



United Nations
Educational, Scientific and
Cultural Organization

The complexity of HIV and AIDS, and the fact that what makes them exceptional is the stigma attached – a real impediment to prevention – makes the way we describe, discuss and portray HIV and AIDS instrumental to our success in effectively responding to the pandemic. It is for this reason that UNESCO has developed the *UNESCO Guidelines on Language and Content in HIV- and AIDS-Related Materials*. UNESCO and its partners envision that the Guidelines can help harmonise the use of language and content to reflect an approach to the epidemic which is comprehensive and inclusive, sensitive to the needs and issues of the whole population, but with focused attention on especially vulnerable populations.

The Guidelines were developed on the basis of consultations with and the support of colleagues within UNESCO and other UNAIDS Cosponsors, as well as other key stakeholders in the global response to HIV and AIDS.

As our collective experiences and knowledge on HIV and AIDS evolve, these Guidelines are to be considered as a living document to be updated regularly.

UNESCO Guidelines on Language and Content in HIV- and AIDS- Related Materials

Foreword

HIV and AIDS evoke responses from each one of us – on both individual and institutional levels. Those responses, in order to be articulated and delivered, must be transcribed into textual, verbal and visual content. They may vary from an oral presentation, to an analytical report on the dynamics of the HIV epidemic in a certain context, to a manual for educators, to technical support to policy-makers in the development of national strategies.

The complexity of HIV and AIDS, and the fact that what makes them exceptional is the stigma attached – a real impediment to prevention – makes the way we describe, discuss and portray HIV and AIDS instrumental to our success in effectively responding to the pandemic while fully respecting UNESCO's mission.

This publication provides guidelines for a harmonised use of language and content in HIV- and AIDS-related materials that reflect an approach to the epidemic which is comprehensive and inclusive, sensitive to the needs and issues of the whole population, but with focused attention on especially vulnerable populations. The Guidelines were developed on the basis of many consultations with, and the support of, UNAIDS and other UN agencies as well as key stakeholders in HIV- and AIDS-related work.

As one of the founding members of UNAIDS and one of the ten Cosponsor organizations, UNESCO is committed to reducing the impact of the HIV epidemic. Consequently, it has made the response to HIV and AIDS one of its key priorities – which is why UNESCO is leading the UNAIDS Global Initiative on Education and HIV & AIDS (EDUCAIDS), to which these Guidelines are a contribution.

It is my understanding that, considered as a living document, these Guidelines will be updated regularly, building on comments and suggestions from all of you.

I urge all of you to use these UNESCO Guidelines.

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Director-General
UNESCO

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UNESCO's Section on HIV and AIDS in the Division for the Coordination of UN Priorities in Education acknowledges the contribution of staff from UNESCO, UN-AIDS Cosponsors and UNAIDS Secretariat who made contributions, suggestions and comments and reviewed various drafts.

The Section on HIV and AIDS also wishes to recognise and thank, in particular, all of the organizations, institutions and individuals whose invaluable work on issues around the use of language and content in HIV and AIDS has provided the foundation for the UNESCO Guidelines on Language and Content in HIV- and AIDS-related Materials.

List of useful acronyms

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AIDS	Acquired Immunodeficiency Syndrome (also seen as: Acquired Immune Deficiency Syndrome)
ARV	Antiretroviral
ART	Antiretroviral Therapy
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention (U.S.)
DHS	Demographic and Health Survey
DST	Drug Substitution Therapy
GIPA	Greater Involvement of People living with or Affected by HIV and AIDS
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IAVI	International AIDS Vaccine Initiative
IDU	Injecting Drug User
IEC	Information, Education and Communication
KAP(B)	Knowledge, Attitudes and Practice (and Behaviour)
MAP	Multi-country HIV/AIDS Programme (for Africa)
MSM	Men who have Sex with Men
MTCT	Mother-To-Child Transmission
NAC	National AIDS Council/Committee/Commission

NAP	National AIDS Plan
NGO	Non-Governmental Organization
NSP	Needle-Syringe Programme
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PLHIV	People/persons Living with HIV*
PMTCT	Prevention of Mother-To-Child Transmission
PTC	Post-Test Club
PTCT	Parent-To-Child Transmission
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
SW	Sex Worker
UNAIDS	Joint United Nations Programme on HIV/AIDS
VC(C)T	Voluntary (and Confidential) Counselling and Testing

* Although 'People living with HIV and AIDS' (PLWHA or PLHA) is widely used, the currently preferred phrase is 'People living with HIV' (PLHIV).

Introduction

Often, when dealing with materials on HIV and AIDS, one is faced with issues of sensitive content and/or references to vulnerable or marginalised communities. As a standard-setting organization, UNESCO must take special care to avoid the perpetuation of stigma and discrimination often faced by People Living with HIV (PLHIV), sex workers, men having sex with men, and other communities/groups. Moreover, the purpose of many materials is often to sensitise on issues related to HIV and AIDS. Thus, the power of language could not be more strongly emphasised.

The following Guidelines on the preferred/proper use of language were developed in an effort to respond to UNESCO's mission and work on HIV- and AIDS-related issues. In general, they are intended to provide guidance towards using uniform, correct, gender-sensitive, non-discriminatory and culturally-appropriate language that promotes universal human rights.

The language we use to conceptualise and talk about HIV/AIDS reflects our personal biases and understanding or lack of understanding. It also helps shape our own and others' attitudes about HIV/AIDS. Appropriate language is constructive, does not fuel stereotypes and does not cause prejudice. Language has a strong influence on attitudes towards HIV/AIDS and people infected and affected by HIV/AIDS

*The Power of Language
You and AIDS,
the HIV/AIDS Portal
for Asia Pacific (UNDP)
[http://www.youandaids.org/
HIVAIDS%20Language](http://www.youandaids.org/HIVAIDS%20Language)*

It is important to highlight that these Guidelines were produced only to assist in the development, revision and editing of HIV- and AIDS-related materials. They are not intended to be used as a fixed and rigid set of rules.

This document is targeted at UNESCO staff members and/or other individuals familiar with HIV- and AIDS-related issues. The Guidelines were initially conceptualised by UNESCO's Culture Sector and the current version was developed following a UNESCO-wide in-house consultation and consultations with all UN agencies. The build on the invaluable work of many organizations involved in the global response to HIV and AIDS.

Moreover, the reader may notice that some of the terms being discussed offer no alternative phrasing and/or explanation at the moment. This is because the document is to be considered as a 'living document' that is continuously evolving.

All contributions, comments, feedback, suggestions and information can be addressed to UNESCO's Section on HIV and AIDS: aids@unesco.org

1. Main language and terminology considerations

Avoiding negative connotations

Any document on any subject matter, not only HIV- and AIDS-related issues, should be in full respect of human rights, in particular if the materials refer to marginalised and/or vulnerable communities.

Precision

HIV and AIDS are highly complex issues. Because of their medical and epidemiological complexity and the different meanings they can take on in different social, economical and cultural contexts, there is a need for precision in order to ensure that the transmitted message is the same for the sender and receiver.

Fact versus opinion

The danger of confusing an opinion with a fact is that it can lead to discriminatory statements towards key – often minority – populations. Real or perceived stigma and discrimination can lead these populations to keep a low profile and not access services and information. This, in turn, makes prevention work and promoting care and support services for these populations difficult.

Factual statements – how correct are they?

Some statements are written in a 'factual' manner. However, it is important to pay attention to such statements and to ensure that the 'facts' are well referenced and substantiated by research or credible reports. Obviously, the right source/reference

will depend on the subject matter. However, depending on the issue, the appropriate institution can be consulted; UNAIDS and the World Health Organization (WHO) are suggested as primary sources.

Gender sensitive language

Gender stereotypes – socially constructed beliefs about men's and women's behaviours and roles – often find their way into documents because texts are written by men and women who are themselves products of the culture and society in which they are raised. It is important to pay special attention to the gender sensitivity of a text and to ensure that the statements made are in full respect for equal rights and use non-derogatory language directed at any sex and at any sex of any age. UNESCO, an organization with a mandate for the promotion and protection of human rights, including gender equality, pays particular attention to this issue.

Use of abbreviations and acronyms

The assumption that an abbreviation or acronym is well-understood can lead to confusion. Acronyms must therefore be spelled-out at least once, usually the first time it is used, followed by the acronym between brackets e.g., National AIDS Plan (NAP). Including a list of acronyms at the beginning of documents is essential. Be aware that some groups may object to being addressed by an acronym. For instance, gay men have objected to being referred to as MSM (men who have sex with men). It is therefore advisable to inquire about the most appropriate and polite term to use.

1. Main language and terminology considerations

Sensational language

The use of superlatives (e.g., the worst) and strong adjectives (e.g., infected vs. contaminated) is often – and sometimes unconsciously – an expression of opinion or judgment. The use of superlatives or exclamation marks in some contexts may also provoke stigma, discrimination, fear and anxiety. It is advisable to avoid such language as much as possible.

Marginalised and/or key populations

Texts referring to marginalised and/or key populations must be carefully constructed, bearing in mind that discriminatory language should always be avoided. The best thing to do is to ask a member (or a group of members) of the key population to read the text and check for the appropriateness and accuracy of the terminology. Before requesting this, make sure that you clearly explain what is expected of the person or group and why they are being asked to check the text in question.

Simplicity

In a large international organization such as UNESCO, English is not the first language of many of its staff members. Simplicity in documents will not only ensure that the message is conveyed in a concise and precise manner, but will also avoid confusion.

Comments and tips

Before publishing any UNESCO document with HIV and AIDS content, it is advisable to consult colleagues specialising in HIV and AIDS issues. Please be aware that, when dealing with documents written in French or in any other official UN-working language, these guidelines cannot be translated literally, but require adaptation to the respective language. Furthermore, due to linguistic differences from one English-speaking country to another, the linguistic specificities of the targeted population should be taken into account during the writing stage of the document and before its publication.

UNESCO style/format

Please consult the latest UNESCO manual on style (spelling, editing tips, etc.) <http://unesdoc.unesco.org/images/0014/001418/141812e.pdf>

Table 1 Commonly used terminology

MEDICAL TERMS		
! Problematic term	Explanation	✓ Preferred wording
AIDS <i>(when the intention is to use HIV)</i>	Even though this distinction is made clear in the examples throughout this document, this is one of the most common mistakes seen in reports on HIV and AIDS issues. AIDS is a range of conditions – a syndrome – that occurs when a person’s immune system is seriously weakened by HIV infection. Someone who has HIV infection has antibodies to the virus but may not have developed any of the illnesses that constitute AIDS.	AIDS <i>(only when referring correctly to AIDS)</i>
HIV/AIDS	Even though the term HIV/AIDS is widely used and accepted, recent UNAIDS guidelines are promoting the use of HIV where appropriate and AIDS where appropriate. HIV and AIDS are two different issues and often the term ‘HIV/AIDS’ (meaning ‘HIV and/or AIDS’) is unnecessarily used as, often enough, either ‘HIV’ or ‘AIDS’ is relevant (depending on the exact text) and not both. The terms HIV and AIDS should be used only when both HIV and AIDS are relevant.	<p>➔ HIV <i>(when referring to HIV)</i></p> <p>➔ AIDS <i>(when referring to AIDS)</i></p> <p>➔ HIV and AIDS <i>(when referring to both)</i></p>
AIDS virus HIV virus	There is no such thing as the AIDS virus. AIDS is a syndrome not a virus. Only HIV (the human immunodeficiency virus) can cause AIDS. The term HIV virus is redundant as HIV stands for Human Immunodeficiency Virus.	HIV Human Immunodeficiency Virus The virus that causes AIDS

Table 1

Problematic term	Explanation	Preferred wording
Human Immuno-deficiency Virus	'Immunodeficiency' is one word and need not be hyphenated.	Human Immunodeficiency Virus
Aids AIDS aids	AIDS is not a word. It is an acronym and must be fully capitalised.	AIDS
AIDS test HIV/AIDS test	An 'AIDS test' does not exist. AIDS is diagnosed according to specific medical criteria that identify the symptoms of AIDS. The presence of HIV antibodies in the blood can, however, be determined with a test of blood or – increasingly accurately – saliva.	HIV test
Full-blown AIDS	This term implies that there are varying stages of AIDS, such as half-blown AIDS or full-blown AIDS. People have AIDS only when they present with an AIDS-defining illness such as an opportunistic infection.	AIDS
Sexually transmitted disease (STD)	According to UNAIDS, the term STIs (sexually transmitted infections) should be used rather than STDs (sexually transmitted diseases), unless the latter is part of a title or name. However, unless the phrase is going to be repeated several times in a few lines, it should be spelled out in full.	Sexually transmitted infection (STI)
Terminal disease	AIDS is not necessarily a terminal disease. AIDS can and, in many cases, does indeed lead to death, but HIV treatment exists. Therefore, it is preferred to use the phrase 'life-threatening illness' instead of 'terminal disease', as it encourages the best mental health possible for PLHIV and those around them.	Life-threatening illness

Table 1

Commonly used terminology



 HIV TRANSMISSION AND PREVENTION 		
Problematic word choice or spelling	Explanation	Preferred wording
HIV/AIDS prevention	Strictly speaking, prevention deals with the infection, not the disease. Therefore, 'HIV prevention' is usually a more correct wording without necessarily meaning the only phrase/wording to be used.	HIV prevention
Risky sex		Unprotected sex
Contamination vs. infection	'Contamination' and 'infection' have two different meanings. A person is 'infected' with HIV, not 'contaminated'. Equipment (such as a used syringe) may be contaminated with HIV.	See explanation
Contaminated vs. unclean	Drug injecting equipment, for example, is 'contaminated' with HIV, and 'unclean' if it is not clean (but not necessarily contaminated with HIV).	See explanation
To catch AIDS To contract AIDS To catch HIV	AIDS cannot be caught or transmitted. People can become infected with HIV.	To become infected with HIV To contract HIV
To pass on HIV	HIV can be transmitted, but not inherited.	Transmit HIV

Table 1

Problematic word choice or spelling	Explanation	Preferred wording
Sharing (<i>when referring to injecting equipment</i>)	<p>Although this term is widely used, it is NOT necessarily correct. It should be used with care, as some may interpret it differently.</p> <p>According to UNAIDS, 'sharing' in the classical sense does not happen as frequently as is often assumes. In the absence of access to sterile injecting equipment, people may use dirty discarded equipment (which is anonymous) or bargain away drug for syringes and needles.</p> <p>This may not be regarded as sharing. Neither does 'sharing' distinguish between needle borrowing and needle lending; this is important because (usually) different dynamics are at work: a person aware of their HIV-positive status may try to avoid lending, but may continue to borrow. Furthermore, 'sharing' has positive connotations e.g., sharing a meal among injecting drug user communities (and wider communities also), which are not appropriate in writing about HIV.</p>	<p>➔ Sharing (<i>when it is clear what it refers to</i>)</p> <p>➔ Use of contaminated injecting equipment (<i>if you are considering HIV transmission</i>)</p> <p>➔ Use of non-sterile injecting equipment (<i>if you are considering risk of HIV exposure</i>)</p>

Table 1

Commonly used terminology

Problematic word choice or spelling	Explanation	Preferred wording
Body fluids (<i>that may be responsible for HIV transmission</i>)	<p>Confusion about the body fluids that can transmit HIV is a common cause of fear and misunderstanding and continues to cause discrimination against PLHIV. 'Body fluids' cover all fluids coming from the body and not just those implicated in HIV transmission.</p> <p>It is advisable to explain at least once in a text (preferably when the term 'body fluids' is first used) which body fluids contain HIV in sufficient concentration to be implicated in HIV transmission. HIV cannot be transmitted through body fluids such as saliva, sweat, tears or urine.</p> <p>The concentration of the virus in a body fluid is an important factor in the transmission of HIV. For example, saliva containing traces of blood poses a lower risk than semen from an HIV-positive person with a high viral load.</p>	<p>Body fluids that may be responsible for HIV transmission: blood, semen, vaginal fluid or secretions, breast milk, amniotic fluid, pre-ejaculate</p>

Table 1

Problematic word choice or spelling	Explanation	Preferred wording
<p>Modes of HIV transmission:</p> <ul style="list-style-type: none"> ➔ Shaving ➔ Mosquitoes ➔ Going to the dentist or hairdresser 	<p>According to the U.S. Centers for Disease Control and Prevention (CDC) ‘mosquito bites do not pose a risk for HIV infection. Studies have shown no evidence of HIV transmission through insects even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes.’</p> <p>The only known means of transmission are:</p> <ol style="list-style-type: none"> 1. Unprotected sexual contact with an infected person; 2. Using contaminated needles and/or syringes (primarily for drug injection); 3. Transfusions of infected blood or blood clotting factors – this is less common now and very rare in countries where blood is screened for HIV antibodies; and 4. Babies born to HIV-infected mothers may become infected before or during birth or through breast-feeding. <p>There is a risk for HIV transmission during scarification, tattooing, piercing, circumcision and/or female genital cutting if the same blade/instrument is used without sterilising between persons.</p> <p>Some people fear that HIV might be transmitted in other ways; however, no scientific evidence to support any of these fears has been found.</p> <p style="text-align: right;"><small>(adapted from CDC) http://www.cdc.gov/hiv/resources/factsheets/transmission.htm</small></p>	

Table 1

Commonly used terminology



 TERMS TO DESCRIBE THE EPIDEMIC 		
Problematic word choice or spelling	Explanation	Preferred wording
Prevalence rates	Prevalence in itself refers to a rate (the measure of the proportion of people in a population infected with a particular disease at a given time).	Prevalence
HIV/AIDS prevalence	Prevalence is the measure of the proportion of people in a population infected with HIV. AIDS is not relevant in this case.	HIV prevalence
AIDS epidemic vs. HIV epidemic	<p>According to the definition of ‘epidemic’, HIV is the causative agent; therefore, the term ‘HIV epidemic’ may be more accurate than ‘AIDS epidemic’. However, it is still correct to speak of an epidemic of disease manifestation. In that respect, large numbers of people living with AIDS within a population may also be described as an epidemic.</p> <p>Therefore, the use of ‘HIV epidemic’ versus ‘AIDS epidemic’ depends both on the context and on the possible impact on readers.</p>	<p>HIV epidemic AIDS epidemic</p> <p><i>(depending on context and possible impact on readers)</i></p>
AIDS scourge AIDS plague Killer disease The dreaded HIV/AIDS	These are sensational terms. They can fuel panic, discrimination and fatalism.	<p>HIV epidemic AIDS epidemic</p> <p><i>(depending on context and possible impact on readers)</i></p>

Table 1

Problematic word choice or spelling	Explanation	Preferred wording
AIDS is a deadly, incurable disease	Similar to the above, this is sensational language and should be avoided. Also, describing HIV and AIDS as a 'deadly, incurable disease' creates a lot of fear and only serves to increase stigma and discrimination. It has also been referred to as a 'manageable, chronic illness, much like hypertension or diabetes', but such language may lead people to believe that it is not as serious as they thought.	<i>If a definition of AIDS is required:</i> 'AIDS, the acquired immunodeficiency syndrome, is a disease caused by HIV, the human immunodeficiency virus. Currently, antiretrovirals can slow down replication of the virus, but they do not cure AIDS.'
Fight against HIV/AIDS War against HIV/AIDS	Although this phrase is widely used, it is considered militaristic and stigmatising vocabulary that may lead to the thinking that people living with HIV (PLHIV) have to be 'fought' or eliminated. Similarly to the words 'fight' and 'war', combatant language (e.g., struggle, battle, campaign) should be avoided when referring to a response to HIV and AIDS.	Response to HIV and AIDS

Table 1

Commonly used terminology



 TERMS TO BE USED WITH CARE 		
Problematic word choice or spelling	Explanation	Preferred wording
Pandemic vs. epidemic	Epidemic is a disease that spreads rapidly through a demographic segment of the human population, such as everyone in a given geographic area (e.g., a military base or similar population unit) or everyone of a certain age or sex (such as the children or women of a region). Epidemic diseases can be spread from person to person or from a contaminated source such as food or water. Pandemic is a disease prevalent throughout an entire country, continent or the whole world.	Epidemic or Pandemic <i>(according to the relevant context in which they are used)</i>
Drugs <i>(when referring to medication)</i>	To avoid confusion between medication and widely prohibited drugs such as cocaine, heroin and other substances, it is advisable to distinguish between these two words.	Medication ART HIV treatment medication
Vulnerable groups	Although the term is widely used, 'key populations' is preferred as it does not focus only on vulnerability. Instead, it looks at key populations as a sub-set of the general population who have the power to raise awareness and play an important and active role in the response to HIV and AIDS within their own community and communities-at-large.	Key populations vulnerable to HIV Key populations

Table 1

Problematic word choice or spelling	Explanation	Preferred wording
<p>High(er) risk group</p> <p>Groups with high-risk behaviour</p>	<p>These terms should be used with caution as they can increase stigma and discrimination. They may also give a false sense of security to people who do not identify with such groups.</p> <p>These terms also may imply that membership of a particular group, rather than engaging in certain behaviours, can be the cause of HIV infection. This may give a false sense of security to people who do not identify with a high risk group – even when they do engage in behaviours that can put them at risk.</p> <p>For example, a sex worker (member of a population at high risk of exposure to HIV) who practices safer sex is at a lower risk for HIV infection than a heterosexual male (member of a lower risk group) who practices unprotected sex with a seropositive partner or with a number of different partners of unknown serostatus.</p>	<p>High risk behaviour <i>(unprotected sex, use of contaminated needles, etc.)</i></p> <p>Highly-affected communities</p> <p>Key populations</p> <p>Key populations at higher risk</p>
General population	<p>The use of the term general population when referring to a population other than a specific sub-group can be problematic. Caution is advised in the use of this term.</p> <p>It may imply that people in the populations targeted for HIV prevention, education and care are not part of the general population. Thus, it could artificially divide the world into those who are infected or at risk of being infected, and those who are not. It falsely implies that identity or (perceived) membership of a certain minority group, rather than behaviour, is the critical factor in HIV transmission.</p>	<p>e.g., for Sri Lanka:</p> <ul style="list-style-type: none"> ➔ Sri Lankan population ➔ All Sri Lankans ➔ HIV-negative people (in case one wishes to address this particular group)

Table 1

Commonly used terminology

Problematic word choice or spelling	Explanation	Preferred wording
<p>Vaccine</p> <p>AIDS vaccine</p>	<p>As far as HIV infection is concerned, it may be advisable (in some texts) to specify if one intends to say therapeutic or preventive vaccine.</p> <p>Even though this term is now used widely, the correct term is either 'Therapeutic HIV vaccine' or 'Preventive HIV vaccine' depending on the vaccine's intent.</p> <p>Strictly speaking, there is no such thing as an AIDS vaccine because the vaccine is not intended for the prevention/treatment/cure of AIDS (the syndrome) but rather for the prevention/treatment/cure of HIV infection.</p> <p>Note that no therapeutic or preventive vaccine exists although several trials to develop such a vaccine are underway.</p>	<p>Therapeutic HIV vaccine</p> <p>Preventive HIV vaccine</p>
HIV treatment vs. cure	<p>There is often confusion between treatment and cure. HIV infection can be treated but not cured.</p>	HIV treatment
<p>Dying of AIDS</p> <p>e.g., 39 million people around the world are dying of AIDS</p>	<p>This term should be used very carefully. A person dying of AIDS is a person in the very last days of his/her life. The use of this term for PLHIV in general is not appropriate.</p> <p>'Living with HIV' is also promoted to encourage the best mental health possible for PLHIV and those around them. This is the same principle used for cancer or any other life-threatening illness or condition or for survivors of assault.</p>	<p>Living with HIV <i>(when referring to PLHIV)</i></p>

Table 1

Problematic word choice or spelling	Explanation	Preferred wording
Male circumcision as a means to prevent HIV transmission	<p>Some studies have shown that HIV is more easily transmitted to an uncircumcised man than to a circumcised one as HIV can attach onto some of the receptor cells of the foreskin. At the same time it is very difficult to separate the cultural and medical reasons in why circumcision plays a role in rates of HIV transmission. Some reports refer to circumcision as a means to prevent HIV transmission. And although it may be correct to say that the male foreskin facilitates HIV transmission, it is not necessarily correct to extrapolate from that and justify the foreskin's removal as a means of protection.</p> <p>If high-risk behaviour is not altered, by either circumcised or uncircumcised men, transmission will continue to take place for both circumcised and uncircumcised men. The rate at which HIV is transmitted might be slower in the case of men who are circumcised.</p>	
Malaria as an opportunistic infection/illness	<p>According to UNAIDS, opportunistic infections in a person with HIV are the products of two things: 1) the person's lack of immune defences caused by the virus; and 2) the presence of microbes and other pathogens in our everyday environment.</p> <p>The parasite that causes malaria can invade the body of both HIV-negative and HIV-positive persons. Therefore it does not fall under the category of 'opportunistic' infections – although an HIV-positive person may develop symptoms of malaria more easily.</p>	

Table 1

Commonly used terminology

Problematic word choice or spelling	Explanation	Preferred wording
HIV illness HIV disease	<p>HIV disease is characterised by a gradual deterioration of immune functions following the initial HIV infection. During the course of infection, crucial immune cells, called CD4+ T cells, are disabled and killed, and their numbers progressively decline.</p> <p>Therefore, even though the terms HIV illness and HIV disease are NOT incorrect, there is a distinction between these two terms and HIV infection and 'HIV disease' is preferred.</p>	<p>➔ HIV infection (when referring to the infection)</p> <p>➔ HIV disease (when referring to the consequences of the HIV infection)</p>
Promiscuous	Promiscuous is judgmental, accusatory and derogatory.	Having multiple partners

NB: Medical and epidemiological findings evolve with time. Therefore, any reference to such issues must be verified and updated regularly. Even though technical issues are probably beyond the scope of these Guidelines, latest information on current medical developments can be found on the U.S. CDC website: <http://www.cdc.gov/>

Stigmatising terms and expressions

Table 2

With regard to the promotion of human rights, action is concentrated in areas where UNESCO has a special mandate: generating and sharing knowledge, protecting human rights, renewing and reinforcing commitment to human rights education and providing advisory services and technical assistance to Member States.

In important related areas, such as women and gender, where emphasis is on promoting equality between sexes and on the social dimension of women's rights, actions focus on research, networking, advocacy and knowledge-sharing of best practices.

'In the struggle against discrimination, UNESCO tries to identify the obstacles hampering the full exercise of human rights: the impact of nationalism, religious intolerance, discrimination against minorities, and forms of discrimination arising from scientific progress or from illness such as HIV and AIDS.'

http://www.unesco.org/human_rights/

'Certain terms used in the context of HIV and AIDS may have negative connotations for those who are HIV positive. The use of inappropriate language may also result in stigma and discrimination, thereby infringing upon individuals' rights and hindering effective HIV and AIDS prevention and care programmes.'

UNAIDS

Table 2 Stigmatising terms and expressions



WHEN REFERRING TO PEOPLE INFECTED AND/OR AFFECTED BY HIV AND AIDS



Problematic word choice or spelling	Explanation	Preferred wording
PLWHA PLHA	All people living with AIDS also live with HIV, but not all people living with HIV also live with AIDS. Even though PLWHA (or PLHA) is still widely used when referring to 'people with HIV' or 'people with HIV and AIDS', the use of any acronyms when referring to people with HIV should be avoided as much as possible as people with HIV don't like to be referred to as an acronym. Some organizations even go as far as not including the word 'living'.	<i>Spell out</i> People living with HIV, <i>the acronym of which could be</i> PLHIV <i>Spell out</i> People with HIV
HIV/AIDS positive AIDS positive	There is no such thing as 'AIDS positive'.	HIV-positive person PLHIV
AIDS patient HIV patient Patient	A patient is someone who is seen by medical personnel in a medical setting. Outside of that clinical context, the person should not be referred to as a patient. In general 'patient' should NOT be used unless the individual is actually in medical care – it implies a constant state of illness that can be misleading and demoralising.	Person living with HIV (PLHIV) Person with HIV HIV-positive person
Positives HIVers	The word 'positives' takes the word 'people' out of HIV-positive persons and some PLHIV consider this term, as well as the term 'HIVers', derogatory and dehumanising.	People living with HIV HIV-positive people/ persons

Table 2

Problematic word choice or spelling	Explanation	Preferred wording
HIV (when referring to an HIV-positive person)	A person is not HIV itself – a person lives with HIV once infected with the virus.	HIV-positive PLHIV
AIDS carrier HIV carrier	<p>These terms are not correct and are offensive and stigmatising to PLHIV.</p> <p>‘AIDS carrier’ is also incorrect: the infective agent is HIV, not AIDS. This term may also give the impression that people can protect themselves by choosing a partner based on their appearance or by avoiding someone who they know has AIDS.</p> <p>Furthermore, ‘carrier’ is often reserved to describe the presence of DNA genes. HIV is neither a dominant or recessive gene. And, by definition, AIDS is an acquired syndrome, not an inherited symptom. Therefore, ‘HIV carrier’ should be avoided.</p> <p>Finally, a person with AIDS is HIV-positive, but not everyone who is HIV-positive has developed or will develop AIDS.</p>	Person living with HIV (PLHIV) HIV-positive person Person with HIV Person with AIDS (attention should be paid if one is referring to AIDS or HIV)
AIDS victim AIDS sufferer	PLHIV feel these terms imply that they are powerless, with no control over their lives.	Person with HIV Person living with HIV (PLHIV)

Table 2 Stigmatising terms and expressions

Problematic word choice or spelling	Explanation	Preferred wording
Died of AIDS To die of AIDS	AIDS is not a disease. It is a syndrome or a group of illnesses resulting from a weakening of the immune system. People die from opportunistic infections or AIDS-related illnesses, such as tuberculosis or bronchitis.	Died of an AIDS-related illness To die of an AIDS-related illnesses
Victims →	NOT ‘victims’, as victims can’t do anything about their situation – people living with HIV can! Avoiding words like victim also helps to promote uptake of confidential voluntary and confidential counselling and testing (VCCT) services providing a more hopeful presentation of living with HIV.	People living with HIV (PLHIV)
Sufferers →	NOT ‘sufferers’, as not all people living with HIV suffer.	
Contaminated →	NOT ‘contaminated’ – objects are contaminated not people. Also something that is contaminated has connotations of no longer being useful. People living with HIV remain useful and productive members of societies and should not be discarded simply because they have been infected (not contaminated) by a virus.	
Sick →	NOT sick, as often PLHIV live healthy lives.	

Table 2

Problematic word choice or spelling	Explanation	Preferred wording
Innocent victims	'Innocent victims' is often used to describe HIV-positive children, orphans due to AIDS or people with medically-acquired HIV infection (through blood transfusions, etc.) It wrongly implies that people infected in other ways are guilty of some wrongdoing and somehow deserving of punishment. This feeds discrimination, particularly homophobia, and should be avoided.	People with medically acquired HIV (<i>e.g., through transfusion, health care providers infected during work, etc.</i>) Children living with HIV HIV-positive people PLHIV
AIDS orphan	The term 'AIDS orphan' is derogatory, stigmatising and itself promotes discrimination. Most children in these circumstances do not enjoy being labelled as such. The term 'children orphaned by AIDS' is preferable if it could be used to distinguish these children from other orphans and vulnerable children. 'AIDS orphans' also introduces confusion between children orphaned by AIDS and orphans who may be infected with HIV.	Orphans and other vulnerable children (OVC) Children orphaned by AIDS Orphans due to AIDS

Table 2 Stigmatising terms and expressions



 WHEN REFERRING TO KEY POPULATIONS 		
Problematic word choice or spelling	Explanation	Preferred wording
Prostitute Street walker	'Prostitute' is considered a disparaging term and does not reflect the fact that sex work is a form of employment for a sex worker and not a way of life. The same applies to the term 'street walker' which does not represent the employment aspect of sex work, and is therefore derogatory and misleading.	Sex worker (<i>also seen as 'commercial sex worker' or 'brothel-based sex worker'</i>)
Drug abuser Drug addict Junkie	Many people who use drugs consider that they are in control of their use of drugs and that they are not abusing them and are not addicted to them. Calling them abusers or addicts alienates them, which serves no good purpose. It is the act of using contaminated injecting equipment and not the drug use itself that can transmit HIV. Furthermore, drug use is only one part of a drug user's life. Terms such as 'junkie' rely on a stereotyped image that is not accurate.	Injecting drug user (IDU) Persons affected by drug use Drug users Active drug users Recovering drug users

Table 2

Problematic word choice or spelling	Explanation	Preferred wording
<p>Fight against drugs War against drugs</p>	<p>How drug use is conceptualised, and the language used to do so, will determine the way in which solutions are generated and implemented. Thus, a 'war on drugs' can all too easily become a war against drug users or 'abusers' as they are more commonly described in much of the documentation.</p> <p>The vilification of drug users may simply reflect a pervasive tendency to focus upon individuals and their behaviour without sufficient consideration of the socio-economic context in which drug production, supply and consumption occur.</p> <p>Selecting the level of the individual as the primary focus of the problem obscures the fact that drug use is essentially a social and cultural phenomenon, perhaps the most significant characteristic of which, in most settings, is its illegality. In turn, this gives rise to a vocabulary of 'policing', 'control' and 'punishment' and, in so doing, risks widening ever further the gap between drug users and potential sources of support.</p>	

Table 2 Stigmatising terms and expressions



 WHEN REFERRING TO SEXUAL MINORITIES 		
Problematic word choice or spelling	Explanation	Preferred wording
<p>Homosexual (men) vs. Men who have sex with men (MSM)</p>	<p>When addressing men having sex with men (MSM), it is advisable to first inquire about the most appropriate term in use in the given specific socio-cultural context.</p> <p>Some MSM do not identify themselves as homosexual, especially in regions where same-sex relationships are taboo.</p> <p>In other words, MSM is useful as it includes not only men who self-identify as 'gay' or 'homosexual' and have sex only with other men, but also bisexual men and heterosexual men who may, nonetheless, at times have sex with other men.</p> <p>'MSM' and 'homosexual' refer to different social identities. 'MSM' refers to the sexual relationships between men. 'Homosexuality' refers to more than the sexual relationship and may extend to broader relationships with the same sex, lifestyle, sexuality, etc.</p> <p>Furthermore, in relation to HIV prevention, transmission, and/or from an epidemiological point of view, what is of concern is the sexual activity: thus, MSM is more appropriate.</p>	<p>Men who have sex with men (MSM) <i>(when referring to epidemiological analysis)</i></p> <p>In general: when in doubt, it is advised to use 'MSM' in place of 'homosexual'</p>

Table 2

Problematic word choice or spelling	Explanation	Preferred wording
<p>➔ <i>Homosexual (men) vs. MSM (continued)</i></p>	<p>In relation to HIV- and AIDS-related social attitudes, stigma and discrimination, etc., what is of consequence is not only the sexual activity: thus, the more appropriate term between 'MSM' and 'homosexual men' will depend on as the most appropriate term to be used for the local MSM community to which the material refers.</p>	
<p>Gay when designating homosexuals (men or women)</p>	<p>The expressions 'gay' and 'gay men' should be used only when individuals or groups specifically self-identify as gay.</p> <p>Furthermore, this term is gender-blind.</p> <p>The broader community of homosexual men and women and transsexuals should be described as Lesbian, Gay, Bisexual and Transgendered (LGBT). However, UNAIDS' general preference is to spell out all terms in full.</p>	<p>Gay and lesbian</p> <p>Men who have sex with men (MSM) <i>(when addressing male individuals)</i></p> <p>Same-sex relationships</p>
<p>Homosexual relationships referred to as:</p> <ul style="list-style-type: none"> ➔ Immoral ➔ Indecent ➔ Unnatural <p>Homosexuals as a social problem</p> <p>Deviant social groups</p> <p>Perverse social groups</p>	<p>Although same-sex sexual relationships are illegal in some countries, UNESCO and all other UN agencies, including UNAIDS and WHO, support responses to HIV and AIDS that are inclusive, and sensitive to the needs and issues of the full population, but with particular attention to especially vulnerable populations (in this case MSM). Moreover, there is substantial evidence to support a more inclusive approach to the challenges of HIV and AIDS, and UNAIDS, WHO, UNESCO, bilaterals and civil society organizations have strongly embraced a human rights approach that emphasises respect for diversity.</p>	

Table 2 Stigmatising terms and expressions

Problematic word choice or spelling	Explanation	Preferred wording
<p>➔ <i>Homosexual relationships referred to as... (continued)</i></p>	<p>UNESCO promotes the avoidance of terms that are derogatory and discriminatory to sexual minorities vulnerable to HIV.</p> <p>Although there is no UN resolution on sexual orientation at this moment, during the 59th session of the UN Commission on Human Rights (17 April 2003), resolution E/CN.4/2003/L.92 was drafted by Brazil reaffirming all declarations on Human Rights and Conventions against all forms of discrimination: 'recalling that recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world'; 'affirming that human rights education is a key to changing attitudes and behaviour and to promoting respect for diversity in societies'; and calling 'upon all States to promote and protect the human rights of all persons regardless of their sexual orientation'.</p> <p>The full text of the declaration can be found at: http://www.ilga.org/news_results.asp?LanguageID=1&FileID=406&ZoneID=7&FileCategory=44</p> <p>Decision on the above draft resolution was scheduled to take place during the 60th session of the UN Commission on Human Rights. However, Brazil, in its efforts to achieve a common consensus amongst Member States before presenting the resolution, requested a postponement.</p>	

Table 2

Problematic word choice or spelling	Explanation	Preferred wording
<p>➔ <i>Homosexual relationships referred to as...</i> (continued)</p>	<p>Resolution E/CN.4/2003/L.92 was sponsored by Austria, Belgium, Brazil, Canada, the Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Liechtenstein, Luxembourg, The Netherlands, Norway, Portugal, Spain, Sweden and the United Kingdom of Great Britain and Northern Ireland. Croatia, Cyprus, Montenegro, New Zealand, Poland, Serbia, Slovenia and Switzerland subsequently joined.</p>	

Table 3

Precision and differentiation of terms

! PRECISIONS		✓
Word/Phrase	Explanation	Alternative language
Youth	According to the UN, young people aged 15-24.	Young people Young women and men
Youth vs. Children vs. Adolescents vs. Teenagers	<p>The UN General Assembly in 1985 defined 'youth', on the occasion of the International Youth Year, as those persons falling between the ages of 15 and 24 years inclusive. All UN statistics on youth are based on this definition. The UN also strongly encourages the adoption of this definition in order to allow for comparisons between different demographic reports.</p> <p>By that definition, therefore, children are those persons under the age of 14. It is, however, worth noting that Article 1 of the UN Convention on the Rights of the Child defines 'children' as persons up to the age of 18. This was intentional, as it was hoped that the Convention would provide protection and rights to as large an age-group as possible and because there was no similar UN Convention on the Rights of Youth.</p> <p>Many countries also draw a line on youth at the age at which a person is given equal treatment under the law – often referred to as the 'age of majority'. This age is often 18 in many countries, and once a person passes this age, they are considered to be an adult. However, the operational definition and nuances of the term 'youth' often vary from country to country, depending on the specific socio-cultural, institutional, economic and political factors.</p>	<p>➔ children (aged 14 and under)</p> <p>➔ adolescents (aged 10-19, according to WHO)</p> <p>➔ teenagers (aged 13-19)</p> <p>➔ young women and men/young people (aged 15-24)</p> <p>➔ young adults (aged 20-24)</p>
Evidence-based		Evidence-informed



Developing a culturally-sensitive language

Table 4

'Developing a 'culturally sensitive language' is an invaluable negotiating and programming tool. If the language used is loaded with negative judgements on the community or its values, it creates unnecessary tensions and constructs a wall between the community and the programme. [...] Language sensitivity also applies to the choice of project titles and the messages they convey to the community, especially in areas where reproductive health and rights projects have not previously existed.'

UNFPA report 'Culture Matters', 2004, pp. 5-6
<http://www.unfpa.org/publications/detail.cfm?ID=172>

Table 4 Developing a culturally-sensitive language

 CULTURALLY SENSITIVE LANGUAGE 		
Word/Phrase	Explanation	Alternative language
Female genital mutilation (FGM)	<p>'FGM' is still widely used in existing literature. However, it is considered as value-loaded language. This perception may lead to the community's resistance, at least in the project launching phase, to any advocacy campaigns to abandon the practice (UNPFA report, 'Culture Matters', page 6).</p> <p>FGM has been recognised as a form of violence against women in the UN Declaration on the Elimination of Violence against Women and in the UN Beijing Declaration and Platform for Action. The 1993 UN World Conference on Human Rights in Vienna, resulting in the Vienna Declaration and Programme of Action, called for the elimination of all forms of violence against women to be seen as a human rights obligation.</p>	<p>Female genital cutting (FGC)</p> <p><i>(This describes the practice in neutral language that allows discussions of the practice and its negative impact on the health and rights of women)</i></p>
Vulnerable groups <i>(see also Table 2)</i>	<p>Although 'vulnerable groups' is widely used, it is preferred to use the phrase 'key populations' or 'target groups' as the word vulnerable does not allow for the possible role that these groups can play in the response to HIV and AIDS.</p> <p>The use of the term 'key populations' is more constructive, action-oriented and inclusive.</p>	<p>Key populations</p> <p>Key populations at particular risk of HIV infection</p> <p>Key populations vulnerable to HIV</p> <p>Target groups</p>

Cultural issues and practices

Table 5


	
Word/Phrase	Further clarification on the subject
Mandatory HIV screening before marriage	It is important to remember that all testing for HIV should be voluntary. If not, it is not effective and is a serious violation of the individual's human rights. It is also essential that counselling happens both before and after testing, and for any test result not simply in connection with a positive result. Voluntary, Confidential Counselling and Testing (VCCT) should also include practical skills counselling on partner notification.
Marriage (or polygamy) prevents HIV infection	Marriage (or polygamy) as such does not prevent HIV infection. In fact, it may be a factor of vulnerability, especially when one or both partners is not monogamous.
Widow inheritance	<p>Widow inheritance is often presented as a risky traditional practice with regard to HIV, but it must be clarified that, traditionally, widow inheritance would not necessarily presume a sexual relationship between the newly-espoused. Widow inheritance is a social mechanism whose main goal is that the widow will not be separated from her children and remains in the family of her deceased husband. For this reason, the widow was often 'inherited' by a man with whom she could not have a sexual relationship (her son, for example). When unprotected sexual relationships do take place between the newly-espoused following widow inheritance, the risk of exposure to HIV is increased. However, without the widow inheritance system, the widow would likely be thrown out in the street with no resources, often with sex work as the only means of survival and, thus, the risk of transmission is significantly increased for society as a whole. Currently the medical world tends to interpret local and traditional practices as risky <i>a priori</i>.</p> <p style="text-align: right;">Alice Desclaux (personal communication)</p>

Table 5 Cultural issues and practices

Table 5

Word/Phrase	Further clarification on the subject
Traditional cleansing practices	Without taking any position on the practices themselves, the HIV-related risk is linked either to unprotected sex or to the use of contaminated cutting utensils.
Coming-of-age ceremonies	
Traditional healers	<p>Traditional healers often claim that they can cure HIV or AIDS. Although they may be able to alleviate some of the physical difficulties and/or opportunistic illnesses faced by PLHIV, there has been no proof that they can cure HIV infections or AIDS.</p> <p>The distinction between cure and treatment is critical in this context as any confusion between the two might aid in the perpetuation of false beliefs.</p>
Male circumcision	See Table 2
Female genital mutilation (FGM) or excision	See Table 3

Audio and visual content (posters, images, brochures, songs, etc.)

Table 6

Because reporting on HIV and AIDS ultimately deals with matters of life and death, and because many people will form their understanding of HIV and AIDS through the media, the story must be approached with clarity, precision and sensitivity.

*Reporting Manual on HIV/AIDS
Kaiser Family Foundation
<http://www.kff.org/hivaids/7124-02.cfm>*

Table 6 Audio and visual content
(posters, images, brochures, songs, etc.)

CONTEXT AND ETHICAL RESPONSIBILITY		
Conditions	Issues to pay attention to	How to ensure conditions: examples
Sensitivity to stigma and discrimination	<p>Avoid sensationalism that portrays shocking images and commentary (e.g., picture of dying people). However powerful images or text may be, they may propagate the stereotypical images people have of PLHIV and may lead to stigma and discrimination through evoking fear.</p> <p>Furthermore, although Africa is the hardest hit by HIV and AIDS in the world, one should not simply use photographs from Africa. AIDS is a global epidemic and its global effect should thus be represented.</p>	<p>Balance your report by using examples of positive leadership, build your story around potential national role models such as supportive school teachers, health workers, political leaders, HIV and AIDS activists, PLHIV, etc.</p> <p>Balance the photographs/images used in reports/posters/brochures to include not only images from Africa but of all geographical regions.</p>
Objective and unbiased investigative reporting	<p>Complete your research and understand the (scientific) facts before developing materials.</p>	<p>For example, when dealing with traditional healers and HIV and AIDS, during investigative reporting, one may ask questions such as:</p> <p>Can the traditional healer prove he has a cure for HIV? How does he/she diagnose HIV or AIDS?</p>
Sensitive use (gender/cultural/human rights issues) of language in the arts and creative content	<p>Paintings, drawings, music, cultural performance, etc., must apply proper use of language, semiotics, and metaphors to avoid stigma and discrimination.</p>	

Some specific examples

Table 7

! Problematic Wording (Found in UNESCO documents and elsewhere)	✓ Alternative Wording
To this date there is no adequate treatment for AIDS.	To this date, there is no cure for HIV infection.
...Nor are there any satisfactory immunisation methods such as vaccinesNor are there any immunisation methods such as preventive vaccines.
AIDS is the most harmful disease faced by humanity today.	HIV and AIDS are amongst the most difficult health/development challenges faced by humanity today.
The search for a drug that will cure AIDS seems to end in futility .	The search for a therapeutic treatment of HIV has not yet resulted in success.
If married partners who discover that they have the disease were to have a child, it would most likely be infected.	If married partners who discover that either one of them is HIV-positive were to have a child, there is a possibility that the child would be infected by HIV.
Sexual promiscuity is the primary cause of the spread of HIV/ AIDS .	Unprotected sexual relationships are the primary cause of the spread of HIV.

2. The 'ABCs' of combination HIV prevention

Just as combination ART attacks HIV at different phases of virus replication, combination prevention includes various safer sex behaviour strategies that informed individuals who are in a position to decide for themselves can choose at different times in their lives to reduce their risk of exposing themselves or others to HIV. These are often referred to as the ABCs of combination prevention. (Global HIV Prevention Working Group, 2003).

A is for Abstinence – not engaging in sexual intercourse or delaying sexual debut. Whether abstinence occurs by delaying sexual debut or by adopting a period of abstinence at a later stage, access to information and education about alternative safer sexual practices is critical to avoid HIV infection when sexual activity begins or is resumed.

B is for Being faithful (sometimes Be safer) – by being faithful to one's partner or reducing the number of sexual partners. The lifetime number of sexual partners is a very important predictor of HIV infection. Thus, having fewer sexual partners reduces the risk of HIV exposure. However, strategies to promote faithfulness among couples only lead to lower incidence of HIV when neither partner has HIV infection and both are consistently faithful.

C is for Correct and Consistent Condom use – condoms reduce the risk of HIV transmission for sexually active people, couples in which one person is HIV-positive, sex workers and their clients. Research has found that if people do not have access to condoms, other prevention strategies lose much of their potential effectiveness.

A, B and C interventions can be adapted and combined in a balanced approach that will vary according to the cultural context, the population being addressed, and the phase of the epidemic.

Source: 2004 Report on the Global AIDS Epidemic, UNAIDS

3. Harm reduction and HIV

At its February 2000 meeting, the Board of Directors of the Canadian AIDS Society (CAS) acknowledged its support of the following definition and basic principles of harm reduction:

'Harm reduction can be defined as a set of practical strategies with the goal of meeting people 'where they are at' to help them to reduce harm associated with engaging in risk-taking behaviour' (Harm Reduction Coalition).

Basic Principles of Harm Reduction and HIV:

- Harm reduction philosophy considers risk-taking behaviour as a natural part of our world and suggests that our work should be focused on minimising the harmful effects of these behaviours rather than focusing on their cessation.
- Harm reduction philosophy supports the involvement of individuals in the creation and/or delivery of programmes and services that are designed to serve them. These programmes and services must be offered in a non-judgmental and non-coercive manner.
- Harm reduction philosophy recognises the impact of issues such as poverty, classism, racism, homophobia, social isolation, past trauma, and other social inequities on both people's vulnerability to, and capacity for, effectively dealing with risk-taking behaviour.

Harm Reduction Approaches to Injecting Drug Use

In public health, 'harm reduction' is used to describe a concept aiming to prevent or reduce negative health consequences associated with certain behaviours. In relation to drug injection, harm reduction components of comprehensive interventions aim to prevent transmission of HIV and other infections that occur through sharing of non-sterile injection equipment and drug preparation.

3. Harm reduction and HIV

How it is done

Successful harm reduction is based on a policy, legislative and social environment that minimises the vulnerability of injecting drug users. Harm reduction for injecting drug users primarily aims to help them to avoid the negative health consequences of drug injection and improve their health and social status. To this end, harm reduction approaches recognise that for many drug users, total abstinence from psychoactive substances is not a feasible option in the short term, and aim to help drug users reduce their injection frequency and increase injection safety. The following are components that typically have a significant potential to reduce individual risk behaviours associated with drug injection:

- Needle-syringe programmes (NSP) aim to ensure that those drug users who continue injecting have access to clean injection paraphernalia, including needles and syringes, filters, cookers, drug containers and mixing water.
- Drug substitution therapy (DST) involves the medically supervised treatment of individuals with opiate dependency based on the prescription of opiate agonists such as methadone.
- HIV-related treatment and care primarily aims to help drug users living with HIV and AIDS cope with their infection.
- Information, education and communication (IEC) on HIV transmission through injecting drug use provides information which will assist drug users avoid or modify drug-injecting behaviours.

Embedding harm reduction activities into comprehensive prevention packages for injecting drug users is indispensable for their success. This applies in particular to complementing safer injection messages by safer sex messages and condom promotion. Comprehensive HIV and AIDS programming should aim to provide opportunities for all IDUs to access the whole range of services. Recognising the hidden and often rapidly changing nature of drug injection, reaching as many individuals as possible who inject on a regular or occasional basis, represents a particular chal-

challenge to harm reduction services and necessitates an in-depth understanding of local drug use patterns and contexts. For this reason, harm reduction programming is often informed by situation assessments. Situation assessments can also act as a catalyst for communities to learn about the necessity of evidence-based approaches to HIV prevention among injecting drug users and to reduce controversy about their introduction.

Sources: <http://www.who.int/hiv/topics/harm/reduction/en/>
and
<http://www.cdn aids.ca>

4. Sources

Documents

- *Addressing Gender Relations in HIV Preventive Education Material*, Carol Medel-Añonuevo, UNESCO Institute for Education, 2002: <http://www.unesco.org/education/uie/pdf/uiestud30.pdf>
- *Caring for us*, HIV/AIDS in our workplace, UNICEF
- *Gender Sensitivity- A training manual*, UNESCO, 2002: <http://unesdoc.unesco.org/images/0012/001281/128166eb.pdf>
- *Guidelines on Appropriate Use of Language in HIV/AIDS*, Journalists against AIDS (JAAIDS) Nigeria
- *Guidelines on Gender-Neutral Language*, UNESCO, 1999: <http://unesdoc.unesco.org/images/0011/001149/114950mo.pdf>
- *Handbook for Culturally Appropriate Information, Education, Communication for Behaviour Change. A Cultural Approach to HIV/AIDS Prevention and Care*, UNESCO, 2003: <http://unesdoc.unesco.org/images/0012/001255/125589e.pdf>
- *Living in a World with HIV/AIDS, HIV in the UN workplace*, UNAIDS: <http://unworkplace.unaids.org>
- *Operational Guide on Gender and HIV/AIDS: A Rights-Based Approach*; UNAIDS Interagency Task Team on Gender & HIV/AIDS, 2005: <http://www.genderandaids.org/downloads/events/Operational%20Guide.pdf>
- *Positive Language for Supporting People Living with HIV/AIDS*, UNFPA and UNICEF
- *Reporting Manual on HIV/AIDS*, Kaiser Family Foundation: <http://www.kff.org/hivaids/7124-02.cfm>
- *School Health Education to Prevent AIDS and STD*, UNESCO, 1994 : <http://www.unesco.org/education/educprog/pead/GB/AIDSGB/AIDSGBtx/GuideGB/GuideGB.html>
- *The truth about AIDS. Pass it on... Terminology*, International Federation of Red Cross and Red Crescent Societies (IFRC): http://www.ifrc.org/cgi/pdf_pubs.pl?health/hivaids/antistigma/TAAterminology.pdf
- *What's in a word*, Australian Federation of AIDS Organizations (AFAO): <http://www.afao.org.au>

Web Sites

- AVERT: <http://www.avert.org>
- Canadian AIDS Society: <http://www.cdnaids.ca>
- Centre for Disease Control and Prevention, US: www.cdc.gov
(HIV transmission: <http://www.cdc.gov/hiv/pubs/facts/transmission.htm>)
- Gender and HIV/AIDS: <http://www.genderandaids.org>
- Global Coalition on Women and AIDS: <http://womenandaids.unaids.org>
- HIV InSite: <http://hivinsite.ucsf.edu>
- IIEP HIV/AIDS Impact on Education Clearinghouse: <http://hivaidsclearinghouse.unesco.org>
- International Community of Women Living with HIV/AIDS: <http://www.icw.org>
- National HIV Testing Resources (A Service of CDC): <http://www.hivtest.org/subindex.cfm?FuseAction=FAQ>
- The Body: <http://www.thebody.com>
- UNAIDS: www.unaids.org
- UNDP: <http://www.undp.org/hiv/policies>
- UNESCO: <http://www.unesco.org/aids>
- UNICEF : <http://www.unicef.org/aids>
- UNIFEM: <http://www.unifem.org>
- WHO: <http://www.who.int/hiv>

Glossaries

- *AIDS Medical Glossary and Drug Chart*, Gay Men's Health Crisis (GMHC): <http://www.gmhc.org/health/glossary2.html>
- *Glossary of HIV/AIDS Terms*, San Francisco AIDS Foundation: <http://www.sfaf.org/glossary>
- *HIV Glossary*, AIDS Education Global Information System (AEGIS) : <http://www.aegis.com/ni/topics/glossary>
- *HIV Glossary*, AIDS Info: http://www.aidsinfo.nih.gov/ed_resources/glossary

Annex: Glossary of HIV and AIDS Terms

Term	Definition
AIDS (Acquired Immunodeficiency Syndrome)	A condition caused by infection with Human Immunodeficiency Virus (HIV). HIV injures cells in the immune system. This impairs the body's ability to fight disease. People with AIDS are susceptible to a wide range of potentially life-threatening diseases and infections. Diseases can often be treated, but there is no successful treatment for the underlying immune deficiency caused by the virus. AIDS is the last and most severe stage of the clinical spectrum of HIV-related disease.
Antibodies	These are proteins that the body makes to attack foreign organisms and toxins (often called antigens) that circulate in the blood. Antibodies are usually effective in removing antigens from the body. Following infection by some organisms such as HIV, however, the antibodies do not get rid of the antigen. They only mark its presence. When found in the blood, these 'marker' antibodies indicate that HIV infection has occurred.
Antigen	Any substance – such as bacteria, virus particles or toxins – that stimulates the body to produce antibodies. HIV is an antigen.
Antigen screens	Blood tests that are designed to detect the antigen instead of antibodies produced in response to the antigen. There are several types of HIV antigen screens.
Antiretroviral medicine (see also HIV Medications)	Medication used to fight infection by retroviruses, such as HIV infection.
Antiretroviral therapy	A treatment that uses antiretroviral medicines to suppress viral replication and improve symptoms. Effective antiretroviral therapy requires the simultaneous use of three or four antiretroviral medicines, otherwise known as highly active antiretroviral therapy (HAART).
ARC (AIDS-related complex)	This term refers to the condition of immunosuppression caused by the HIV infection. General symptoms of HIV disease are present, but none of the formal indicators of AIDS (such as specific opportunistic infections) are present. This term is now being replaced by PGL (Persistent generalised lymphadenopathy).

Term	Definition
Asymptomatic	Having no signs and symptoms of illness. People can have HIV infection and be asymptomatic. Usually used in AIDS literature to describe a person who has a positive reaction to one of several tests for HIV antibodies, but who shows no clinical symptoms of the disease.
Body fluids	Any fluids made by the body. The only body fluids that may contain significant concentrations of HIV are: blood (including menstrual blood), semen, breast milk, peritoneal fluid and amniotic fluid. Other body fluids that may fall under this category are body cavity fluids derived from blood such as cerebrospinal fluid (more important for HIV infection among health professionals).
CD4+ (helper T cells)	A large glycoprotein that is found on the surface of T4 cells and is the receptor for HIV. HIV's preferred targets are cells that have a docking molecule called cluster designation 4 (CD4) on their surfaces. Cells with this molecule are known as CD4-positive (or CD4+) cells. Destruction of CD4+ lymphocytes is the major cause of the immunodeficiency observed in AIDS, and decreasing CD4+ lymphocyte levels appear to be the best indicator of morbidity in these patients. Although CD4 counts fall, the total T-cell level remains fairly constant through the course of HIV disease, due to a concomitant increase in the CD8+ cells. The ratio of CD4+ to CD8+ cells is therefore an important measure of disease progression.
Co-factor	A situation or activity that may increase a person's risk for progressing from asymptomatic HIV infection to symptomatic disease or AIDS. Examples of possible co-factors are: other infections, drug and alcohol abuse, poor nutrition, genetic disorder and stress.
Condom (female)	A pouch made of polyurethane (second generation female condom FC2 made of nitrile) inserted into the vagina before intercourse and held in place by a loose inner ring and fixed outer ring. The female condom prevents conception and provides protection from STIs. Unlike the male condom, it does not depend on the man's erection.
Condom (male)	A sheath unrolled over the erect penis. Male condoms made from latex or polyurethane prevent conception and transmission of HIV and other STIs.

Annex: Glossary of HIV and AIDS Terms

Term	Definition
ELISA (enzyme-linked immunosorbent assay) test	A relatively cheap blood test that detects the presence of antibodies to a specific antigen. If a blood test is positive, where possible, it should be confirmed by the more accurate but more expensive Western Blot test.
Epidemiology	The branch of medical science that deals with the study of incidence, distribution and control of a disease in a population.
False negative	An incorrect test result that indicates that no HIV antibodies are present when, in fact, infection has occurred.
False positive	An incorrect test result that indicates that HIV antibodies are present when, in fact, infection has NOT occurred.
High-risk behaviour	A term used to describe activities that increase a person's risk of transmitting or becoming infected with HIV. Examples of high-risk behaviours include: unprotected vaginal or anal intercourse (without a condom) or using contaminated injection needles or syringes. These are often also referred to as unsafe activities.
Highly active antiretroviral therapy (HAART)	The name given to treatment regimens recommended by leading HIV experts to aggressively suppress viral replication and progress of HIV disease. The usual HAART regimen combines three or more different drugs such as two nucleoside reverse transcriptase inhibitors and a protease inhibitor, two nucleoside reverse transcriptase inhibitors and a non-nucleoside reverse transcriptase inhibitor, or other combinations. These treatment regimens have been shown to reduce the amount of virus so that (with commonly-used tests) it becomes undetectable in a patient's blood; even so, the virus may still be present in blood and body fluids.
HIV (Human Immunodeficiency Virus)	The standard name was officially chosen in August 1986 to avoid confusion after different countries gave the virus other names. In old literature one may see the virus referred to as: HTLV-III, LAV or ARV.
HIV-1	The retrovirus that is the principal worldwide cause of AIDS.
HIV-2	A retrovirus closely related to HIV-1 that also causes AIDS in humans, found principally in West Africa.

Term	Definition
HIV-infected	As distinct from HIV-positive (which can sometimes be a false positive test result, especially in infants of up to 18 months of age). The term HIV-infected is usually used to indicate the evidence of HIV has been found via a blood or tissue test.
HIV incidence	Sometimes also referred to as 'cumulative incidence', the proportion of people who have become infected with HIV during a specific period of time.
HIV medications	HIV medications fall under 4 classes: protease inhibitors, non-nucleoside reverse transcriptase inhibitors, nucleoside/ nucleotide analogue reverse transcriptase inhibitors and (most recently) entry inhibitors (only one medication currently available under this class: Fuzeon)
HIV-negative	Showing no evidence of infection with HIV (e.g., absence of antibodies against HIV) in a blood or tissue test. Synonymous with seronegative. Test may occasionally show false negative results.
HIV-positive	Showing indications of infection with HIV (e.g., presence of antibodies against HIV) on a test of blood or tissue. Synonymous with seropositive. Test may occasionally show false positive results.
HIV prevalence	Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time.
HIV vaccine, preventive	Also called preventive vaccine. A vaccine designed to prevent an HIV infection becoming established in a person.
HIV vaccine, therapeutic	Also called treatment vaccine. A vaccine designed to boost the immune response to HIV in persons already infected with the virus.
Immune system	All of the mechanisms (e.g., T cells) that act to defend the body against external agents particularly microbes, viruses, bacteria, fungi and parasites.
Incidence	The number of new cases occurring in a given population over a certain period of time. NB: The terms prevalence and incidence should not be confused. Incidence only applies to the number of new cases, while the term prevalence applies to all cases, old and new.
Incubation period	The time interval between HIV infection and the onset of AIDS-defining illnesses.

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Term	Definition
Kaposi's Sarcoma (KS)	Many people with AIDS experience this cancer of the connective tissues in blood vessels. Pink, broken or purple blotches on the skin may be a symptom of KS. KS lesions sometimes occur inside the body in lymph nodes, the intestinal tract and the lungs.
Life skills	Life skills are cognitive, personal and interpersonal abilities that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and cope with and manage their lives in a healthy and productive manner. There is no definitive list of life skills! The listing below only includes the interlinked psychosocial and interpersonal abilities generally considered important. Learning to know – cognitive skills <ul style="list-style-type: none"> ➤ Decision-making/problem-solving skills ➤ Critical thinking skills Learning to be – personal skills <ul style="list-style-type: none"> ➤ Skills for increasing internal locus of control ➤ Skills for managing feelings ➤ Skills for managing stress Learning to live together – communication and interpersonal skills <ul style="list-style-type: none"> ➤ Interpersonal communication skills ➤ Negotiation/refusal skills ➤ Empathy ➤ Cooperation and teamwork ➤ Advocacy skills
Morbidity rate	The percentage of those who are ill during a particular span of time.
Mortality rate	The percentage who die during a particular span of time.
Opportunistic infections (OIs)	Infections caused by organisms that do not normally cause disease in people whose immune systems are intact. Some of the most common opportunistic infections indicating that someone has AIDS are: PCP (pneumocystis carinii pneumonia), oesophageal candidiasis and toxoplasmosis.
Pandemic	A disease prevalent throughout an entire country, continent or the whole world.

Term	Definition
Post-exposure prophylaxis (PEP)	<p>An emergency medical response that can be used to protect individuals exposed to HIV. PEP consists of HIV antiretroviral medication, laboratory tests and counselling. Ideally, PEP should be initiated within 2 to 24 hours (and no later than 48 to 72 hours) of possible exposure to HIV and must continue for approximately four weeks.</p> <p>Although PEP has not been conclusively proven to prevent the transmission of HIV infection, research studies suggest that if medication is initiated quickly after the possible exposure (ideally within 2 to 24 hours and no later than 48 to 72 hours), it may be beneficial. The efficacy of PEP is probably higher if treatment is started within the first few hours of exposure and is probably progressively reduced if started later. After 48 to 72 hours, the benefits are probably minimal (or non-existent) and the risk of intolerance and side-effects associated with antiretroviral treatments will outweigh any potential preventive benefit.</p>
Prevalence	<p>A measure of the proportion of people in a population affected with a particular disease at a given time.</p> <p>NB: the terms prevalence and incidence should not be confused. Incidence only applies to the number of new cases, while the term prevalence applies to all cases old and new.</p>
Retrovirus	A type of virus that is able to insert its genetic material into a host cell's DNA. Retrovirus infections had not been found in human beings until recently. HIV is a retrovirus.
Risk reduction	The process of adopting behaviours that reduce the likelihood that an individual will be exposed to HIV.
Safer sex	Sexual activities that are not likely to transmit HIV. Safer sex involves sexual expressions in which partners make sure that blood, semen, vaginal mucus and menstrual blood from one person do not come into contact with the other person's bloodstream or mucous membranes (vulva, vagina, rectum, mouth and/or nose). This can be prevented by the use of male or female condoms.

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Term	Definition
Seroconversion	The development of antibodies in response to an antigen. With HIV, seroconversion usually occurs 4 to 12 weeks after infection is acquired, but in very few cases it has been delayed for 6 months or more.
Serodiscordant couples	Couples composed of one HIV negative and one HIV positive partner.
Seronegative	Testing negative for HIV antibodies.
Seropositive	Testing positive for HIV antibodies.
Seroprevalence	The rate of seropositivity in a defined population. Suggests the rate of HIV infection for that population.
Sensitivity (of the test)	The ability of the test to identify correctly those who have the disease.
Specificity (of the test)	The ability of the test to identify correctly those who do not have the disease.
Sexual debut	The age at which a person first engages in sexual intercourse.
Spermicide	A contraceptive that works by killing sperm in semen. Some spermicides, such as nonoxynol-9 have also been demonstrated to kill HIV in laboratory tests.
Surveillance	The ongoing and systematic collection, analysis, and interpretation of data about a disease or health condition. Collecting blood samples for the purpose of surveillance is called serosurveillance.
Syndrome	A group of symptoms as reported by the patient and signs as detected in an examination that together are characteristic of a specific condition.
T Cell	One type of white blood cell. One type of T cell, the T-4 Lymphocytes (also called Helper T cells) is especially apt to be infected by HIV. These cells normally orchestrate the immune response, signalling other cells in the immune system to perform their special functions. By injuring and destroying these cells HIV damages the overall ability of the immune system to fight diseases.

Term	Definition
Transmission (HIV)	<p>For HIV transmission to occur two conditions must be satisfied: the presence of the virus and a port of entry into the body.</p> <p>The three most common modes of transmission are:</p> <ol style="list-style-type: none"> 1. Unprotected sexual contact with an infected partner. The virus can enter the body through the mucosal lining of the vagina, vulva, penis, rectum or, very rarely, the mouth during sex. The likelihood of transmission is increased by factors that may damage these linings, especially other STIs that cause ulcers or inflammation. 2. Direct contact with infected blood, most often by drug injectors using needles or syringes contaminated with minute quantities of blood containing the virus. 3. Mother-to-child transmission either during pregnancy or birth, or postnatal via breastfeeding.
Treatment, HIV	See: antiretroviral therapy and highly active antiretroviral therapy (HAART)
Vertical transmission	Transmission of a pathogen such as HIV from mother to foetus or baby during pregnancy or birth.
Viraemia	The presence of virus in the blood, which implies active viral replication.
Viral load	The quantity of the virus in the bloodstream. The viral load of HIV is measured by sensitive tests that are unavailable in many parts of the world. The ability to measure viral load is a key component in effective combination therapy.
Virus	Infectious agent responsible for numerous diseases in all living beings. They are extremely small particles, and in contrast with bacteria, can only survive and multiply within a living cell at the expense of that cell.
Wasting syndrome	The HIV wasting syndrome involves involuntary weight loss of 10% of baseline body weight plus either chronic diarrhoea (two loose stools per day for more than 30 days) or chronic weakness and documented fever (for 30 days or more, intermittent or constant) in the absence of a concurrent illness or condition other than HIV infection that would explain the findings.

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Term	Definition
Western blot	A blood test used to detect antibodies to HIV. This test is often used to confirm the results of all positive ELISA tests. Their combined accuracy is 99%.
White blood cells	Blood cells responsible for the defence of the body against foreign disease agents and microbes. HIV targets two groups of white blood cells called CD4+, lymphocytes and monocytes/macrophages.
Window period	The period between transmission of HIV and the production of antibodies by the immune system. It takes the immune system up to 3 months to produce antibodies to HIV that can be measured in the HIV antibody test. During this window period, an individual tests negative for the virus but is nevertheless capable of transmitting it to others.

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