Terrence HIGGINS TRUST

Ending the HIV epidemic

Terrence Higgins Trust Strategy 2025-30

Contents

Front cover: Images from London Pride 2025, photographs by James Basiere. Beverley Knight and Sir Keir Starmer at Downing Street as the Prime Minister takes an HIV test, photograph by Lauren Hurley.

Foreword

The new strategy is to take the organisation to the end of the decade and hopefully the country to the end of the epidemic. It is possible but not yet probable. Despite the country's fiscal pressures and the Trump administration's decimation of the global HIV response with the cancelling of much of the President's Emergency Plan for AIDS Relief, we remain hopeful, focused and ready for the endeavour this will involve. We are 'all in' on what we can do and what we can convince or conjole the UK government to do to make this country the first to stop the onward transmission of HIV. This prize is worth betting the house on.

This target is not an arbitrary deadline, it has been an achieveable aim since it was set out by UNAIDS and adopted by UK Government in January 2019, but it also means life-changing results for real people. People who will never aquire HIV. Everyone with HIV knowing their status and getting the best care and medication anywhere in the world. People with HIV and their friends and family coming to terms with living with the virus and thriving, not just surviving. It is for them that we dedicate our resources, time and skill.

This strategy like no other before embarked upon by this organisation puts inequalities and tackling them at its heart. HIV is a virus that preys on the injustices in our society, especially those experienced by gay and bi men, hemophiliacs, people who use drugs, those from the global south, migrants and very many women. As an organisation we will go to the people having the worst outcomes due to HIV, not expect them to come to us.

Together we can do something remarkable. End an epidemic. Be the first country in the world to do it and be the first time we have stopped any virus without a vaccine or a cure.

Thank you for your support and joining our mission.

Jonathan McShane
Chair, Board of Trustees

By opening this document you are engaging in the best hope of ending new HIV cases in the UK. Since our creation in 1982, Terry Higgins' partner and friends have set us the task to 'stop people going through what they did'. Now we try to make a step change in that mission: no new cases by 2030.

This strategy is about refocusing the organisation not just on HIV, but on people living with HIV. If those with the virus are diagnosed, in care and living well there will be no onward transmission of HIV. But we want people to thrive with HIV, not just to stop new cases but to ensure HIV does not hold anyone back and life is full of good health, love and joy.

I am grateful for the generosity of time, insight and direction provided by people living with HIV that have helped get this strategy right. They have changed it in immeasurable ways, which will in turn change how we focus our resources and the work that follows from it. As the first HIV charity in the UK that aims to be the last, every day is in the service of people living with HIV.

To end this epidemic we must focus on those having the worst outcomes, the social determinants of health for people with HIV and inequalities in the epidemic. This is about fighting homophobia, biphobia, transphobia, racism and sexism. This is about living our values and being the most effective we can be.

None of the strategy is possible without the kindness of our supporters, donors, fundraisers, volunteers and staff – your actions are what turbocharges our goals: to end new cases, help people to live well with HIV and eradicate stigma. We could not be more thankful.

We look forward to engaging with you on our mission and in this strategy. Please get in touch.

Richard Angell OBE
Chief Executive

Our vision

A UK with no new HIV cases, where HIV does not hold anyone back.

2030 HIV time's up!

Our mission

By 2030, there will be no new HIV cases in the UK. Everyone living with HIV will be diagnosed, in treatment and care, free from stigma, and able to take advantage of life's opportunities.

Our aims

Across the UK, we aim to:

- **end new HIV cases by 2030**
- **support people living with HIV to live well**
- **eradicate HIV-related stigma.**

Our goals

1 Find those with undiagnosed HIV

Encourage people to test for HIV in ways that work for them, including testing in NHS settings, and focus innovations on reaching people with undiagnosed HIV using healthcare.

2 Support those newly diagnosed with HIV

Provide the UK's leading support programme for newly diagnosed individuals, helping them understand their diagnosis, access care, and support their journey with a choice of services to best suit their individual needs.

3 Support those new to the UK with HIV

Offer guidance, peer support, and networks to help people new to the UK access HIV healthcare, stay well and overcome HIV stigma.

4 Re-engage those who have fallen out of HIV care or are at risk of becoming lost to HIV care

Develop targeted strategies to reconnect people with healthcare services and ensure they remain in treatment.

5 Support people as they age with HIV

Ensure older people living with HIV receive appropriate healthcare, social support, and advocacy – especially those with years of untreated HIV or who had access to early drugs and medical care.

6 Tackle HIV stigma and discrimination

Lead initiatives to end HIV stigma, particularly in personal relationships, healthcare settings and the workplace.

Our values

1

Ambitious for change

Achieving our goals requires bold action and a clear vision for the future.

2

Working together

We work with partners, donors, funders, service users, and colleagues – learning from and supporting each other.

3

Guided by lived experience

We put the needs of people living with and affected by HIV at the heart of everything we do, valuing diverse voices and experiences.

Playing our part together

While all the tools to end new HIV cases by 2030 are available, the UK is not on track to meet the goal. We still can be. Terrence Higgins Trust – as the leading organisation delivering support and inspiring change – is key to this.

We need to expand HIV testing, widen PrEP access, improve care and people's retention in it, and tackle stigma.

Ending the HIV epidemic – both ending new cases and no HIV-related deaths by 2030 – will take action from all of us.

Individuals, organisations, and governments all have a role to play in achieving zero new cases by 2030.

Here's how we will act, how you can help, and what we need from the government.

What we will do

- Redevelop our HIV testing programme, promote wider HIV testing services and encourage innovations in testing technologies to find everyone living with undiagnosed HIV.
- Provide tailored support for people living with HIV in the UK, including those new to the country, helping them access the most appropriate care and overcome stigma.
- Re-engage those who have fallen out of care, preventing avoidable illness and onward transmission.
- Lead national campaigns to tackle HIV stigma and discrimination in healthcare, workplaces, and society.
- Achieve the goal of zero new HIV cases by 2030 through innovation, collaboration, and targeted action, ensuring no one is left behind.

Image: Prime Minister Keir Starmer takes an HIV test ahead of National HIV Testing Week in 10 Downing Street. Picture by Lauren Hurley / No 10 Downing Street.

What you can do

- Get tested for HIV and encourage others to do the same.
- Challenge HIV stigma by sharing accurate information and supporting people living with HIV.
- Call for better knowledge of HIV across healthcare and fair treatment for people living with HIV.
- Volunteer to support people to live well with HIV and advocate to improve HIV services and policies.
- Donate to support our work, programmes and people living with HIV.

What the government must do

- Invest in universal, accessible HIV testing, including opt-out testing in a wide range of healthcare settings and enable everyone to test at home.
- Expand access to PrEP beyond sexual health clinics, making it available online and in pharmacies.
- Ensure sustainable funding for HIV support services, including mental health, peer support, and social care.
- Remove the remaining discriminatory laws and practices and ensure that workplaces and organisations don't discriminate against people living with HIV.
- Tackle HIV stigma through national public health campaigns and workplace education.
- Address broader inequalities that affect people living with, or impacted by, HIV, including housing, immigration, and poverty.

About the epidemic

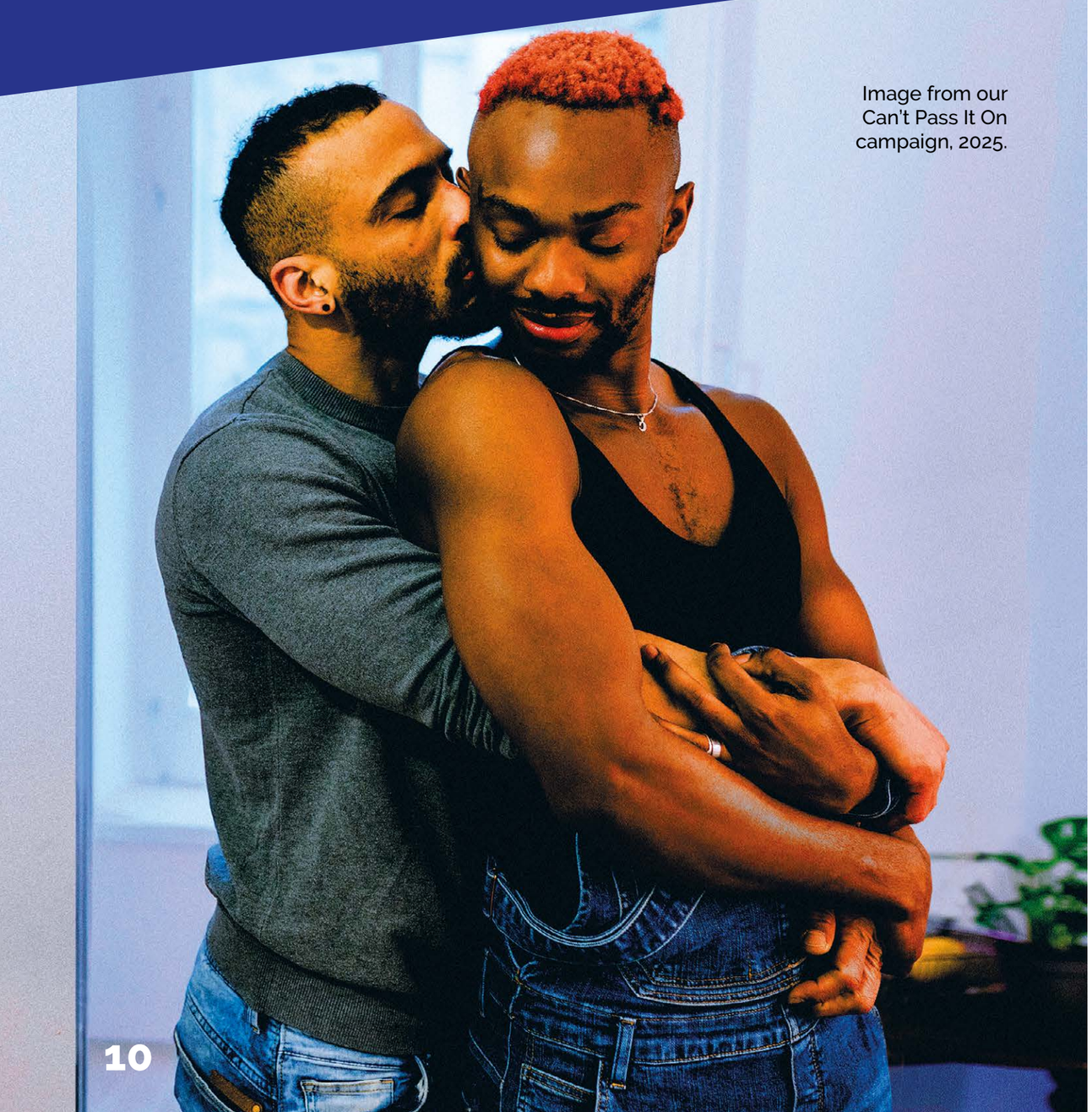
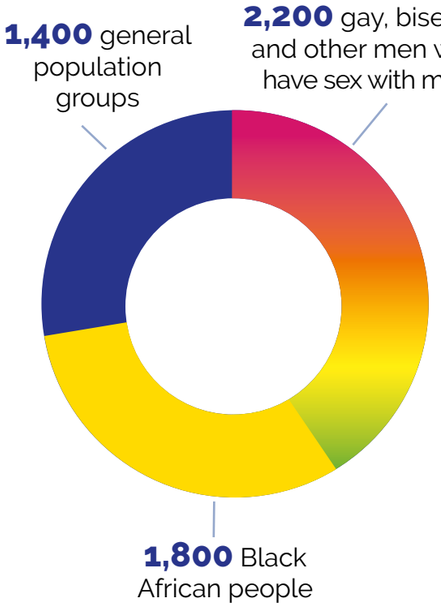


Image from our Can't Pass It On campaign, 2025.

As the epidemic enters this new stage, data is more important. We need to be adaptable to change as our work must be focused where intervention will make a difference for those experiencing HIV and at what stages of their life.

Those with undiagnosed HIV



Those newly diagnosed with HIV

3,500 in the UK

Those new to the UK with HIV

2,525 people diagnosed with HIV before continuing care in England in 2024

Data from UKHSA, 2024

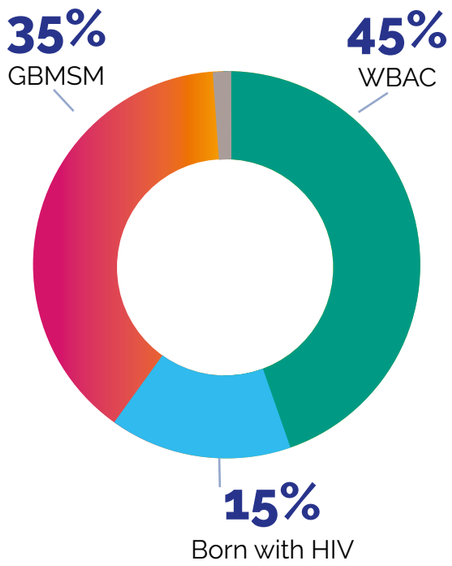
Those disengaged from HIV care

12,000 in England, **950** in Scotland and **250** in Wales.

By definition, data on those who are not accessing HIV services is hard to come by. The system is currently working on the basis that around 12,000 people in England, 950 people in Scotland and 250 people in Wales are living with HIV but not taking their medication.

This broadly breaks down to:

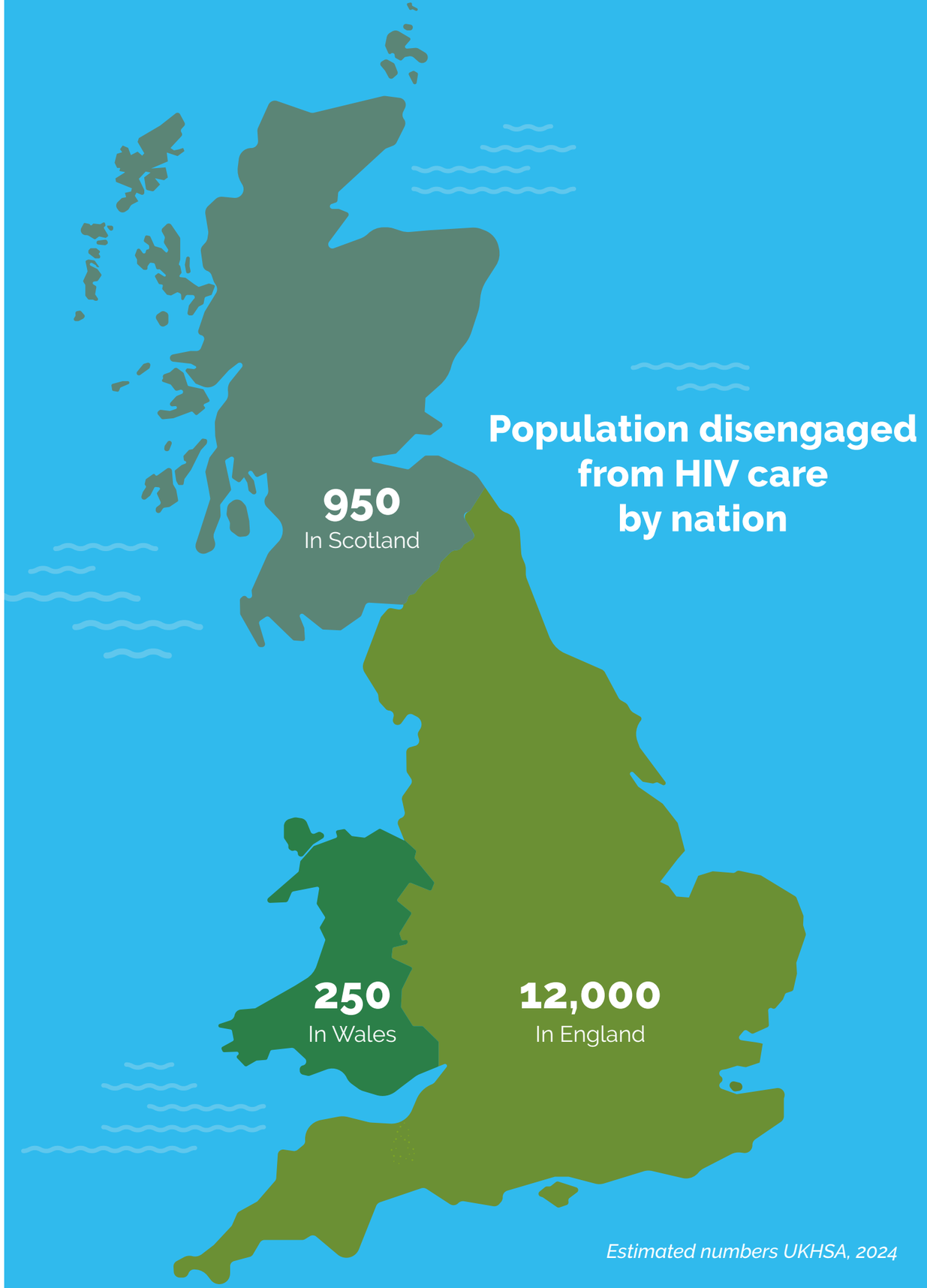
- **45% of women of Black African and Caribbean heritage and other ethnic minorities (WBAC).** Marginalisation and societal racism, HIV stigma within the community, poverty, caring responsibilities, precarious relationships, labour market issues, distance from clinic.
- **35% of gay, bisexual and other men who have sex with men (GBMSM).** Poor mental health, trauma, loneliness, inability to form relationships, drugs, alcohol, chemsex, homophobia, biphobia, and transphobia, including internalised.
- **15% of adolescents born with HIV.** Understanding Undetectable = Untransmittable (U=U), new relationships, a sense of lack of control over their own health, pill fatigue, lack of affinity and community with people who acquire HIV as adults.



Those ageing with HIV

The issues of ageing are about both health and comorbidities, and also the societal issues faced by our most affected communities. For both LGBT+ communities and people of Black African ethnicity, ageing, entering care homes and end-of-life care can be fraught with homophobia, biphobia, transphobia and racism.

Data from UKHSA, 2024



Our work

Drivers for change

Being the UK's leading HIV charity

We are committed to being here for as long as we are needed to support people living with HIV.

We must manage our resources effectively, ensuring our work has impact, scale and tackles inequalities.

We will be the 'go-to' charity for investors in HIV prevention, care and support and inspire donors and supporters to drive change.

How we will work

Valuing donors and their contribution

We will ensure every penny is spent well, creating impact and meeting our ambitious goals.

We will value the generosity of our donors, recruit new supporters, and demonstrate our impact.

Well-run and targeted services for people living with HIV

We will tackle health inequalities and focus on those living with HIV who are undiagnosed, newly diagnosed, new to the UK, or disengaged from care though our services, advocacy and by example.

Initiatives to reduce HIV stigma

We will tackle the stigma experienced by people living with HIV, through our reach, expertise, and partnerships.

Targeted HIV prevention and information

We will provide market-leading, accessible HIV information so that people living with HIV, impacted by HIV, or seeking HIV testing, know where to turn and are well received when they get there.

Compelling communications and policy advocacy

We will shape public conversations about HIV and make clear demands of politicians, public servants, and other decision-makers to end new HIV cases by 2030.

Strong corporate support services

We will ensure our charity is well-managed, enabling us to deliver our strategy effectively and be there for as long as we are needed.

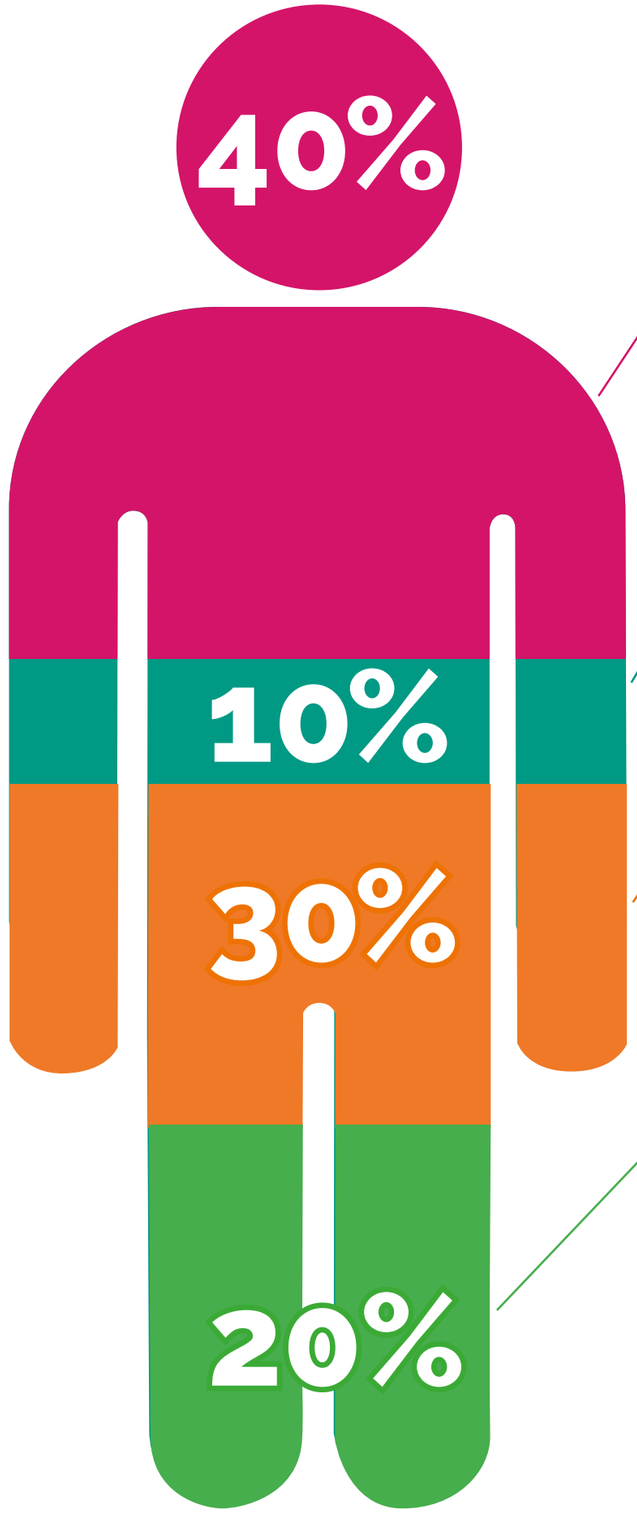
What informs our approach

The health inequalities in our society have been driving the disparities in the HIV epidemic. With an understanding of the social determinants of health that drive these poor outcomes, we will seek to change the lives of people living with HIV.

To do this we will:

- **Learn from real experiences**
  We will listen to and be guided by people living with HIV, ensuring their needs, hopes, and challenges shape our work.
- **Address the wider challenges that affect health**
  We will look at the wider factors that affect the health of people living with HIV, beyond medical care. This includes lifestyle, living conditions, and financial circumstances, which can make it harder for people to get tested or stay on treatment.
- **Be led by robust evidence and experience**
  Our approach will be led by evidence and will respond to changes in data and outcomes. We will build on and learn from more than 40 years of delivering HIV prevention and support.
- **Tackle health inequalities**
  We will use data to understand and address health inequalities including those linked to race, gender, sexuality, age, income, and migration status.
- **Fight discrimination**
  We will stand up against racism, sexism, homophobia, biphobia and transphobia and other forms of discrimination to ensure fairness and inclusion for everyone living with and affected by HIV.
- **Share knowledge and skills**
  We will train our staff and volunteers to be experts in HIV and the wider issues that affect health.
- **Work with others**
  We will team up with HIV, sexual health, and other relevant organisations to make a bigger impact.
- **Provide safe and supportive services**
  Our services will be high quality, protect people's wellbeing, and give them the support they need to make the best choices for themselves.

Social Determinants of Health



Socioeconomic Factors

- Education
- Job Status
- Family Social support
- Income
- Community Safety

50% can be traced back to your zip code!

Physical Environment

Health Behaviours

- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Healthcare

- Access to Care
- Quality of Care

Only 20% include those moments in a healthcare environment

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014).

Achieving our ambition

Ending new cases of HIV in the UK depends on supporting people living with HIV. Early diagnosis and effective treatment not only protects the health of someone living with HIV but also prevents onward transmission. We must leave no one behind.

The key is to test, diagnose, link to care – and retain in care – those living with HIV. This will inform every step we take. We will press UK governments to turn their policy aspirations – no new HIV cases and no HIV-related deaths by 2030 – into tangible progress towards ending the epidemic.

1. Find those undiagnosed

Testing is the only way to diagnose HIV, but access to at-home testing across the UK is patchy. Many clinics can't offer in-person tests to people without symptoms and the wider health service often misses opportunities to test for HIV.

Terrence Higgins Trust pioneered at-home testing and has driven demand for it through National HIV Testing Week. Our advocacy has won funding for opt-out HIV testing, which when fully rolled out will have more than doubled the number of HIV tests taking place a year.

More needs to be done in each UK nation to drive up testing and find undiagnosed people.

We will

- Lead the national conversation on HIV testing and prevention, engaging communities on their terms.
- Continue to run HIV Prevention England, a partnership with the Department of Health & Social Care, to reach our shared 2030 goal and push for similar programmes across the UK.
- Expand our at-home testing, integrating click-and-collect services, to improve access and advocate for governments to provide universal access to at-home testing.
- Promote opt-out HIV testing in A&Es as a successful innovation and push for its expansion into other health services.
- Work with partners so nobody leaves a sexual health or contraceptive service without being offered an HIV test and STI screen.
- Advocate for public funding for PrEP beyond sexual health services, expanding access through a digital service, pharmacies and in prisons, and adopting new PrEP technologies promptly.
- Advocate for a properly-funded, culturally competent sexual health system that is available to everyone when they need it.

2. Support those newly diagnosed

An HIV diagnosis remains a challenging moment. Many still remember the fear surrounding HIV in the 1980s, when no effective treatment was available. Today, HIV is a manageable condition with effective treatment, quality care, and strong support from Terrence Higgins Trust and others.

People who are newly diagnosed with HIV need time to understand their status, adjust to any changes in their life, and deal with the stigma.

Stigma isn't just a fear – it can lead to real experiences of prejudice, discrimination, and rejection, impacting relationships, work, and healthcare. It might also be internalised, often based on pre-diagnosis understanding of HIV that can intersect with racism, homophobia, biphobia and transphobia.

Everyone diagnosed with HIV should receive clear information, time to process their diagnosis, and support to make decisions about sharing their status with family, friends, partners, employers, and healthcare providers.

Many people are diagnosed after the virus has caused significant damage to their immune system, often with serious health complications. Some are diagnosed with advanced HIV and need signficant care, and it takes time to come to terms with the diagnosis.

We will

- Deliver the UK's leading support programme for newly diagnosed people, helping people to process their diagnosis and access the best care.
- Integrate THT Direct into HIV clinic pathways for newly diagnosed people.
- Offer counselling for newly diagnosed individuals and their support networks, including partners, friends, and family.
- Be the leading provider of online peer support, offering 24/7 access to information, community, and guidance.
- Provide high-quality, accessible HIV information for people at all stages of living with HIV – from newly diagnosed to those managing their condition long-term.

3. Support people living with HIV who are new to the UK

People who are newly arrived in the UK – often on work visas and already receiving effective treatment – need help understanding the healthcare system and continuing their HIV care. Many live in areas with fewer HIV support services, far from established networks. They need to know their rights, where to find peer support, and make sure their partners and family members can access HIV testing or PrEP if needed.

We will

- Work with partners to ensure new migrants from countries with a high HIV prevalence and gay and bisexual men and trans migrants can access HIV testing.
- Integrate Terrence Higgins Trust and partner services into the care pathways for newly arrived migrants.
- Offer online peer support specifically for migrants living with HIV in the UK.
- Ensure all HIV information we provide is written in plain English, making it easily translatable through accessible tools.
- Ensure our services are culturally appropriate for people continuing their care in the UK.

4. Re-engage those who have fallen out of care or are at risk of becoming lost to care

A significant number of people living with HIV are not taking their medication, leading to preventable illness and deaths, and potentially onward transmissions of HIV. Without urgent action, this could jeopardise the UK's goal of zero new transmissions. Evidence, including our own pilot programme, demonstrates what works in re-engaging individuals, but there is no national public funding for this work.

We will

- Campaign for publicly-funded, voluntary sector-led national HIV re-engagement and retention programmes.
- Secure sustainable funding for advice and guidance services, helping people access the benefits, housing, and immigration support they need.

- Ensure long-term funding for Terrence Higgins Trust's Hardship Fund, providing emergency grants to those in urgent need.
- Support people living with HIV to enter or re-enter the labour market and progress into better-paid, fulfilling employment.
- Join partner organisations that support people living with HIV facing poverty and destitution.
- Promote HIV-aware Chemsex programmes and support people living with HIV overcoming addiction to maintain adherence to medication, and improve mental health and wellbeing.
- Support those born with HIV to understand their status and support them at key moments of transition, including the transfer to adult care and when they become sexually active.

5. Support people as they age with HIV

The majority of people living with HIV in the UK are over the age of 50, reflecting the success of effective treatment. However, this demographic shift brings challenges, including managing comorbidities, understanding and addressing long-term treatment side effects, and tackling the stigma that affects many older adults with HIV. It also brings anxieties as people approach and need to use social care.

We will ensure older people living with HIV are supported to live healthy, fulfilling lives. By tackling stigma, improving access to tailored services and working to change mainstream services, we can meet the needs of older people living with HIV and uphold their right to age with dignity and respect.

We will

- Advocate for the development of age-specific care standards for people living with HIV, informed by older people living with HIV and medical experts.
- Promote joined-up, multidisciplinary care through collaboration between HIV specialists, geriatricians, GPs, pharmacists, and other healthcare providers.
- Provide HIV-specific training for healthcare professionals in primary, secondary, and social care to reduce stigma and improve care quality.
- Expand peer-led programmes to combat loneliness and isolation, with initiatives such as tailored support groups and community engagement events.
- Partner with organisations that work on ageing and end-of-life care to develop best practice for supporting older people living with HIV.

6. Address HIV stigma and discrimination

HIV stigma continues to have a significant impact on the healthcare, relationships, family life, work, and social interactions of many people living with HIV. Many people living with HIV face discrimination or fear being judged, which can prevent them from seeking healthcare. In fact, one in seven people living with HIV has avoided medical treatment or care because of stigma.

HIV stigma also affects personal relationships and family life. It's not just fear – many people face rejection from family members and sexual partners. This can lead to isolation, misunderstandings, and strained relationships. The fear of rejection often causes people to keep their diagnosis secret. Stigma also prevents HIV-negative people from accessing prevention and prevents undiagnosed people from accessing testing. Its ongoing presence in our healthcare system means that opportunties to test for HIV are missed, including when someone is presenting with indicator conditions. At work and when using services, stigma is not just a fear – it's a reality for many people with HIV. They may face discrimination or be treated unfairly, with concerns about their privacy being violated. Some experience prejudice from colleagues or employers, which can impact their job security, career opportunities, and overall workplace wellbeing.

Public attitudes toward HIV remain outdated; over two-thirds of people are not willing to kiss someone with HIV. This is despite the fact that it has never been possible to acquire HIV from kissing.

While 90% of people living with HIV have heard that effective treatment prevents transmission, only 40% fully believe it. These misunderstandings perpetuate stigma and make it harder for people to live openly and confidently, creating unnecessary barriers to care, support, and acceptance.

Urgent action is needed to update public understanding, shift attitudes, and dismantle stigma.

We will

- Lead major anti-stigma initiatives to improve experiences in healthcare, personal relationships, and daily life.
- Invest in our Positive Voices programme, bringing the experiences of people living with HIV into schools, community groups, care homes and workplaces.
- Keep our Can't Pass It On campaign fresh and relevant, ensuring people living with HIV and the wider public understand that people on effective HIV treatment cannot pass the virus on.
- Launch an annual public campaign tackling key elements of HIV-related stigma. Convene partners to explore the first UK-wide TV campaign since 'Don't Die of Ignorance' in the 1980s.
- Challenge outdated policies and institutional rules that discriminate against people living with HIV.
- Promote the 'People First Charter' and encourage its adoption by a wider audience. The People First Charter is a set of guiding principles designed to ensure that people living with HIV are treated with dignity, respect, and fairness.

Our Stigma campaign in partnership with the Scottish Government.

Beyond ending new cases

If we are lucky enough to end new HIV cases in the UK, those with HIV will still be living with the virus their entire lives. Terrence Higgins Trust will be on hand.

As we seek to be the first country in the world to end the onward transmission of HIV, focusing on doing so by 2030, our work on this goal remains vital. Regardless of the goal, and its success, people will live with HIV for decades to come. It's incumbent on us to ensure they do so without HIV holding them back.

Our commitment to the future

With over 110,000 people living with HIV, and treatment leading to a normal life expectancy, our services will be needed for the long haul.

The work of Terrence Higgins Trust will continue to be important even when there are no new HIV transmissions. We are committed to being here to support anyone living with HIV who needs us, to continue to challenge stigma, and ensure that the gains that we have made in combatting the virus are not lost.

Even if we end new HIV cases

An end to new HIV cases does not mean an end to HIV prevention – there will continue to be low levels of community transmission, people living in the UK will travel to countries that have not ended new cases – many with high levels of prevalence or low levels of suppressed virus, and people will move to the UK with undiagnosed HIV.

It will, therefore, be important that people who test negative for HIV to have access to HIV PrEP, PEP and other prevention tools – both in the UK and when travelling. They will need to test regularly for HIV and STIs and should be able to access HIV information in a way that works for them.

Thriving, not just surviving

This strategy puts people living with HIV at the centre of what we do. Firstly, because we do not want HIV to hold them back, but also because we want to stop the onward transmission of the virus. If we were to have ended, or got close to ending, transmissions, there will be an increased need to focus on those living with HIV and ensure they are living well. Thriving, not just surviving.

People living with HIV will still need support to stay in care and adhere to treatment. They will need to be partners in their own care, be supported with comorbidities and have an organisational champion to fight HIV-related stigma.

The changing face of stigma

The stigma that people living with HIV experience, if new cases become increasingly rare, may well change. We may see an increase in stigma, and people living with HIV may experience increased isolation.

Terrence Higgins Trust will continue to challenge stigma and support people living with HIV if attitudes change.

The first and the last

Terrence Higgins Trust was the first HIV charity in the UK and intends to be the last, supporting people living with HIV as long as they want and need us.

This may include support on coming to terms with living with HIV, staying in treatment, negotiating social care, and managing experiences of stigma.

Resourcing our plan

Find those undiagnosed

Resourcing this work is a mix of statutory/government funding and use of voluntary unrestricted funds.

Our flagship programme, HIV Prevention England, is a partnership with the Department for Health and Social Care. We will work for this to continue. In addition, campaigns and outreach programmes will be supported by local authorities with funds from the Public Health Fund. We will build out from Brighton, Scotland and other services and pitch health promotion campaigns to other local authorities across the UK.

We will use unrestricted resources – and seek additional funders – for our online testing platform and other prevention innovations.

Support those newly diagnosed

This is largely support by funds donated by our committed and generous supporters, whether that is individual givers, challenge eventers or high net worth individuals.

We will seek out NHS and local authority funding for post-diagnosis support and ensure our services allow the service user to direct their care.

Legacy donors have been key to resourcing our helpline THT Direct and peer support services.

We are exploring co-payments for services like counselling and additional funds to ensure cost is not a barrier for people living with HIV.

Support people living with HIV who are new to the UK

This will be largely supported by funds donated by our committed and generous supporters, whether that is individual givers, challenge eventers or high net worth individuals.

This is an area of new focus and, therefore, will require new partnerships and new funders. We will work with trusts and foundations, high net worth individuals and other service providers in this area to increase our capacity.

Re-engage those who have fallen out of care or are at risk of becoming lost to care

This work will require institutional funders to enable the scale and intensity of support for those in need. We have some grant funding in this space, and will look to increase this with good relationships with trusts and foundations.

In addition, we will press the NHS to support this programmatically and value the expertise of the voluntary sector in provision of this kind.

Support people as they age with HIV

This is an area of new focus and, therefore, will require new partnerships and new funders.

We will work with trusts and foundations, high net worth individuals and other service providers in this area to increase our capacity.

Address HIV stigma and discrimination

This will be largely supported by funds donated by our committed and generous supporters, whether that is individual givers, challenge eventers or high net worth individuals.

As we increase our ambition, and seek real impact on the stigma landscape, we will need to engage new funders, partners and generous individuals. Corporates will be key – sharing their expertise, gifts in kind and donations.

Appendix 1: The People First Charter

Recommended terminology for research and publications related to HIV.

Please avoid	Alternatives
AIDS patient	Person with complications of advanced HIV, person with an AIDS-defining illness
AIDS test	HIV test
AIDS virus	HIV
Catch HIV	Acquire HIV
Compliant	Taking medication as recommended, adherent, concordant
Contagious/infectious	Person with transmittable HIV or detectable viral load
Dirty or clean in the context of people or injecting equipment	Just don't use! Shared needles, injecting equipment or drug paraphernalia acceptable
HIV-infected person, people, individual(s), populations	Person/people living with HIV/HIV-positive individual(s) or populations
Prostitute, prostitution	Sex worker, transactional sex
Consider avoiding	**Alternatives**
Abbreviations	Avoid abbreviating e.g. people who inject drugs (PWID), women living with HIV (WLWH) if possible
Co-infected person or people	Person living with HIV and <additional condition> e.g. person living with HIV and hepatitis B. Treating 'HIV/ hepatitis co- infection' or living with HIV/HBV is acceptable, treating the 'HIV/hepatitis co-infected' is not
Detectable or viraemic patients	People with a detectable HIV-RNA or viral load, or people with viraemia
Disclose HIV status	Share or discuss HIV status
Ending HIV, ending AIDS	Ending HIV transmission, ending late HIV presentation or preventable HIV-related deaths
HIV exposed infant	Infant exposed to HIV
HIV exposed uninfected infant	HIV-negative infant exposed to HIV
Intravenous drug user/ IVDU; drug addict; drug abuser	People who inject drugs; people who use drugs
Spread, infect	Transmit, pass on
HIV deaths	HIV-related mortality or HIV-related deaths
Mother to child transmission	Vertical transmission, perinatally acquired HIV
People failing therapy; failing patients	People experiencing treatment failure, people on failing therapy
Risk group or transmission risk	Mode of HIV acquisition or acquisition risk
Poorly adherent	Person/people with poor adherence
Resistant patients	People with resistant virus
Serodiscordant	Serodifferent, partners with differing HIV status
Trial subjects	Trial participants, volunteers
Unprotected sex	Sex without a condom, condomless sex
Zero infections	Zero transmissions, zero new cases of HIV/newly acquired HIV

People living with HIV are not defined by their diagnosis, nor are they simply research subjects – they have knowledge, experience, and autonomy. People living with HIV have played a key role in pushing for better healthcare, expanding treatment, and contributing to medical progress. Research and publications should use language that reflects their agency and involvement.

Terrence Higgins Trust

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