



**MINUTES OF THE MEETING OF THE PROVINCIAL COUNCIL ON AIDS
HELD ON THE 03 MARCH 2010 AT 12H00 AT THE OFFICE OF THE PREMIER AUDITORIUM**

Chairperson: Dr. Z.L. Mkhize - Premier
Deputy Chairperson: Prof Gqaleni

OPENING AND WELCOME

SECTION 1: PROCEDURAL MATTERS

- 1.1 Apologies
- 1.2 Adoption of the agenda
- 1.3 Confirmation of the minutes
- 1.4 Matters arising

SECTION 2: ITEMS

- 2.1 Summary of the World AIDS Day 2009 and State of Readiness of KZN to Implement the Presidents Pronouncements.
- 2.2 Mid Term Review Report
- 2.3 2010 HIV and AIDS Plan
- 2.4 Circumcision Strategy

- 2.5 Reports from the Districts and Civil Society Sectors on implementation of PCA Programme by AIDS Councils and the Flagship Team.
- 2.6 Civil Society Reports
- 2.7 National HCT Campaign

SECTION 3: URGENT ITEMS

SECTION 4: CLOSURE

AGENDA ITEM	DISCUSSIONS	RESPONSIBILITY
OPENING AND WELCOME	<p>The meeting commenced with a prayer.</p> <p>In his opening remarks the Chairperson apologized for, firstly, the meeting having started late, and secondly, the last minute change of venue. On the former, the Chairperson stated that due to there being no Cabinet Meeting in the previous week the Cabinet Meeting prior to this meeting ran over schedule this week. On the latter apology he stated that the last minute change of venue was necessitated by the labour action which was expected to take place outside the Pietermaritzburg City Hall. He said that he did not want the labour action to affect this meeting and as a result it was thought best to move the meeting.</p> <p>The Chairperson further stated that a number of people have been invited to attend this meeting as a means of facilitating integration. He welcomed these people who would be attending this meeting for the first time.</p> <p>He further highlighted that this week the KwaZulu-Natal Province would be host SANAC for their Extraordinary Plenary Meeting. He stated that the Deputy President would be in attendance. The King is set to host a dinner for dignitaries on Thursday with the main meeting being held on Friday, 05 March 2010. The Chairperson said that SANAC is very interested in what is going on in the KZN Province.</p>	Chairperson
	PROCEDURAL MATTERS	
1. 1 APOLOGIES	<p>MEC T.W. Mchunu MEC E.S. Mchunu Cllr. Mlaba Cllr. Naidoo Ms. T. Shezi Ms. D. Gidi Ms. N. Albert Mrs. F.B. Scott</p>	The Chairperson
1.2 ADOPTION OF THE AGENDA	The agenda was adopted without change.	The Chairperson and PCA Member
1.3 CONFIRMATION OF THE MINUTES OF	The minutes of the previous meeting held on 04 November 2009 were confirmed with the following amendments:	The Chairperson and PCA Member

AGENDA ITEM	DISCUSSIONS	RESPONSIBILITY
THE PREVIOUS MEETING (04 NOVEMBER 2009)	<ul style="list-style-type: none"> - Page 13, Point 3. "Woman" to change to "Women" - Page 13, Point 4. "One Garden One Home" to change to "One Home One Garden". - Page 13, Point 5. "...as ID's and birth Certificates and the Grants." to change to "...as ID"s and Birth Certificates and Social Grants." - Removed the word conceived on Page 19, Paragraph 1. - 	
MATTERS ARISING	No issues under this item.	
COMMENTS BY CHAIRPERSON	The Chairperson stated that due to time constraints he wishes us to deal with Matters Arising under the other items on the Agenda. As a result this item was skipped.	
2.1 PRESENTATION: DR. BUTHELEZI	<p>Dr. S.S.S. Buthelezi presented on the Implementation of the Updated HIV Treatment Guidelines. <i>Discussions following this presentation were as follows:</i></p> <ul style="list-style-type: none"> - The Chairperson asked Mr. Buthelezi to highlight the Major Challenges with regards to the updated HIV treatment Guidelines. <p>Dr. Buthelezi stated that there is need to ensure that all clinicians are trained appropriately. He further stated that there is a need to educate patients to ensure compliance with medication prescriptions, etc.</p> <p>Dr. Buthelezi said that there may be a new tender for a new drug supplier at National level; however, it is his belief that this will not affect the Provinces implementation of these new guidelines.</p> <ul style="list-style-type: none"> - Dr. Dhlomo stated that 1/3 of their patients come into the clinic very late. By late he stated in the 3rd or 4th month of their pregnancy. He said that in his opinion this is a societal matter. He stated that when the President announces that all pregnant women qualify for a specific treatment, the buy-in and assistance of community leaders such as Inkosi, Induna, Church Leaders, etc. to as their communities who is pregnant, and to enquire if they know their status, and if they are HIV positive, if they know that all pregnant women are entitled to medication. He said that we must get all HIV positive women out there who are pregnant on medication. <p>Mr Mabuyakhulu stated that another problem is the cost of ARV's. He suggested that bold</p>	

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	<p>decisions need to be made for the development of cheaper medication. Affordability is a fundamental issue. He stated that is not suggesting that this will be resolved immediately; however, he said that this matter requires attention.</p> <ul style="list-style-type: none"> - The Chairperson asked for information on the logistical progress on the President's pronouncements on treatment roll out. <p>Dr. Buthelezi said that staff issues are chronic. He highlighted, however, that the KZN Department of Health has created 32 roving teams; he said that this will assist in terms of initiation of the updated guidelines. He further stated that the issue of space is another problem. He said that services have expanded, however, space has not. This is a concern.</p> <ul style="list-style-type: none"> - The Deputy Chair asked how Civil Society get's involved. He asked whether the consolidated District Report is an appropriate tool for involving Civil Society. <p>Dr. Buthelezi said that the Flagship Programme is a brilliant tool as this is what it deals with. He said that through Ward Committees people become aware of what is happening and what is required within a Ward.</p>	
COMMENTS BY CHAIRPERSON	<p>The Chairperson stated that a critical point is that to congratulate ourselves on our successes to supply medication is well and good, but if we do not deal with prevention no matter what we do our resources will be depleted. Prevention is important.</p>	
2.2 MID TERM REVIEW REPORT	<p>Dr. Ndlovu presented on the Mid-Term Review Report.</p> <p>The Chairperson requested that discussions on this topic take place under the item "District Reports" as the question to be answered is, "what is happening on the ground?". This question will be answered by the District Reports.</p> <p>The Chairperson requested that we jump to item 2.5: Reports from the Districts and Civil Society Sectors on implementation of PCA Programme by AIDS Councils and the Flagship Team.</p>	
2.5 REPORTS FROM THE DISTRICTS AND CIVIL SOCIETY SECTORS ON IMPLEMENTATI	<p>The Chairperson requested that the District Convenors present the District Reports, and then District Mayors are to comment on the progress of their Districts.</p> <p><i>All Districts presented their District Reports. Discussion following the presentations were as follows:</i></p>	

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ON OF PCA PROGRAMME BY AIDS COUNCILS AND THE FLAGSHIP TEAM	<ul style="list-style-type: none"> - MEC Johnson said that there is a need to congratulate all Districts on the Work done. She stated, however, that there is a need to upscale action around the issue of behavioural change. She said that we cannot continue the up scaling treatment without attention being paid to the issue of prevention otherwise we will find ourselves in a situation where we do not have the resources to meet the needs of treatment. - It was stated that there is a gap which is glaring, that being the relationship between Civil Society and Government. The Member asked how we can incorporate Civil Society in HIV and AIDS programmes to assist in this fight. - MEC Dlomo said that another issue is our lack of statistic with regards to TB. He stated that the reason for this is the fact that there is no-one doing follow-up checks on those people on TB treatment, as a result we do not have accurate default statistics, course completion statistics, etc. He stated that there should be people in each District who follow-up on TB patients so as to ensure that they complete their prescribed courses. - It was stated that there is a marked improvement from the feedback from District Reports. It was highlighted, however, that the institutional mechanisms and the functionality of the District structures needs attention. A systematic approach for all sectors is required for the district structures to function. The PCA has to make this work at a District, and at a Local level. <p>(NGO Sector) complimented all Districts on work done. She, however, raised a concern with item 10 (Civil Society: Support Groups and NGO's) on the District Reporting List. She stated that it does not state clearly regarding the role of NGO's. For example, she does not know if the support groups requested to be here are NGO's or another sector, there is no information on how many NGO's there are per District, etc.</p>	
COMMENTS BY THE CHAIRPERSON	<p>The Chairperson stated that we are heading in the right direction; however, we are still very far from victory. He made an example say that it's not about how many condoms we distribute, but rather it's about decreasing the number of infections. The Chairperson said that we need to find a prevention campaign that will enable people to internalize the message and as a result make lasting changes in their daily lives.</p> <p>RESOLUTIONS</p> <ul style="list-style-type: none"> - All DAC's are to have formed and to have met by next month. The Local Mayor is to be 	

AGENDA ITEM	DISCUSSIONS	RESPONSIBILITY
	<p>involved in this process.</p> <ul style="list-style-type: none"> - These DAC's are to have quarterly meetings. - All LAC's must be formed in the next month. - LAC's are to develop a Community Mobilisation Plan per Ward. With regards to Ward activities, we need to restructure Behavioural Change campaigns in each Ward. These must take into account schools, Churches, etc. And when we talk about Behavioural Change this involves STI's, pregnancy, HIV and AIDS. - The Provincial Council on AIDS needs a monitoring team (Academics) so as to ensure that report backs and figures which are given in this House are talking to the same issues and are relevant. - The Volunteer Framework (e.g. Stipends, career pathing) must be finalized and presented to Cabinet so that at the next meeting final conclusions can be presented to this house. - The issue of NGO's, as brought up earlier, needs to be addressed. What work will NGO's be doing? This question needs to be answered. 	Dr. Gqaleni (Deputy Chairperson)
2.3 2010 HIV AND AIDS PLAN	Dr. Buthelezi presented the KZN HIV and AIDS plan for 2010.	
2.4 CIRCUMCISION STRATEGY	Dr. Buthelezi presented the Circumcision Strategy for the KZN Province.	
2.7 NATIONAL HCT CAMPAIGN	Mr. Phili presented on the National HCT Campaign. Comments following the three presentations were as follows:	

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	<p>MEC Dlomo said that the plans around the first presentation were exciting; however, he expressed his concern regarding the 3rd presentation. He said that neither he nor the HOD have heard about this before. He expressed that he believes certain things should be run by Cabinet prior to them being brought to this forum.</p> <p>The Chairperson stated that he would like to table a discussion in this house at the next meeting around the recruiting of Traditional Healers to do voluntary testing and counseling. He stated that as it is going to be a lengthy discussion and with the meeting already being behind schedule, this topic will be discussed at a later stage.</p> <p>RESOLUTIONS</p> <ul style="list-style-type: none"> - It was resolved that item 2.7 (and the associated document) are to change to Recommendation: National HCT Campaign. <p>The Chairperson stated that there are two things which will determine going ahead with this campaign, namely:</p> <ol style="list-style-type: none"> 1) Logistics, 2) It's impact on the Province. <ul style="list-style-type: none"> - The Province is to go ahead with its Circumcision strategy. He stated that we do not want to face a situation where people believe circumcision can protect you completely from HIV and AIDS so the stance of the Provincial Government is that it is for hygiene purposes. 	
<p>CLOSING COMMENTS BY THE CHAIRPERSON AND THE DEPUTY CHAIRPERSON</p>	<ul style="list-style-type: none"> - It was highlighted that this is not for a quick fix of HIV and AIDS and related ills. This is a long journey and everyone is in it for the long haul. It was highlighted that some Mayors were not present, which is a problem. Districts need to prepare and submit reports prior to the meeting. When Districts have not prepared District Report, it is a problem. And it is problems such as these that delay progress. <p>The Chairperson stated that formal members of the PCA must contact Dr. Ndlovu so that they can attend the SANAC Extraordinary Plenary Meeting scheduled for Friday, 05 March 2010.</p>	

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	<ul style="list-style-type: none"> - The Deputy Chairperson said that he was encouraged by the progress of the various Districts. He commended the work of the Department of Health with regards to the campaigns. The Deputy Chairperson stated that this Province stands the chance of making a marked difference in the lives of its citizens. 	
CLOSURE	There being no further business the meeting closed with at 17H25	

SUMMARY OF THE RESOLUTIONS

ITEM	DISCUSSION	RESPONSIBILITY
Reports from the Districts and Civil Society Sectors on implementation of PCA Programme by AIDS Councils and the Flagship Team	<ul style="list-style-type: none"> - All District AIDS Councils's are to have been formed and to have met by next month. The Local Mayors to be involved in this process. - These DAC's are to have quarterly meetings. - All LAC's must be formed in the next month. - Upscale of Behavioural Change in the wards LAC's are to develop a Community Mobilisation Plan per Ward. Ward activities - restructure Behavioural Change campaigns in each Ward so that it takes into account Schools, Churches, etc. Behavioural Change should be all inclusive include STI's, pregnancy, HIV and AIDS, alcohol and drug abuse etc - Systematic approach of making the District Flagship Teams and AIDS 	
Monitoring and Evaluation of the integrated HIV and AIDS Programme	The Provincial Council on AIDS needs a monitoring team consisting of Academics that will assist in ensuring that the report backs and figures which are reported to the Council are talking to the same issues and are relevant	
The Volunteer Framework Programme	The Volunteer Framework (e.g. Stipends, career pathing) must be finalized and presented to Cabinet so that at the next meeting final conclusions can be presented to the Provincial Council on AIDS.	
National HCT Campaign	Was adopted with the change of the resolutions which were on the presentation mainly on the focus District be changed to recommendations until it has been discussed at Cabinet level	DOH
Circumcision Strategy	This will be implemented but with a clear message of the hygienic benefit being emphasized so that it is not communicated as the Main Prevention Strategy.	DOH
Participation and Reports	District Reports have to be submitted on time and the Mayors have to attend the Provincial Council on AIDS.	All