



**MINUTES OF THE MEETING OF THE  
KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS  
HELD ON WEDNESDAY, 12 MARCH 2014 MOSES MABHIDA STADIUM  
Mr E S Mchunu (Premier of the KwaZulu-Natal Province)**

ITEM	DISCUSSIONS	RESOLUTION				
1.Opening Welcome and	The Chairperson, the Honourable Premier, Mr E S Mchunu declared the meeting open at 14h23 and apologised for the unintended delay in starting the meeting as the Cabinet Meeting finished late. He requested the meeting to observe a moment of silence as a sign of respect to the Almighty and do a silent prayer. He welcomed all present.					
2.Apologies	<div>The Chairperson then requested MR N V E Ngidi to read apologies submitted and the following members had tendered their apologies:</div> <table><tr><th>Name</th><th>Department/Organisation</th></tr><tr><td>Dr E Verschueren</td><td>The Joint United Nations Programme on HIV/ AIDS</td></tr></table>	Name	Department/Organisation	Dr E Verschueren	The Joint United Nations Programme on HIV/ AIDS	
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Dr E Verschueren	The Joint United Nations Programme on HIV/ AIDS					

ITEM	DISCUSSIONS		RESOLUTION
	Mr N Swartbooi	Chairperson Local Government and Traditional Affairs	
	Mr A. Govender	Head of Department (Public Works)	
	Bishop R Philips	Representative Faith Based Organization	
	Mrs N Dube –Ncube	MEC –COGTA (will leave early she has a doctor's appointment)	
	Ms G. Apelgren-Narkedien	Head of Department (Human Settlements)	
	Cllr V.Z.N Magwaza- Msibi	Mayor (Zululand District Municipality)	
	Cllr N.C Mqwebu	Mayor Hibiscus Coast Local Municipality	
	Mrs I Cronje	MEC (Finance)	
	Dr B M Radebe	MEC (Agriculture, Environmental Affairs and Rural Development)	
	Ms Z Sithole	Hospice	
	Ms T Nene-Shezi	Regional Manager (Department of Labour)	
1.3 Adoption of the Agenda	The Chairperson went through the Agenda and Cllr M E Ndobe (Harry Gwala District Municipality) moved for the adoption of the agenda, seconded by Cllr S.J Vilane (Mayor uMkhanyakude District Municipality)		
1.4 Minutes and Matters Arising	The minutes of the meeting were confirmed without any amendments by Ms H. Ali (South African Business Coalition on Health and AIDS (SABCOHA)) moved for the adoption of the minutes and Cllr Z Nxumalo (Mayor uBuhlebezwe Local Municipality) seconded.		

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ITEM	DISCUSSIONS	RESOLUTION
	<p>The chairperson requested Dr N I Ndlovu to present a brief update on matters arising from the Previous Provincial Council on AIDS Meeting held on the 31 July 2013 <i>(as per the Decision Matrix distributed on the day of the meeting 12 March 2014)</i>.</p> <p><i>Dr N I Ndlovu went through the report on Matters arising and highlighted the following;</i></p> <ul style="list-style-type: none"> <li>• Ms B Mbolekwa from the disability sector has been requested by the Civil Society sector to be an interim representative of the sector until the sector has appointed the Deputy Chairperson of the Provincial Council on AIDS</li> <li>• There is work done in the High Transmission Area this include the use of weigh in bridges for the distribution of condoms and HCT17 mobile vehicles have be procured to do this work , The Department of Health is collaborating with the Department of Transport and Trucking wellness.. The Truck stop planned for Belgrade –the issue of land is still a challenge.</li> <li>• Phila Mntwana has been launched in 552 sites mostly in war rooms and more than 25 thousand children have been screened.</li> <li>• District Reports – the District Mayors will be presenting the reports and they have been asked to ensure that the Deputy Chairpersons of the DACs are appointed from the civil society.</li> <li>• The UNAIDS team worked with the team from the office of the Premier on the OSS Publication and the –Publication was launched in January 2014 at KwaMashu.</li> </ul> <p>The chairperson welcomed Mr F Lherisson (UNAIDS Country Director for South Africa) and Dr E Kiwango (UNAIDS Senior Strategic Information Adviser for KwaZulu-Natal),</p>	<p>The relevant departments to report on this.</p> <p>The Department of Health, Dr Zungu to lead in the development of the Strategy in fighting HIV and TB following the Minister's presentation in January 2014. This to be presented to the Clusters.</p>

ITEM	DISCUSSIONS	RESOLUTION
	<p>And commended the work done by UNAIDS further stating that the UNAIDS support is appreciated.</p>	
<p><b>1.4.1 Civil Society Report-Election of the Deputy Chairperson</b></p>	<p>Ms B Mbolekwa presented the civil society report and informed the council of the status on the appointment of the Deputy Chairperson of the Provincial Council on AIDS. She applauded the Office of the Premier for the assistance and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Civil society meeting was held on the 6 March 2014 to start the process of appointing the Deputy Chairperson of the Provincial Council on AIDS</li> <li>• The civil society is still experiencing problems with some sectors that have not nominated a representative and this will be addressed before the next PCA meeting.</li> <li>• Assistance is required from the Office of the Premier with regards to the publicising of civil society meetings</li> <li>• Once the nomination has been received from all sectors it will be forwarded to the Premier for endorsement</li> <li>• By the next PCA the appointment of the chairperson will be finalised</li> <li>• District Mayors should be accompanied by the District AIDS Council's Deputy Chairpersons from the civil society in the next meeting</li> <li>• Commercial Sex Workers, farm workers and non-governmental organisations to have representation sitting in the PCA.</li> </ul>	<p>The civil society to meet, discuss the representation in the PCA and finalise the appointment of Civil Society Chairperson who will serve as the Deputy Chairperson of PCA</p> <p>DAC Deputy Chairpersons to be appointed from the Civil society and should attend the PCA accompanying the District Mayors</p>

ITEM	DISCUSSIONS	RESOLUTION
	<ul style="list-style-type: none"> <li>• Department of Arts and Culture should assist in ensuring that a representative from the entertainment industry is also represent</li> <li>• Department of Sports and Recreation to assist with appointment of the Sports Sector</li> </ul> <p><b>Comments following presentation by Ms B Mbolekwa Civil Society Representative</b></p> <p>The chairperson thanked MS Mbolekwa for the presentation and asked the meeting to raised issues of clarity</p> <ul style="list-style-type: none"> <li>• Cllr M E Ndobe requested clarity on the inclusion of sex workers in the council</li> <li>• Cllr S J Vilane raised a concern that the civil society needs to be better coordinated and that assistance should be offered to districts as well to appoint its Deputy Chairpersons.</li> <li>• MEC Mabuyakhulu proposed that all efforts be made to have all members from the civil society represented and form part of the process of nominating the Deputy Chairperson.</li> <li>• Professor Gqaleni stated that the lack of clarity on some issues could be due to misinterpretation of the constitution with regards to the appointment of the Deputy Chairperson. He further stated that civil society should understand the constitution and follow the correct process in nominating the chairperson. He stated that the Provincial Council on AIDS is the one that endorses the chairperson once the nominations have been made.</li> </ul>	<p>District Mayors to be accompanied by the Deputy Chairpersons to the PCA meeting</p> <p>DACSR to assist in ensuring that there is a representative from the entertainment industry</p> <p><b>The council agreed on the following;</b></p> <p>That the PCA secretariat;</p> <ul style="list-style-type: none"> <li>• Assist civil society in organising and facilitating meetings where pertinent issues relating to inclusion of sex workers, interpretation of the PCA constitution and process of appointing a deputy chairperson would be discussed before the next Provincial Council on AIDS meeting.</li> <li>• Ensure that all civil society representatives form part of the process of appointing the Deputy Chairperson.</li> </ul>

ITEM	DISCUSSIONS	RESOLUTION
		<p>The civil society to notify the secretariat of the meeting date and venues so that the necessary support could be given</p>

SECTION 2 STRATEGIC ISSUES		
ITEM	DISCUSSION	RESOLUTIONS
<b>2.1 Presentation by Dr A Motsoaledi 14 January 2014</b>	<p>The chairperson explained to the council that the presentation that will be presented by Dr S Dhlomo MEC of Health had been presented by Dr A Motsoaledi the National Minister of Health to the Provincial Cabinet on the 14 January 2014, and the Cabinet felt it was important that the presentation be presented to the PCA.</p> <p><b>The presentation highlighted the following issues</b></p> <ul style="list-style-type: none"> <li>• The Country has four burdens of disease namely HIV &amp; AIDS and TB, maternal and child mortality, non-communicable disease and injuries from road accidents.</li> <li>• It is important to track the trends of HIV &amp; AIDS infection in the country when it comes to gender profiling. The infection rate amongst young women of particular age is higher than the male of the similar age hence specific interventions are needed to address the trend. (sugar daddy syndrome)</li> <li>• Africa has the highest burden of HIV &amp; AIDS in the world 17% of HIV and AIDS Burden is in KZN and yet it has the least number of doctors in the world hence all medical personnel including 23,000 nurses, have been trained on the management of HIV &amp; AIDS</li> <li>• All children irrespective of CD4 count should be put on ART</li> <li>• All HIV positive pregnant women to be put on ART</li> </ul>	<p><b>The council agreed on the following resolutions;</b></p> <ul style="list-style-type: none"> <li>• There is a need to share the presentation with the District and Local mayors and this would be done during the District AIDS Council meeting</li> <li>• The PCA Secretariat working with the Department of Health will put a team together that will go to all districts to do this presentations</li> <li>• District Mayors to write letters to the secretariat giving dates of their Council meeting where the presentation will be done.</li> <li>• Department of Health to develop a video clip of the presentation and disseminate to all stakeholders.</li> <li>• The Department of Education to share the information with both girls and boys that are 15 and 16 years old showing how this affects them.</li> </ul>

	<ul style="list-style-type: none"> <li>• HIV counselling &amp; Testing (HCT) campaign made a significant contribution to the fight against HIV &amp; AIDS</li> <li>• Fixed dose combination (FDC) has contributed significantly to patients' treatment adherence</li> <li>• The role of local leadership is commended but there is still more work to be done in encouraging the Traditional leaders to play an active role in participating in Male Medical Circumcision (MMC) campaigns in their respective districts</li> </ul> <p><b>Comments following presentation by MEC Dr S Dhlomo</b></p> <p>The Chairperson stated that:</p> <ul style="list-style-type: none"> <li>• Information contained in the presentation be presented to the AIDS council members and to all stakeholders outside of the AIDS council because of its importance in the fight against HIV &amp; AIDS in the Province.</li> <li>• Dr S Zungu the head of department (HOD) of health on the intervention plan for uMgungundlovu as the presentation highlighted the district as one that recorded the highest rise in the HIV incidence.</li> </ul> <p>Cllr M E Ndobe Mayor Harry Gwala District Municipality requested that:</p> <ul style="list-style-type: none"> <li>• The presentation be zoomed to district stats so that each district can work out a programme that addresses specific district issues.</li> </ul> <p>Mr P Mdletshe from TAC made the following comments:</p> <ul style="list-style-type: none"> <li>• That the number of people that are lost for treatment is high</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation to be available in isiZulu and English. PCA Secretariat, Department of Health and Department of Education to develop age appropriate content for the school children</li> <li>• Department of Health to move fast in dealing with uMgungundlovu plan as requested in the special Cabinet meeting of the 14 January 2014</li> </ul>
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	<ul style="list-style-type: none"> <li>• That is it possible to use viral load as a measure instead of the CD4 cell count</li> <li>• Accompany the condom distribution with appropriate information</li> <li>• Look at ways to strengthen adherence</li> </ul> <p>Ms Ali from SABCOHA requested:</p> <ul style="list-style-type: none"> <li>• that the Council need to send out appropriate information to communities on the benefits of Male Medical Circumcision</li> </ul> <p>Prof N Qgaleni commended:</p> <ul style="list-style-type: none"> <li>• The government in taking bold policy shifts that has assisted in the gains made in the fight against HIV and AIDS.</li> </ul> <p>Mr R Pillay (MEC) (Human Settlements &amp; Public Works) stated that:</p> <ul style="list-style-type: none"> <li>• The council should consider developing a short video version of the presentation for mass distribution to the Council meetings at local and district municipal level, schools and to the public</li> <li>• That Dr S Dhlomo MEC Health deliver the presentation to district municipal AIDS Councils.</li> </ul> <p>Mr T W Mchunu (MEC Transport, Community Safety &amp; Liaison) stated that:</p> <ul style="list-style-type: none"> <li>• The information should also be disseminated to schools and universities (where there are sexual activist) as well, in an appropriate format and language.</li> </ul> <p>Mr A Karim (Al-Imdaad Foundation) stated that:</p> <ul style="list-style-type: none"> <li>• The information should be disseminated to community care givers as well as youth ambassadors working at ward level.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• That the religious leaders needed to be empowered with regards to HIV &amp; AIDS information</li> </ul> <p>Mr V Ndimeni ( Department of Correctional Services) stated that:</p> <ul style="list-style-type: none"> <li>• The presentation should also be shared with the prisoners as there is a lot of sexual activities happening, and prisoners after jail terms go back to communities.</li> </ul> <p>Ms A Phata Medical Research Council also requested that:</p> <ul style="list-style-type: none"> <li>• the information be shared with Civil society formation, community care givers</li> <li>• The information be translated into isiZulu</li> </ul> <p>Dr S Zungu (HOD Department of Health) responding to premiers request to comment on the progress the department has made following the cabinet meeting of the 14 January 2014, stated that:</p> <ul style="list-style-type: none"> <li>• The major contributors of the high incidence rate of HIV in UMgungundlovu are the Major Routes (N3) the economic activity and the high unemployment which exacerbate the situation.</li> <li>• The District AIDS Council in partnership with the Department of Health has been working on a strategy to address the problem and the situation is being attended to in partnership with the Department of Transport, Agriculture and Economic Development.</li> </ul> <p>Dr S Dhlomo MEC for Health:</p>	
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	<ul style="list-style-type: none"> <li>• Apprised members of the Provincial Council on AIDS on the rollout of the human papilloma virus (HPV) vaccination programme throughout the country. The aim of the programme is to prevent cervical cancer which is the second most common cancer among women in South Africa.</li> <li>• The vaccination would be given to girls aged 9 -10 at this stage only and not boys of the similar age due to resource constraints.</li> <li>• KwaZulu-Natal has been allocated 18million rand to ensure the programme is rolled out successfully in the province.</li> <li>• The leadership is called on to ensure that the programme is a success especially in districts where there are some educators who are challenging the programme.</li> </ul> <p>He further stated that parental consent is still required and that the information regarding the human papilloma virus vaccination would be provided to both parents and educators alike.</p> <p>He further requested the members of the Provincial Council on AIDS to provide the much needed support for the programme which is a partnership between the Department of Health and Department of Education.</p>	
<b>2. Presentation Maternal and Child Mortality</b>	<p>Dr S Mndaweni presented on Maternal and Child Mortality. The presentation highlighted the following:</p> <ul style="list-style-type: none"> <li>• The maternal and child mortality rate in the province has dropped</li> </ul>	

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- Interventions currently in place geared towards decreasing the maternal and child mortality rate in the province need to be strengthened and the support of the leadership is encouraged
- Leadership to address practices, cultural beliefs and societal norms that have shown negative outcome on maternal and Child health
- Community leadership to act on the findings from the Phila Mntwana sites in order to protect and promote health, nutritional and status of the children and improve food security of communities.
- Early bookings for expectant mothers is also encouraged, the 60% targets of early booking has not been reached by the Province
- All pregnant women are now receiving the fixed dose combination (FDC) pill
- Waiting mothers lodges have been established throughout the provinces
- Critical intervention which depend on the community intervention is the 6x6x6 principles which needs to be promoted by leaders
- National Minister of Health to launch the Implanon (sub-dermal contraceptives) for women which would aid in curbing teenage pregnancy. Since Implanon does not protect against HIV and STIs dual protection is encouraged. There is a rolled out campaign to the whole Province

**Comments following presentation by Dr Mndaweni**

Ms A Phata (Medical Research Council (MRC) ) stated that:

	<ul style="list-style-type: none"> <li>• MRC would be interested in a partnership with the department of health in rolling out the campaign.</li> <li>• Currently there is a challenge with accessing the contraceptive in some of the trial sites that the Medical Research Council (MRC) has established</li> </ul> <p>Cllr M E Ndobe (Mayor Harry Gwala District Municipality) stated that:</p> <ul style="list-style-type: none"> <li>• information should be disseminated to all members on the sites already providing Implanon</li> <li>• Requested clarity on whether the implant could be removed before the three year period.</li> </ul> <p>Mr S Khumalo (Treatment Action Campaign):</p> <ul style="list-style-type: none"> <li>• Praised the Department of Health for the good work currently being done</li> <li>• Stated that the Department of Health needs to focus on the diagnosis of Tuberculosis because patients still have to wait for the results which poses a challenge in treatment and management of the disease.</li> </ul> <p>Mr A Karim (Al-Imdaad Foundation) stated that:</p> <ul style="list-style-type: none"> <li>• As the non-governmental organisation they are involved in some of the Phila Mntwana sites in the district</li> <li>• There should be a strategy in place to ensure that the business sector as well as non-governmental organisation are able to participate in Operation Sukuma Sakhe.</li> <li>• There are challenges with ensuring that aid given by non-governmental organisation reaches the recipients within the war rooms.</li> </ul>	
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	<p><b>Dr Mndaweni responded to the questions and comments posed by the members of the council as follows:</b></p> <ul style="list-style-type: none"> <li>• Input from MRC to assist with the administration of Implanon is welcome and the contraceptive can be accessed from the district hospital</li> <li>• The department is in a process of developing information leaflet to inform the public about the benefits of Implanon</li> <li>• Dr Mndaweni acknowledged the comment from the Treatment Action Campaign (TAC) representative regards to improving the diagnosis for tuberculosis and stated that TB and contraception services will be integrated to Primary health services at clinics.</li> <li>• She further informed members of the Council that the Department of Health and the TAC has scheduled a meeting on the 13 March 2014 and some of the issues would be addressed in the meeting.</li> </ul> <p>Dr S Dhlomo MEC Health explained that the Implanon can be removed before three year, he also related a story of wards that has been closed at Ngwelezane because improved water supply to communities drastically reduced diarrhoea infections in communities</p>	
<b>3.1 District reports (District mayors and Metro Mayor)</b>	<p>The Chairperson called to district Mayors to give District reports and only districts where there are Mayors will present. The following districts were not present because</p>	

Cllr J M Mthethwa from UMzinyathi has left to receive the flame and UMgungundlovu mayor did not attend the meeting and will be hand over the Flame to UMzinyathi.

1. UMzinyathi
2. uMgungundlovu

**Amajuba District Report presented by Cllr J Khumalo District Mayor**

- Community mobilisation and awareness has improved in the District because of the strengthened partnership with the community, civil society and the municipalities
- Orphan and vulnerable children has been prioritised with an increase registration of OVC
- Programmes aimed at prevention of HIV and STI have intensified within the district with the assistance of Department of Transport ,community care givers and Department of Education
- Male Medical Circumcision (MMC) camps were held during the school holidays.
- Decrease in condom distribution due to service provider contract coming to an end
- Establishment and Training of local and district technical task teams on monitoring and evaluation
- Resuscitation Dannhauser and eMadlangeni Local AIDS Council

**eThekwini Metro Report by Cllr J Nxumalo (Mayor)**

	<ul style="list-style-type: none"> <li>• eThekweni Metro has intensified programmes that seek to address issues that were raised at the previous Provincial council on AIDS meeting such <u>as</u> maternal and child mortality <del>rate</del>.</li> <li>• HIV counselling and testing campaigns have been intensified and the number of people reach through the campaigns is increasing</li> <li>• Male medical circumcision has decreased</li> <li>• Condom distribution has decreased</li> <li>• The number of children and adults receiving ART has increased</li> <li>• Number of ART defaulters also increased and there are measures in place to follow up on defaulters working with the civil society through the District AIDS Council</li> </ul> <p><b>Harry Gwala District Report Presented by Cllr M E Ndobe (District Mayor)</b></p> <ul style="list-style-type: none"> <li>• Community mobilisation has increased in the District</li> <li>• The issue of teenage pregnancy is being addressed by all stakeholders with interventions aimed at decreasing the rate of teenage pregnancy</li> <li>• Male medical circumcision has declined due to school holidays</li> <li>• Condom distribution has increased</li> <li>• Monitoring and evaluation is still a challenge with a lack of commitment from the Local Mayors, an issue that is being addressed</li> <li>• The District has planned to appoint a professional nurse to provide support District AIDS Council in coordinating Operation Sukuma Sakhe (OSS) interventions and to support the District AIDS Council</li> </ul>	<p><b>The council agreed on the following resolution;</b></p> <ul style="list-style-type: none"> <li>• Mayor of Indaka Local municipality to report on the Local AIDS Council in the next Provincial Council on AIDS meeting and provide an explanation as to why the local municipality has consistently not reported to the District AIDS Council.</li> <li>• Secretariat to provide an executive summary of all the district reports highlighting the weakness and the challenges of the district the Premier well before the Council meeting. The executive summary should include the recommendations to the Chairperson before the next Provincial Council on AIDS meeting 25 June 2014</li> </ul>
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**uMkhanyakude District Report Presented by Cllr J S Vilane**

- There are still challenges in the coordination of war rooms
- Community mobilisation has increase by 1% due to 16 Days of activism and World AIDS Day activities
- Orphans and vulnerable children on ARV has increased
- Interventions have been intensified on prevention of mother to child transmission these include the community dialogues on Challenge of cultural beliefs where mother –in law will not support bottle feeding children when the mother has tested positive and wants to use a formula and also dispelling some of the cultural practices of “inhlawulo” where parents accept money from somebody who has sexually abused a women.
- Male circumcision has increased
- HCT and TB activities have been intensified
- District leadership is encouraged to be active in the condom distribution campaign and to encourage them to participate in awareness campaigns – Cllrs to carry condoms where ever they go.

**uThungulu District report presented by Cllr T V Mchunu**

- Community mobilisation has increased
- Orphans and vulnerable children registration remains a challenge in the district
- Reaching the targets of male medical circumcision have not been met due to school holidays

- have increased
- New adults and Children on ART have increased due to introduction of fix dose combination pill
- Comprehensive (anti-retroviral treatment) ART services has increased due to introduction of chronic medication clubs and training of defaulters by community outreach teams on the importance of adherence
- The District has 99 Ward AIDS Committee in total, and there is a challenge of 29 Ward AIDS committees that are not reporting to the Local AIDS Committee and the District is working on a strategy to capacitate the Ward AIDS Committee

#### **UGu District Report Presented by Cllr Gumede**

- Community mobilisation has increased because of Community Care Givers outreach activities.
- Prevention of Mother to Child transmission has improved
- Condom distribution has increased
- Male medical circumcision has decreased and the district is working on a strategy to work with different stakeholders such as traditional leadership and civil society to intensify the programme
- HIV Counselling and Testing Campaigns have been intensified
- The number of children on ART has increased

**UThukela District Report Presented by Cllr C Mazibuko**

- Community mobilisation and awareness has increased with programmes intensified in reaching truck drivers
- Campaigns aimed at decreasing teenage pregnancies
- There are challenges in condom distribution
- Monitoring and evaluation programme is still a challenge in the district with one municipality Indaka Local municipality not reporting to the district

**Zululand District Report presented by Cllr (speaker on behalf of the Mayor)**

- Community mobilisation and awareness has increased
- Number of orphans and vulnerable children receiving care and support has increased
- Life skills programme has increased in the district
- The target for condom distribution has not been reached
- Number of orphans and vulnerable children receiving support and care has increased
- Prevention of mother to child transmission has improved

- Five hospitals have functional waiting mother lodges
- District AIDS Council (DAC) has started a condom mapping exercise with an intention of establishing a district condom warehouse with dedicated personnel in the future to improve condom distribution
- DAC in partnership with Sexual HIV Prevention Programme( SHIPP) are in the process of training political leadership on their role on coordination

#### **iLembe District Municipality Report**

- One Local AIDS Council is not reporting to the DAC
- Ward AIDS Committee (WAC) not functional and DAC has planned a meeting for the second week of May 2014 to address the issue
- Appointment of the deputy chairperson from the civil society is underway in the district
- An officer on special projects has been appointed to facilitate Operation Sukuma Sakhe
- Planning meeting with Amakhosi for the reception of attendees to umkhosi wo Selwa is underway with MMC being part of programme
- Community /stakeholder mobilisation and awareness campaigns such as"Hlola Manje" are being implemented
- Interventions have been intensified to ensure the functionality of Phila Mntwana Centres and servicing of High Transmission Areas (HTAs)

**Comments following presentation of District reports**

Mr Gumede (Municipal Manager of Mfolozi Municipality) stated that:

- The district report presented there is no accurate reports from the ward and the Premiers office had trained ward Aids Committees is the problem of non-reporting with the ward Councillor or is it the Ward Aids committees that are not.
- The council should propose a strategy to deal with the matter and propose a process that would ensure that accurate reporting occurs that would include the report from WAC and LAC which would be consolidated into a DAC report before reporting to the PCA.

Mr N Brickwell (media) proposed:

- That the council should consider using social networks such as Facebook and twitter to reach the youth in disseminating information and as well as job creation opportunity.

Ms Z Ndlovu (People living with HIV & AIDS):

- Commended the council for the commitment it has shown in fighting HIV & AIDS.
- Stated that there is a lack of commitment in the district and cited eThekweni Metro as one of the districts in the province that has shown lack of commitment by not holding the AIDS Council meetings for the past year.

Mr O Mdlentshe (Treatment Action Campaign) stated that;

- The council needs to define a functioning District AIDS Council, and there should be a difference between the Council that only meets and the Council that meets and also has a budget and clear implementation plan and programs aligned to the Provincial Strategic Plan

Cllr Mdabe (Mayor iLembe District Municipality) stated:

- That: in terms of the DAC report information is derived from different institutions within the district municipality such as the clinic and hospitals and that the current reporting template does not allow the DAC to report on all the activities of the DAC but rather specific activities for the Council to note and provide strategic direction.

Cllr M E Ndobe ( Mayor Harry Gwala District Municipality) stated that:

- The Harry Gwala district AIDS Council took a resolution that the Local Mayors would report to the District AIDS Council after experiencing challenges with junior officials reporting to the District AIDS Council and that this strategy should be used by all District AIDS Councils to avoid non-reporting by the Local AIDS Councils.
- The issue of termination of pregnancy is not reported in the current reporting template and that this should be included in the reporting template when considering the teenage pregnancy and infection rate.

Dr Ndlovu (Office of Premier) stated that:

- The Office of the Premier did an audit to establish the number of functioning AIDS Councils and found that even AIDS council with a budget are sometimes non-functional.

	<ul style="list-style-type: none"> <li>Also the AIDS Council have been requested to submit their needs to the Premier's office so that they can be supported but Some Councils do not submit their needs for support</li> </ul> <p>The chairperson in his closing remarks noted the presentations from the Mayors and stated that</p> <ul style="list-style-type: none"> <li>The Presentation done by Dr S Dlhomo shows that AIDS is devastating</li> <li>A visit to Ward 11 eThekwini during the launch of the OSS Publication showed that the war room does not discuss HIV and AIDS which is core to the existence of a war room</li> <li>The council relies on the leadership of the District Mayors to to lead the fight against HIV &amp; AIDS in the district because of their close proximity to the people.</li> <li>District Mayors to provide a strategic direction in the fight against HIV &amp; AIDS as well as demand reports from the local municipalities.</li> <li>Where local municipalities are not reporting the issue should be brought to the attention of the Provincial AIDS Council as is happening at Indaka municipality where the secretariat should write a letter requesting the mayor to present the report to the Next Provincial AIDS Council meeting.</li> <li>He encouraged all mayors to take an active role in the fight against HIV &amp; AIDS and that the reports show that the Council is well structured in terms of what needs to be reported.</li> </ul>	
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	<ul style="list-style-type: none"> <li>Commended Harry Gwala district for appointing a nurse to support the AIDS Council and challenge all other AIDS Council to do the same. He then gave an example of the Office of the Premier having appointed a doctor to lead the programme at a chief Director position which shows how serious the province is treating the HIV epidemic.</li> </ul>	
<b>4.1 Mentions and Closure</b>	<p>4.1 TB Day 24 March 2014</p> <p>4.2 Next Provincial Council on AIDS Meeting 25 June 2014</p> <p>The Chairperson requested the meeting to observe a minute of silence as a closing prayer;</p>	

**BY THE CHAIRPERSON:** ..... (Signature).....

**BY THE DEPUTY-CHAIRPERSON:** ..... (Signature).....