DMC/DC/F.14/Misc./2020/288530

5th February, 2020

CIRCULAR

In terms of the letter of the Medical Council of India’s No.MCI-211(2)(Gen.)/2019-Ethics/182638 dated 15th January, 2020 all the registered medical practitioners are hereby directed to adhere to the guidelines for Prescription of Antiretroviral Therapy, which are available on the following website, as mentioned in the aforementioned letter of the Medical Council.

1. (http://naco.gov.in)

(Dr. Girish Tyagi)
Registrar
To,
The Registrar/Secretary,
Delhi Medical Council,
Room No. 308A, 3rd Floor,
Administrative Block, M.A. Medical College,
Bahadur Singh Zafar Marg, New Delhi - 110002.

Subject: Reporting of PLHIV on ART Private Sector reg.

Respected Sir/Madam,

Kindly find enclosed a letter received from Dr. Naresh Goel, Deputy Director General (CST), Ministry of Health and Family Welfare regarding the above mentioned subject (Annex-A) which is of utmost importance as India a signatory to UNAIDS 90-90-90 targets of 2020 and is thriving towards eradicating HIV/AIDS as an epidemic threat by 2030.

Please also find enclosed guidelines on ART (Annex-B) along with simplified format by NACO for private sector reporting (Annex-C).

The National Technical Guidelines on ART Therapy can be downloaded from the website of NACO (http://naco.gov.in/) also.

You are hereby requested to give these guidelines a wide publicity to your members through your website or any other communication available with you.

This communication is on the direction of honorable Supreme Court that Medical Council of India (MCI) is writing to all State Medical Councils of India as below:

"You are hereby directed to circulate among all the private doctors who are treating HIV patients, the Guidelines for Prescription of Anti Retro Viral Therapy along with the attached format and further direct the private doctors to furnish the information in requisite format immediately to NACO and every quarterly also"

A strict compliance is expected from all the members concerned.

Regards,

Yours Sincerely

Dr. Hans Raj Baweja
Consultant, Board of Governors
(in super-session of MCI)
Head, Ethics Department

CC:
- President, Delhi Medical Council, Room No. 308A, 3rd Floor, Administrative Block, M.A. Medical College, Bahadur Singh Zafar Marg, New Delhi - 110002.
- Guard File
To,
Dr. Rakesh Kumar Vats, IAS
Secretary General,
Board of Governors in supersession of MCI
New Delhi

Subject: Reporting of PLHIV on ART Private Sector reg.

Sir/Madam,

This is in pursuance to the letter No. MCI-211(2)/2010/ Ethics/Gen/33690 dated 12.10.2010 (Letter enclosed). In the said letter, on the direction of Hon’ble Supreme Court, MCI directed to all State Medical Council of India as below:

“You are hereby directed to circulate among all the private doctors who are treating HIV patients, the Guidelines for Prescription of Anti Retro Viral Therapy along with the attached format and further direct the private doctors to furnish the information in requisite format immediately to NACO and every quarter also”

India is a signatory to UNAIDS 90:90:90 targets of 2020 and is thriving towards ending HIV/AIDS as an epidemic threat by 2030. NACO strongly believes that private sector involvement will play a crucial role in achieving these targets for India. NACO recently conducted a survey to estimate the number of PLHIV availing ART from private sector currently; based on the data received it is estimated that around 1.05 lakh to 1.95 lakh PLHIV are availing ART services from private sector.

The National Technical Guidelines on Anti-Retroviral Therapy have been uploaded on the website of NACO (http://naco.gov.in/). To streamline the data sharing mechanism, NACO has developed simplified formats for private sector reporting (format enclosed). The report has to be sent on quarterly basis by every private practitioner/Hospital to the prescribed email id of respective State AIDS Control Society. (List of email ids attached)

In view of the above you are requested to give necessary direction to all State Medical Councils and to your members/website to harmonize data sharing mechanism by private sector.

Yours Faithfully,

(Dr. Naresh Goel)
Deputy Director General (CST)

Encl:

- Order of Supreme Court, MCI & NACO
- Private Sector Reporting Format
- List of SACs email id

Copy to:

- Dr. Vinod Paul, Chairman of BoG
- Dr. Hans Raj Baweja, Consultant, BoG

Copy for Information:

- PPS to SS & DG, NACO
- PS to JS, NACO
Guidelines for Prescription of Antiretroviral Therapy

The antiretroviral therapy (ART) is now available free at 284 ART Centres across the country, wherein nearly 3.5 lakh PLHA are getting treatment. Since ART is a lifelong therapy with significant economic burden on families, we must assess patient’s financial condition on affordability of not only lifelong ART but also their capacity for good nutrition, hygiene and other related expenses. Efforts should be made to refer all PLHA to Govt. ART centres for ART and treatment of OIs. This will help them save resources for good nutrition and other family needs. This will also make them eligible for free second line ART once they develop treatment failure on first line ART over a period of time.

All those who can afford or want to take treatment in private sector must be started a rational triple Drug “first line ART (NNRTI based)” unless there is a specific contraindication for the same. The “second line ART (PI based)” should only be resorted to in case of proven first-line failure/ drug toxicity (summary of rational regimen enclosed based on National guidelines). Any unstructured irrational treatment using combination of first line and second line ARV, prescribing incomplete regimen, underdosages of ARV drugs etc by medical practitioners / clinics will have adverse impact on the structured national programme & consequent burden of drug resistance among patients as well as transmission issues. It has also been observed that many a time patients are initiated directly on second line regimen (PI based regimen). All doctors must familiarize themselves with national treatment protocols which can be accessed on NACO website www.nacoonline.org and are updated periodically.

An office memorandum no.- T-11020/29/1998(Admin ART) dated 26/09/2008 has already been issued in this regard by NACO and was endorsed by Hon’ble Supreme Court in its judgment in Sahara house case no. 535/1998 on 1/10/2008. The court has also directed the Medical Council of India, Dental Council of India and Indian Nursing Council to
ensure compliance with these guidelines. Any irrational use of ARVs or deviation from national protocol will be viewed seriously as a professional misconduct.

It is once again emphasized that all initial ART prescriptions must be rational first-line ART regimen. All private practitioners should send a quarterly report of patients with them to NACO & respective State AIDS Control Societies in the prescribed format. (copy enclosed)

This issues with the approval of Secy. (Department of AIDS Control) & DG, NACO.

(Subhash Chandra)
(Under Secretary to the Government of India)

1. Project Director, State AIDS Control Society of all States/UTs/Municipal Corporations.
2. Principal Secretary/Secretary (Health & FW) of all States.
3. Director (Medical Education), Directorate of Health Services, of All States.
4. Director (Health Services), Directorate of Health Services, of All States with request to disseminate this to all hospitals/NGOs/Health care providers in their state.
5. Nodal Officer, All ART Centres.
6. Regional Coordinators (CST).
7. All NACO officials.
8. The Solicitor General, India.
9. Medical Council of India
10. Dental Council of India
11. Indian Nursing Council
12. Indian Medical Association
13. Association of Physicians of India
14. Indian Academy of Paediatrics
15. FOGSI.

Copy for information:
1. PPS to HFM
2. PPS to MOS(H&FW)
3. PPS to Secy. (Health & FW)
4. PPS to DGHS
5. PS to Secy. (AC) & DG, NACO

(Subhash Chandra)
(Under Secretary to the Government of India)
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Notes:
- Include unique individuals only (do not include repeat visits of same patient in reporting period).
- A viral load of less than 1000 copies/ml after 12 months on ART indicates viral suppression.