

MINUTES OF THE MEETING OF KWAZUKU NATAL PRONCIAL COUNCIL ON AIDS ON WEDNESDAY, 10 AUGUST 2011 AT 12H55 AT THE MSUNDUZI CITY HALL

OPENING AND WELCOME

The Honourable Premier Dr Zweli Mkhize (Chairperson) declared the meeting open and Mrs Khumalo (Art & Culture) led the meeting with the prayer.

In subsequent to that, the Chairperson warmly greeted all present. He then congratulated all District and Local Municipal Mayors on wining the local Municipal elections. The Chairperson recapped the importance of serving with integrity as communities had voted in confidence and expected value for money. He further mentioned that the Provincial Council on AIDS Committee (PAC) has reconstituted as both District and Local Municipal Mayors were to partake and form part of the PCA structure as HIV and AIDS was beyond political party contestation, therefore, district champions including Mayors, should carry their responsibilities.

PRESENT

The attached attendance register is for noting.

IN ATTENDANCE

Secretariat: Ms T Yengwa (OTP)
: Ms MNR Mbanjwa (DOH)
: Mr A Memela (DOH)

APOLOGIES

Apologies for absence were received; however, the Chairperson requested that leave applications be tendered in writing for tabling at the meeting.

MEC M Radebe (DSD) who was off sick,
Ms MPN Ludidi (Portfolio Committee,
Mayor of Msunduzi Mr Ndlela was delayed as he had to attend the Auditor General,
Mayor of Umgungundlovu also was excused as was expectin a visit from the Auditor General
MEC N Dube (COGTA) had requested to leave the proceedings at 15h00 to attend to doctor's appointment,
Mayor of Sisonke was not aware of the meeting,
Mayor of Newcastle was off sick,
Mayor of Amajuba were to join the meeting a bit late as he was still on his way,
Mayor of Zululand Ms VZ kaMagwaza Msibi had another commitment AND
Mayor of Ilembe was delayed.

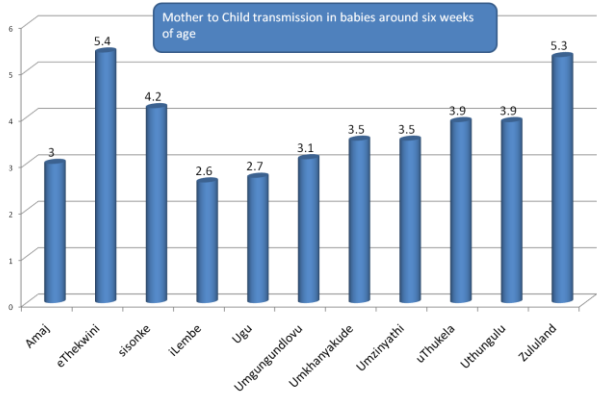
NO/ ITEM	DISCUSSION	ACTION	TIMEFRAME
1.2 ADOPTION OF THE AGENDA	Agenda items were adopted without change.		
1.3 CONFIRMATION OF MINUTES	<p>This item was flagged to be dealt with simultaneously with item number 1.4.</p> <p>The notion was supported and moved by the MEC: Economic Development</p>		
2 PRESENTATION The Chairperson requested that more focus be placed on the content of this presentation and that comments be noted and responded to as per programme presented.			
	<p>Dr FI Ndlovu (General Manager: HIV & AIDS-Premier's Office), led the Committee through powerpoint presentation which incorporated HIV prevalence trends and estimated number of new HIV infections per province <u>(Source: 2009 EPP estimates provided by E. Gouws in 2010)</u></p> <p>Points noted as part of the presentation:-</p> <ul style="list-style-type: none"> ➤ Implementation stage of integrated HIV TB in KZN Province ➤ 40% HIV prevalence detected in six (6) districts of KZN ➤ The most alarming factor was that KZN could be having 276 new infections per day according to research sources. ➤ Early engagement to sexual intercourse by secondary school attendees ➤ Partner issue ➤ High risks of infection on those who never got married but engaging on unprotected sex. ➤ According to <u>Camlin's report of 2008</u>, womens' 		

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	<p>involvement in migration aggravated their disproportionate infection risk compared to men.</p> <ul style="list-style-type: none"> ➤ Also those leaving in informal settlements, proves to be at high risk of infection; ➤ However, knowledge remains the power, in terms of constant correct use of correct types of condoms. ➤ Other detected course of these issues were structural issues such as unemployment as most were reported to have had provided sex in exchange for money; ➤ Further to that, according to the study, 25% of reported RAPE cases were those implicated to PARTNER SEXUAL VIOLENCE & HOMOSEXUAL RAPE. 		
	<p>Ms Hope Ngobese (HIV Unit from Provincial Department of Health), gave a powerpoint presentation on the provincial status quo of the HIV Counselling and Testing (HCT), Medical Male Circumcision (MMC), Sexual Transmitted Infections (STIs), Antiretroviral Therapy (ART), Tuberculosis HIV integrated. (TB HIV)</p> <p>Points Noted as part of the presentation:-</p> <ul style="list-style-type: none"> ➤ According to the NSP with 95% and above target, the provider initiative clinical testing proved to have increased; however, there still stood a need to increase the number of those tested after being counselled. 		

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	<p>Further noted was the progress with TB/HIV integration in all facilities implementing both these services, and that,</p> <ul style="list-style-type: none"> ➤ TB Screening laws were now inked to the HCT programme; ➤ There has been an improvement in screening of TB amongst HIV positive patients ➤ Improvement of 71.5 % uptake of IPT towards a target of 170 000 patients by June 2011, though uptake at hospitals was still low; ➤ 124,963 patients were initiated on IPT in April 2010 - June 2011 <p><u>MEDICAL MALE CIRCUMCISION (MMC)</u></p> <ul style="list-style-type: none"> ➤ The MMC targets: <ul style="list-style-type: none"> - 560 000 to be circumcised by 2011/12 and - 2.3 million by year 2014 	<ul style="list-style-type: none"> • Suggested urgent appointment of doctors in roving teams; • Intersectoral collaboration in order to reach the set targets in terms of community mobilizing and marketing of the programme by the Health Districts and facilities; • Involvement of NGOs to play a supportive role; • Municipalities also make an input in the implementation. 	
The Chairperson recommended that it be refrained from using acronyms during presentations to benefit all participating stakeholders.			
	<p><u>STI</u></p> <p>More incidents were reported yet no much was being done in terms of prevention.</p>	<p>It be looked at prevention methods specifically targeting males as well as strengthening condom distribution and</p>	

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	<p>Points noted from the presentation:-</p> <ul style="list-style-type: none"> ➤ Males unprotected sex was associated with lower education, ➤ lower HIV-related knowledge, ➤ negative condom attitudes, ➤ alcohol before sex, ➤ had recently been clinically treated for STI & ➤ Some had partners who were trying to conceive. <p><u>ART EXPANSION</u></p> <p><u>ART Facilities and NIMART</u></p> <p>Accomplished 100% ART coverage in sub districts with Professional Nurses initiating treatment, as the result, it was now being reported on active patients rather than the ever initiated.</p> <p><u>GRANTS IN THE PROVINCE</u></p> <p>A decrease in support grants for children was reported.</p> <p><u>CARE AND SUPPORT</u></p> <p>An increase on group support was reported:-</p> <ul style="list-style-type: none"> ➤ 546 PLHIV support groups have been established in 11 districts and comprise of 12,220 participators. ➤ Support group facilitators have been trained on HIV toolkit, which covers disclosure, living positively with HIV and facilitation skills <p>Dr V Mubaiwa gave a presentation on the Prevention Mother to Child Transmission (PMTCT). It be noted</p>	<p>use of condoms.</p>	

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	<p>that transmission rate figures presented at stage were that of quarter 1.</p> <ul style="list-style-type: none"> ➤ 43.9% of mothers were HIV positive. ➤ Outlined national statistics on babies tested during immunisation visits at clinics, which indicated that KZN had the highest numbers of babies tested HIV positive and had acquired HIV from their HIV positive mothers. ➤ This depicted a drop from the previous figures. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Further reported was exposure and high risk for maternal deaths, including teenage pregnancy and practice of unsafe sex.</p> </div>	<p>That more effort be to eliminate HIV in babies around 6 weeks of birth.</p> <p>Early booking of pregnant mothers at the Antenatal Clinics (ANC)</p> <p>Mothers to be encouraged to attend follow up visits to avoid maternal deaths.</p> <p>Mothers should also be encouraged to attend antenatal care as well not just the babies at 6 weeks of birth.</p> <p>Municipal Mayors to run campaigns to mobilize communities and create awareness to avoid babies born HIV positive Municipal Mayors. Enlighten communities that those who had missed one menstrual period have to visit clinics nearby to get tested for HIV.</p>	

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	<p>COMMENTS ON PRESENTED PROGRAMMES</p> <div><table><caption>Mother to Child transmission in babies around six weeks of age</caption><thead><tr><th>District</th><th>Percentage</th></tr></thead><tbody><tr><td>Amaj</td><td>3</td></tr><tr><td>eThekweni</td><td>5.4</td></tr><tr><td>Sisonke</td><td>4.2</td></tr><tr><td>ILEmbe</td><td>2.6</td></tr><tr><td>Ugu</td><td>2.7</td></tr><tr><td>UMgungundlovu</td><td>3.1</td></tr><tr><td>Umkhanyakude</td><td>3.5</td></tr><tr><td>Umzinyathi</td><td>3.5</td></tr><tr><td>uThukela</td><td>3.9</td></tr><tr><td>Uthungulu</td><td>3.9</td></tr><tr><td>Zululand</td><td>5.3</td></tr></tbody></table></div> <ul style="list-style-type: none">➤ HCT campaigns were continuing with a new target of 2 061 196. Notwithstanding provincial total tested of 2.3%, it would be ideal to look at each districts' performance (e.g. Umzinyathi had 74% which was below 80% target)➤ Concerns raised with regard to <u>mis correlation</u> in some other district figures presented. (MEC: COGTA & Mayor: UMgungundlovu) <p style="text-align: center;">AND</p> <p>In response to that, the Chairperson explained that, figures presented were not as current but useful in cataloguing disease trends since this was an orientation briefing.</p>	District	Percentage	Amaj	3	eThekweni	5.4	Sisonke	4.2	ILEmbe	2.6	Ugu	2.7	UMgungundlovu	3.1	Umkhanyakude	3.5	Umzinyathi	3.5	uThukela	3.9	Uthungulu	3.9	Zululand	5.3	<ul style="list-style-type: none">➤ The Chairperson recommended that slide number 40 of the powerpoint presentation illustrating '<i>mother to child transmission in babies around six weeks of age</i>' be transformed into data rather than percentages and download onto a compact disk, for tabling at the Premiers' Coordination Forum (PCF).➤ Municipal Mayors to take charge and spear head campaigns such as MMC & HCT, etc.➤ A suggestion was to develop a proforma for provincial reports to ensure standardisation.	
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	<p>➤ Clarity sought with regard to status of readiness from Health employees in working with District Champions (MEC: Education);</p> <p>MEC: Health, assured the committee, that Employees have been sensitised and understand that Champions were as integral.</p> <p>He further explained that there would always be challenges with respect to human and other resources as patients' enrolment increased; however, facilities try manoeuvre around sites available.</p> <p>➤ Concerns were raised with regard to shortage of condoms in some areas;</p> <p>In response to that HOD: Health, acknowledged that Men's forum & Amakhosi should also be dispensed condoms by the Health Department.</p> <p>In addition to that, HOD: Health, reported that the Social Cluster has delegated Departmental Heads to work around issues of MMC, ART and Condom Access. Department of Art & Culture was to give direction on use of language to avoid ambiguity on messages.</p> <p>➤ It was not clear why MMC was conducted during school holidays as if it only targeted scholars and perceived to be a pilot project and yet it should further target even industries;</p> <p>HOD: Health clarified that more MMC procedures were being conducted in health facilities and possible so with use of mobile units. In addition, MEC: Health mentioned that it was even more possible now with</p>		

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	<p>calibration of machines in tents placed at point of care with an operating person.</p> <p>Community Caregivers have received training; Youth Ambassadors been appointed and would receive necessary training; both would assist with condom distribution and MMC campaigns.</p> <p>Prof Gqaleni mentioned that targets were bound to increase, as census was to release new population figures.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>FLAGGED for future discussion: How to eradicate informal settlement directly influences migration?</p> </div> <p>MMC should be encouraged and negative information be condemned. (MEC: Economic Development)</p> <p>Media should play a role in creating awareness encouraging community involvement through dialogue. (Pamela K: Igagasi FM)</p>	<p>HOD: Health and Dr S Tshabalala (MMC Manager) will construct a statement to counter act newsbreak on after use of foreskin; the Premier and MEC: Health will endorse the statement.</p> <p>Municipal Mayors present at the meeting pledged to commit to campaigns and take the flagship program and Masisukume sakhe project forward.</p>	
MEC: Health Dr S Dlomo and MEC: COGTA Ms N Dube, were both excused at this juncture.			

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	Prof Gqaleni requested all present to sign the attendance register in order to keep the database up dated.		
Item 1.3 and 1.4 dealt with simultaneously.			
Confirmation of minutes	The Committee confirmed Minutes of the meeting held 02 March 2010 without amendments.	Confirmed and Moved by (Ndiyema & Thusi)	
3. REPORTS 3.1 Reports by Districts 3.2 Reports by Civil Society	It was gone through reports submitted for noting.		
4. UPCOMING EVENTS			
4.1 SANAC Plenary meeting 12/08/2011 4.2 Partnership Conference 11/10/2011 4.3 World AIDS Day 01/12/2011	Accountability was acknowledged Invitations would extend beyond the Committee members and include Stakeholders. District Plans were being generated involving lots of activities.		
5. CLOSING REMARKS			
	Prof. Gqaleni (Co-Chairperson) made closing remarks wherein he announced the following:- ➤ Civil Society be prepared to meet quarterly before every PCA meeting. ➤ Integration of Onompilo specialised training to ensure standardisation in training manual, a		

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	<p>signed MOU between DOH and BroadReach. Pilot was uThungulu District on issues related to Sukuma Sakhe, integration of training of Community Care Givers, supporting Youth Ambassadors and technical assistance on Local & District AIDS Council.</p> <p>The Premier (Chairperson) further emphasise attendance by all Municipal Mayors.</p> <p>Closing Prayer by Mayor: Umkhanyakude</p>		

THERE BEING NO FURTHER BUSINESS THE MEETING CLOSED AT 16h00

CONFIRMED AND SIGNED ATDATE.....

BY THE CHAIRPERSON The Premier Dr Z Mkhize

CONFIRMED AND SIGNED ATDATE.....

BY THE CO-CHAIRPERSON Prof. Gqaleni