



MINUTES OF THE KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS (PCA) MEETING

HELD ON WEDNESDAY, 11 MARCH 2015 AT THE GREY'S HOSPITAL IN PIETERMARITZBURG

PCA CHAIRPERSON : PREMIER OF THE KWAZULU-NATAL PROVINCE, MR ES MCHUNU
PCA DEPUTY CHAIRPERSON : MR P MDLETSHE

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.1 OPENING AND WELCOME	<p>The meeting was declared open at 1409 by the Chairperson, Honourable Premier of KwaZulu-Natal, Mr ES Mchunu. The Director General, Mr NVE Ngidi provided an opening prayer.</p> <p>The Chairperson acknowledged and welcomed all members of the PCA present. He introduced the panel members: Deputy Chair Mr P Mdletshe, Department of Health MEC Dr SM Dhlomo, Director General Mr NVE Ngidi and PCA Head of Secretariat Dr NI Ndlovu.</p> <p>In his opening remarks, the Chairperson thanked members on the work they</p>	

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ITEM	DISCUSSION	RESOLUTION	
1.2 OPENING AND WELCOME	were doing as PCA members and as members of their respective organisations in responding to HIV & AIDS and social ills in the Province. He urged them to continue doing so with a clear conscience, focus, commitment, service to the people of the Province and moving with speed in eradicating all societal ills and challenges. HIV and AIDS remained the main priority in the Province.		
	He then requested the PCA Deputy Chair to offer his opening remarks. The Deputy Chair pointed out that there is still a huge responsibility and work to be done especially by Civil Society Sectors. He gave an example of the threat of TB, defaulting on TB treatment and the fact that people living with HIV and AIDS remain vulnerable; women in particular, still have no necessary powers to negotiate on sexual issues.		
1.2 APOLOGIES	The Head of PCA Secretariat read the apologies as follows:		
	NAME	DEPARTMENT/ORGANISATION	
	MEC Mrs WG Thusi	Social Development	
	HOD Mr A Govender	Public Works	
	Walidi Badawi	United Nations Population Fund Country Director	
	Linda Naidoo	United Nations Population Fund	
	Veni Naidu	BroadReach HealthCare	
	Sheryl Wust	HPCA	
	Amra Chakravarti	KZN CaSIPO Provincial Manager	
	Warren Oxford-Huggett	Umsunduzi Hospice Association	
	Rekha Nathoo	CINDI Network	
	Mayor Cllr PG Strydom	Imbabazane Municipality	

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.3 ADOPTION OF THE AGENDA	The agenda was adopted without any amendments.	
1.4 MINUTES OF THE LAST PCA MEETING (held on the 19th of November 2014) and MATTERS ARISING- (CORRECTIONS & ADOPTION OF MINUTES)	<p><u>Correction:</u> Pointed out by Honey Allee. Page 17 last bullet point, Paragraph, one – change the word “myths” to “discrimination”.</p> <p><u>Omissions:</u> Pointed out by Ilembe Mayor Cllr SW Mdabe; Some resolutions taken in the previous meeting were not reflected in the minutes.</p> <p>The Chairperson emphasised that minute taking and drafting of resolutions must improve.</p> <p>There being no other concerns on the minutes, the minutes were adopted as the true reflection of deliberations of the PCA meeting on 19 November 2014. uBuhlebezwe Municipality Mayor Cllr D Nxumalo proposed for adoption of the minutes. MEC for Agriculture and Rural Development Mr VC Xaba seconded the proposition for adoption.</p>	<p>Improve minute taking by ensuring that all deliberations on each item including corresponding resolutions are captured clearly and correctly</p> <p><i>(Att: PCA Secretariat)</i></p>
1.4.1. OSS BUDGET TO WAR ROOMS	<p>The Head of PCA Secretariat reported to have met with Treasury HOD Mr SL Magagula who indicated that a budget to equip the War Rooms with necessary facilities was available</p> <p>There was now need to hold consultations with the relevant officials and War Room Chairpersons on how best War Rooms can benefit from the available funds.</p>	

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1.4.1. OSS BUDGET TO WAR ROOMS	<p>COGTA MEC Mrs N Dube-Ncube indicated the dire need to ensure War Rooms are fully equipped so as to effectively serve the community.</p> <p>The Chairperson directed the PCA Secretariat, assisted by relevant departmental officials convene a technical level meeting to discuss modalities of how the funds will be used by the War Rooms. He emphasised that finances must be used to maximise efforts and to strengthen programmes at grass root level with War Rooms as the epicentre. Capacitating War Rooms was critical.</p>	<p>Set up a Task Team made up of the PCA Secretariat and relevant departmental officials and at a technical level, plan on how best the funding can be utilised to capacitate War Rooms.</p> <p><i>(Att: PCA Secretariat)</i></p>
1.4.2.BRIEF ON CONDOMS FACTORY	<p>Economic Development, Tourism and Environmental Affairs MEC Mr M Mabuyakhulu reported a follow up meeting had been held with Ithala Development Finance Corporation on among other things possibilities of accessing funds from Ithala for the consortium.</p> <p>The consortium was also relying on national contract funding. To that effect they were having difficulties based on the financial and investment risks. As part of still working to assist the Consortium, his office has involved TIKZN to look at possibilities of finding trading investors to partner with the consortium. He assured the Chairperson that the matter is receiving due attention.</p>	<p>Provide a brief update on progress at the next PCA meeting</p> <p><i>(Att; MEC Mabuyakhulu)</i></p>

SECTION 2: STRATEGIC ISSUES		
ITEM	DISCUSSION	RESOLUTION
2.1 ORPHAN AND VULNERABLE CHILDREN (OVC) UPDATE (Policy issues, care and support challenges and way forward)	<p>Presentation not done as designated presenter Ms Fezile Luthuli, HIV and AIDS Senior Manager at Social Development was absent.</p> <p>Following this the Chairperson stated that, the Secretariat and all persons involved in the planning of the PCA meetings must always demonstrate efficiency and adeptness on the work of the PCA. He stated that this is not acceptable and will not be tolerated in the future.</p> <p>The Head of Secretariat sincerely apologised to the Chairperson and the meeting.</p>	<p>Ensure all presentations are submitted to the Secretariat seven days prior to the meeting and that all those earmarked to present are informed.</p> <p><i>(Att: PCA Secretariat)</i></p>
2.2 STATUS UPDATE INTERNATIONAL AIDS CONFERENCE 2016	<p>Health MEC Dr SM Dhlomo provided the update.</p> <p>The Department of Health, KwaZulu-Natal Convention Bureau and eThekweni Municipality is leading the preparations.</p> <p>A Secretariat for the International AIDS Conference 2016 to oversee the country's preparedness for the conference was in place. It consisted of the following members: Ms Sonto Mayise, Dr Memory Muturiki the Senior Advisor of the International AIDS Conference 2016.</p> <p>The MEC Dhlomo stated that South Africa and Durban in particular was going to host the conference for the second time. It would become only the second city in the world to host the event twice</p>	

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2.2 STATUS UPDATE INTERNATIONAL AIDS CONFERENCE 2016	<p>The Conference is expected to host more than 20 000 delegates. The MEC mentioned that the President and Deputy President of South Africa had made opening remarks over the past 3 International AIDS Conferences thus demonstrating the Country's visible leadership in regard to HIV&AIDS.</p> <p>He also stated that as hosts of the 2016 Conference, they had been to Melbourne to market South Africa's readiness to host the next conference.</p> <p>MEC Dhlomo recommended that the Province should take full ownership as hosts. A comprehensive strategy of build-up events leading to this AIDS Conference is essential.</p> <p>The meeting was informed that already three committees were in existence, the Provincial, National and International level. Any new committee formed should work in synergy with the existing committees and with SANAC (the South African National AIDS Committee) to have a clear framework within which this Provincial Inter-Departmental Committee will be operating.</p> <p>Comments following thereafter were unanimous for the inclusivity of all sectors in the build-up activities, the need to involve districts and the need to have a detailed programme of build-up activities. Showcasing the work the Province had done was essential. KwaZulu-Natal has a better story to tell on HIV and AIDS and TB</p>	

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	<p>MEC Mabuyakhulu suggested for an Indaba, preferably in Durban, where the Health MEC will have a dialogue with stakeholders and consolidate our fight towards HIV and AIDS and the need to involve neighbouring countries.</p> <p>The Chairperson indicated the platform presented in hosting the 2016 International AIDS Conference was immense not only for Durban, but KwaZulu-Natal, South Africa and Africa. There was need to take full advantage of this. He further endorsed the setting up of a planning committee to work towards a consolidated strategy using the ideas put forward in the meeting. The committee should report to the PCA, Cabinet and Municipalities on progress.</p>	<p>(1) Establish a Provincial Committee composed of Provincial based Stakeholders to complement and work with the already established International AIDS Committees</p> <p>(2) Report on Progress to the Provincial Council on AIDS, Cabinet and Municipalities.</p> <p><i>(Att: General Manager Priority Programmes) (Oversight Role: Senior General Manager Executive Support & Stakeholder Engagement)</i></p>

SECTION 2: STRATEGIC ISSUES		
ITEM	DISCUSSION	RESOLUTION
2.3 THE SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENT AND YOUNG WOMEN AND UPDATE ON MICROBICIDE GEL RESEARCH	<p>The first part (<i>Sexual and reproductive health services for adolescent and young women</i>) of the update was presented by Hilton Humphries of CAPRISA. The study was completed in November 2010 and targeted learners in schools in 14 schools. Study total enrolment was 2675 (1423 females, 1252 males). The study showed HIV prevalence is stable in young men but had increased dramatically in young women thus confirming that men and women showed different risk profiles of HIV infection.</p> <p>There need is to target younger women especially those of school going age with interventions. Interventions to keep them HIV free, not pregnant and remain and complete school. School is protective showing 7% decrease in HIV for every year of schooling.</p> <p>Service was provided to 8 867 high-school students. 4 171 (47.0%) accessed on-site HCT services. 239 learners (5.7%) were referred for ongoing clinical trials.</p> <p>The study has utilised early adopters of the programme to enhance demand for VMMC services. In this pilot phase 20 peer leaders have been selected and have completed a structured curriculum</p>	

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2.3 THE SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENT AND YOUNG WOMEN AND UPDATE ON MICROBICIDE GEL RESEARCH	<p>The second part (<i>microbicide gel research</i>) of the update was presented by Sarah Dlamini.</p> <p>The study (FACTS 001 study) was conducted to test whether tenofovir (TFV) gel inserted vaginally before and after sex could prevent or reduce HIV and HSV (herpes) infections. The study was conducted in 9 sites in South Africa and included over 2000 sexually active women.</p> <p>It was designed to confirm the CAPRISA 004 study findings also conducted in South Africa. CAPRISA 004 had shown 39% protection by intent-to-treat (ITT) analysis and 54% protection in women who adhered to the protocol.</p> <p>FACTS 001 study results stated that by intent-to-treat analysis, the gel was not proven to be effective and therefore did not confirm the results of CAPRISA 004.</p> <p>The gel was effective in women who used it consistently. In a sub-group analysis consisting of 214 participants in the TFV-treated group, detection of TFV in genital fluids was associated with a 52% reduction in HIV acquisition. In this same sub-group, women who did not use the gel at all (no drug detected in genital samples) were 5 times more likely to become infected</p>	

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2.3 THE SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENT AND YOUNG WOMEN AND UPDATE ON MICROBICIDE GEL RESEARCH	<p>These results are very similar to those of the VOICE study which, in a similar population of women, demonstrated a modest non-significant effect of TFV gel in the ITT analysis, but more than 60% protection in women who showed high adherence.</p> <p>This means that while the tenofovir may not be appropriate for all women, approximately 25% of the women participating in gel trials were willing and able to use it consistently experienced fewer HIV infections as a result.</p> <p>The decision on the future of tenofovir gel will need to be considered by looking at all the data from CAPRISA 004, VOICE, and FACTS 001 as well as several other studies currently underway.</p> <p>Studies are already underway with monthly vaginal rings and longer acting products such as three monthly injections. Studies on immunotherapy or the use of antibodies that protect against HIV infection and delivered three monthly are also under development.</p> <p><u>Comment/Questions</u></p> <ul style="list-style-type: none"> Ms BF Scott (Finance MEC) sought to understand why people would chose to use a gel as opposed to a condom. Widespread information is that a condom protects against infectious diseases like HIV and AIDS, STI and unwanted pregnancies. 	

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2.3 THE SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENT AND YOUNG WOMEN AND UPDATE ON MICROBICIDE GEL RESEARCH	<ul style="list-style-type: none"> • Mrs NP Nkonyeni (Education MEC) recommended the need to have a protocol if learners were to be involved for clinical trials, citing that parents must be involved as well. She also wanted to know what next to all the women who participate in these kind of clinical trials once they come to an end. • Dr N Sishi (Education HOD) mentioned of prior of DOE agreement with the CAPRISA Vulindlela project, in which testing in schools was not permitted. He stated that further engagement with CAPRISA on this specific issue was necessary. • Ms S Mntambo (Positive Women Network) stressed on holistic involvement of women in such studies and not only as guinea pigs. She also stated that it was necessary for CAPRISA to offer care and support to women who were part of the studies. • Mr M Zondi (TAC KZN) enquired as whether it is still relevant to rely on the oncoming studies from CAPRISA if the previous studies were not successful. • Mr S Nzimande (KwaZulu-Natal Director for Hope2Educate Youth Engagement Programme) wanted to know what structures e.g. the PCA can do to empower women's rights to Sexual and Reproductive Health (SRH). He also sought to know how the PCA could through the President of the Republic of South Africa advocate for SRH to be a standalone issue in a sustainable development goal at international forums such as the UN. 	

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2.3 THE SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENT AND YOUNG WOMEN AND UPDATE ON MICROBICIDE GEL RESEARCH	<ul style="list-style-type: none"> Ms H Allee (KwaZulu-Natal SABCOHA and Islamic Medical Association) alerted the meeting of the trend in which young boys were practicing genital beading. In many cases the beading process was unhygienic, putting the boys' health at risk. Further these boys can no longer use condoms placing them at risk of HIV. This recklessness is fast destroying our good fight and success stories against HIV and AIDS. Ms N Magantolo (Chair for Ethekwini District Civil Society Committee) stated that social behaviour plays a big role in HIV & AIDS, but the CAPRISA presentation dwelt only on clinical/medical side and made no mention of social sciences. 	
	<p><u>Response to Comments/Questions:</u></p> <ul style="list-style-type: none"> The microbicide gel is ARV based prophylaxis. Participants in the study are counselled to continue with standard of care which includes condom usage. Constant feedback on findings is relayed to the women and they are thoroughly counselled. It was clarified that SRH is a service rendered. The service is not provided in the school grounds. HIV testing is not done within the school grounds. Consultations on an ongoing basis between CAPRISA and KwaZulu-Natal DOE, DOH and Social Development are quite significant to CAPRISA. 	

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2.3 THE SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENT AND YOUNG WOMEN AND UPDATE ON MICROBICIDE GEL RESEARCH	<ul style="list-style-type: none"> CAPRISA ensures it adheres to ethics. CAPRISA is aware that children are vulnerable and there is engagement with parents, guardians and school bodies. School research groups are set up and referrals are made where necessary. CAPRISA is indeed looking closely at social science issues as it is important to know about methods <p>MEC Dhlomo stated that the gel is the only other option available for women who do not succeed in negotiating for condoms use during sexual encounters. There was an increase on the cohort of young women who sexual debut with partners turning out to be older men, it was necessary that these young women be targeted.</p>	
SECTION 3: STANDING ISSUES		
ITEM	DISCUSSION	RESOLUTION
3.1 DISTRICT REPORTS (Highlighting key achievements, challenges, action for challenges, plans to address sexual assaults and War Rooms)	<p>The Deputy Chairperson emphasised that Civil Society Deputy Chairs are as accountable as the Mayors on the District Reports.</p> <p>The MEC for Agriculture and Rural Development Mr VC Xaba proposed for the presentation of a synthesis report showing all District performances. The proposal was supported by MEC Mabuyakhulu, and Cllr Bhamjee, uMgungundlovu District Mayor. The proposal was adopted.</p> <ul style="list-style-type: none"> 	<p>Presenting of synthesis report reflecting all Districts performances to be adopted in future PCA meetings.</p> <p><i>(Att: PCA Secretariat)</i></p>

SECTION 3: STANDING ISSUES		
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3.1 DISTRICT REPORTS (Highlighting key achievements, challenges, action for challenges, plans to address sexual assaults and War Rooms)	<p>The Head of Secretariat, Dr Ndlovu presented the provincial synthesis report. She also announced that KwaZulu-Natal had got into the <i>Guinness Book of Records</i> for the highest number of people tested in a day.</p> <p>Thereafter Districts were provided the opportunity to comment on the reports.</p> <p><u>District Mayors Comments/Inputs</u></p> <ul style="list-style-type: none"> • <i>Ugu</i> - The District Mayor Cllr NH Gumede accepted the report as it is presented and agreed with the figures reflecting performance. • <i>Harry Gwala</i> - The District Mayor Cllr ME Ndobe brought to the attention of the meeting that the sexual assault figures presented were for two Local Municipalities and therefore not a true reflection of the sexual assault situation in the district. <p><u>District Mayors Comments/Inputs</u></p> <ul style="list-style-type: none"> • He raised the challenge they have on the functionality of the Local AIDS Councils and Ward AIDS Councils. He also stated that cross boarder issues were a challenge on the loss on follow up on ART patients. • <i>Zululand</i> - The District Mayor Cllr MA Hlatshwayo mentioned that the HOD Champion had an updated report. • <i>Zululand</i> - The District Mayor Cllr MA Hlatshwayo mentioned that the HOD Champion had an updated report. 	

SECTION 3: STANDING ISSUES		
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3.1 DISTRICT REPORTS (Highlighting key achievements, challenges, action for challenges, plans to address sexual assaults and War Rooms)	<ul style="list-style-type: none"> • <i>iLembe</i> - The District Mayor Cllr SW Mdabe alerted the meeting of additional inputs into the report. • <i>uMkhanyakude</i> - The District Mayor Cllr SJ Vilane agreed with the report and added that they are planning to meet with Amakhosi to discuss a robust programme on circumcision. • <i>uMgungundlovu</i>- The District Mayor Cllr Yusuf Bhamjee acknowledged having to submit their report late as what was presented was not the same as what was in the current status district report. • <i>Ethekwini</i> - The Metro Mayor Cllr J Nxumalo acknowledged the fact the metro is far below the target with condom distribution and many other interventions. The Mayor mentioned that they will be employing volunteers through the EPWP programme, with the hope that this will assist in condom distribution. He mentioned the 'Isibindi' Project from Social Development will also assist on condom distribution. • On the issue of learner pregnancy the Mayor mentioned that he met with DOE officials to come up with the programme that will assist the Metro. • <i>Amajuba</i> - The District Mayor Cllr JCN Khumalo stated that they will be using the Launch of the Dual Protection in March 2015 to ensure they reach condom distribution targets. 	

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3.1 DISTRICT REPORTS (Highlighting key achievements, challenges, action for challenges, plans to address sexual assaults and War Rooms)	<ul style="list-style-type: none"> The Mayor also noted the increase on sexual assault stating that they have an intervention with “Isibaya samadoda” Project, working with Amakhosi, within the Utrecht area which will be Launched in March 2015 at Umzamo Sports Ground targeting Osizweni area. Similarly on ART the Mayor stated that in collaboration with Office of the Premier, training the Religious Sector would take place to involve them and have them assist in the programme <i>uMzinyathi</i> - The District Mayor Cllr JM Mthethwa informed the meeting of their engagement with SAPS, and Amakhosi with regards to sexual assaults. There is a programme by COGTA that advocates for the elimination of “ukuthwalwa” and also addressing the sexual assault issue. <i>uThukela</i> - The District Mayor Cllr DCP Mazibuko reported that there is a low level of participation from the Local Municipalities. Letters have been written to those Local Municipalities to encourage their participation. 	

SECTION 3: STANDING ISSUES		
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3.1 DISTRICT REPORTS (Highlighting key achievements, challenges, action for challenges, plans to address sexual assaults and War Rooms)	<ul style="list-style-type: none"> • <i>uThungulu</i>- The District Mayor Cllr T Mchunu acknowledged the discrepancy of figures presented in the report. She stated that this had been noticed in the DAC meeting. Relevant departments had been requested to clean and verify data. She acknowledged the challenge with female condoms and indicated it will be rectified. On PMTCT, there will be a breastfeeding campaign rolled out soon. This will be done together with the Civil Society. Sexual assault was on the increase as was numbers of teenagers under 18 getting pregnant. <p>The Deputy Chair noted uMgungundlovu's progress on condom distribution saying that there was need to learn from uMgungundlovu's success. He then invited for questions, comments and responses.</p> <p><u>Questions/Comments/Responses</u></p> <ul style="list-style-type: none"> • <u>MEC Mabuyakhulu</u>: The synthesis report provided a good overview of districts comparative performance. • <u>Rev Dumisani Zungu</u> (PCA Civil Forum) reminded the Council of the Premier's concern about whether condoms distributed were actually being used. There is need to see reductions in teenage pregnancy, the rate of HIV and STI infections. He also wanted to know what the DOE was doing to decrease learner pregnancy. 	<p>State remedial actions, status and interventions with feedback indicating improvement on their reports <i>(Att: District Mayors)</i></p>

SECTION 3: STANDING ISSUES		
ITEM	DISCUSSION	RESOLUTION
3.1 DISTRICT REPORTS (Highlighting key achievements, challenges, action for challenges, plans to address sexual assaults and War Rooms)	<ul style="list-style-type: none"> On Circumcision, Rev Zungu stated that male PCA members should “walk the talk” by ensuring they are circumcised if they are not. In regard to Local Municipalities he stated that the challenge of not cooperating was not new. He requested intervention by the Premier. MEC Dhlomo commended uThungulu District for the well managed MMC programme as the numbers are constantly going up. Other districts should learn from them. <p>The Chairperson directed for the programme for the next PCA meeting allocate more time in discussing district reports.</p> <p>With eThekweni and uMgungundlovu having the highest burden of HIV and AIDS he would like to see these two districts report on interventions thereof in demonstration of this.</p> <p>In relation to the challenge faced by uThukela District with Local Municipalities, he mentioned that both Mayor and the HOD Champion will report to the Council what action they have taken to resolve the challenges.</p>	<p>Allocate more time on programme for the next PCA meeting discussion of District reports.</p> <p><i>(Att: PCA Secretariat)</i></p>
		<p>Report in the next meeting effective interventions taking place to reduce the high burden of HIV & AIDS.</p> <p><i>(Att: eThekweni and uMgungundlovu DAC)</i></p>
		<p>Report on progress made in solving the challenges with Local Municipalities</p> <p><i>(Att: uThukela District Mayor and HOD Champion)</i></p>

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ITEM	DISCUSSION	RESOLUTION
3.2 CIVIL SOCIETY REPORT: (including functions of Civil Society Structures at District Level)	<p>The report was presented by the Deputy Chairperson. He informed the meeting that two Civil Society sector meetings had been held. Each sector was then to have its own meetings to discuss their priority issues.</p> <ul style="list-style-type: none"> • <i>Campaigns:</i> Graduate Alive and First Things First campaigns are championed by DOH. The Graduate Alive event will be staged at the AIDS Conference. He indicated that they will lobby the Business Sector to collaborate with Civil Society and Health to have incentives in the form of pens and T-shirts among others to be used in the event. • <i>Sector Updates:</i> The disability sector had not been fully integrated especially at the lower levels. More needs to be done. The PLHIV Sector. will hold a summit to launch the PLHIV sector. This will ensure organisations working within this sector are harmonised. An annual summit is being proposed for the NGOs. • <i>Sports & Recreation.</i> There is a proposal advocating for mobile HCT at each sports and recreation event. • <i>Global Fund:</i> A call for Global Fund proposals is imminent. Civil Society and PCA Heads of Secretariat met for two days to consider new Global Fund (GF) priorities for South Africa. Civil Society wants to ensure that in this coming GF round Principal Recipients (PR) and Sub-grantees be 	

SECTION 3: STANDING ISSUES		
ITEM	DISCUSSION	RESOLUTION
3.2 CIVIL SOCIETY REPORT: (including functions of Civil Society Structures at District Level)	<ul style="list-style-type: none"> selected based on provincial priorities actively engaging with LACs, DACs and the PCA Civil Society proposes that KwaZulu-Natal submit its own provincial GF proposal as part of the main submission. This will ensure that KZN receives sufficient priority in GF allocation to SA. A Civil Society charter for SA has been created to guide our Global Fund (GF) submission. It will be submitted as an addendum to the SA GF submission. <u>Musa Njoko Awards</u>: He thanked all who managed to attend the Musa Njoko Ubuntu Awards ceremony held in December 2014 and announced in the PCA of November 2014. Recipients not able to attend the event will receive their awards in the next PCA meeting. He suggested the meeting start at 12h00 in order to accommodate this. 	
	<p>The Deputy Chairperson then called Mr David Mnkandla of the Positive Women Network (PWN) to present findings on a study that sought to identify the most critical policy, legal and structural gaps that contribute to gender-based disparities in relation to HIV and TB prevention, treatment and care. The following are the highlights:</p> <ul style="list-style-type: none"> The study was undertaken in 2013 in Gauteng and Eastern Cape provinces. The target group was mainly women living with HIV (WLHIV). 	<p>Schedule the next PCA meeting to begin at 12h00 to accommodate of presentation of awards to nominated recipients not able to attend Musa Njoko Ubuntu Awards ceremony held in December 2014. (Att: PCA Secretariat)</p>

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3.2 CIVIL SOCIETY REPORT: (including functions of Civil Society Structures at District Level)	<ul style="list-style-type: none"> The findings and recommendations will be used to inform the development of the essential packages to address the identified gaps that constraint WLWHV from full access to HIV and TB prevention, treatment, support and care services. <u>Findings</u>: Some findings were as follows (1) Socio-economic situation of young women and girls inadvertently expose them to transactional sex. (2) Gaps in the delivery of HIV care such as the lack of capacity among frontline healthcare workers to adequately respond to the gendered needs of HIV positive women perpetuates stigma and discrimination (3) Women still experience shortages of drugs and diagnostics in cervical cancer and TB care. (4) Women living with HIV are conspicuously absent in the governance structures of AIDS committees at clinic, district and provincial levels. <u>Recommendations</u>: The study recommended (1) women as a sector to be visible at all levels. (2) A coordination framework to respond to the needs of young women and girls be developed. (3) Strengthening of the health systems to adequately respond to individualised needs of women. (4) Develop a costed strategy on the elimination of gender based violence and put in place (5) sustainable strategies to eradicate poverty and address basic livelihoods needs. 	

SECTION 3:		STANDING ISSUES	
ITEM	DISCUSSION	RESOLUTION	
3.2 CIVIL SOCIETY REPORT: (including functions of Civil Society Structures at District Level)	<u>Comments</u> <ul style="list-style-type: none">Ms P Meskin expressed the importance of Civil Society sectors working together in synergy and experience sharing. There must be a holistic collaborative effort on HIV work particularly targeting women.The Chairperson commended the Deputy Chair on the outstanding Civil Society presentation. He said he was certain that there is going to be a huge impact as a result of Civil Society activities. He encouraged Ms Meskin to share her organisations experiences with the Civil Society forum.1KZN TV Producer and Presenter Ms S Gumede mentioned the collaborative work the TV station has with uThungulu District. She expressed her willingness to work with the entire province in community awareness strategies urged for support and collaboration.The Chairperson recommended that a comprehensive communication strategy for the PCA linked to 1KZN TV as well as the SABC be presented in next meeting.		
		Present a comprehensive communication strategy for the PCA in next meeting <i>(Att: PCA Secretariat)</i>	
SECTION 4:		ANNOUNCEMENTS	
ITEM	DISCUSSION	RESOLUTION	
4.1 TOYOTA SA PARTNERSHIP	<ul style="list-style-type: none">The Chairperson reported the Province had formed a partnership with Toyota SA as part of strengthening OSS and the fight against HIV and AIDS. Toyota was donating a total of 2 vehicles. In the end each district will have a vehicle under the Mayor’s responsibility.		

SECTION 4:	ANNOUNCEMENTS	
ITEM	DISCUSSION	RESOLUTION
4. 2 SA AIDS CONFERENCE IN JUNE 2015	<ul style="list-style-type: none"> Dr Ndlovu reported that a programme for participation in the conference is in place. Inputs for youth will be considered and be part of this International AIDS Conference. Youth involvement is key on this project. 	<p>Convene a meeting with relevant Civil Society role players and report back to PCA (Att: PCA Secretariat).</p>
4.3 GLOBAL FUND PROPOSAL FOR KWAZULU-NATAL	<ul style="list-style-type: none"> Dr Ndlovu reported that the Secretariat will convene a meeting with the relevant stakeholders to develop a GF proposal for the Province. Report back on status will be provided in the next PCA meeting. Echoing the Deputy Chair sentiments, she stated that it was necessary for KZN to submit a strong proposal to ensure that funds are acquired for the Province 	<p>A task team, led by HIV and AIDS directorate to lead the proposal discussions and report back to the PCA. (Att: PCA Secretariat)</p>
SECTION 5	MENTION AND CLOSURE	
ITEM	DISCUSSION	RESOLUTION
5.1 OSS CABINET DAY: 25 MARCH 2015	<ul style="list-style-type: none"> The OSS Cabinet Day will take place on 25th of March 2015 in the Nkandla Local Municipality of uThungulu District. One Toyota vehicle will be handed over to the District Mayor of uThungulu on this day. 	
5.2 DATE OF NEXT PCA MEETING	<ul style="list-style-type: none"> Date of the next PCA meeting will be the 10 June 2015. All MECs and HODs must attend. The Chairperson emphasized that Mayors or the District Champion including the HOD Champions must be present in the PCA meetings. If these officials were on leave, then their deputies must attend. 	<p>Ensure all MECs and HODs attend PCA meeting. (Att: DG)</p>
		<p>Keep a record of HOD Champion's attendance to the PCA meetings. (Att: DG)</p>

SECTION 5	MENTION AND CLOSURE	
ITEM	DISCUSSION	RESOLUTION
5.3 HIV AND TB RELATED MASS ACTIVITIES		
5.3.1 AMAJUBA DUAL PROTECTION LAUNCH ON THE 13 MARCH 2015	<ul style="list-style-type: none"> Amajuba District will be launching the Dual Protection on the 13 March 2015 at Amajuba College. The event will be graced by the DOH MEC, HOD Champion, District and Local Mayors, Traditional Leaders stakeholders and the community at large. 	
5.3.2 UMKHANYAKUDE COMMEMORATION OF WORLD TB DAY ON 24 MARCH 2015	<ul style="list-style-type: none"> uMkhanyakude District will host a commemoration of World TB Day on the 23 and 24 March 2015. 	
CLOSURE	There being no further matters to discuss, the Chairperson thanked all members present and adjourned the meeting at 17h35.	

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

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