

Maintenance of HIV/AIDS Confidentiality by Health Care Providers and Facilities in Mizoram

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ABSTRACT: This paper focuses on how confidentiality of HIV/AIDS status is maintained by the healthcare provider and facilities in Mizoram, Aizawl district, by selecting eight hospitals on the basis of their administrators. Data were collected using interviews and questionnaires among the selected samples. This paper concentrated on Sections-9 and 11 of the HIV/AIDS (Prevention and Control) Act-2007, which stipulated the disclosure of HIV-Positive Status and the confidentiality of HIV Datas respectively.

The paper also reviews the Supreme Court ruling relating to the right to privacy of HIV/AIDS infected persons. The paper formulates and makes suggestions for the efficient and systematic handling of the HIV/AIDS status by the healthcare provider.

Key words: confidentiality, data, HIV/AIDS, Stand Alone, healthcare provider

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INTRODUCTION: OVERVIEW OF HIV/AIDS STATUS IN MIZORAM

Mizoram is the 23rd state of India, located in the North Eastern region of the country with an area of 21,087 sq km¹. Mizoram has a population of 1.09 million as per the 2011 official census with a sex ratio of 1029 females per 1000 males. The population of the state comprised 0.09 % of the total Indian population in 2011². Its capital Aizawl is situated in the central-northern region of the state with a population of 291,822 as per the 2011 census, ³. On 20th May, 2025 it became the first fully literate state under the ULLAS (Understanding Lifelong Learning for All in Society) initiative with a literacy rate of 98.2% as per the 2023-24, Periodic Labor Force Survey (PLFS)⁴. Though the literacy rate is high, it has

the highest HIV/AIDS prevalence rate in India. As of December 2025, the adult HIV prevalence in Mizoram is estimated at 2.73%, which is significantly higher than the national average of approximately 0.20%.⁵

The first HIV-positive patient in Mizoram was detected in the year 1990, October by the state. Since then, Mizoram has reported 32,994 HIV-positive people till date. Between 2024 -2025, a number of 1,602 males and 869 females, including 140 pregnant women, were detected. The Intensified IEC Campaign and HIV Test Drive Campaign, launched on 12th August, 2025, claimed that 97% of HIV-positive cases were preventable and that Mizoram is among the top five states in HIV care and prevention. The National AIDS Control Organization (NACO), Ministry of Health and

¹ Government of Mizoram. *At a Glance : Mizoram.* <https://mizoram.nic.in/about/glance.htm> (Accessed November 24th, 2025).

² Forest Survey of India. (2011). *State of Forest Report 2011: Mizoram.* Ministry of Environment and Forests, Government of India.

³ Census of India. (2011). *District Census Handbook: Aizawl (Series-16, Part XII-A).* Directorate of Census Operations, Mizoram.

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⁴ Department of Information and Public Relations, Mizoram. (2025). *Chief Minister Declares the First Fully Literate State in India.* <https://dipr.mizoram.gov.in/post/chief-minister-declares-mizoram-the-first-fully-literate-state-in-india> (Accessed on November 24th, 2025).

⁵ <https://assamtribune.com/north-east/mizorams-hiv-crisis-over-32000-cases-legislators-commit-to-support-1569258> visited on 18th December, 2025.

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Family Welfare, Government of India, oversees the Mizoram National AIDS and STI Control Program, where campaigns and outreach, counselling and HIV testing, condom use, and support for marginalized and high-risk populations are the main goals. To operate effectively, MSACS collaborates with various government agencies, NGOs, and community-based organizations.⁶ From October 1990 to March 2025, Mizoram SACS reported 32,544 HIV diagnoses, 27,239 of whom were registered at ART facilities. ART has been started by 24,382 registered individuals; thus, effective treatment is shown by the small difference between registered people and those getting antiretroviral therapy. The 25-34 age group accounts for 12,421 (41.49%) of MSACS cases, showing they may engage in high-risk behaviors such unprotected sexual practices and substance abuse. The number of HIV/AIDS cases increased as the number of tests increased due to test campaigns, awareness and so on. The reason for the high rate of the state may be due to the high rate of testing as compared to other states of India. For more effective functioning, the state implemented the HIV and AIDS (Prevention and Control) Act, 2017, which took effect on 10th September, 2018.

Mizoram has a strong civil society, like the Young Mizo Association (YMA), where most of the youth are members without borders in religion or tribes. So, proper co-ordination between the SACS, educational institution and civil society may lead to a better campaign for HIV/AIDS reduction with the objectives of targeting the main modes of transmission, like unprotected sex, which comprise of 67%, and sharing unsterilized syringes, which comprise of 30.44%. Despite the gravity of the situation, there are encouraging signs, a decline in new infections and HIV-related deaths has been observed.⁷

OBJECTIVE OF THE STUDY

The main intention of the research was to analyze the methods adopted for keeping the records of HIV related information and the security of the HIV/AIDS data protection system adopted by the state of Mizoram for ensuring confidentiality. Hence, the study of this paper has two main objectives.

1) To find out whether the healthcare providers and facilities function as required by Section -11 of the HIV/AIDS Act - 2017, which states that, “every establishment keeping the records of HIV-related information of protected persons shall adopt protection measures in accordance with the guidelines to ensure that such information is protected from disclosure”.

2) To find out whether the state follows Section-12 of the Act, regarding the Central Government notification on the model HIV and AIDS policy for establishments.

SPONSORING AGENCY

This paper is mainly based on the data collected for a research project titled “A CRITICAL ANALYSIS ON THE HIV/AIDS (PREVENTION AND CONTROL) ACT-2017- WAY FORWARD FOR THE STATE OF MIZORAM,” funded by the Mizoram State AIDS Control Society.

METHOD OF DATA COLLECTION

For the selection of the sample, purposive sampling is applied where eight hospitals within Aizawl District are selected on the basis of their administration. Hence, the study was conducted on three government hospitals, three private hospitals and two mission hospitals.

For the collection of data, the project proposal was approved by the Ethical Committee of Mizoram Medical College, Falkawn, Mizoram.

SELECTED HEALTH CARE PROVIDERS AND FACILITIES		
Govt. Hospitals	Private Hospital	Mission Hospital
Civil Hospital Aizawl (SA)	Aizawl Hospital and Research Centre, Khatla (F-ICTC)	Synod Hospital, Durtlang (SA)
ZMC&H, Fawkawn(SA)	Ebenezer Medical Centre, Chawnpui, Aizawl (F-ICTC)	Adventist Hospital, Sevenday Tlang, Aizawl (F-ICTC)
Kulikawn Hospital (SA)	Trinity Hospital Aizawl, Silaimual (F-ICTC)	

• SA are the stand-alone hospital that can conduct HIV/AIDS tests and confirm the status.

• F-ICFC is the facility hospital that can conduct HIV/AIDS tests, but cannot confirm the status.

An unstructured interview was conducted with staff of the selected hospital dealing with HIV/AIDS related cases, including the superintendent, doctor, counsellor, nurse and staff of ICTC, ART. A survey was also

conducted with five samples among ICTC/ART staff from each selected hospital by using closed ended questionnaire. So, the total number of samples collected was 40 in numbers.

CONFIDENTIALITY FOR HIV/AIDS INFECTED PERSON UNDER THE HIV/AIDS ACT

⁶ The official website of Mizoram State AIDS Control Society or the National AIDS Control Organization (NACO) website: <https://naco.gov.in>

⁷<https://timesofindia.indiatimes.com/city/guwahati/at-2-73-mizoram-hiv-rate-highest-in-country/articleshow/118538599.cms> visited on 18th December, 2025

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The HIV and AIDS (Prevention and Control) Act-2017 is an important Indian legislation aimed at safeguarding the rights and dignity of people living with HIV/AIDS. One of its core protections is the confidentiality provision regarding the status of HIV-positive individuals. The main confidentiality provisions are found in Section-8 and section-11 of the Act, along with references in other sections. Section 8 of the Act runs as follows-

“No person shall disclose or be compelled to disclose the HIV status or any other private information... except with informed consent”.

This applies to all individuals, healthcare providers, employers, educational institutions, insurance companies, and others. Section-8 prohibits disclosure of HIV status or related information without informed consent, except under specific legal exceptions. Under section 11, establishments are required to keep all records and information related to HIV status strictly confidential. Establishments such as hospitals, blood banks, pathology labs, and testing centers are required to maintain accurate medical records of persons living with HIV/AIDS. Record-keeping must adhere to confidentiality protocols. As per the guidelines, only authorized personnel should have access to such data, and access should be on a need-to-know basis. Thus, each establishments have a legal and ethical obligations in maintaining the confidentiality, security, and integrity of HIV/AIDS-related data. They are required to establish proper protocols to prevent unauthorized disclosure and use of this data since any breach can lead to legal action, including compensation to the affected person.

REVIEW OF SUPREME COURT RULING RELATING TO THE RIGHT TO PRIVACY

The Supreme Court of India plays a crucial role as a guardian for the weaker sections of society. This function is rooted in the Constitution of India, which aims to ensure justice, equality, and protection for all, especially the marginalized and disadvantaged groups. The term “life” in Article 21 does not mean mere animal existence. The Supreme Court has interpreted it broadly to include the right to live with human dignity, health, shelter, education, and a clean environment, including the right to privacy. The Supreme Court, in the case of *Justice K.S. Puttaswamy (Retd.) vs Union of India (2017)*, declared privacy as a fundamental right.⁸

Previously, in the case of *Mr. X vs. Hospital Z (1998)*⁹ The Supreme Court held that disclosure of HIV status by a hospital to a prospective spouse is justified in the interest of the spouse’s right to health and life, and does

not violate the patient’s right to privacy under Article-21. The Supreme Court overruled its earlier decision when in *Mr. X vs. Hospital Z (2003)*¹⁰ the Supreme Court decided that the identity of HIV-positive persons should not be disclosed by the hospital in its own initiative.

The Supreme Court judgment, from the Mr. X case, has recognized the right to privacy for HIV/AIDS patients, balancing it with public interest. This right to privacy of the HIV/AIDS patient is now strongly protected both by constitutional law and by the HIV Act-2017, with courts regularly upholding the privacy and dignity of PLHIV.

In September, 2023, the Supreme Court of India issued a comprehensive direction to both the central and state governments to ensure effective implementation of the HIV Act - 2017. The direction includes the initiative for ensuring anonymity of the HIV Infected persons:

- a. Prioritizing cases involving PLHIV for early judicial disposal, as per Section 34(2) of the Act.
- b. Ensuring anonymity of HIV-infected individuals in legal proceedings. Issuing central guidelines for diagnostic protocols, antiretroviral therapy (ART), and the management of opportunistic infections within three months.¹¹

In the case of *Satyand Singh v. Union of India*,¹² an Army Havildar was wrongfully diagnosed with AIDS and dismissed by the authorities. He sought reinstatement and relief in the court. The Court recognized the deep social stigma around HIV, condemned the discriminatory treatment, and awarded compensation. The judgment underscored that even with the HIV & AIDS (Prevention & Control) Act, 2017 in force, stigma persists and must be countered by law.¹³ The above rulings strengthen the legal framework protecting HIV positive individuals in India, ensuring their rights to dignity, non-discrimination, privacy, and access to services are upheld.

Recently, in the case of *Hoshiar Singh & Ors. v. Union of India & Ors (2025)*¹⁴ The court upheld the HIV Act, 2017, which prohibits discrimination in employment as per Section 3. It states that employers must demonstrate a significant risk of transmission or inability to perform duties, and justify the lack of reasonable accommodation. The existing SHAPE I medical category requirement must be interpreted in light of the Act; HIV positive individuals who can perform duties should be considered SHAPE I for promotion purposes.¹⁵ Thus, the court granted relief for the two personnel who were denied promotion. The court ordered a Review Departmental Promotion Committee within eight weeks and, if found fit, promotions with notional seniority within twelve weeks should be made.

⁸ AIR 2017 SUPREME COURT 4161; (2017) 124 ALL LR 877

⁹ Mr. X v. Hospital Z, (1998) 8 SCC 296

¹⁰ SCC 500 (Review Petition)

¹¹ <https://www.indiatoday.in/law/story/supreme-court-direct-centre-states-ensure-effective-implementation-hiv-act>

¹² [2024] 3 S.C.R. 865; 2024 INSC 236

¹³ <https://www.verdictum.in/court-updates/supreme-court/satyand-singh-v-union-of-india-hiv-aids-stigma-1532016>

¹⁴ DHC:2071-DB

¹⁵ [news.supremetoday.ai](https://www.supremetoday.ai) – “Delhi HC: HIV+ Personnel can be Considered SHAPE I if fit for duties”

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ANALYSIS OF THE DOCUMENTATION AND PROTECTION OF HIV DATA BY HEALTHCARE FACILITIES IN MIZORAM

To achieve the objectives of the research mentioned above, data were collected from the selected hospitals to find out how Section-11 of the HIV/AIDS Act - 2017 was implemented. The Act gave direction and guidelines for every establishment for keeping the records of HIV-related information of protected persons and how the data protection measures should be carried out in accordance with the guidelines to ensure that such information is protected from disclosure. Not only that, the research paper tries to find out the method of keeping the records of HIV related information and the methods

adopted for data protection by the state of Mizoram for ensuring confidentiality in the facility hospitals. Therefore, questionnaires were collected in each of the selected facilities and standalone hospitals. Interviews were also conducted to arrive at a reliable conclusion.

Methods of HIV related records maintenance, storage and procedures for relaying of information to the HIV patient:

The respondents are asked about methods adopted by their respective hospitals regarding how HIV related records are maintained and stored and information about the HIV status is given. The responses are highlighted in Tables 1,2 and 3.

TABLE NO. 1	How records related to HIV testing and treatment are maintained					
	Name of Hospital/ Health facilities	Manual recording in a Book	Digital Records	Reports	Both Manual and digital	Manual, Digital and Report
AIZAWL HOSPITAL & RESEARCH CENTRE	3	2				
ADVENTIST HOSPITAL	2					3
CIVIL HOSPITAL						5
EBENEZER HOSPITAL					4	1
KULIKAWN HOSPITAL						5
SYNOD HOSPITAL						5
TRINITY HOSPITAL					1	4
ZORAM MEDICAL COLLEGE & HOSPITAL						5
FREQUENCY	5	2	NIL	5	5	28
PERCENTAGE	12.5%	5%	NIL	12.5%	12.5%	70%

As seen in Table-1, the study reveals that records related to HIV testing and treatment are mostly maintained in both register books and digital formats. They also submit their report to the concerned authority.

TABLE NO. 2	How HIV related records are stored			
	Name Of Hospital	Manual	Digital	Both manual and digital
AIZAWL HOSPITAL & RESEARCH CENTRE			1	4
ADVENTIST HOSPITAL	1			4
CIVIL HOSPITAL	2			3
EBENEZER HOSPITAL				5
KULIKAWN HOSPITAL				5
SYNOD HOSPITAL				5
TRINITY HOSPITAL				5
ZORAM MEDICAL COLLEGE & HOSPITAL				5
FREQUENCY	3	1	1	36
PERCENTAGE	7.50%	3%	3%	90%

The HIV & AIDS Policy for Establishment - 2022, Chapter-5, Section-3 states that HIV data recording should be securely maintained, as depicted by Table-2, as many as 90 % of the respondents claim that HIV-related records are stored in both manual and digital formats.

TABLE NO. 3	How is HIV positive patient status informed
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Name Of Hospital	Telephone	Confidential letter	SMS	Others	Through Telephone and other means
AIZAWL HOSPITAL & RESEARCH CENTRE	3			2	
ADVENTIST HOSPITAL		1	1	3	
CIVIL HOSPITAL		5			
EBENEZER HOSPITAL	3				2
KULIKAWN HOSPITAL	2			3	
SYNOD HOSPITAL	1	4			
TRINITY HOSPITAL					5
ZORAM MEDICAL COLLEGE & HOSPITAL	3			1	1
FREQUENCY	12	10	1	9	8
PERCENTAGE	30%	25%	2.5%	22.5%	20%

Table-3 presents data on how HIV positive patient status is informed across various hospitals. The response indicated that the telephone call and Confidential letter are the most common forms, followed by other and a combination of Telephone and other. Here, Others is

primarily adopted by the Facility- ICTC. The Facility ICTC collected the sample and sent it to the Stand-Alone Hospital for confirmation of the case. The Stand-alone Hospital takes the responsibility of relaying the HIV status to the concerned person

TABLE NO. 4 Name Of Hospital	Persons authorized to access HIV data		
	ICTC STAFF	ICTC & MSACS	All provider
AIZAWL HOSPITAL & RESEARCH CENTRE	3		2
ADVENTIST HOSPITAL		4	1
CIVIL HOSPITAL	3	2	
EBENEZER HOSPITAL			5
KULIKAWN HOSPITAL	1	4	
SYNOD HOSPITAL		5	
TRINITY HOSPITAL		5	
ZORAM MEDICAL COLLEGE & HOSPITAL	2	3	
FREQUENCY	9	23	8
PERCENTAGE	22.5%	57.5%	20%

Access to HIV related records: Access to the HIV records is critical for the maintenance of confidentiality. Table-4 shows the answers of the respondents regarding persons authorized to access data in their hospital. 22.5% of respondents answered that Data is accessed only by ICTC staff, and 57.5% answered that both ICTC & MSACS Staff are authorized to access data. 20% of the respondents said that the data are accessible to all service providers in the institutions.

Frequency of HIV Data Update and methods of Disposal: Frequency of HIV data update is important as data cannot be disposed of before proper update. Respondents are asked about the frequency of data updates and the methods adopted for disposal after the update.

TABLE 5 Name Of Hospital	Data review/update time			
	MONTHLY	QUARTERLY	HALF YEARLY	OTHERS
AIZAWL HOSPITAL & RESEARCH CENTRE	3		2	
ADVENTIST HOSPITAL	3	2		
CIVIL HOSPITAL	4	1		
EBENEZER HOSPITAL	5			
KULIKAWN HOSPITAL	3	1		1
SYNOD HOSPITAL	5			
TRINITY HOSPITAL	5			
ZORAM MEDICAL COLLEGE & HOSPITAL	5			

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FREQUENCY	33	4	2	1
PERCENTAGE	82.5%	10%	5%	2.50%

Table-5 indicates that most of facilities review or update data monthly. The other response other than the monthly update, could be due to a lack of knowledge about the update, due to not being directly related to the paperwork.

TABLE NO. 6	Methods of records disposal or archival.				
Name Of Hospital	BURNIN G	DUSTBIN	BOTH BURNIN G & DUSTBIN	OTHERS	BOTH BURNIN G & OTHER
AIZAWL HOSPITAL & RESEARCH CENTRE				5	
ADVENTIST HOSPITAL	3			2	
CIVIL HOSPITAL				5	
EBENEZER HOSPITAL	3			1	1
KULIKAWN HOSPITAL	4		1		
SYNOD HOSPITAL	2			3	
TRINITY HOSPITAL				5	
ZORAM MEDICAL COLLEGE & HOSPITAL	1			3	1
FREQUENCY	13	NIL	1	24	2
PERCENTAGE	32.5%	NIL	2.5%	60%	5.00%

Table-6 presents data on record disposal or archiving methods adopted by various hospitals. It categorizes practices into burning, throwing in the dustbin and a combination of both burning and throwing in a dustbin. However, the survey result indicated that the most

common methods adopted is archived or stored in the facility.

Views on MSACS ICTC Data protection system: Respondents were asked to rate the effectiveness of the Data protection system, based on their personal views.

Table No. 7	How do you rate the MSAC /ICTC data protection system			
Name Of Hospital	GOOD	AVERAGE	NOT GOOD	All
AIZAWL HOSPITAL & RESEARCH CENTRE	4	1		
ADVENTIST HOSPITAL	5			
CIVIL HOSPITAL	1	4		
EBENEZER HOSPITAL	3	2		
KULIKAWN HOSPITAL	3	2		
SYNOD HOSPITAL	4	1		
TRINITY HOSPITAL	5			
ZORAM MEDICAL COLLEGE & HOSPITAL	5			
FREQUENCY	30	10	NIL	NIL
PERCENTAGE	75.00%	25%	NIL	NIL

From the responses, 75% of the ranked it as good and 25% gave average ratings. Hence, it can be assumed that the respondent does not consider the data protection system to be insecure.

Awareness of Guidelines from NACO/MSAC: The Mizoram State AIDS Control Society has adopted the

Guidelines issued by NACO. Respondents were asked whether they were aware of the existence of NACO guidelines regarding the maintenance of HIV data confidentiality to be followed by them.

TABLE NO. 8	Whether aware of the written Guidelines regarding the procedure for maintaining data confidentiality		
Name Of Hospital	YES	NO	NOT SURE
AIZAWL HOSPITAL & RESEARCH CENTRE		2	3

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ADVENTIST HOSPITAL	5		
CIVIL HOSPITAL	5		
EBENEZER HOSPITAL	5		
KULIKAWN HOSPITAL	5		
SYNOD HOSPITAL	5		
TRINITY HOSPITAL	5		
ZORAM MEDICAL COLLEGE & HOSPITAL	5		
FREQUENCY	35	2	3
PERCENTAGE	87.5%	5%	7.5%

Table-8 presents the responses relating to guidelines. Only 87.5% of the respondents were aware of the guidelines. However, 5% of the respondents were not aware of the HIV & AIDS Policy for Establishment-2022 and 7.5% of the respondents are not sure about the existence of the policy.

Confidentiality agreement: Respondents were asked whether all staffs are bounded by a confidentiality agreement or not.

TABLE NO. 9	Whether all staff are bound by a confidentiality agreement			
	YES	NO	NOT SURE	All
Name Of Hospital				
AIZAWL HOSPITAL & RESEARCH CENTRE	5			
ADVENTIST HOSPITAL	5			
CIVIL HOSPITAL	5			
EBENEZER HOSPITAL	5			
KULIKAWN HOSPITAL	5			
SYNOD HOSPITAL	5			
TRINITY HOSPITAL	5			
ZORAM MEDICAL COLLEGE & HOSPITAL	5			
FREQUENCY	40	NIL	NIL	NIL
PERCENTAGE	100.00%	NIL	NIL	NIL

As seen in Table-9, all respondents affirms that they are bound by a confidentiality agreement, which could be seen as positive towards the objective of the research.

views or awareness on matters specifically related to HIV data leakages and possible penalties. The responses depict that staff are quite aware that there are penalties involved with HIV data disclosure and the measures to be taken in case of data disclosure.

Data leakage or disclosure and its possible consequences: Table 10, 11 & 12 reflect respondents'

TABLE NO. 10	Whether aware of possible penalties for HIV status disclosure			
	YES	NO	NOT SURE	All
Name Of Hospital				
AIZAWL HOSPITAL & RESEARCH CENTRE	5			
ADVENTIST HOSPITAL	4	1		
CIVIL HOSPITAL	5			
EBENEZER HOSPITAL	5			
KULIKAWN HOSPITAL	5			
SYNOD HOSPITAL	5			
TRINITY HOSPITAL	5			
ZORAM MEDICAL COLLEGE & HOSPITAL	5			
FREQUENCY	39	1	NIL	NIL
PERCENTAGE	97.5%	2.5%	NIL	NIL

In Table-10, it is seen that as many as 97.5% of the respondents are aware of the sensitivity of HIV data disclosure and that data disclosure could invite penalties.

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TABLE NO. 11	What measures would be taken if data disclosure happened					
Name Of Hospital	Departmental proceeding	Apology	Suspension	Others	Both Departmental Proceedings and apology	Both Departmental Proceedings and other means
AIZAWL HOSPITAL & RESEARCH CENTRE	2			3		
ADVENTIST HOSPITAL	3			2		
CIVIL HOSPITAL	5					
EBENEZER HOSPITAL	2					3
KULIKAWN HOSPITAL	2			3		
SYNOD HOSPITAL	5					
TRINITY HOSPITAL	5					
ZORAM MEDICAL COLLEGE & HOSPITAL	5					
FREQUENCY	29	NIL	NIL	8		3
PERCENTAGE	72.5%	NIL	NIL	20%		7.5%

Table-11 summarizes measures to be taken in response to incidents involving HIV data disclosure incidents. It resulted that 72.5% of the respondents consider that departmental proceedings should be drawn against the person responsible for the disclosure, while as many as 20% believe 'other' means should be taken.

TABLE NO. 12	Whether there any cases of data leakage or disclosure			
Name Of Hospital	YES	NO	NOT SURE	ALL
AIZAWL HOSPITAL & RESEARCH CENTRE		5		
ADVENTIST HOSPITAL		5		
CIVIL HOSPITAL		5		
EBENEZER HOSPITAL		5		
KULIKAWN HOSPITAL		5		
SYNOD HOSPITAL	3	2		
TRINITY HOSPITAL		5		
ZORAM MEDICAL COLLEGE & HOSPITAL		5		
FREQUENCY	3	37	NIL	NIL
PERCENTAGE	7.5%	92.5%	NIL	NIL

In spite of the existence of proper guidelines to be followed by the hospitals for the maintenance of confidentiality and a high awareness of the possible penalties involved with the disclosure, Table 12 reveals that 7.5% of the respondents accept that data disclosure had happened. The confirmation that data leakage had happened is a serious concern that needs to be addressed properly.

FINDINGS AND RECOMMENDATIONS:

The study reveals that the performance of the Health Care providers in Mizoram is quite satisfactory. The survey reveals a high level of awareness among the staff regarding guidelines and confidentiality agreements. The data recording, maintenance and disposal system also seems to be done appropriately. The survey reports confirm the good performance shown by Mizoram Aids Control Society. However, the study discloses certain areas where improvements are needed, which are suggested as follows.

1. The Data Protection Guideline of National AIDS Control Programme required every stand-alone and facility Hospital to have a data protection Committee under 2.1, but, during the interview and discussion, the role of the Data protection Committee is hardly noticed. Inconsistent replies or knowledge about the procedure adopted by the hospital among the staff of the same hospital reveal the need for the formation or effective functioning of the strengthen the Data Protection Committee.

3. Table-4 reveals that 12% of the samples do not have knowledge of the NACO/SACS guidelines for handling confidentiality situations. Both the Hospitals and the State Aids Control Society should take efforts to achieve 100% awareness level of the staff regarding the Guidelines.

4. As per 2.4 of the Data Protection Guidelines of the National Aids Control Programme, read with section 11 of the HIV/AIDS Act, Data disposal should be carried out by the establishment by introducing a standard

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procedure. It is suggested to standard procedure of date update and disposal needs to be chalked out by the state more systematically and uniformly. From Table 6, it is seen that most of the hospitals neither burned or throw the records in the dustbin, which indirectly indicates that the data is stored for a long period by the facilities. The uniform data update time and secure disposal after the data update are suggested.

5. Considering tables 8 and 9, the data protection system or mechanism is found to be good; however, the study discloses that data leakage has happened, and there is a need for a more secure data protection mechanism. This finding is substantiated by 25% of the respondents who consider the present data protection system as nothing more than average.

6. The 2020 National HIV Testing Policy outlines that some health clinics have delivered positive results over the phone where a patient has declined to re-attend the clinic quickly. The same policy suggested the use of clinical discretion, balancing the risk of not conveying test results when considering alternative communication methods. More efforts must be taken to follow the policy since Table 3 shows that 30% of the respondents affirm that HIV status is conveyed through telephone, which is against the 2020 National HIV Testing policy.

CONCLUSION

In India, the judiciary acknowledges and upholds the right to medical confidentiality for individuals with

HIV. Discrimination in employment, including termination, denial of advancement, or cancellation of appointment, solely based on HIV status, is illegal under the act. The HIV Act of 2017 establishes comprehensive rights, obligating employers to substantiate any adverse actions and necessitating suitable accommodations. The Supreme Court has instructed government entities to enhance the enforcement of the Act, protect anonymity, and optimize HIV-related healthcare procedures. These verdicts reinforce the legal framework safeguarding the rights of HIV-positive individuals in India, ensuring their entitlements to dignity, non-discrimination, privacy, and access to assistance are maintained.

Mizoram takes HIV tests seriously and maintains proper data. In the 2025-2026 fiscal year alone, Mizoram conducted 59,243 general HIV screenings. Mizoram has about 32287 HIV positive, while states like UP have about 1.9 lakh HIV positive. Statistically, a smaller population means a higher chance of scoring a higher percentage in the HIV prevalence index. Conducting an intensive HIV screening in India to really understand the prevalence, as well as take necessary actions for the prevention of HIV in India. Mizoram moved up to third place in India's national HIV prevention ranking for 2025–26, improving from fifth position in 2024–25 clearly depicts the commendable work of the Mizoram SAC as well as the health care providers.