GUIDELINES AND STANDARDS FOR QUALITY ASSURANCE OF NATIONAL TRANSLATIONS

This document aims to improve and assure the quality of translations of tools within the Quality Action project for the purposes of the national implementation phase. It contains criteria developed to ensure high quality, clarity, consistency and coherence of the translations of the tools.

Common problems with translated documents

If you have worked on translation projects, you know how challenging it might be to produce translations that stay true to the meaning of the original document, yet are easy for the intended readers to understand and use. The quality of translations often varies considerably. In this document you will find general standards believed to contribute to the success of translations and make the translation process easier. The document is structured in accordance with the phases characteristic for a translation process: the before, during, and after translation phase.

Some standards apply to two or more phases of the translation process.

1. GENERAL STANDARDS FOR SUCCESSFUL TRANSLATIONS OF QI/QA TOOLS

Before starting the translation, please keep this in mind:

- **The whole tool should be translated, not only parts of it.**
- **Use single, one-way translation.** Single one-way translation is the simplest and least expensive method, because there is only one translator. While this method is widely used because it is the most expedient, it is typically criticized as relying too heavily on the cultural understanding, language fluency, and writing skills of a single individual.
- **Have in mind the translation deadline.** Organize the translation in time, and estimate the amount of work as this will help you to avoid stress when the deadline is approaching.

During the translation, please keep this in mind:

- **Compliance of the translation with the final agreed English version of the tool.** The translator must ensure a faithful, but also meaningful, translation of the final agreed tool, avoiding omissions and/or addition of sentences, terms or paragraphs.
- **Use of tool template.** The translator should ensure that the latest approved tool template version and its appendices are used. The translator should not use different titles, subtitles and sentences from those stated on the current tool template and its appendices.
- **Compliance with specific national requirements regarding culturally appropriate terminology,** e.g. when talking about key populations, sexual behaviour etc.
- **Translate the meaning rather than word for word, in a culturally sensitive way.** The translation should preserve the content and meaning of the original text, with cultural and linguistic adaptations as needed, so that the translated text sounds natural and is easy for the intended readers to understand and use.
- **Use of the appropriate scientific terminology.** The scientific terms used in the translation of the tool should be carefully checked. The translator should use appropriate scientific terminology and take into account that if a standard statement is used in the English text, a standard translation should also be used.
- **Consistency of terminology within Quality Action and UNAIDS.** Check the UNAIDS terminology guidelines (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf) as well as the list of key terms and definitions developed within the Quality Action project by WP8 (See page 6 and 7). These lists explain key terms relevant to HIV prevention, quality improvement and quality assurance.

After the translation is done, please check:

- **Reviewers should check the translated text for accuracy, cultural and linguistic appropriateness, and ease of use.** Use multiple reviewers to check the adequacy of the translation. If possible, get feed-back from intended readers.
- **A person who has been trained in the tool as a part of Quality Action should read the translated version as well as the Quality Action associated partner in the respective country to ensure a good quality translation.**
- **Use an independent editor to review and polish the translation.** Like the translator, the editor needs to be a skilled writer who is familiar with the culture and language of the intended readers.
- **Use an independent proof reader as a final check on the translation.** The person who does the final proof reading needs to check both the text and the design elements of the translation.
- **There should be a reference to the original tool in the translated version.**
- **The organization translating a tool must inform and provide the coordinating partner (BZgA, WP1) with the translated version.**
- **If the tool is changed or used for another purpose than the intended, it should be renamed, even if only a part of it is translated.** A reference to the original tool should always be included, even if it is renamed, and a version of the translation should be sent to the coordinating partner who will decide if it should be put on the Quality Action webpage or not.
- **The translated version should be available online.**

2. QUALITY

We believe it is possible to measure translation quality, albeit indirectly.
When measuring translation quality, we really measure the incidence of various types of errors and defects in the translated material:
• Errors of meaning.
• Errors of form.
• Errors of compliance.
We define a good translation as one in which no (or few) errors are made.

The translator should answer the following three questions:
• Is it grammatically correct?
• Is the translation accurate?
• Is the translation compliant with the glossary, style guide, guidelines, and client instructions?

If the answer to these questions is "Yes" the translation should be of good quality

We wish you a successful translation process!

UNAIDS terminology guidelines:

Summary of preferred terminology and errors to avoid

Past terminology	Preferred terminology
HIV/AIDS; HIV and AIDS	Use the term that is most specific and appropriate in the context to avoid confusion between HIV (a virus) and AIDS (a clinical syndrome). Examples include 'people living with HIV', 'HIV prevalence', 'HIV prevention', 'HIV testing and counselling', 'HIV-related disease', 'AIDS diagnosis', 'children orphaned by AIDS', 'AIDS response', 'national AIDS programme', 'AIDS service organisation'. Both 'HIV epidemic' and 'AIDS epidemic' are acceptable, but 'HIV epidemic' is a more inclusive term.
AIDS virus	There is no AIDS virus. The virus that causes AIDS is the human immunodeficiency virus **(HIV)**. Please note that 'virus' in the phrase 'HIV virus' is redundant. Use 'HIV'.
AIDS-infected	No one is infected with AIDS; AIDS is not an infectious agent. AIDS describes a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection from acute infection to death. Avoid 'HIV-infected' in favour of **person living with HIV** or **HIV-positive person** (if serostatus is known).
AIDS test	There is no test for AIDS. Use **HIV test** or **HIV antibody test**. For early infant diagnosis, HIV antigen tests are used.
AIDS victim	Use **person living with HIV**. The word 'victim' is disempowering. Use AIDS only when referring to a person with a clinical diagnosis of AIDS.
AIDS patient	Use the term 'patient' only when referring to a clinical setting. Use **patient with HIV-related illness (or disease)** as this covers the full spectrum of HIV-associated clinical conditions.
Risk of AIDS	Use **'risk of HIV infection'** or **'risk of exposure to HIV'** (unless referring to behaviours or conditions that increase the risk of disease progression in an HIV-positive person).
High(er) risk groups; vulnerable groups	Use **key populations at higher risk** (both key to the epidemic's dynamics and key to the response). Key populations are distinct from vulnerable populations, which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.
Commercial sex work	This says the same thing twice in different words. Preferred terms are **sex work, commercial sex,** or the **sale of sexual services**.
Prostitute or prostitution	These words should not be used. For adults, use terms such as **sex work, sex worker, commercial sex, transactional sex,** or the **sale of sexual services**. When children are involved, refer to **commercial sexual exploitation of children**.
Intravenous drug user	Drugs are injected subcutaneously, intramuscularly, or intravenously. Use **person who injects drugs** to place emphasis on the person first. A broader term that may apply in some situations is **person who uses drugs**.
Sharing (needles, syringes)	Avoid 'sharing' in favour of **use of non-sterile** injecting equipment if referring to risk of HIV exposure or **use of contaminated** injecting equipment if the equipment is known to contain HIV or if HIV transmission occurred through its use.
Fight against AIDS	Use **response to AIDS** or AIDS response.
Evidence-based	Use **evidence-informed** in recognition of other inputs to decision-making.
HIV prevalence rate	Use **HIV prevalence**. The word 'rate' implies the passage of time and should not be used in reference to prevalence. It can be used when referring to incidence over time e.g. incidence rate of 6 per 100 person-years.

Key terms and definitions relevant to quality improvement and quality assurance, developed within the Quality Action project by WP8:

Key Terms and Definitions   **Quality Action**

Term	Definition
Quality	Quality is the achievement of desirable goals in health outcomes in a manner consistent with current professional knowledge and standards.
Quality Assurance (QA)	Quality Assurance formally monitors the quality of services and activities against standards, including review, problem identification and corrective action.
Quality Improvement (QI)	Quality Improvement formally identifies, implements and evaluates strategies to increase the capacity to fulfil and exceed quality standards.
Tool	We use the word "*tool*" to describe a structured, documented approach to QA/QI using a practical, step-by-step process. Tools can be paper-based or electronic and often consist of: • check lists • questionnaires • facilitation guides for stakeholder input
Project	We use the word "*project*" for a single intervention with a beginning and end or regular cycles (e.g. a health promotion campaign or an outreach intervention). Projects are usually designed to influence a particular determinant of health (e.g. increasing health knowledge or improving access to condoms and lubricant).
Program	We use the word "*program*" for combinations of interventions and/or activities that work together to achieve a change in health status such as reducing new HIV infections. Examples are national or regional HIV prevention action plans or a comprehensive service (e.g. incorporating testing, counselling, outreach, needle exchange and condom distribution).
Stakeholder	A person representing a group or organisation with an interest in a particular activity. The interest may arise from having responsibility for, actively contributing to, benefitting from or being affected by the activity.
Practical Application	The use of an approach, theory, tool, instrument or process in the course of ordinary, day-to-day professional practice. In this case the use of QA/QI tools in HIV prevention activities.
Capacity Building	Increasing the ability of a person, group or organisation to perform certain tasks or respond to certain situations. Includes increasing knowledge and skills as well as changing perceptions, attitudes and behaviours.
Train the Trainer	Training a person in a way that enables them to train another person to a similar level. The method enables greater reach of the training.
Charter	A document listing agreed norms or statements. A charter is often recognised across boundaries, interests or stakeholders.
Policy	An agreed or imposed direction that governs a certain area of activity. It often applies to and is enforced in a particular jurisdiction (such as a nation, state, region, county, or municipality). Policies can also be self-imposed by any organised group of people (institution, NGO, club or association) as more or less binding guidelines.
Kit	A set of useful tools, instruments or practical methods that are combined to assist with carrying out a particular task or to serve a particular purpose.