b></p>	<p>Health education is the provision of evidence-based and accurate information on health that assist people 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. The intention of health education is to help the person make informed choices regarding HIV prevention options, sexual behaviour, perceptions of personal risk and healthy practices.</p> <p>If the person is HIV-negative or taking pre-exposure prophylaxis, counselling focuses more on exploring challenges to behaviour change, overcoming barriers to HIV prevention, and HIV prevention options. If the person is living with HIV, counselling focuses on issues such as living positively, broader health topics such as nutrition and treatment side-effects, mental health and treatment adherence.</p>
<p><b>health sector</b></p>	<p>The health sector encompasses several related organizations and services, including organized public and private health services (such as 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.</p> <p>The health sector also includes institutions that provide direct input into the health system, such as the pharmaceutical industry and teaching institutions.</p>
<p><b>health system</b></p>	<p>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 people, 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 people who need such services.</p>
<p><b>health systems strengthening</b></p>	<p>Health systems strengthening is a process that improves the capacity of a health system to equitably deliver effective, safe, high-quality services. 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 can also be strengthened.</p>

<p><b>Heavily Indebted Poor Countries Initiative</b></p>	<p>The Heavily Indebted Poor Countries (HIPC) Initiative is an international debt relief mechanism that provides special assistance to the world’s poorest countries by increasing the funds countries have at their disposal and ensuring those funds are channelled to core human development priorities such as basic health care. The HIPC Initiative was launched in 1996 by the International Monetary Fund and the World Bank. It has 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 2024, the HIPC Initiative had identified 39 countries as being potentially eligible to receive debt relief, 36 of which have received full debt relief from creditors.</p> <p>The HIPC Initiative includes debt relief or cancellation and structural and social policy reform, with a particular focus on basic health and education.</p>
<p><b>heterosexual</b></p>	<p>Heterosexual can be used as an adjective to describe sexual, romantic or physical attraction to people who are not of their same sex and/or gender.</p> <p>The word “heterosexual” should not be used as a noun to refer to a person.</p>
<p><b>HIV and AIDS</b>  <b>See also acquired immunodeficiency syndrome (AIDS); human immunodeficiency virus (HIV)</b></p>	<p>The terms “human immunodeficiency virus” (HIV) and “acquired immunodeficiency syndrome” (AIDS) should usually be used separately to distinguish the virus (HIV) from the disease (AIDS), which may or may not develop in a person living with HIV. When discussing prevention, the term “HIV prevention” should be used.</p> <p>“HIV and AIDS” should be used when referring to initiatives, positions or policies that take into account the myriad factors related to the transmission, testing, diagnosis and treatment of HIV, and the advancement of HIV to a diagnosis of AIDS.</p>
<p><b>HIV cure, functional or sterilizing</b></p>	<p>A sterilizing HIV cure is a theoretical concept of the complete eradication of all viable HIV in the body, including provirus within cellular reservoirs.</p> <p>A functional HIV cure is analogous to remission in cancer care—some authors use the term “HIV remission”. A functional cure implies there is no evidence of ongoing viral replication, and that such a state persists despite not taking antiretroviral therapy.</p>
<p><b>HIV-negative (seronegative)</b></p>	<p>A person who is HIV-negative (seronegative) shows no evidence of HIV in a blood test (i.e. there 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 may be negative.</p>

<p><b>HIV-positive (seropositive)</b></p>	<p>A person who is HIV-positive (seropositive) has had antibodies against HIV detected in a blood, gingival exudate (saliva) or oral mucosal transudate test.</p> <p>Results are occasionally false-positive, especially in infants aged up to 18 months who are carrying maternal antibodies.</p> <p>The term “HIV-positive” is still in use for clinical purposes or to describe test results, but it is more appropriate to refer to a person living with HIV, because many people feel the term “being HIV-positive” reduces them to a viral infection.</p>
<p><b>HIV-related social protection</b>  <b>See also comprehensive social protection; HIV-sensitive social protection; HIV-specific social protection; and social protection</b></p>	<p>HIV-related social protection is a set of policies, programmes and interventions aimed at providing support and assistance to people and communities affected by HIV. These measures are designed to address the economic, social and health-related challenges faced by people living with HIV and their families and caregivers.</p> <p>HIV-related social protection initiatives encompass a wide range of interventions. Examples include social protection programmes that focus on older people aged over 60 years in high-prevalence countries; such programmes support people ageing with HIV and also reach older caregivers who may face specific HIV caregiving burdens.</p>
<p><b>HIV-sensitive social protection</b>  <b>See also comprehensive social protection; HIV-related social protection; HIV-specific social protection; and social protection</b></p>	<p>HIV-sensitive social protection programmes provide people living with HIV and other vulnerable people with services together. This approach is inclusive of people who are HIV-negative but in need of services, and avoids the stigmatization that can be caused by focusing services exclusively on people living with HIV.</p>
<p><b>HIV-specific social protection</b>  <b>See also comprehensive social protection; HIV-related social protection; HIV-sensitive social protection; and social protection</b></p>	<p>HIV-specific social protection programmes focus exclusively on HIV and people living with or affected by HIV. HIV-specific programmes provide HIV services free of charge, and financial incentives are offered to encourage access to them. Examples 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 to encourage adherence to treatment.</p>
<p><b>HIV testing services</b>  <b>See also client-initiated testing and counselling; and provider-initiated testing and counselling</b></p>	<p>HIV testing services 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.</p>

<p><b>HIV treatment cascade</b></p>	<p>The HIV treatment cascade is the dynamic chain of events in the life of a person living with HIV, from acquisition through to the person's viral load being suppressed to undetectable levels. The HIV treatment cascade emphasizes the need for programmes to focus on ensuring the health and wellness of people living with HIV.</p> <p>At a programmatic level, each step in the cascade is marked by measurements of the number of people who have reached a certain stage, making it possible to determine where gaps might exist in the testing, treatment and adherence to treatment of people living with HIV (3).</p>
<p><b>HIV vaccine</b></p>	<p>A vaccine is a substance that, when introduced into the body, teaches the body's immune system to respond to a disease. An HIV vaccine would elicit an immune response by effectively making the body create antibodies or cells against HIV.</p> <p>Preventive vaccines would aim to prevent HIV infection in HIV-negative people. Therapeutic vaccines would aim to build immune strength and help to control the virus in people living with HIV.</p> <p>There is currently no vaccine that prevents or treats HIV. The first and only vaccine to demonstrate efficacy in reducing the risk of HIV infection in people was RV144, in a trial conducted in Thailand and reported in 2009. People who received the vaccine were 31% less likely to acquire HIV than people who received a placebo. The efficacy of the vaccine diminished rapidly.</p> <p>Advances made during the development of COVID-19 vaccines have turned attention towards the possibility of using mRNA platforms for an HIV vaccine (42). Current efforts are exploring how to offer a package of multiple vaccinations that could provide protection against HIV acquisition (43).</p>
<p><b>homophobia</b></p>	<p>Homophobia refers to a range of negative attitudes, feelings and actions directed towards people who are attracted to people of the same gender. It includes prejudice, discrimination, hostility or other forms of stigmatizing attitudes or discriminatory behaviours based on a person's actual or perceived sexual orientation (44), which may not conform to traditional societal expectations. Homophobia can manifest in various ways, including verbal abuse; social exclusion; denial of rights and opportunities; physical, psychological, sexual or economic violence; and systemic discrimination (33).</p>
<p><b>homosexual</b></p>	<p>Homosexual can be used as an adjective to describe same-gender sexual, romantic or physical attraction. People who are homosexual could refer to themselves as gay, lesbian, LGBTQIA+, queer, or a number of other terms (45). The adjective gay is frequently used as a synonym for homosexual; female homosexuality is often referred to as lesbianism.</p> <p>The word "homosexual" should not be used as a noun to refer to a person.</p>

<b>human immunodeficiency virus (HIV)</b>	HIV is a virus that weakens the immune system. HIV is preventable and treatable, but there is no cure. HIV can ultimately lead to AIDS in people who are not able to access treatment or are not aware of their status for a prolonged period.
<b>human immunodeficiency virus type 1 (HIV-1)</b>	HIV-1 is the retrovirus isolated and recognized as the aetiological (causing or contributing to the cause of a disease) agent of AIDS. HIV-1 is classified as a lentivirus in a subgroup of retroviruses. Bacteria, plants and animals have genetic codes made up of DNA, which is transcribed into RNA that guides the development of 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 inserted into the host cell's DNA, preventing the host cell from carrying out its natural functions and turning the host cell into an HIV factory.
<b>human immunodeficiency virus type 2 (HIV-2)</b>	HIV-2 is a virus closely related to HIV-1 that has also been found to cause AIDS. It was first isolated in western 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. HIV-2 is found primarily in western Africa and has a slower, less severe clinical course than HIV-1.
<b>human rights</b>	<p>Human rights are rights people have simply because they are born as human beings. Human rights are not granted by any state. These universal rights are inherent to all people, regardless of nationality, sex, gender, national or ethnic origin, colour, religion, language or any other status (46).</p> <p>The Universal Declaration of Human Rights (UDHR), adopted by the United Nations General Assembly in 1948, was the first legal document to set out the fundamental human rights to be universally protected.</p> <p>The UDHR, together with two covenants—the International Covenant for Civil and Political Rights and the International Covenant for Economic, Social and Cultural Rights—make up the International Bill of Rights (47).</p>
<b>human rights-based approach</b>	The human rights-based approach is a conceptual framework for the process of human development normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyse inequalities that lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress and often result in groups of people being left behind (48).
<b>incentive funding</b>	Incentive funding is a term introduced by the Global Fund to Fight AIDS, Tuberculosis and Malaria 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.

<p><b>incidence</b></p>	<p>Incidence is expressed as the number of new infections over the number of people susceptible to infection in a specified time period. For example, HIV incidence refers to the number of new HIV infections in any given area over any given timeframe.</p> <p>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 children aged 0–14 years and people aged 15 years and over.</p>
<p><b>inequalities</b> <b>See also inequality lens</b></p>	<p>Inequality refers to an imbalance or lack of equality. The word “inequalities” in the Global AIDS Strategy 2021–2026 encompasses the many inequities (injustice or unfairness that can also lead to inequality), disparities and gaps in HIV vulnerability, service uptake and outcomes experienced in diverse settings and among the many populations living with or affected by HIV (25).</p>
<p><b>inequality lens</b></p>	<p>An inequality lens is a perspective or approach that focuses on understanding, analysing and addressing various forms of inequality within a given context. This allows examination of social, economic, political and structural factors that contribute to disparities in opportunities, resources and outcomes among different groups of people.</p> <p>When applying an inequality lens, factors such as race, ethnicity, gender, sexual orientation, socioeconomic status, disability and other dimensions of diversity that can intersect and compound to create complex forms of disadvantage and marginalization are considered. The goal is to identify and challenge systemic barriers, discriminatory practices and power imbalances that perpetuate inequality and injustice.</p> <p>Applying an inequality lens “requires an understanding of the nature and causes of inequalities in different locations and among different population groups, and how they interact with HIV” (25).</p>
<p><b>integration of HIV into systems for health</b></p>	<p>Integration of HIV into systems for health is the integration of the full range of HIV prevention, treatment and care services, reaching all populations with stigma-free services, and public financing of community-led responses within existing health systems. Systems integration is needed to ensure people affected by HIV have effective and equal access to the full range of medical and non-medical services they need to protect themselves against infection and to survive and thrive if they are living with HIV.</p>

<p><b>intersex</b></p>	<p>Intersex should be used as an adjective to describe people born with physical sex characteristics such as sexual anatomy, reproductive organs, hormonal patterns or chromosomal patterns that do not fit typical binary definitions for male or female bodies (33). These characteristics may be internal or external, may be apparent at birth or emerge from puberty, or may not be physically apparent at all. A broad and diverse spectrum of sex characteristics exists among intersex people.</p> <p>Intersex people may use the word in different ways, such as “being intersex” or “having an intersex variation”, or they may prefer not to use the word at all.</p> <p>An intersex person may have any gender identity, gender expression or sexual orientation.</p>
<p><b>intimate partner transmission</b></p>	<p>Intimate partner transmission (also known as HIV transmission in intimate partner relationships) describes the acquisition of HIV from an intimate partner.</p>
<p><b>intimate partner violence</b> <b>See also gender-based violence</b></p>	<p>Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (49). Intimate partner violence can occur among people of all genders and with current or former partners or spouses. Although intimate partner violence can cause harm to people of any gender, it is one of the most common forms of violence against women—approximately one in three women globally experience intimate partner violence in their lifetime (50).</p>
<p><b>investment approach</b></p>	<p>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 enhances equity and impact by focusing efforts on key locations and populations with the greatest needs.</p> <p>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, and enabling countries to secure sustainable funding for HIV programmes. An investment approach provides the framework to align government domestic funding strategies for the medium and long term with donor-supported efforts.</p>

**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 activities to be implemented, and the populations and geographical areas that should be focused on, to achieve the greatest impact, indicating the resources required.

An investment case outlines the main access, delivery, quality and efficiency issues to be addressed to improve HIV services. It describes what will be done to address these issues. 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 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 roadmap for action. An investment case may be different from a national strategic plan, which often includes an extensive and aspirational articulation of needs and is constrained by set timeframes.

**key populations  
people from key  
populations  
See also young key  
populations**

UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings as the five main key populations that are particularly vulnerable to HIV and frequently lack adequate access to services. In all countries, key populations also include people living with HIV (25).

These populations often experience stigma and discrimination, including in the form of laws and policies, all of which act to reduce access to services and increase risk of acquiring HIV. They are among the groups 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.

**“Know your epidemic,  
know your response”**

UNAIDS uses the term “Know your epidemic, know your response” to emphasize the approach to programme planning that uses granular data analysis to tailor the HIV response accordingly.



<p><b>latency</b></p>	<p>Latency describes a virus that exists inside a body in an inactive or resting (latent) state. Latent viruses do not produce more viruses. They can exist in cellular pools (reservoirs) in a person's body, not causing any observable symptoms for a considerable period of time before reawakening and becoming active again.</p> <p>HIV is capable of latency, as seen in the reservoirs of latently infected cells that persist despite antiretroviral therapy. This persistence of HIV means antiretroviral therapy must be taken for life to maintain viral suppression.</p>
<p><b>lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and other people of diverse sexual orientation, gender identity and expression, and sexual characteristics (LGBTQIA+ people)</b>  <b>See also gender identity and sexual orientation</b></p>	<p>Although it is preferable to avoid the use of abbreviations when possible, LGBTQIA+ has gained recognition because it encompasses a diversity of sexual orientation, gender identities and expressions. Depending on the region, abbreviations may differ to best reflect the preferences of the population. For example, it may be preferred to use LGBTQ+, LGBT2S (including two-spirit people), or another abbreviation.</p> <p>The LGBTQIA+ community is comprised of people of many different sexual orientations and gender identities. Lesbian, gay, bisexual and transgender, queer, intersex, asexual are only a few of the many identities that comprise the rainbow of people who consider themselves part of the LGBTQIA+ community. Other identities include, but are not limited to, pansexual, agender and nonbinary (51).</p> <p>Within a publication, initiative or programme, it is recommended to consistently use a single version of the abbreviation to accurately reflect the preference of the relevant communities and the population(s) covered in the publication, and to ensure coherence and accuracy.</p>
<p><b>location</b></p>	<p><i>See population and location.</i></p>
<p><b>long-acting injectables</b></p>	<p>Long-acting injectables are medicines delivered by a health-care professional once every 1 or 2 months (or less frequently). Long-acting injectable antiretroviral therapy and long-acting injectable pre-exposure prophylaxis have been found to support successful prevention or treatment for people who struggle with adherence to daily treatment or who prefer injectable treatment.</p>
<p><b>loss/lost to follow-up</b></p>	<p>This refers to people or 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 refers to people who have registered to receive a health service or commodity at a point in time but who have not done so until completion, instead dropping out of care or treatment.</p>

**mainstreaming HIV**

Mainstreaming HIV acknowledges that HIV is an issue that transcends the health sector to all sectors, and that there are opportunities to implement HIV prevention strategies outside the traditional HIV or health sector, both within and external to organizations.

The process of mainstreaming “enables development actors to address the causes and effects of [HIV] and AIDS in an effective and sustained manner, both through their usual work and within their workplace” (52).

**masculinities**

Masculinities is a “dynamic sociocultural” category referring to “certain behaviours and practices recognized within a culture” as masculine regardless of a person’s sex assigned at birth. In contrast, femininity is a set of socially constructed attributes, behaviours, expectations and roles generally associated with women and girls. Masculinities is a learned concept and does not relate to a person’s sexual orientation, gender identity or sexual characteristics. The behaviours and practices considered to be masculinities “change with culture, religion, class, over time and with individuals and other factors” (30). Patriarchal masculinities are those ideas about and practices of masculinity that emphasize the superiority of masculinity over femininity and the authority and power of men over women (53).

**maternal mortality**

Maternal mortality is the death of a woman while pregnant or within 42 days of childbirth or 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 unintentional or incidental causes (54).

For AIDS-related deaths, the phrase “death during pregnancy, delivery or puerperium” is necessary to indicate the death occurred during this time period. The term “pregnancy-related death” should not be used, because it incorrectly implies that death during this timeframe was related to pregnancy—which may not be the case. “Direct maternal deaths of women who are living with HIV” refers to deaths of women living with HIV who die from an underlying obstetric cause. These are categorized as maternal deaths.

“HIV-related indirect maternal deaths” refers to deaths of women living with HIV who die as a result of the aggravating effect of pregnancy on HIV. This interaction between pregnancy and HIV is the underlying cause of death. These deaths are categorized as indirect maternal deaths.

“HIV-related deaths of women during pregnancy, delivery or puerperium” refer to deaths where the underlying cause of death is AIDS-related. These deaths are not classified as maternal deaths.

<p><b>men who have sex with men</b>  <b>See gay men and other men who have sex with men</b></p>	<p>The term “men who have sex with men” describes cisgender and transgender men who have sex with other men, 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.</p> <p>The abbreviation MSM should not be used, except in charts or graphs where brevity is required; an explanation must be added in a footnote.</p> <p>In publications it is recommended to use the term “gay men and other men who have sex with men”.</p>
<p><b>microbicides</b></p>	<p>Microbicides is a general term for products used topically that serve as a barrier to infection, including HIV. These may be developed as creams and vaginal or rectal gels or rings to prevent HIV and other sexually transmitted infections. They may contain antiretroviral medicines or other antiviral compounds.</p>
<p><b>migrant workers</b></p>	<p>A migrant worker is a person who is or has been engaged in a remunerated activity in a country of which the person is not a national (55). Internal (within-country) migration, including for seasonal work, may also be important to consider in the context of HIV epidemics in some countries.</p>
<p><b>migration and forced displacement</b></p>	<p>The word “migration” is used mainly for economic migration. The term “forced displacement” applies to people seeking asylum, refugees, internally displaced people and stateless person.</p> <p>The term “populations in humanitarian crisis situations” refers to forcibly displaced people and nondisplaced people in crisis settings.</p>
<p><b>mobile workers</b></p>	<p>Mobile workers are a large category of people who cross borders or move within their own country on a frequent and short-term basis for a variety of work-related reasons, 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 are usually in regular or constant transit, sometimes in regular circulatory patterns, and often spanning two or more countries. They may be away from their habitual or established place of residence for varying periods of time.</p>
<p><b>modes of transmission</b></p>	<p>Modes of transmission refers to the ways in which an infectious agent is transferred from one person to another. In the case of HIV, it refers to how a person most likely acquired HIV.</p> <p>Review and analysis of available epidemiological and programmatic data, and assessment of a country’s current resource allocation, compared with the findings of 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”.</p>

<b>multidrug-resistant tuberculosis</b>	<p>Multidrug-resistant tuberculosis (MDR-TB) is a specific form of drug-resistant tuberculosis (TB) caused by bacilli resistant to at least isoniazid and rifampicin, the two medicines that form the backbone of standard TB treatment.</p> <p>Extensively drug-resistant tuberculosis (XDR-TB) occurs when the bacilli are resistant to isoniazid, rifampicin, fluoroquinolones, and at least one injectable second-line medicine. The emergence of XDR-TB underscores the importance of managing TB treatment programmes in a systematic way at all levels.</p>
<b>multipurpose technologies</b>	<p>Multipurpose technologies are devices or approaches that protect against both HIV and other related consequences, such as other sexually transmitted infections or pregnancy. Examples include male or external condoms, female or internal condoms, and intravaginal rings containing contraceptives and antiretroviral medicines that prevent HIV infection.</p>
<b>multisectoral HIV response</b>	<p>A multisectoral HIV response is a response that strengthens regional and national ownership and governance to ensure coordinated, coherent, cohesive, mutually accountable, effective and equitable efforts across different sectors, such as education, gender, justice, finance and health, with active participation of community-led organizations, within a horizontal cooperation framework.</p> <p>The innovative model of UNAIDS enables a multisectoral response to the multidimensional nature of the global HIV pandemic and in support of the Sustainable Development Goals.</p>
<b>national AIDS spending assessment</b>	<p>The national AIDS spending assessment depicts the flow of resources spent in a country's HIV response, from their origin to beneficiary populations. It provides decision-makers with strategic information that allows countries to mobilize resources, have stronger accountability, and experience more efficient and effective programme implementation.</p> <p>The national AIDS spending assessment is a tool within the national monitoring and evaluation framework and is a recommended measurement tool to track HIV spending at the country level (56).</p>

**National Commitments and Policy Instrument**

The National Commitments and Policy Instrument (NCPI) is an integral component of Global AIDS Monitoring that aims to measure progress in developing and implementing policies, strategies and laws related to the HIV response by:

- Promoting consultation and dialogue between key stakeholders at the national level, especially governments, civil society and communities, in order to capture their perspectives on the HIV response.
- Supporting countries in assessing the status of their HIV epidemic and response, and in identifying barriers, gaps and facilitators to strengthen the response.
- Collecting data on the policy and legal environment related to the HIV response.

The full NCPI is included in the Global AIDS Monitoring every two years and has two parts. Part A is completed by national authorities, and Part B is completed by civil society, communities and other nongovernmental partners involved in the national HIV response. For interim reporting years, only a subset of questions from Part A are included in the interim NCPI on policies expected to change more frequently. The questions are structured around the commitments in the Political Declaration on AIDS.

The NCPI is the main data source for the AIDSinfo Laws and Policies Analytics (57).

**national strategic plan**

A national strategic plan is a country's plan for addressing a certain issue or topic. Other related terms in the context of HIV are "national AIDS action framework", "national HIV strategy" and "annual AIDS action plan".

The abbreviation NSP should be used with caution as it can also mean needle–syringe programme. We encourage consistency and clarity in publications using both terms.

**needle–syringe programme**

Needle–syringe programmes are programmes in which needles and syringes are provided free of charge, at fixed sites and through mobile and outreach services, to people who inject drugs (58). The term "needle–syringe programme" is increasingly replacing the term "needle exchange programme", because requiring the presentation of used equipment in order to get new sterile equipment has been associated with unintended negative consequences. Evidence supports the use of need-based provision of sterile drug use equipment, regardless of whether used syringes are brought to the site.

The terms "harm reduction services" and "syringe services programmes" are used interchangeably, indicating the wide variety of supplemental services that are often provided in addition to needle and syringe provision or disposal, including provision of HIV testing. The abbreviation NSP should not be used in publications where NSP is being used as an abbreviation for national strategic plan.

**noncommunicable diseases**

Noncommunicable diseases are a group of acute and chronic diseases that account for 74% of all deaths worldwide (59). Noncommunicable diseases are generally long-term conditions and result from a variety of intersecting factors including genetics, physiology, environment and behaviour. The WHO Global Action Plan, extended to 2030, focuses on four major groups of noncommunicable diseases: cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. These groups of conditions share four major risk factors: tobacco use, unhealthy diet, physical inactivity and use of alcohol (60). Mental health, degenerative and other neurological diseases, and other causes of disability and death that are not communicable, such as road traffic injuries, are not generally included as noncommunicable diseases. Noncommunicable diseases share many guiding principles with HIV, including a response that involves the whole of society and not only the health sector; community engagement and behaviour change; social justice and equity; and chronic disease management through effective, accessible and affordable health systems. In many low- and middle-income countries, the increasing prevalence of noncommunicable diseases is intersecting with the HIV epidemic, partly because people living with HIV (especially older people) face increased risks of noncommunicable diseases (61–63). Integration of prevention and treatment services for HIV and noncommunicable diseases could enable countries to expand health-care coverage for people living with or affected by HIV and noncommunicable diseases, and improve their health outcomes and well-being. It could also address some of the risks of developing noncommunicable diseases among people living with or at risk of HIV.

**nonsterile injecting equipment**

Nonsterile injecting equipment or other piercing medical and non-medical equipment that has been used previously and could be contaminated if it contains an infectious agent such as HIV. When referring to the risk of HIV transmission via injection, the term “use of contaminated injecting equipment” indicates actual HIV transmission, whereas “use of nonsterile injecting equipment” or “multiperson use of injecting equipment” refers to risk of HIV exposure.

**nutritional support**

Nutritional support aims to ensure adequate nutrition of people and households. It includes an assessment of the dietary intake, nutritional status and food security of a person or household, and 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. Where necessary, it may also include provision of food supplements or micronutrient supplementation.

<p><b>opioid agonist maintenance therapy</b></p>	<p>Opioid agonist maintenance therapy is a form of treatment for people with opioid dependence through the prescription of opioid agonist medications (64). It has proved to be effective as a maintenance therapy, in the prevention of HIV transmission, and in the improvement of adherence to antiretroviral therapy. It should be provided for as long as a person requires it. The most commonly used medicines for treatment are methadone and buprenorphine.</p>
<p><b>opportunistic infections</b></p>	<p>Opportunistic infections are infections caused by organisms that do not typically cause disease in people with healthy immune systems but become pathogenic in people with impaired immunity. People living with advanced HIV disease may have opportunistic infections of the lungs, brain, eyes and other organs. Opportunistic illnesses common in people with AIDS include <i>Pneumocystis jirovecii</i> pneumonia, cryptosporidiosis, histoplasmosis, bacterial infections and some cancers. In many countries, TB is the leading HIV-associated opportunistic infection.</p>
<p><b>patent opposition</b>  <b>See also TRIPS Agreement (Agreement on Trade-related Aspects of Intellectual Property Rights)</b></p>	<p>A patent opposition procedure may be used by third parties to oppose the grant of a patent to provide an additional, administrative layer of review and to prevent the patenting of products that lack innovation (65).</p>
<p><b>patent pooling</b>  <b>See also voluntary licences</b></p>	<p>Patent pooling is a mechanism for the public health management of intellectual property through negotiation of voluntary licensing agreements between originator and generic companies (66). For example, the Medicines Patent Pool was established by Unitaid in 2010, with a mandate to negotiate voluntary licensing agreements, initially for HIV- and TB- related products, and more recently for other communicable diseases, to promote innovation and facilitate access to innovative products.</p>
<p><b>PEPFAR Country and Regional Operational Plan</b></p>	<p>The Country Operational Plan (COP) or Regional Operational Plan (ROP) is the United States President's Emergency Plan for AIDS Relief (PEPFAR) plan for investments in a country or region's HIV response. The COP/ROP process follows the PEPFAR strategy to accelerate the response to end AIDS as a public health threat by 2030, while sustainably strengthening public health systems (67).</p>

<p><b>person-centred approach</b></p>	<p>A person-centred approach treats each person respectfully as an individual human being, instead of focusing only on their conditions. A person-led approach involves the person in making decisions about their life; takes into account each person’s life experience, age, sexual orientation, gender identity, culture, heritage, language, beliefs and identity; requires flexible services and support to suit the person’s wishes and priorities; is based on strengths, where the person is acknowledged as the expert in their life, with a focus on what they can do first, and any help they need second; and includes the person’s support networks as partners (68).</p>
<p><b>point-of-care testing</b></p>	<p>Point-of-care testing is a screening or diagnostic test conducted in close proximity to the person being tested, typically in a doctor’s office, clinic or hospital room. Tests are typically completed in a short period of time, user-friendly and affordable to the person being tested (69).</p>
<p><b>population and location</b> <b>See also key populations</b></p>	<p>In the context of HIV, population and location and local epidemic are concepts used to help prioritize programme activities within the HIV response.</p> <p>The term “population and location” refers to the need to focus on specific areas and specific populations where there is high HIV prevalence or incidence. Using a population and location approach can support a more efficient HIV response based on the specific context of the HIV epidemic in the country.</p>
<p><b>positive health, dignity and prevention</b></p>	<p>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 people, irrespective of their HIV status.</p> <p>The term was coined in April 2009 during an international meeting organized by the Global Network of People Living with HIV and UNAIDS. The aim is to replace terms such as “positive prevention” and “prevention by and for positives” to avoid dehumanizing people by using labels to refer to them.</p> <p>The term encompasses strategies to protect sexual and reproductive health and to delay HIV disease progression. It includes individual health promotion, access to HIV and sexual and reproductive health and rights services, community participation, advocacy and policy change.</p>
<p><b>post-exposure prophylaxis</b></p>	<p>Post-exposure prophylaxis (PEP) for HIV refers to taking antiretroviral medicines within a few days after exposure (or possible exposure) to HIV. The exposure may be occupational (e.g. 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 or nPEP).</p>



<b>pre-exposure prophylaxis</b>	Pre-exposure prophylaxis (PrEP) refers to antiretroviral medicines prescribed before exposure or possible exposure to HIV. Several studies have demonstrated that PrEP is effective in all populations for reducing the risk of acquiring HIV infection through sexual or injection transmission, when taken as prescribed.
<b>prevalence</b> <b>See also seroprevalence</b>	HIV prevalence quantifies the proportion of people in a population who are living with HIV at a specific point in time. It is usually given as a percentage. HIV prevalence can also refer to the number of people living with HIV in a specific population. Unlike the word “seroprevalence”, HIV prevalence can be used to signify the estimated number of people living with HIV including those who do not yet have serological evidence of HIV infection. UNAIDS typically reports HIV prevalence among people aged 15 years and over. The term “prevalence rate” should not be used.
<b>prevention of vertical transmission</b>	Prevention of vertical HIV transmission encompasses efforts to reduce the risk of a person who is pregnant and living with HIV from passing HIV to the infant during pregnancy, childbirth or breastfeeding. This term should replace “elimination of mother-to-child transmission” and “prevention of mother-to-child transmission” because it is more inclusive of all genders, avoids stigmatizing people who are pregnant, acknowledges the role of fathers and male sexual partners in transmitting HIV to the birthing parent, and encourages male involvement in HIV prevention.
<b>prisons and other closed settings</b>	Prisons and other closed settings are 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. They 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 people in prisons and other closed settings. Universal access to HIV prevention, treatment, care and support ideally should extend to these settings.
<b>programme integration</b>	Programme integration refers to joining together different services or operational programmes to maximize efficiency and outcomes at the programme level—for example, by organizing referrals from one service to another, or by offering one-stop comprehensive and integrated services. At the policy level, programme integration requires joint planning and budgeting, strategic leadership and policies, and efforts to strengthen health systems.

<p><b>provider-initiated testing and counselling</b>  <b>See also client-initiated testing and counselling; and HIV testing services</b></p>	<p>Provider-initiated testing and counselling refers to HIV testing and counselling 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 some services, such as antenatal care, and is recommended as an opt-out approach. It is voluntary, and the decision not to test is left with the individual. Provider-initiated testing and counselling aims 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.</p>
<p><b>reproductive health</b></p>	<p>Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. Reproductive health is not only the absence of reproductive disease or infirmity—it includes reproductive processes, functions and systems at all stages of life and implies the ability to have a satisfying and safe sex life and to have the freedom to decide whether, when and how often to reproduce.</p>
<p><b>reservoirs</b></p>	<p><i>See latency.</i></p>
<p><b>risk</b></p>	<p>When referring to HIV, risk is defined as the probability of exposure to HIV or the probability that a person may acquire HIV. Certain behaviours and biological factors create, increase or perpetuate risk. Individual behaviours are heavily influenced by structural and social determinants, such as stigma, discrimination, economic factors, criminal laws, accessibility of prevention services, information and products. Such determinants may increase or limit the ability of individuals to protect themselves from HIV exposure. These determinants may influence certain groups more than others, such as criminalization of sex work, which is more likely to affect sex workers and their clients. As such, when talking about risk, it is important to provide the broader structural context that influences behaviour. The terms “groups at risk” and “risk groups” should not be used. People who engage in behaviours that may place them at higher risk of HIV exposure or acquisition do not necessarily identify with any particular group, and members of a particular group do not necessarily engage in behaviours that place them at increased risk of HIV exposure.</p>

<p><b>risk compensation</b></p>	<p>Risk compensation is a compensatory increase in behaviours carrying a risk of HIV exposure that occurs due to reduced perception of personal risk. For example, a circumcised man may think he can no longer acquire HIV (because circumcision provides partial protection from HIV) and may stop using condoms consistently. Another example is the perception that protecting oneself from HIV infection is less important now because treatment is more readily available.</p> <p>Tailored effective communication strategies can minimize risk compensation when new partially protective prevention tools are introduced.</p>
<p><b>school-related gender-based violence</b></p>	<p>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 (real or perceived) sex, gender, gender identity and gender expression. It also refers to the differences between children and youth of different genders experience of and vulnerabilities to violence” (70).</p>
<p><b>screening</b></p>	<p>Screening is a population-based intervention offered to people from identified populations that attempts to detect medical conditions in people and groups not experiencing signs and symptoms of illness. It is a key strategy of preventive medicine and should be distinguished from diagnosis and strategies to reach people living with HIV who are unaware of their HIV-positive status.</p> <p>Screening should not be misused to identify the HIV status of people for employment or insurance purposes. According to the International Guidelines on HIV and AIDS and Human Rights, laws, regulations and collective agreements should be enacted to guarantee freedom from HIV screening for employment, promotion, training or benefits; to ensure confidentiality regarding all medical information, including HIV status; and to provide employment security for workers living with HIV (71). These principles are found in International Labour Organization Recommendation No. 200 (72).</p>
<p><b>second-generation surveillance</b></p>	<p>Second-generation surveillance for HIV is the regular, systematic collection, analysis, interpretation, reporting and use of information to track and describe changes in the HIV pandemic over time. In addition to HIV surveillance and AIDS case-reporting, second-generation surveillance includes behavioural surveillance to track trends in risk behaviours over time to 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.</p>

<p><b>seroprevalence</b>  <b>See also HIV-negative (seronegative); HIV-positive (seropositive); and prevalence</b></p>	<p>As related to HIV infection, seroprevalence is the proportion of people with serological evidence of HIV infection (i.e. antibodies to HIV) at any given time.</p>
<p><b>serostatus</b></p>	<p>Serostatus is a generic term that refers to the presence or absence of antibodies in the blood. The word is often used to refer to HIV antibody status.</p>
<p><b>sex at birth</b></p>	<p>Sex refers to a medical norm describing biological and physiological characteristics that are used to categorize individuals as males, females or intersex at birth. The bases for this classification are external, genetic, endocrine and anatomical characteristics at birth. When external reproductive organs do not appear to fit the “typical” female and male external organs, the classification is then based on internal organs.</p>
<p><b>sex work</b>  <b>See also sex worker</b></p>	<p>Sex work is the consensual exchange of money or goods for sexual services, either regularly or occasionally, between adults (aged 18 years and over). Sex workers define sex work as a contractual arrangement in which sexual services are negotiated between consenting adults, with the terms of engagement agreed between the seller and the buyer of sexual services.</p> <p>Sex work comprises freely entered into and consensual sex between adults, as distinct from trafficking, which involves coercion and/or deceit.</p> <p>Sex work varies between and within countries and communities. Sex work may vary in the degree to which it is more or less formal or organized (21), and in the degree to which it is distinct from other social and sexual relationships and types of sexual-economic exchange (73). Not everyone involved in sex work identifies as a sex worker.</p> <p>Stigmatizing and criminalizing terminologies and expressions such as “prostitution” or “selling one’s body” should never be used by non-community members.</p>
<p><b>sex workers</b>  <b>See also sex work</b></p>	<p>Sex workers include consenting adults of any gender who regularly or occasionally receive money or goods in exchange for sexual services.</p>
<p><b>sexual misconduct</b></p>	<p>The umbrella term “sexual misconduct” encompasses the full spectrum of prohibited and unwanted behaviour of a sexual nature (including sexual exploitation, sexual abuse, sexual harassment and sexual violence), as described in the WHO 2023 Policy for Preventing and Addressing Sexual Misconduct (74).</p>

<p><b>sexual health (and well-being)</b>  <b>See also bodily autonomy</b></p>	<p>Sexual health is “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. 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, 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” (75).</p>
<p><b>sexual orientation</b>  <b>See also gender identity</b></p>	<p>Sexual orientation is a person’s inherent emotional, affectional or sexual attraction to other people. A wide range of sexual orientations exist—for example, a person may be attracted to people of the same sex or gender, people of a different sex or gender, or people of more than one gender. Some people do not experience sexual attraction. Sexual orientation and gender identity are distinct, and one cannot be inferred from the other.</p> <p>SOGIESC is an abbreviation for sexual orientation, gender identity and expression, and sexual characteristics.</p>
<p><b>sexual and reproductive health and rights</b></p>	<p>Sexual and reproductive health and rights are fundamental to people’s health and survival, to economic development, and to the well-being of humanity (76). Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, and not only the absence of disease, dysfunction or infirmity.</p> <p>A positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in the promotion of self-esteem and overall well-being.</p> <p>The right to sexual and reproductive health is an integral part of the “right to the highest attainable standard of physical and mental health” enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights. All individuals have the right to make decisions governing their own bodies and to access the information, goods, facilities and services that support this right. These decisions include those related to sexuality, reproduction and the use of sexual and reproductive health services.</p> <p>Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals. Essential sexual and reproductive health services must meet public health and human rights standards, including the WHO Availability, Accessibility, Acceptability and Quality Framework (76).</p>

<b>sexual and reproductive health and rights package</b>	<p>A sexual and reproductive health and rights package aims to guarantee that people are informed of, and have access to, the following resources: safe, effective, affordable and voluntary acceptable methods of birth control; appropriate health-care services for sexual and reproductive care, treatment and support; and comprehensive sexuality education.</p> <p>A sexual and reproductive health and rights package also includes pregnancy-related services, skilled attendance and delivery, and emergency obstetric and post-abortion care; prevention, diagnosis and treatment of sexually transmitted infections and HIV; prevention and early diagnosis of breast and cervical cancers; and prevention of gender-based violence and care for survivors of gender-based violence.</p>
<b>sexual and reproductive health and rights programmes and policies</b>	<p>Sexual and reproductive health and rights programmes and policies include services for family planning; infertility services; maternal and newborn health services; prevention of unsafe abortion and post-abortion care; prevention of vertical transmission of HIV; diagnosis and treatment of sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; promotion of sexual health, including sexuality counselling; and prevention and management of gender-based violence.</p>
<b>sexual violence</b> <b>See also gender-based violence; intimate partner violence</b>	<p>Sexual violence is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (77).</p>
<b>sexually transmitted/transmissible infections</b>	<p>Sexually transmitted/transmissible infections can be spread by the transfer of infectious agents such as bacteria, viruses or parasites from person to person during sexual contact. The complexity of scope of sexually transmitted/transmissible infections has increased dramatically since the 1980s—more than 30 disease-causing organisms and syndromes are now recognized as belonging in this category.</p>
<b>social and behaviour change communication</b>	<p>Social and behaviour change communication promotes tailored messages, personal risk assessment, greater dialogue, and an increased sense of ownership of the HIV response by the person and the community. It is developed through an interactive process. Its messages and approaches use a mix of communication channels to encourage and sustain positive health behaviours.</p>

**social change communication**  
**See also social and 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 HIV programmes to tackle structural barriers to effective HIV responses, such as gender inequality, punitive laws, discriminatory social norms, violation of human rights, and HIV-related stigma. Social change communication programmes act as catalysts for action at the individual, community and policy levels to create more enabling environments that reduce HIV risk and increase inclusion and acceptance of people living with or at risk of HIV.

**social determinants of health**

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. Social determinants of health contribute to 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, legal, 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 is defined as a “set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their life cycles, with a particular emphasis towards vulnerable groups” (78). 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.

<p><b>societal enablers</b></p>	<p>Societal enablers are “structural and systemic factors, including legal, cultural, social and economic, that are critical to the effectiveness of the HIV epidemic response. Implementing them would remove barriers in access to health services and enable individuals and communities to better protect their health and well-being” (79). Societal enablers are essential to achieving effective HIV programmes by removing impediments to service availability, access and uptake at the societal level. Three overarching societal enablers were identified in the 2021 Political Declaration on AIDS: societies with supportive legal environments and access to justice, gender-equal societies, and societies free from stigma and discrimination. A fourth societal enabler, which falls outside the purview of the HIV sector, was identified as co-action across development sectors to reduce exclusion and poverty (80).</p>
<p><b>standard precautions</b></p>	<p>The term “standard precautions” has 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 in tissue, blood and body fluids.</p>
<p><b>status-neutral approach</b></p>	<p>A status-neutral approach is a method of HIV prevention and treatment provided to people regardless of their HIV status. Status neutrality focuses on providing services in a “one door” approach, emphasizing engagement and retention in services for people living with HIV and people who may be at risk of acquiring HIV.</p>
<p><b>stigma</b> <b>See also discrimination</b></p>	<p>Stigma is a dynamic process of devaluation that significantly discredits a person in the eyes of other people, such as when certain attributes are seized upon within cultures or settings and defined as discreditable or unworthy. When stigma is acted upon, it may amount to discrimination.</p> <p>Another stigma experience is internalized stigma (self-stigma), which occurs when a person living with HIV agrees with the negative attitudes associated with HIV and accepts them as applicable to themselves (81).</p>



<p><b>strategic use of antiretroviral medicines</b></p>	<p>Strategic use of antiretroviral medicines refers to the different strategies for using antiretroviral medicines for HIV prevention and treatment, including antiretroviral medicines for people living with HIV to reduce AIDS-related morbidity and mortality (antiretroviral therapy); antiretroviral prophylaxis for people living with HIV during pregnancy to prevent vertical HIV transmission; antiretroviral medicines for people living with HIV to prevent HIV transmission (e.g. in serodiscordant relationships); and antiretroviral medicines for HIV-negative people to prevent HIV acquisition (pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)).</p> <p>Topical antiretroviral-based PrEP options may offer effective, long-acting prevention to people who do not desire systemic exposure to antiretroviral medicines or who want greater control over their own prevention. The dapivirine vaginal ring, for example, provides an additional prevention option for people at substantial risk of HIV acquisition.</p>
<p><b>structural interventions</b> <b>See also social change communication</b></p>	<p>Structural interventions seek to alter the physical, legal and social environment in which individual behaviours take place. They may also aim to remove barriers to protective action or to create constraints to risk-taking.</p>
<p><b>surveillance</b></p>	<p>Public health surveillance is the continuous systematic collection, analysis and interpretation of health-related data needed for the planning, implementation and evaluation of public health practice.</p>
<p><b>Sustainable Development Goals</b></p>	<p>The Sustainable Development Goals (SDGs) were established by United Nations Member States as a result of agreements made at the Rio+20 Conference in 2012. The SDGs build on the Millennium Development Goals and provide a framework for the post-2015 development agenda.</p> <p>There are 17 SDGs. The third SDG 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” (82).</p>
<p><b>systemic factors</b></p>	<p>Systemic factors are factors inherent in a system that preclude individual and isolated factors. This relates to how systems function and allocate resources.</p>
<p><b>Three I’s for HIV/TB</b></p>	<p>The Three I’s for HIV/TB approach—isoniazid preventive treatment; intensified strategies to reach people who are unaware of their active tuberculosis (TB); and TB infection control, in addition to early antiretroviral therapy (according to national guidelines) for active TB (irrespective of CD4 count)—are key public health strategies to decrease the impact of TB on people living with HIV, their partners and family, and the community.</p>

<p><b>Three Zeros</b></p>	<p>The Three Zeros are the vision of the global HIV response: zero new HIV infections, zero AIDS-related deaths, and zero discrimination (83). The Three Zeros were used to set a target within the 2030 Agenda on Sustainable Development, in which Target 3.3 is to end the AIDS epidemic by 2030.</p>
<p><b>transgender and gender diverse people</b>  <b>See also gender expression; and gender identity</b></p>	<p>Transgender and gender diverse is an umbrella term to describe people whose gender identity differs from that typically associated with sex assigned at birth.</p> <p>The identities of transgender people include men, women, a combination of genders and no gender. Transgender people may or may not access gender-affirming care, including medical care such as hormonal replacement therapy or surgery, and non-medical care. Trans people may self-identify as transgender, female, male, nonbinary, transgender woman, transgender man, two-spirit, hijra, kathoey, waria or one of many other trans identities. They may express their gender in a variety of masculine, feminine or androgynous ways. Due to this diversity, it is important to learn and use culturally appropriate terminology, respect local terms for transgender people, and avoid use of derogatory terms and assumptions.</p> <p>The word “transgender” can be shortened to “trans” (e.g. trans woman), but it should never be hyphenated (e.g. trans-woman) or written as a single word (e.g. transwoman). Within a publication or related documents, we strongly encourage consistency in the used terminology.</p>
<p><b>transphobia</b></p>	<p>Transphobia refers to a range of negative attitudes, feelings, discomfort, intolerance, hatred or actions directed towards transgender people. It includes prejudice, discrimination, hostility and other forms of stigmatizing attitudes or discriminatory behaviour based on a person’s gender identity or expression, which may not conform to traditional societal expectations associated with their assigned sex at birth.</p> <p>Transphobia can manifest in various ways, including verbal abuse, social exclusion, denial of rights and opportunities, physical, psychological, sexual or economic violence, and systemic discrimination.</p> <p>Transphobia is a system of oppression that translates structurally, institutionally, historically and interpersonally.</p>
<p><b>trauma-informed approach</b></p>	<p>A trauma-informed approach is an approach that fully integrates knowledge about trauma and its impacts on people across the lifespan into policies, procedures and practices and actively seeks to prevent re-traumatization.</p>

<p><b>treatment as prevention</b>  <b>See also antiretroviral-based prevention; undetectable = untransmissible</b></p>	<p>A person living with HIV cannot transmit HIV to other people when levels of the virus in their body are undetectable on standard laboratory tests. A person achieves undetectable status by obtaining and sustaining treatment, which—in addition to reducing the risk for HIV transmission—improves their quality of life and lifespan (84). People living with HIV use treatment as prevention to stay healthy and prevent transmission to other people.</p>
<p><b>Triple Elimination initiative</b></p>	<p>The WHO Triple Elimination initiative encourages countries to expand their capacity to eliminate vertical transmission of HIV, syphilis and hepatitis B virus. Services considered essential to Triple Elimination include HIV, syphilis and hepatitis B testing during pregnancy; swift intervention for people who test positive for HIV during pregnancy; health counselling to reduce the risk of transmission; delivery in safe settings; follow-up care for infants; appropriate nutrition options for infants; and treatment for birthing parents. Countries must also ensure the human rights of women and children are respected, protected and fulfilled, ensure gender equality and ensure community engagement (85).</p>
<p><b>TRIPS Agreement (Agreement on Trade-related Aspects of Intellectual Property Rights)</b>  <b>See also compulsory licences; patent opposition</b></p>	<p>The World Trade Organization (WTO) Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS Agreement) establishes WTO Member State obligations to enforce intellectual property rights, with certain flexibilities with respect to compliance to proprietary rights over pharmaceutical products (e.g. patent protection).  The TRIPS Agreement is one of the three primary WTO agreements. It requires all WTO Member States to provide a minimum level of protection for various types of intellectual property, including patents on essential health products (such as antiretroviral medicines).  The TRIPS Agreement contains certain public health-related flexibilities and safeguards, such as compulsory licensing, parallel importation, TRIPS exemption periods, and Bolar exception, that can be used to increase access to essential health products. The TRIPS Council has extended the deadline for least developed countries to meet their TRIPS obligations, most recently until 1 July 2034 (decision of 29 June 2021) (86).</p>
<p><b>tuberculosis (TB)</b></p>	<p>Tuberculosis (TB) is the leading HIV-associated opportunistic infection in low- and middle-income countries. It is a leading cause of death globally among people living with HIV. The term “HIV-associated TB” should be used instead of “HIV/TB”.  The main strategies to reduce HIV among people with TB are HIV testing (for people who do not know their HIV status) and provision of antiretroviral therapy and cotrimoxazole preventive therapy (for people living with HIV).  The main strategies to reduce TB among people living with HIV are regular screening for TB among people in HIV care and provision of isoniazid preventive therapy and antiretroviral therapy to people living with HIV and without active TB who meet eligibility criteria.</p>

<b>undernutrition</b>	Undernutrition is the consequence of an insufficient intake of energy, protein or micronutrients, poor absorption or rapid loss of nutrients due to illness and increased energy expenditure. Undernutrition encompasses low birth weight, stunting, wasting, underweight and micronutrient deficiencies.
<b>undetectable = untransmittable</b> <b>See also antiretroviral-based prevention; treatment as prevention</b>	Undetectable = untransmittable (U = U) is the global campaign to educate the public on treatment as prevention, based on the evidence that a person living with HIV cannot transmit HIV to another person if they have an undetectable viral load, as long as they continue to take their antiretroviral therapy as prescribed. The campaign helps to diminish stigma and discrimination and empowers people living with HIV to lead healthy lives and access antiretroviral treatment, care and support.
<b>unfunded quality demand</b>	Unfunded quality demand is a term introduced by the Global Fund to Fight AIDS, Tuberculosis and Malaria (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 (including indicative funding and any additional incentive funding awarded). An unfunded quality demand is registered for up to 3 years for possible funding by the Global Fund or other donors if new resources become available.
<b>United Nations General Assembly Special Session</b>	The United Nations General Assembly Special Session (UNGASS) meets to discuss one topic of vital interest in a meeting with a short agenda. It typically results in the adoption of one or two documents.
<b>universal health coverage</b>	<p>Universal health coverage means that all people have access to the full range of good-quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course. Universal health coverage implies maximal coverage of HIV prevention, treatment, care and support services for people who need them.</p> <p>Basic principles for scaling up towards universal health coverage are that services must be equitable, accessible, affordable, comprehensive and sustainable over the long term. Achieving universal health coverage is one of the targets set when countries adopted the 2030 Sustainable Development Goals in 2015. Equity is inherent to the pursuit of universal health coverage. Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically, or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability or sexual orientation).</p>
<b>universal precautions</b>	<i>See standard precautions.</i>

<p><b>vertical HIV transmission</b>  <b>See also prevention of vertical HIV transmission</b></p>	<p>Vertical HIV transmission refers to HIV transmission from a person living with HIV who is pregnant to the infant during pregnancy, childbirth or breastfeeding.</p>
<p><b>violence against women</b>  <b>See also gender-based violence</b></p>	<p>Violence against women is 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” (87). Types of violence against women include intimate partner violence, sexual violence, femicide, human trafficking, female genital mutilation, child, early and forced marriage, and online or technology-facilitated violence (88).</p>
<p><b>viral load suppression</b>  <b>See also undetectable = untransmittable</b></p>	<p>HIV viral suppression is critical to improve individual health, prevent sexual transmission, and reduce vertical HIV transmission (89). There are three key categories for HIV viral load measurements: unsuppressed (&gt;1000 copies/mL), suppressed (detected but ≤1000 copies/mL) and undetectable (viral load not detected by test used). It is recommended to refer to a person living with HIV as having a suppressed viral load, rather than “being virally suppressed” or “having achieved viral suppression”.</p>
<p><b>voluntary licences</b>  <b>See also patent pooling</b></p>	<p>Voluntary licenses for the manufacture and sale of antiretroviral medicines can be provided by originator pharmaceutical manufacturers to generic companies to increase the availability and affordability of antiretroviral products in low- and middle-income countries, for example through the Medicines Patent Pool (17).</p>
<p><b>voluntary medical male circumcision</b></p>	<p>Voluntary medical male circumcision is the surgical removal of the foreskin, the tissue covering the head of the penis where cells highly receptive to HIV are located. There is compelling evidence that circumcision can significantly reduce the risk of HIV transmission. Voluntary medical male circumcision may be performed by conventional surgery or, more recently, through the use of male circumcision devices. Where it is offered, it should always be as part of a combination package of HIV prevention services that includes active detection of symptomatic sexually transmitted infections and their treatment; provision and promotion of male or external and female or internal condoms; safer sex and risk reduction counselling; HIV testing; and (if the person is found to be living with HIV) linkage to antiretroviral therapy.</p>

<p><b>vulnerability</b></p>	<p>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.</p> <p>Factors underlying vulnerability may reduce the ability of people and communities to avoid the risk of HIV acquisition, and they may be outside of their control. These factors may include lack of knowledge and skills required to protect oneself and other people; 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.</p>
<p><b>wasting</b></p>	<p><i>See acute malnutrition.</i></p>
<p><b>women’s empowerment</b> <b>See also empowerment</b></p>	<p>Women’s empowerment can be defined as promoting and achieving women’s self-worth, their ability to determine their own choices, and their right to influence social change for themselves and others to overcome the obstacles of structural inequality that have historically placed them in a disadvantaged position. Political, 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 and have access to power.</p> <p>All people at all levels can actively support women’s empowerment.</p>
<p><b>young key populations</b> <b>See also key populations</b></p>	<p>Young key populations specifically refers to young women, men and gender diverse people aged 15–24 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 aged 18 years and over who are sex workers.</p> <p>People from young key populations often have needs that are unique. Their meaningful participation is critical to a successful HIV response.</p>
<p><b>youth-led organizations</b> <b>See also community-led organizations</b></p>	<p>Youth-led organizations are groups and networks in the HIV response, whether formally or informally organized, that are led, informed and organized by young people living with or affected by HIV, for young people living with or affected by HIV; that address young people’s issues; for which at least 80% of the governance, leadership, staff, spokespeople, membership and volunteers are made up of young people; that represent the perspectives and voices of their constituents; and that have transparent mechanisms of accountability (90).</p> <p>Youth-led organizations are characterized by horizontal decision-making processes that engage young people in all their diversity in the decisions being made, and are led by representatives of the youth communities that they serve.</p>

# TERMS BY SUBJECT

## **Antiretroviral medicines and access to treatment and health technologies**

antiretroviral-based prevention  
antiretroviral medicines/antiretroviral therapy/HIV treatment  
antiretroviral therapy prevention benefits  
compulsory licences  
HIV treatment cascade  
long-acting injectables  
patent opposition  
patent pooling  
post-exposure prophylaxis  
pre-exposure prophylaxis  
strategic use of antiretroviral medicines  
TRIPS Agreement (Agreement on Trade-related Aspects of Intellectual Property Rights)  
U=U  
voluntary licences

## **Community**

civic spaces  
community-led monitoring  
community response  
community systems  
community systems strengthening  
community-led organizations, groups and networks  
community-led HIV response  
youth-led organizations

## **Enabling environment**

10–10–10 targets for societal enablers  
comprehensive social protection  
critical enablers  
equitable health care  
equivalence of health care  
HIV-related social protection  
HIV-sensitive social protection  
social determinants of health  
social protection  
societal enablers  
structural interventions

## **Epidemiology and epidemics**

coverage  
epidemic  
epidemiology

incidence  
“Know your epidemic, know your response”  
modes of transmission  
prevalence  
second-generation surveillance  
seroprevalence  
surveillance

## **Gender and sexuality**

cisgender  
gay men and other men who have sex with men  
gender  
gender-affirming care  
gender-based violence  
gender equality  
gender identity  
gender-related barriers  
gender-responsive  
gender-sensitive  
gender-specific  
gender-transformative approach  
gender-transformative HIV response  
harmful gender norms  
heterosexual  
homophobia  
homosexual  
intersex  
masculinities  
men who have sex with men  
school-related gender-based violence  
sex  
sexual and reproductive health and rights package  
sexual and reproductive health and rights programmes and policies  
sexual health (and well-being)  
sexual orientation  
trans and gender diverse people  
transphobia

## **Health care, education, sector and systems**

bodily autonomy  
caregiver  
carer  
comprehensive sexuality education  
health care  
health education  
health sector  
health system



health systems strengthening  
loss/lost to follow-up  
reproductive health  
sexual health (and well-being)

### **Health products and technologies**

antiretroviral medicines/antiretroviral therapy/HIV treatment  
coverage  
microbicides  
post-exposure prophylaxis  
pre-exposure prophylaxis

### **HIV**

AIDS  
HIV cure (functional or sterilizing)  
HIV-negative (seronegative)  
HIV-positive (seropositive)  
HIV vaccine  
human immunodeficiency virus (HIV)  
human immunodeficiency virus type 1 (HIV-1)  
human immunodeficiency virus type 2 (HIV-2)  
latency

### **HIV-associated tuberculosis and comorbidities**

acute malnutrition  
advanced HIV disease  
extensively drug-resistant tuberculosis (XDR-TB)  
multidrug-resistant tuberculosis (MDR-TB)  
opportunistic infections  
noncommunicable diseases  
Three I's for HIV/TB  
tuberculosis (TB)  
wasting

### **HIV prevention and related elements**

antiretroviral-based prevention  
combination HIV prevention  
nonsterile injecting equipment  
harm reduction  
microbicides  
multipurpose technologies  
needle–syringe programme  
opioid agonist maintenance therapy  
post-exposure prophylaxis  
pre-exposure prophylaxis  
risk

risk compensation  
social and behaviour change communication  
social change communication  
standard precautions  
treatment as prevention  
undetectable = untransmittable  
universal precautions  
viral load suppression  
voluntary medical male circumcision

### **HIV testing and counselling**

client-initiated testing and counselling  
counselling, follow-up  
HIV testing services  
counselling, post-test  
provider-initiated testing and counselling

### **Key populations and related terms**

key populations  
migrant workers  
migration and forced displacement  
mobile workers  
population and location  
prisons and other closed settings  
sex work  
sex worker  
young key populations

### **Maternal and child health**

maternal mortality  
prevention of vertical transmission  
Triple Elimination initiative

### **Programming**

food by prescription programming  
positive health, dignity and prevention  
programme integration  
sexual and reproductive health package  
sexual and reproductive health programmes and policies

### **Rights, empowerment, stigma and discrimination**

discrimination  
empowerment  
human rights-based approach  
intimate partner violence

sexual and reproductive health and rights package  
sexual and reproductive health and rights programmes and policies  
sexual misconduct  
stigma  
violence against women  
vulnerability  
women's empowerment

### **Sexual orientation and gender identity**

cisgender  
gay men and other men who have sex with men  
gender  
gender identity  
heterosexual  
homosexual  
intersex  
lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and other people of diverse sexual orientation, gender identity and expression, and sexual characteristics (LGBTQIA+ people)  
men who have sex with men  
sexual orientation  
trans and gender diverse people

### **Sexual transmission**

condomless sex  
intimate partner transmission  
sexually transmitted infections

### **Strategic investments in the HIV response**

country dialogue  
development synergies  
full expression of demand  
Global Fund concept note  
Global Fund Funding Model  
Heavily Indebted Poor Countries Initiative  
incentive funding  
investment approach  
investment case  
mainstreaming HIV  
national strategic plan  
PEPFAR Country and Regional Operational Plan  
unfunded quality demand

# FURTHER RESOURCES

## Language

UNAIDS uses British English as its preferred style.

## Style guide

UNAIDS uses the 2016 update of the UNAIDS Editorial Style Guide (91), which is based on the WHO Style Guide (92). These style guides include guidelines on names of countries, places and organizations.

## Dictionaries

UNAIDS uses the Concise Oxford English Dictionary. Another useful resource is the sixth edition of A Dictionary of Epidemiology (26).

## Glossaries

The following glossaries may be useful. They are usually accurate in the information they provide, but UNAIDS cannot verify the accuracy of information on these sites and accepts no responsibility for the information provided there:

<https://clinicalinfo.hiv.gov/en/glossary><https://www.aidsmap.com/about-hiv/glossary>

<https://www.hivpolicylab.org/publications/the-hiv-language-compendium>

<https://www.unfe.org/know-the-facts/definitions/>

# REFERENCES

1. Crocker AF, Smith SN. Person-first language: are we practicing what we preach? *J Multidiscip Healthc.* 2019;12:125–129. doi:10.2147/JMDH.S140067.
2. Parisi CE, Varas-Rodriguez E, Algarin AB, Richards V, Li W, Cruz Carrillo L, et al. A content analysis of HIV-related stigmatizing language in the scientific literature, from 2010–2020: findings and recommendations for editorial policy. *Health Commun.* 2024;39(6):1209–1217. doi:10.1080/10410236.2023.2207289.
3. Understanding measures of progress towards the 95–95–95 HIV testing, treatment and viral suppression targets. Geneva: Joint United Nations Programme on HIV/AIDS; 2024 (<https://www.unaids.org/en/resources/documents/2024/progress-towards-95-95-95>, accessed 10 May 2024).
4. HIV and AIDS. Geneva: World Health Organization; 2023 (<https://www.who.int/news-room/fact-sheets/detail/hiv-aids>, accessed 10 May 2024).
5. WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/376075>, accessed 10 May 2024).
6. Guidelines for managing advanced HIV disease and rapid initiation of antiretroviral therapy. Geneva: World Health Organization; 2017 (<https://www.who.int/publications/i/item/9789241550062>, accessed 10 May 2024).
7. Antiretroviral treatment. Washington, DC: Pan American Health Organization ([https://www.paho.org/en/topics/antiretroviral-therapy#:~:text=Antiretroviral%20therapy%20\(ART\)%20is%20treatment,HAART\)%20that%20suppress%20HIV%20replication](https://www.paho.org/en/topics/antiretroviral-therapy#:~:text=Antiretroviral%20therapy%20(ART)%20is%20treatment,HAART)%20that%20suppress%20HIV%20replication), accessed 10 May 2024).
8. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach—2nd edition. Geneva: World Health Organization; 2016 ([https://iris.who.int/bitstream/handle/10665/208825/9789241549684\\_eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/208825/9789241549684_eng.pdf?sequence=1), accessed 10 May 2024).
9. Smith PG, Morrow RH, Ross DA, editors. Types of intervention and their development. In: *Field trials of health interventions: a toolbox*, 3rd edition. Oxford: Oxford University Press; 2015.
10. Padian NS, Buvé A, Balkus J, Serwadda D, Cates W Jr. Biomedical interventions to prevent HIV infection: evidence, challenges, and way forward. *Lancet.* 2008;372(9638):585–599. doi:10.1016/S0140-6736(08)60885-5.
11. My body is my own: claiming the right to autonomy and self-determination. New York: United Nations Population Fund; 2021 ([https://www.unfpa.org/sites/default/files/pub-pdf/SoWP2021\\_Report\\_-\\_EN\\_web.3.21\\_0.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/SoWP2021_Report_-_EN_web.3.21_0.pdf), accessed 20 June 2024).
12. United Nations guidance note: protection and promotion of civic space. Geneva: Office of the High Commissioner for Human Rights; 2020 ([https://www.ohchr.org/sites/default/files/Documents/Issues/CivicSpace/UN\\_Guidance\\_Note.pdf](https://www.ohchr.org/sites/default/files/Documents/Issues/CivicSpace/UN_Guidance_Note.pdf), accessed 10 May 2024).

13. Establishing community-led monitoring of HIV services. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 ([https://www.unaids.org/sites/default/files/media\\_asset/establishing-community-led-monitoring-hiv-services\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/establishing-community-led-monitoring-hiv-services_en.pdf), accessed 10 May 2024).
14. Community-led AIDS responses. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 ([https://www.unaids.org/sites/default/files/media\\_asset/community-led-aids-responses\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf), accessed 10 May 2024).
15. Technical brief: community systems strengthening. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; 2022 ([https://www.theglobalfund.org/media/4790/core\\_communitysystems\\_technical-brief\\_en.pdf](https://www.theglobalfund.org/media/4790/core_communitysystems_technical-brief_en.pdf), accessed 10 May 2024).
16. United Nations Educational, Scientific and Cultural Organization, Joint United Nations Programme on HIV/AIDS, United Nations Population Fund, United Nations Children’s Fund, UN Women, World Health Organization. International technical guidance on sexuality education: an evidence-informed approach—second revised edition. Paris: United Nations Educational, Scientific and Cultural Organization; 2018 (<https://unesdoc.unesco.org/ark:/48223/pf0000260770>, accessed 10 May 2024).
17. Policy brief: using TRIPS flexibilities to improve access to HIV treatment. Geneva: Joint United Nations Programme on HIV/AIDS; 2011 ([https://www.unaids.org/en/resources/documents/2011/20110315\\_JC2049\\_PolicyBrief\\_TRIPS](https://www.unaids.org/en/resources/documents/2011/20110315_JC2049_PolicyBrief_TRIPS), accessed 22 May 2024).
18. Consultation held on definition and measurement of concurrent sexual partnerships. Geneva: Joint United Nations Programme on HIV/AIDS; 2009 (<https://www.unaids.org/en/resources/presscentre/featurestories/2009/april/20090424consultationsexualpartnerships>, accessed 10 May 2024).
19. Brugha R, Donoghue M, Starling M, Ndubani P, Ssengooba F, Fernandes B, et al. The Global Fund: managing great expectations. *Lancet*. 2004;364(9428):95–100. doi:10.1016/S0140-6736(04)16595-1.
20. Country Coordinating Mechanism. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria (<https://www.theglobalfund.org/en/country-coordinating-mechanism/>, accessed 10 May 2024).
21. “Let’s talk about sex work”: a terminology statement and guide. Edinburgh: Global Network of Sex Work Projects; 2024 ([https://www.nswp.org/sites/default/files/terminology\\_guide\\_english\\_prf03.pdf](https://www.nswp.org/sites/default/files/terminology_guide_english_prf03.pdf), accessed 10 May 2024).
22. United Nations Development Programme, Joint United Nations Programme on HIV/AIDS. Understanding and acting on critical enablers and development synergies for strategic investments. New York: United Nations Development Programme; 2015 (<https://www.undp.org/publications/understanding-and-acting-critical-enablers-and-development-synergies-strategic-investments>, accessed 10 May 2024).
23. What is DOTS? A guide to understanding the WHO-recommended TB control strategy known as DOTS. Geneva: World Health Organization; 1999 ([https://iris.who.int/bitstream/handle/10665/65979/WHO\\_CDS\\_CPC\\_TB\\_99.270.pdf](https://iris.who.int/bitstream/handle/10665/65979/WHO_CDS_CPC_TB_99.270.pdf), accessed 10 May 2024).
24. Political Declaration on HIV and AIDS: ending inequalities and getting on track to end AIDS by 2030. Geneva: United Nations General Assembly; 2021 ([https://www.unaids.org/sites/default/files/media\\_asset/2021\\_political-declaration-on-hiv-and-aids\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf), accessed 10 May 2024).

25. Global AIDS strategy 2021–2026. End inequalities. End AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 ([https://www.unaids.org/sites/default/files/media\\_asset/global-AIDS-strategy-2021-2026\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf), accessed 10 May 2024).
26. Porta M. A dictionary of epidemiology. Oxford: Oxford University Press; 2008.
27. World Health Organization. When a disease becomes “endemic”, it may still cause suffering and death. YouTube, 18 March 2022 (<https://www.youtube.com/watch?v=jmwOAgaf3QY>, accessed 10 May 2024).
28. Health equity and its determinants. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/m/item/health-equity-and-its-determinants>, accessed 10 May 2024).
29. Gender and health. Geneva: World Health Organization ([https://www.who.int/health-topics/gender#tab=tab\\_1](https://www.who.int/health-topics/gender#tab=tab_1), accessed 20 June 2024).
30. Gender equality: glossary of terms and concepts. Nepal: United Nations Children’s Fund Regional Office for South Asia; 2017 (<https://www.unicef.org/rosa/media/1761/file/Genderglossarytermsand-concepts.pdf>, accessed 10 May 2024).
31. Dhillon G, Grewal H, Monga V, Munjal R, Buddhavarapu VS, Verma RK, et al. Gender inclusive care toolkit for hospitals. *Lancet Reg Health Am.* 2023;26:100583. doi:10.1016/j.lana.2023.100583.
32. My body, my life, my world: operational guidance. Module 2: gender-based violence. New York: United Nations Population Fund; 2022 ([https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA-MB-MLMW\\_MOD2-EN.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA-MB-MLMW_MOD2-EN.pdf), accessed 10 May 2024).
33. Definitions. New York: UN Free & Equal (<https://www.unfe.org/know-the-facts/definitions/>, accessed 10 May 2024).
34. Integrating gender into HIV/AIDS programmes in the health sector : tool to improve responsiveness to women’s needs. Geneva: World Health Organization; 2009 (<https://iris.who.int/handle/10665/43980>, accessed 19 June 2024).
35. Programme on Gender Transformative Approaches for Food Security and Nutrition. Rome: Food and Agriculture Organization (<https://www.fao.org/joint-programme-gender-transformative-approaches/overview/gender-transformative-approaches/en>, accessed 19 June 2024).
36. What does it take to achieve a gender transformative HIV response? Brighton, United Kingdom: Partnership to Inspire, Transform and Connect the HIV Response (<https://frontlineaids.org/wp-content/uploads/2020/10/Pitch-Gender-Guide-FINAL.pdf>, accessed 19 June 2024).
37. Global AIDS monitoring framework 2022–2026: framework for monitoring the 2021 Political Declaration on AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 ([https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_GAM\\_Framework\\_2022\\_EN.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_GAM_Framework_2022_EN.pdf), accessed 19 June 2024).
38. Indicators and questions for monitoring progress on the 2021 Political Declaration on HIV and AIDS—Global AIDS Monitoring 2024. Geneva: Joint United Nations Programme on HIV/AIDS; 2024 (<https://www.unaids.org/en/resources/documents/2024/global-aids-monitoring-guidelines>, accessed 19 June 2024).

39. About the Global Fund. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria (<https://www.theglobalfund.org/en/about-the-global-fund/>, accessed 22 May 2024).
40. Policy brief: the greater involvement of people living with HIV (GIPA). Geneva: Joint United Nations Programme on HIV/AIDS; 2007 ([https://www.unaids.org/en/resources/documents/2007/20070410\\_jc1299-policybrief-gipa\\_en.pdf](https://www.unaids.org/en/resources/documents/2007/20070410_jc1299-policybrief-gipa_en.pdf), accessed 10 May 2024).
41. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240052390>, accessed 10 May 2024).
42. NIH launches clinical trial of three mRNA HIV vaccines. Maryland, MD: National Institutes of Health; 2022 (<https://www.nih.gov/news-events/news-releases/nih-launches-clinical-trial-three-mrna-hiv-vaccines>, accessed 10 May 2024).
43. Fortner A, Bucur O. mRNA-based vaccine technology for HIV. *Discoveries* (Craiova). 2022;10(2):e150. doi:10.15190/d.2022.9.
44. International technical and programmatic guidance on out-of-school comprehensive sexuality education: an evidence-informed approach for non-formal, out-of-school programmes. New York: United Nations Populations Fund; 2020 ([https://www.unfpa.org/sites/default/files/pub-pdf/Out\\_of\\_School\\_CSE\\_Guidance\\_with\\_References\\_for\\_Web.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Out_of_School_CSE_Guidance_with_References_for_Web.pdf), accessed 10 May 2024).
45. Homosexuality. Britannica.com (<https://www.britannica.com/topic/homosexuality>, accessed 19 June 2024).
46. What are human rights? Geneva: Office of the High Commissioner for Human Rights (<https://www.ohchr.org/en/what-are-human-rights>, accessed 10 May 2024).
47. International Bill of Human Rights: a brief history, and the two international covenants. Geneva: Office of the United Nations High Commissioner for Human Rights (<https://www.ohchr.org/en/what-are-human-rights/international-bill-human-rights>, accessed 22 May 2024).
48. Human rights-based approach. New York: United Nations Sustainable Development Group (<https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach>, accessed 22 May 2024).
49. Violence against women: key facts. Geneva: World Health Organization; 2024 (<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>, accessed 22 May 2024).
50. Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organization; 2021 (<https://iris.who.int/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1>, accessed 10 May 2024).
51. LGBTIQI+: free and equal—not criminalized. New York: United Nations (<https://www.un.org/en/fight-racism/vulnerable-groups/lgbtqi-plus>, accessed 10 May 2024).
52. Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, World Bank. Mainstreaming HIV and AIDS in sectors and programmes: an implementation guide for national responses. Geneva: Joint United Nations Programme on HIV/AIDS; 2005 (<https://www.undp.org/sites/g/files/zskgke326/files/publications/19.pdf>, accessed 10 May 2024).



53. HeForShe. Masculinities, patriarchy and climate change. New York: UN Women (<https://www.hefor-she.org/en/masculinities-patriarchy-and-climate-change>, accessed 19 June 2024).
54. World Health Organization, United Nations Children’s Fund, United Nations Population Fund, World Bank Group, Population Division of the United Nations Department of Economic and Social Affairs. Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023 (<https://iris.who.int/bitstream/handle/10665/366225/9789240068759-eng.pdf?sequence=1>, accessed 10 May 2024).
55. International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. Geneva: Office of the High Commissioner for Human Rights; 1990 (<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-protection-rights-all-migrant-workers>, accessed 10 May 2024).
56. NASA publications and tools. Geneva: Joint United Nations Programme on HIV/AIDS (<http://www.unaids.org/en/dataanalysis/datatools/nasapublicationsandtools>, accessed 10 May 2024).
57. Laws and policies analytics. Geneva: Joint United Nations Programme on HIV/AIDS (<https://lawsand-policies.unaids.org/>, accessed 10 May 2024).
58. World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS. WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users: 2012 revision. Geneva: World Health Organization; 2012 ([https://iris.who.int/bitstream/handle/10665/77969/9789241504379\\_eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/77969/9789241504379_eng.pdf?sequence=1), accessed 10 May 2024).
59. Noncommunicable diseases. Geneva: World Health Organization; 2023 (<https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>, accessed 10 May 2024).
60. WHA72/2019/REC/1. Seventy-second World Health Assembly. Geneva: World Health Organization; 2019 ([https://apps.who.int/gb/ebwha/pdf\\_files/WHA72-REC1/A72\\_2019\\_REC1-en.pdf#page=1](https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=1), accessed 22 May 2024).
61. Sahu M, Szpiro A, van Rooyen H, Asiimwe S, Shahmanesh M, Roberts DA, et al. Cardiovascular risk among people accessing differentiated HIV care in South Africa. Abstract 665. Presented at the Conference on Retroviruses and Opportunistic Infections, Seattle, WA, 19–23 February 2023 (<https://www.croiconference.org/abstract/cardiovascular-risk-among-people-accessing-differentiated-hiv-care-in-south-africa/>, accessed 3 July 2023).
62. Hsue PY, Waters DD. Time to recognize HIV infection as a major cardiovascular risk factor. *Circulation*. 2018;138:1113–1115. doi:10.1161/circulationaha.118.036211.
63. Isaac DK, Khan Z. Prevalence, awareness, treatment, control of hypertension, and availability of hypertension services for patients living with human immunodeficiency virus in sub-Saharan Africa: a systematic review and meta-analysis. *Cureus*. 2023;15(4):e37422. doi:10.7759/cureus.37422.
64. United Nations Office on Drugs and Crime, World Health Organization. Establishing and delivering evidence-based, high-quality opioid agonist therapy services. Vienna: United Nations Office on Drugs and Crime; 2022 ([https://www.unodc.org/documents/drug-prevention-and-treatment/22-10821\\_eBook\\_OAT\\_implementing\\_tool.pdf](https://www.unodc.org/documents/drug-prevention-and-treatment/22-10821_eBook_OAT_implementing_tool.pdf), accessed 22 May 2024).

65. Report on the international patent system. Geneva: World Intellectual Property Organization Standing Committee on the Law of Patents; 2009 ([https://www.wipo.int/edocs/mdocs/scp/en/scp\\_16/scp\\_16\\_ref\\_scp\\_12\\_3\\_rev\\_2-main1.pdf](https://www.wipo.int/edocs/mdocs/scp/en/scp_16/scp_16_ref_scp_12_3_rev_2-main1.pdf), accessed 22 May 2024).
66. Licensing for public health. Geneva: Medicines Patent Pool (<https://medicinespatentpool.org/what-we-do/licensing-for-public-health>, accessed 22 May 2024).
67. PEPFAR 2023 Country and Regional Operational Plan (COP/ROP) guidance for all PEPFAR-supported countries. Washington, DC: United States President's Emergency Plan for AIDS Relief; 2023 (<https://www.state.gov/wp-content/uploads/2023/07/PEPFAR-2023-Country-and-Regional-Operational-Plan.pdf>, accessed 22 May 2024).
68. What is a person-led approach? St Leonards, Australia: NSW Health; 2022 (<https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/person-centred.aspx>, accessed 10 May 2024).
69. Point-of-care diagnostic tests (POCTs) for sexually transmitted infections (STIs). Geneva: World Health Organization; 2023 ([https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/sexual-health/sexually-transmitted-infections/point-of-care-tests](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/sexual-health/sexually-transmitted-infections/point-of-care-tests), accessed 10 May 2024).
70. Greene M, Robles OJ, Stout K, Suvilaaks T. A girl's right to learn without fear: working to end gender-based violence at school. Woking, UK: Plan International; 2013 ([https://plan-international.org/uploads/2022/01/plan\\_srgbv\\_fullreport\\_en.pdf](https://plan-international.org/uploads/2022/01/plan_srgbv_fullreport_en.pdf), accessed 10 May 2024).
71. International guidelines on HIV/AIDS and human rights: 2006 consolidated version. Geneva: Office of the United Nations High Commissioner for Human Rights and Joint United Nations Programme on HIV/AIDS; 2006 (<http://www.ohchr.org/Documents/Publications/HIVAIDSGuidelinesen.pdf>, accessed 10 May 2024).
72. Recommendation concerning HIV and AIDS and the world of work, 2010 (no. 200). Geneva: International Labour Organization; 2010 ([https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/--ilo\\_aids/documents/normativeinstrument/wcms\\_142706.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/--ilo_aids/documents/normativeinstrument/wcms_142706.pdf), accessed 10 May 2024).
73. De Zaluondo BO, Hernandez Avila M, Uribe Zuñiga P. Intervention research needs for AIDS prevention among commercial sex workers and their clients. In: Chen LC, Amor JS, Segal, Anderson JM, editors. AIDS and women's reproductive health. New York: Plenum Press; 1991:165–178.
74. WHO policy on preventing and addressing sexual misconduct. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/WHO-DGO-PRS-2023.4>, accessed 22 May 2024).
75. Defining sexual health. Geneva: World Health Organization (<https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>, accessed 10 May 2024).
76. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *Lancet*. 2018;391(10140):2642–2692. doi:10.1016/S0140-6736(18)30293-9.
77. Violence against women: intimate partner and sexual violence against women. Geneva: World Health Organization; 2011 (<https://www.who.int/publications/i/item/WHO-RHR-19.16>, accessed 22 May 2024).
78. Thematic brief: social protection. Geneva: United Nations Economist Network; 2021 ([https://www.un.org/sites/un2.un.org/files/2021/04/a-tb\\_on\\_social\\_protection.pdf](https://www.un.org/sites/un2.un.org/files/2021/04/a-tb_on_social_protection.pdf), accessed 10 May 2024).

79. OHCHR report: human rights interventions are indispensable to ending AIDS for everyone by 2030. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 ([https://www.unaids.org/en/resources/presscentre/featurestories/2022/june/20220629\\_HR\\_HIV\\_report](https://www.unaids.org/en/resources/presscentre/featurestories/2022/june/20220629_HR_HIV_report), accessed 10 May 2024).
80. Stangl AL, Pliakas T, Izazola-Licea JA, Ayala G, Beattie TS, Ferguson L, et al. Removing the societal and legal impediments to the HIV response: an evidence-based framework for 2025 and beyond. *PLoS One*. 2022;17(2):e0264249. doi:10.1371/journal.pone.0264249.
81. Evidence for eliminating HIV-related stigma and discrimination. Geneva: Joint United Nations Programme on HIV/AIDS; 2020 ([https://www.unaids.org/sites/default/files/media\\_asset/eliminating-discrimination-guidance\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/eliminating-discrimination-guidance_en.pdf), accessed 19 June 2024).
82. Make the SDGs a reality. New York: United Nations Department of Economic and Social Affairs (<https://sdgs.un.org/>, accessed 10 May 2024).
83. Seizing the moment: tackling entrenched inequalities to end epidemics. Geneva: Joint United Nations Programme on HIV/AIDS; 2020 ([https://www.unaids.org/sites/default/files/media\\_asset/2020\\_global-aids-report\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf), accessed 10 May 2024).
84. Treatment as prevention. Vancouver: British Columbia Centre for Excellence in HIV/AIDS (<https://bccfe.ca/tasp/about>, accessed 10 May 2024).
85. Governance for the validation of elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus: an overview of validation structures and responsibilities at national, regional and global levels. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240056961>, accessed 10 May 2024).
86. Responding to least developed countries' special needs in intellectual property. Geneva: World Trade Organization; 2013 ([https://www.wto.org/english/tratop\\_e/trips\\_e/ldc\\_e.htm](https://www.wto.org/english/tratop_e/trips_e/ldc_e.htm), accessed 10 May 2024).
87. Declaration on the Elimination of Violence against Women. Geneva: Office of the High Commissioner for Human Rights; 1993 (<https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women>, accessed 10 May 2024).
88. FAQs: types of violence against women and girls. New York: UN Women (<https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>, accessed 19 June 2024).
89. The role of HIV viral suppression in improving individual health and reducing transmission. Geneva: World Health Organization; 2023 (<https://iris.who.int/bitstream/handle/10665/360860/9789240055179-eng.pdf>, accessed 19 June 2024).
90. Technical guidance on supporting youth-led responses. Geneva: Joint United Nations Programme on HIV/AIDS; forthcoming.
91. UNAIDS editorial style guide. Geneva: Joint United Nations Programme on HIV/AIDS; 2016 ([https://www.unaids.org/en/resources/documents/2016/editorial\\_style\\_guide](https://www.unaids.org/en/resources/documents/2016/editorial_style_guide), accessed 10 May 2024).
92. WHO style guide. Geneva: World Health Organization ([https://www.unaids.org/sites/default/files/sg13\\_web\\_v4%20pdf%20-%20adobe%20reader.pdf](https://www.unaids.org/sites/default/files/sg13_web_v4%20pdf%20-%20adobe%20reader.pdf), accessed 10 May 2024).



**UNAIDS**  
**Joint United Nations**  
**Programme on HIV/AIDS**

20 Avenue Appia  
1211 Geneva 27  
Switzerland

+41 22 791 3666

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