# Matters Arising

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<th>Item</th>
<th>Discussion</th>
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| **Condoms**               | • We are still getting the old brand of Choice condoms. There is still limited choice.  
                             • This has implications for youth uptake, access & consistent use.  
                             • HEAIDS is distributing the new, flavoured condoms in higher education sector. Uptake & feedback is good. As a result, we need wider dissemination to other sectors.  
                             • **We need newly branded condoms packaged with new messages & lubricant.**  
                             • We need the new factory to be tasked to this and expedited.  
                             • In turn civil society is committed to more dialogue and education of communities on this issue. |
| **Dreams PEPFAR**         | • All concerns voiced at last PCA were taken back to PEPFAR by the PEPFAR Co-Ordinator.  
                             • Extensive consultations in the 3 KZN implementing districts have helped to reduce concerns.  
                             • Effort will be made to work with and expand capacity of local organisations in these Districts.  
                             • RFA PEPFAR Dreams innovation challenge fund will be circulated. Consortiums welcome to apply. Letter of Interest by 28 March 2016. www.dreamschallenge.org |
| **WAD**                   | Ideal model. Congratulations. There is still work to do. We are engaging with UGU District regarding further empowerment. |
Prep has Arrived!

- Prep = Pre Exposure Prophylaxis
- Prep is now available here.
- Prep is designed not to create drug resistance. It is highly effective.
- BUT we need to be aware of possible challenges as we role out:
  - In USA they are seeing a sharp increase in STIs as people relax their protection – no condom – more STIs.
  - The lesson we must take from this is that people must remain vigilant and continue to use condoms.
  - We must also be aware of the huge capacity challenges we have in the SA health system – Prep is an extra burden now but it will prevent huge burden later by preventing transmission.
There is a lot of ground-breaking research but we have a long way to go before we can cure HIV.

Life expectancy of PLWHA has grown significantly due to treatment but requires excellent adherence.
- At least 3.6 mil on ARVs.
- In KZN 1.3 mil on ARVs.

We should be treating all people that test positive. This is Test and Treat. This will:
- Ensure people live longer and stay healthy – less burden on health system
- Ensure we have less transmission

It was been questioned whether SA is ready. Civil Society says YES.

Sustainability of T&T is a problem due to cost. SA requires a new strategy which will enable local, more cost effective drug production and supply.

Adherence: Side effects remain a challenge (toxicities). Research continues for better regimens that are easier to take and have less side effects so that we can keep people on first line regimen for longer.

Stigma remains an issue – especially self stigma
90 90 90 is critical. The statisticians show us that we have to do this if we are to get a handle on HIV

BUT there is a caution...

- Botswana has implemented the 3 x 90s but still HIV is climbing.
- The clear message is we CANNOT treat our way out of HIV.
- We need a combination approach of prevention, education & treatment
- Adherence also needs to be excellent to avoid drug resistant infections. We do not want to see a situation where newly infected have to be initiated on second or third line treatment.
NSP Review & PSP Reviews

- NSP ends 2016.
- The new plan will be 2017 – 2021. Time is limited.
- NSP Mid term review took place in 2015. The final review report will come out in April. Civil society has been consulted on drafts.
- On 8 April there will be a PSP review in PMB. Civil society needs to be well represented at this meeting.
- There are weaknesses in co-ordination and implementation at lower levels.
- **We need to seriously consider ONE National Strategic PLAN and then implementation plans at provincial and district levels.** This will ensure we all work into one set of plans is a clear, co-ordinated way.
A critical conference:

- Second time we have had this international conference.
- We have come a long way since 2000.
- Then we had no treatment. In 2004 we initiated the first patient.
- 2009 was a breakthrough from CD4 count of 200 then 350 and then 500

The international focus will be on SA. We must be united as civil society on:

- Test and Treat
- Access including Prep
- Funding crisis: International financing of HIV vs Domestic financing
- OSS model

Cost of Attendance:

- 23% reduction in cost
- Early bird deadline extended to 28 April
- A new round of local Civil Society Scholarships will be announced towards end March

Legacy Museum will expand access to civil society esp schools

KZN Research Colloquium: will enable engagement on high level research by civil society and help crate a bridge between PCA, policy deliberations and research in KZN. Supported by Premier’s Office. Hope to launch first Colloquium during AIDS2016 in the African Voices Museum.
A pre-PCA Civil Society meeting attended by most sectors & a number of District Co-Chairs.

We have requested from Premier’s Office a standard template for sector reporting (Ben to assist).
## Sector Reports

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<th>Sector</th>
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<tr>
<td><strong>PLHIV</strong></td>
<td>Submitted plan to PCA for induction. Have launched in 9 districts. 2 districts left – Amajuba and uThukela. Induction and training will be done next for all districts.</td>
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| **FBO** | • SANAC has asked them to draft a research paper to look at faith healing in KZN.  
• This will be circulated to SANAC and PCA in due course. |
| **Sports** | • By end 2016 we will be have presence in all districts.  
• A sports event is being planned for 18 July funding permitting  
• Will have an HIV stand for nation and against nation soccer during AIDS2016 |
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<tr>
<td><strong>HEAIDS</strong></td>
<td>• First things first activation 27 May at eLangeni College will be attended by Deputy Minister of Education. Invite extended to all at PCA.</td>
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<td>• Focus has been on HIV testing.</td>
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<td>• We need to find a way to support and strengthen referral and ongoing support groups for those that are HIV positive</td>
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<td><strong>Sex Workers</strong></td>
<td>• National launch of sex workers and the NSP by Deputy President in Gauteng in March.</td>
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<td>• Need to support and make the sector more visible at all levels – PCA, DACs, LACs etc</td>
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<td><strong>LGBTI</strong></td>
<td>• HCT Campaign previously reported has reached 2 500 per month for LGBTI key pop (across 3 districts)</td>
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<td>• Research studies focusing on (1) prevalence study in Umgungundlovu (HSRC) – hoping to be released at AIDS2016 (2) Lessons learned from HCT campaign – linkages to care etc.</td>
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<td>Women's Sector</td>
<td>• Abstract writing training at eThekwini in preparation for AIDS2016 (SANAC / Premier’s Office). As a result of this 13 abstracts were submitted.</td>
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<td>• Participated in ring study (IPM) focus group discussion. Participation sponsored by SANAC Women’s Sector.</td>
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<td>• Al Imdaad donated 5 000 sanitary towels for dissemination to young girls in schools. These are being distributed actively.</td>
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<td>• <strong>Al Imdaad will scale this up to all municipalities – they just need to receive your orders. Send requests to Patrick so we can co-ordinate this request via PCA Sec.</strong></td>
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## District Reports

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| **eThekwini** | • Civil society lodged a number of complaints at DAC which were accepted. A follow up EXCO meeting has taken place to address the concerns more proactively.  
• DAC will ensure there is a dedicated co-ordinator for DAC matters. This will ensure agenda and issues are given proper attention.  
• We have a health promoter (will get 3) and a car to assist with sector campaigns in eThekwini. |
| **uThungulu** | • The person that was arrested for selling ARVs was prosecuted. Bail was set at R7000. Pickets from civil society & particularly Women’s Sector. New court date 19 April.  
• Women’s Sector is distributing sanitary towels actively in schools.  
• 27 Kids were raped by a teacher. Civil society will picket on 22 March at court and remain vigilant. |
| **iLembe** | • Have been reviving all structures. Ward AIDS Committee structures are now in place.  
• PLWHA sector to be launched June 2016  
• Sexual assault of young children is a growing crisis – cases reported but dockets going missing.  
• We intend to mobile civil society outside courts to voice our concern with sexual assault crisis.  
• Sex work is growing and targetting young children |
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| uMgungundlovu | • 9 March DAC took place. Mayor chaired the meeting.  
• WAC not functioning – no buy in from Ward Counsellors  
• People want the new condoms but old stock needs to be used first.  
• Traditional Healers provided feedback. They are trained counselors working with hospitals and community.  
• Condoms are needed at schools but distribution not allowed by DoE |
| UMzinyathi    | • Religious leaders have been trained on HIV  
• Youth dialogues for the AIDS Conference  
• Will be preparing something for 100 days count down to AIDS2016  
• PLWHA sector are fighting issues of stigma – using sports  
• Awareness around teenage pregnancy  
• Albinism march on 7 March.  |
### District Reports continued

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| **uThukela** | • DAC on 10 March. It was successful although not all LAC Chairs were present.  
• At next DAC there will be a focus on high pregnancy - maidens bursary.  
• PLWHA launch will be in April together with LGBTI sector launch.  
• Youth dialogue on 29 March. Planning meeting is today.  
• WAC training is happening at Okhahlama LM.  
• On 9 March a sex worker meeting took place and was successful. |
| **Ugu** | • WAD event hosted in Ugu was successful. Thank you PCA.  
• Municipality is not supportive of all civil society meetings. Attendance is often poor.  
• New demarcations are impacting attendance.  
• Growing rape and suicide amongst black people – we are not sure of the cause as yet.  
• Growing number of MSM in district.  
• MSM rapes in primary & secondary schools – seems to be perpetrated by ex convicts. The community killed one perp. Need PCA intervention as this is a growing problem. |
Thank you