



**MINUTES OF THE MEETING OF THE KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS
HELD ON THE 25 AUGUST 2010 AT 13H00 AT THE PIETERMARITZBURG CITY HALL**

Chairperson: Dr. Z.L. Mkhize (KwaZulu-Natal 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 Progress Reports from Districts
- 2.2 Accelerated Implementation of the Comprehensive Programme to Fight HIV and AIDS in KZN, CAPRISA 004 Study, & Progress Report on MMC and HCT Campaigns
- 2.3 The Report on KwaZulu-Natal AIDS Spending Assessment as part of NASA (National AIDS Spending Assessment)
- 2.4 Partnership Day Against HIV and AIDS in October 2010

2.5 World AIDS Day 2010

2.6 Department of Health Report on the Impact of the Current Strike Action on HIV & AIDS and TB Treatment

SECTION 3: URGENT ITEMS

SECTION 4: CLOSURE

AGENDA ITEM	DISCUSSIONS	RESPONSIBILITY
OPENING AND WELCOME	<p>The Chairperson Welcomed everyone present.</p> <p>The meeting commenced with a prayer.</p>	<p>Chairperson</p> <p>Bishop R. Phillips</p>
	PROCEDURAL MATTERS	
1. 1 APOLOGIES	<p>MEC N. Dube MEC T.W. Mchunu Cllr. B. Gwala Cllr. S.M. Sithole Cllr. O. Mlaba Ms. Z.M. Ludidi Mr. L. Magagula</p> <p><i>The following members requested leave to be excused during the meeting so as to attend to urgent official matters:</i></p> <p>MEC E.S. Mchunu MEC B.M. Radebe</p>	Secretariat
1.2 ADOPTION OF THE AGENDA	The agenda was adopted without change.	The Chairperson and KPCA Members
1.3 CONFIRMATION OF THE MINUTES OF THE PREVIOUS MEETING (03 MARCH 2010)	<p>The minutes of the previous meeting held on 03 March 2010 were confirmed with the following amendments:</p> <ul style="list-style-type: none"> - Page 3, Item 2.1 “Dr. Buthelezi” to change to “Dr. S.S.S. Buthelezi” - Page 3, Item 2.1 “Dr. Dlomo” to change to “Dr. Dhlomo” 	The Chairperson and KPCA Members
1.4 MATTERS ARISING	<p>PRESENTATION: INVOLVEMENT OF TRADITIONAL HEALTH PRACTITIONERS IN HEALTH COUNCELLING AND TESTING (HCT) AND MALE MEDICAL CIRCUMCISION (MMC)</p> <p>Professor Gqaleni stated that the Honourable Premier had requested that a strategy be drawn up with</p>	The Deputy Chairperson

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	<p>regards to the involvement of Traditional Health Practitioners (THP) in the Provinces HCT campaign, with a special focus on HIV testing. He stated that his presentation was a means of updating the council on this issue. He further stated that he would be making a proposal at the end of his presentation.</p> <p>Prof Gqaleni stated that this proposal is a consultative document and a work in progress. He advised that the objective of this proposal is to optimize the contribution of the THP Centre to the Provincial response to HIV and AIDS, and in particular to HCT and MMC. This proposal has its foundation built on the current Provincial Flagship Programme. It acknowledges culture and utilizes cultural institutions and structures within each District, and it demonstrates how it can contribute to the fight against HIV and AIDS. He stated that some of the institutions earmarked are virginity testing and THP's. He further highlighted the need for THP's to promote HIV counseling and testing and MMC to their clients. He stated that this policy has an entry level age of 16.</p> <p>He stated that this proposal puts forward for approval by the Council a strategy that integrates THP's in the HCT and MMC campaigns, and an appropriate task team be set up to finalise this strategy.</p> <p><i>Discussions following this presentation included:</i></p> <p>The Chairperson requested that the proposal be discussed. He further requested Bishop R. Phillips to contribute on how the Religious Sector can be included in this concept.</p> <ul style="list-style-type: none"> • MEC E.S. Mchunu put forward the following clarity-seeking question. He stated that the principal of the idea that is presented here is welcomed because from where he stands this war requires the participation of everyone. He, however, stated that the devil is in the details. He stated that he is not sure of the involvement of virginity testing if it is meant in a traditional sense. He stated that if the concept means virginity testing in the traditional sense then he does not understand it to be one of the areas in which traditional healers have expertise, he stated that it is not one of the duties practiced by them. <p>MEC M. Mabuyakhulu stated that from a principle point of view, he sees the main point of Professor Gqaleni's presentation being the issue of mobilizing all structures within society, and society at large, to join the fight against HIV and AIDS. He stated that there has to be a strategic partnership, while Traditional Healers would practice what they know, there should also be a synergistic relationship where Traditional Healers refer their clients to go get tested. He stated that, as he understands it, its not that the testing would be done by those who are responsible for the maidens, it's rather a case of them referring their clients to medical practitioners to go and get tested. The Honourable MEC highlighted, however, that when</p>	

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	<p>partnerships like this exist they should be examined very carefully. He made an example of ensuring that the level of partnership would need to cascade all the way down to the core of traditional practices, such as ensuring that when Traditional Healers are using incision equipment they are using them responsibly and not placing their clients at risk of being infected because of improper practices. He stated that a partnership such as this should be welcomed as long as it is holistic.</p> <ul style="list-style-type: none"> • Bishop R. Phillips stated that the suggestion from the Honourable Premier of there being a collaboration between the Religious Sector and Traditional Healing Practitioners should be explored as this could be a healthy and useful relationship. He said that he is willing to take this matter up. • MEC Dhlomo stated that Traditional Healing Practitioners are a very important practitioner group as many African people will go to THP's before they go to western medical practitioners. He went on to state that he has seen an excitement in Traditional Health Practitioners to be a part of this process. He highlighted, however, that he would like further clarity on the technicalities of incorporating THP's in this process. He stated he believes that this will centre mainly around supporting and educating them. He further stated that his belief is that confidentiality will not be an issue as THP's already have a relationship of trust with their patients. <p>Prof Gqaleni stated that this process has been piloted for a period of over five years in three Districts and is the first of its kind in the country. It is now going to be implemented in other Districts. He stated that MEC Dhlomo is indeed correct in saying that THP's have already been mobilizing their patients. He stated that there has been campaigns where THP's would invite the Department of Health to conduct screenings, not just for HIV, but also for eyes, for blood, hypertension, etc. He stated that communities have taken to this very positively. Prof Gqaleni highlighted that what is new and an element which will be approached with caution is of THP's providing the tests. Here, another element is the establishing of targets so that the current HCT targets per District are reached. Prof Gqaleni went on to state that MEC Mabuyakhulu's response to the earlier question was very accurate. He stated that the institution of virginity testing's role is going to be the mobilizing for testing of the young maidens, not to say that they will be providing the facility themselves. He stated that the useful aspect of utilizing these institutions is that they are already organized, they have their own ways of mobilizing, and they have a captive audience that they are able to reach, this will assist in ensuring that the HCT targets of Districts are reached by June 2011. He further stated that he welcomes the Bishop's input as the Religious sector is a very important partner in terms of mobilization and this collaboration with THP's will indeed be useful.</p>	

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COMMENTS BY THE CHAIRPERSON	<ul style="list-style-type: none"> ○ The Chairperson stated that the principle of this issue has been established. It was resolved that Prof Gqaleni, together with MEC for Health, HOD for Health, and the Religious Sector, should work on this proposal so that it can be discussed at the next Provincial Council on AIDS meeting. Further, this discussion should also include how the Religious Sector can be integrated in terms of supporting this aspect of the HCT campaign. He stated that any other issues arising from that discussion will then be dealt with at that stage. <p>It was further resolved that another issue which should be debated is the matter of selecting a number of THP's, and training them to conduct testing themselves. He stated that this needs to be discussed. He stated that the main issue here is getting to a point where when an individual goes to their THP, the THP does not, for example, only state that the patient is bewitched and omit the fact that his patient has the HIV virus. He stated that the THP should mention both. He stated that we must not find ourselves in a situation where communities believe that treating bewitchment will also treat their infection with the HIV virus, and by dealing with these issues we will be integrating the country's entire healing system so as to effectively combat HIV and AIDS. The Chairperson highlighted that Prof Gqaleni is doing interesting research on traditional healing processes and linking them up with the western medical healing programme. He stated that in the KwaZulu-Natal Province an estimated 80% of people obtain the services of THP's at one or more points in their life., this means that this is a sector which cannot be ignored and we need to do research which tries to align the two, in this way THP's can be at the forefront of the fight against HIV and AIDS.</p> <ul style="list-style-type: none"> ○ The Chairperson stated that due to time constraints he wishes the Council to deal with <i>Matters Arising</i> under the other items on the Agenda. 	<p>Professor Gqaleni MEC for Health HOD for Health Bishop R. Phillips</p> <p>KPCA Members</p>
	ITEMS	
2.1 THE PROGRESS REPORTS FROM DISTRICTS	<p>The Chairperson stated that under this section we primarily want to deal with the progress of the establishment and functionality of AIDS Councils. He stated that the District Mayors will lead us in discussing this Agenda Item as per the resolution taken at the previous meeting that District Mayors are the leaders of the AIDS Councils in their Districts.</p> <p>The Chairperson stated that as Uthukela District was the only District which had not formed an AIDS Council at the last meeting this District would be the first to present. He went on to highlight that the fact that the District Mayor of Uthukela, or any of the District's Councilors, were not present is a serious challenge which the Council needs to deal with urgently.</p>	

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	<p>UTHUKELA DISTRICT PRESENTED (Mr. V. Khoza, Secretariat of the Uthukela District AIDS Council, presented for uThukela District)</p> <p>Mr. Khoza stated that he is standing in for Councilor S.M. Sithole who has tendered his apology.</p> <ul style="list-style-type: none"> Mr. Khoza stated that the District AIDS Council (DAC) in uThukela District was established in 2008, however, it was not functioning effectively. He stated that the functioning of this DAC has since been strengthened in the last quarter and it is now operating effectively. He stated that the DAC has been meeting as scheduled. He stated that the DAC has been supporting all five (5) of its Local Municipalities (LM) in the District so as to assist them in establishing their own Local AIDS Councils (LAC). He stated that all five (5) LM's have functioning LAC's which are chaired by their various Mayors. <p>AMAJUBA DISTRICT PRESENTED (Councilor S.M. Mlangeni, Mayor of Amajuba District, presented for Amajuba District)</p> <ul style="list-style-type: none"> Cllr. Mlangeni stated that the Amajuba DAC is functional, with its last meeting having been held in May 2010. Cllr. Mlangeni stated that Amajuba District has two (2) out of three (3) LAC's which are functional. Madlangeni (LAC) has not been established yet, however, this LM has provided the District Mayor with a project plan for activities planned for the month of September. He stated that the launch of this LAC is tentatively set for the 5th of September 2010. <p>Cllr. S.M. Mlangeni stated that the report which is to be presented to the Provincial Council on AIDS (PCA) was adopted by the Amajuba DAC on Monday, 23 August 2010.</p> <p>UMKHANYAKUDE DISTRICT PRESENTED (Councilor L. M. Mthombeni, Mayor of Umkhanyakude District, presented for Umkhanyakude District)</p> <ul style="list-style-type: none"> Cllr. Mthombeni started by giving thanks to the Office of the Premier: KZN. He stated that whenever the District of Umkhanyakude has needed their assistance this office has always been there to assist. Cllr. Mthombeni stated that the Umkhanyakude DAC has been established for some time. He stated that the DAC has regular meetings, and when they have these meetings they invite all stakeholders. He stated that Department's are very active, in particular the Department of Social Development, Department of Transport, Department of Community Safety and Liaison, and the Department of Education. He stated that LM's in the District are doing very well, other than uMhlabuyalingana, where 	

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	<p>work is going very slow and little success is being seen. In terms of problems, a situation which exists with LM's is that of Local Mayors sending official to AIDS Council meetings and not attending themselves. He stated that this situation sends the wrong message as the political leadership is not sending the right cues to stakeholders.</p> <p>ILEMBE DISTRICT PRESENTED (Councilor S.W. Mdabe, Mayor of Ilembe District, presented for Ilembe District)</p> <ul style="list-style-type: none"> • Cllr. Mdabe stated that the Ilembe District has relaunched its DAC as of May 2010. He thanked Dr. Ndlovu in the Office of the Premier (OTP), as well as other officials in the OTP for assisting in the relaunching of the DAC. He stated that all four (4) LAC's in the District have been relaunched, including induction and orientation, in the second week of August. He stated that one LAC has met and has established its Ward AIDS Committees. He highlighted Mandeni in establishing four (4) Ward AIDS Committees out of the 16 Wards in the LM. He stated that in the other LAC's this process has not yet started. He stated that a challenge which the District faces is the buy-in of almost all Ward Councilors, the Department of Justice, and the SAPS with regards to LAC programmes. <p>SISONKE DISTRICT PRESENTED (Councilor J.P. Khoza, Mayor of Sisonke District, presented for Sisonke District)</p> <ul style="list-style-type: none"> • Cllr. Khoza stated that the Sisonke District launched its DAC on 01 March 2010. He stated that the aim when launching this DACT was to involve all stakeholders, including THP's, the religious sector, and others. He stated that all LAC's have been launched and are functional. He went on to state that the HIV and AIDS fight is integrated into all programmes in the District, and that the current programme of action in the District is that the DAC must meet every two months. <p>ZULULAND DISTRICT PRESENTED (Councilor V. Mbuyisa, Deputy Mayor of Zululand District, presented for Zululand District)</p> <ul style="list-style-type: none"> • Cllr. Mbuyisa stated that the DAC has been established and launched. He further stated that at the last PCA meeting Zululand reported that three (3) out of five (5) LAC's had been launched, at present all five (5) LAC's have been launched. Only four (4) LAC's have succeeded in conducting meetings. He stated it was also reported at the last PCA meeting that there were difficulties in establishing Ward Committees. 	

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	<p>He stated that out of five (5) LM's, three (3) LM's have Ward Committees, with only two LM's now outstanding. He stated that they are developing a special programme for uPhongola LM, which is situated on the National Road to Swaziland near the border, due to the complexities of this area. He stated that the DAC has held meetings with that LAC as the area has a number of challenges due to a volume of trucks passing through the area. He also extended a thank you to the Department of Health for their assistance. He stated that although there are some issues which need to be dealt with in the District, there aren't any acute problems being experienced.</p> <p>UMGUNGUNDLOVU DISTRICT PRESENTED (Councilor Y. Bhamjee, Mayor of Umgungundlovu District, presented for Umgungundlovu District)</p> <p>Cllr. Bhamjee stated that the Umgungundlovu District is taking an aggressive stance in the fight against HIV and AIDS in its area of jurisdiction. He stated that it will embark on developing its District-wide HIV and AIDS Strategic Plan from 21 to 23 September 2010. He further stated that the process of developing a District-wide HIV and AIDS Strategic Plan has been extended to capacitating LM's in developing their own Local Strategic Plans. He highlighted, however, that cooperation is key in making this process a success. He stated that all seven (7) LM's have established their LAC's. The total number of LAC's which held a quarterly meeting are six (6), the total number of LAC's which had a quarterly meeting as scheduled were five (5), the total number of LAC's which held a quarterly meeting in which at least 70% of the designated members were present were five (5), total number of LAC's who's quarterly meeting was chaired by the designated chair were four (4).</p> <p>UGU DISTRICT PRESENTED (Councilor B. Cele, Mayor of Ugu District, presented for Ugu District)</p> <p>Cllr. B. Cele stated that the DAC is in place and is Chaired by the District Mayor. He stated that there is a dedicated strategic plan, and the terms of reference were adopted by the Municipal Council. He stated that there are six (6) LM's, five (5) having formed their LAC's, with the outstanding LAC being scheduled to launch on 31 August 2010. He stated that the District as well as all LM's have a dedicated budget for HIV and AIDS. He stated that the DAC convenes quarterly meetings, with the last meeting having been held on 9 August 2010. He stated that there is also a dedicated office in the Office of the District Mayor.</p> <p>ETHEKWINI DISTRICT PRESENTED (Dr. M. Gumede presented for eThekwini District)</p> <p>Dr. Gumede stated that the eThekwini DAC is functional and meets regularly, with its last meeting having</p>	

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	<p>been held on 18 August 2010. He highlighted, however, that the DAC has challenges. One of these challenges are of an administrative nature resulting from issues pertaining to the institutional arrangement of how the DAC should be formalized. He said that this problems arises from (1) the fact that, because the DAC is made up of elected officials and civil society, the District has had difficulty in interpreting the Municipal Financial Management Act (MFM) in terms of how it should be funded in terms of its activities, (2) how the DAC should report to the Executive Committee (EXCO), and (3) how the decisions which it takes should feed into the overall framework. He stated, however, that the legal advice which they have received from their legal department has enabled them to chart a way forward, and this legal advice has been adopted by the EXCO. This adoption by the EXCO has stated that the DAC should be a committee of EXCO with identified Councilors and civil society members serving on it, and therefore would result in a situation in which the DAC receives its funding from EXCO as one of the committees which receives funding from it. He stated that a further issue, which is also of an administrative nature, is that of the stewardship by the local elected representatives. Dr. Gumede stated that in terms of civil society there has been good attendance of all meeting by this sector, even though all the meetings held have been unofficial due to the lack of quorum. He stated that this has been raised with the Speaker who has taken it to the EXCO and a decision has been adopted on how to take this issue forward. He stated that another administrative issue which has hindered progress is that of the need to strengthen the secretariat of the DAC. He stated that the DAC has taken the decision of his unit (Dr. Gumede) to be the secretariat of the DAC. In terms of programmes, he stated that due to the inability of the DAC meetings to reach a quorum this District has been unable to establish many programmes.</p> <p>UTHUNGULU DISTRICT PRESENTED (Mrs. Z. Nhlabathi presented for Uthungulu District)</p> <p>Mrs. Nhlabathi tendered an apology on behalf of the Uthungulu District Mayor.</p> <p>Mrs. Nhlabathi stated that the Uthungulu DAC was established in 2005. She went on to state that the District has six (6) LM's, each with established LAC's. These LAC's were established in 2006 with the assistance of the United Nations Development Programme. She stated that these LAC's meet and submit reports as per the terms of reference. Mrs. Nhlabathi stated that the District has an action plan which covers certain projects. She further stated that all LAC's have an HIV and AIDS strategy. She highlighted that challenges in Uthungulu District include the lack of financial resources, the lack of dedicated personnel, and the District not convening meetings as per the established guidelines.</p>	

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	<p>UMZINYATHI DISTRICT</p> <p>The District Mayor of Umzinyathi was not present and no one was available to present on the progress of this District. MEC M. Radebe and HOD C. Coetzee said a few words as the Champions of this District.</p> <p>MEC Radebe stated that the District Mayor had confirmed that he would be present, however, he did not attend the KPCA meeting. MEC Radebe said that a meeting would be set up so as to organize this District better.</p> <p>CIVIL SOCIETY (Professor Gqaleni presented on behalf of Civil Society)</p> <p>Professor Gqaleni highlighted that the report by Civil Society is not in the meeting file but stated that he would present it nonetheless. In his presentation to the KPCA Prof Gqaleni presented on the resolutions taken at the last civil society meeting. These were as follows:</p> <ol style="list-style-type: none"> 1. He stated that one of the priorities of the civil society sector is to organize its secretariat which will form part of the KPCA secretariat. He stated that this sector has been impacted by the move of some key participants of this sector to other locations outside of the Province, as a result he highlighted the need for this sector to organize itself so as to facilitate continuity. <p>He requested that the KPCA confirm three members which the civil society sector has nominated to form part of the secretariat of the KPCA. These members are as follows:</p> <ul style="list-style-type: none"> ○ Ms. Zandile Gcabashe ○ Ms. Jacqui Khumalo ○ Dr. Lucas Ngoetjana <p>These three civil society members will now form part of the Secretariat of the KPCA.</p> <ol style="list-style-type: none"> 2. Prof Gqaleni stated that KwaZulu-Natal has a large business sector, however, there has been great difficulty in organizing this sector. As a result the civil society sector nominated Dr. G. Mchunu (Durban Chamber Foundation) to represent the Business Sector. He stated that this appointment will result in a more coordinated interaction with the business sector. This coordinated interaction should result in the facilitation of effective HIV and AIDS programmes in the workplace, and also the facilitation of corporate social investment by this sector. Prof Gqaleni stated that a meeting 	

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	<p>with members of this sector is being scheduled and will take place soon.</p> <p>3. Prof Gqaleni stated that a meeting with all sectors needs to be held so that the KPCA can determine the representatives of each sector, and also to facilitate alignment of sector plans and programmes with the Flagship Programme. He further highlighted that the issue of reporting by the various sectors needs to be organized more effectively so that reporting happens at a District level which will ensure that statistics are accurate, comprehensive and holistic.</p> <p>4. The civil society further discussed how civil society sees its role in the Flagship Programme. Prof Gqaleni stated that the Governmental element of the Flagship Programme is working very well, however, the civil society sector needs to organize itself better. He stated that, as a result, the civil society has resolved to be an effective communal and societal element to the Flagship Programme, and as a result should be able to effectively assist the Flagship Programme in the achieving of its goals and objectives. He stated that civil society has committed itself to this effect, and where there was lack of clarity in this respect, it has since been clarified for all members of this sector.</p> <p>RELIGIOUS SECTOR (Bishop R. Phillips presented on behalf of the Religious Sector)</p> <p>Bishop Phillips stated that the Religious Sector has embarked on research so as to ascertain the programmes which the religious communities are involved in with regards to HIV and AIDS. He highlighted that this research does not just encompass the Christian Church, but all religious communities. He stated that, should this research be completed by then, he intends to present on this at the next KPCA meeting.</p>	<p>Secretariat</p> <p>Bishop R. Phillips</p>
COMMENTS BY CHAIRPERSON	<ul style="list-style-type: none"> Due to the non-representation of a number of Districts by their District Mayors, it was resolved that, should the District Mayor be unable to attend due to some unavoidable circumstance, either the Deputy District Mayor or the District Speaker should attend on the District Mayors behalf. District Mayors can no longer send District officials as their representatives. The Chairperson stated that the issues within eThekweni District with regards to its structures creates a question mark with regards to the political will within this District. The Chairperson stated that we will be unable to understand the issues which have created this situation in this forum, however, the KPCA needs to create mechanisms so as to assist this District in effectively establishing its structures, and to resolve its issues. The Chairperson stated that the key problem surrounding this situation is that the largest number of HIV positive people in the Province are in eThekweni District, as a result this situation needs to be resolved as a matter of urgency. The Chairperson stated that, with regards to the mobilization of NGOs, the Office of the Premier 	<p>All Districts</p> <p>Secretariat</p> <p>Office of the Premier</p>

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	<p>will take on this initiative and obtain the buy-in of the NGO sector. He highlighted that this sector seems to be facing a number of challenges and it is the task of the Office of the Premier to assist in the resolution of these challenges.</p> <ul style="list-style-type: none"> ○ The Chairperson stated that engagement with the religious sector also needs to take place so that we can move to a place where there are concrete programmes in this sector that are integrated vertically from Church leaders right to the ground. The Chairperson stated that this engagement should now take place so that at the next KPCA meeting a plan can be put in place for this sector. ○ The Chairperson stated that should District Mayors be facing challenges within their Districts, the Provincial Departments are there to assist and should be utilized to get programmes in place and to obtain necessary training. He stated that the Provincial Cabinet has resolved that the Flagship Programme Champions, along with the Heads of Department, should work towards picking up the profile of the Province's HIV and AIDS campaign in Districts. As a result Cabinet has instructed all Departments to deploy their Head Office staff to assist Districts. Should Districts require the assistance of their Champions with regards to District Programmes, they can contact them directly or through the Heads of Department. 	Bishop R. Phillips
2.2 ACCELERATED IMPLEMENTATION OF THE COMPREHENSIVE PROGRAMME TO FIGHT HIV AND AIDS IN KZN, CAPRISA 004 STUDY & PROGRESS REPORT ON MMC AND HCT CAMPAIGNS	<p>Dr. S.S.S. Buthelezi (Department of Health) presented on the Accelerated Implementation of the Comprehensive Programme to Fight HIV and AIDS in KZN, CAPRISA 004 Study, and the Progress Report on MMC and HCT Campaigns.</p>	
COMMENTS BY CHAIRPERSON	<ul style="list-style-type: none"> ○ Regarding Testing Sites as a means of ensuring the Province meets its HCT targets, the Chairperson stated that this is a very interesting innovation and he urged the Department of Health to work with Municipalities in terms of driving this initiative. ○ The Chairperson stated that the Men Talking to Boys, and Women Talking to Girls initiative is one which should be adopted in each and every District. He stated that we should create these as consultation forums where dialogue is encouraged. 	<p>DOH</p> <p>All Districts</p>

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	<ul style="list-style-type: none"> With regards to the presentation by the Department of Health which highlighted that, on average, girls between the ages of 14 and 24 are partaking in inter-generational sexual activity which is increasing the prevalence of HIV in this age group, the Chairperson stated that engagement needs to take place between the Department of Health, the academic sector, and any other relevant stakeholders, so that the development of targeted programmes can be developed and initiated to address this issue. 	DOH Academic Sector
2.3 THE REPORT ON KWAZULU-NATAL AIDS SPENDING ASSESSMENT AS PART OF NASA (NATIONAL AIDS SPENDING ASSESSMENT)	<p>Dr. N.I. Ndlovu (Office of the Premier) presented on the report on KwaZulu-Natal AIDS Spending Assessment as part of NASA (National AIDS spending Assessment).</p> <p><i>Comments and discussions following this presentation included:</i></p> <ul style="list-style-type: none"> Dr. S. Senabe (Department of Public Service and Administration (DPSA)) commented that this presentation gives information on (1) where the Province obtains resources from to respond to HIV and AIDS, and (2) where we allocate these resources in terms of the different programmes. He stated, however, that this study does not allow us to track these resources so as to establish where they are making the greatest impact. The DPSA, as a result, proposed that a further analysis be undertaken, based on this data, on whether these resources can be tracked more effectively. He stated that such an analysis will enable us to plan far more efficiently as a Province. 	
COMMENTS BY THE CHAIRPERSON	<ul style="list-style-type: none"> The Chairperson stated that all members of the KPCA should read this document in their private time so as to gain an understanding of the spending, with regards to HIV and AIDS, that is taking place in the Province. The Chairperson stated that this document should be referred to the Director-General of the Province, and the Heads of Department, as it deals with the allocation of funds. He stated that they should analyse this document and formulate responses on what spending we must shift, how that shift should be undertaken. This is to be presented at the next PCA meeting. The Chairperson, in response to the DPSA's proposal to further analyse and track the financial resources attributed to HIV and AIDS, stated that should there be resources to undertake this further study then the KPCA gives the authority to undertake this analysis. He stated that the DPSA should, as a result, report to the KPCA, the Director-General of the Province, and the Heads of Department with regards to this study. Where there is need for action, the Director-General and the Heads of Department will then take appropriate action so that by the next KPCA meeting Government will already have formulated an appropriate response. 	KPCA Members Director-General (OTP) Heads of Department DPSA

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COMMENTS BY THE DEPUTY CHAIRPERSON	<ul style="list-style-type: none"> The Deputy Chairperson stated that PEPFAR has a number of programmes which they are funding in the Province, however, these are not reflected in the NASA Study. The Deputy Chairperson stated that we need to formulate a mechanism for establishing what this funding has amounted to, and have it reflected in the study so that this research can be a more accurate reflection. 	DPSA
2.4 PARTNERSHIP DAY AGAINST HIV AND AIDS IN OCTOBER 2010	<p>Dr. N.I. Ndlovu (Office of the Premier) led the discussion on these two items.</p> <p>Dr. Ndlovu stated that these two items are a discussion on the forms in which the Partnership Day and the World AIDS Day are to take in 2010.</p> <ul style="list-style-type: none"> Partnership Day 2010 <p>Last year Partnership Day was commemorated by holding a conference which looked at the Flagship Programme and integrated service delivery at a Ward level. She stated that it is a year since that time and the Secretariat now seeks guidance on whether this year's event will take the form of a review of the progress since last year's Partnership Day, or whether this year's event should take another shape.</p>	
2.5 WORLD AIDS DAY 2010	<ul style="list-style-type: none"> World AIDS Day 2010 <p>Last year the World AIDS Day events were decentralized. Dr. Ndlovu stated that this was an effective way of holding these events as the reach through decentralization was far wider. The Secretariat requested guidance from the KPCA on whether we maintain this decentralized structure, or whether this year's World AIDS Day will take on another form.</p>	
COMMENTS BY THE CHAIRPERSON	<p>Partnership Day 2010</p> <p>The KPCA resolved that this year's Partnership Day is to take the form of a review of the work done since the Partnership Day in 2009. The Chairperson highlighted that this day holds great importance because the Province needs to tighten its partnerships with its various sectors and stakeholders.</p> <p>World AIDS Day 2010</p> <p>It was resolved that the World AIDS Day events for 2010 take the same form as the 2009 event's whereby they be decentralized. Each district is to host a Flagship Programme Conference. The decentralization of</p>	<p>Secretariat</p> <p>Secretariat</p>

AGENDA ITEM	DISCUSSIONS	RESPONSIBILITY
	<p>these conferences has been done so as to increase the reach to stakeholders. These conferences will take the format of a report back to stakeholders on how each district has progressed in the implementation of the Flagship Programme, successes achieved, the challenges encountered, and the lessons that have been learned. This will also give the Political Champions the platform to map the way forward for the Flagship Programme in their respective Districts.</p>	
<p>2.6 DEPARTMENT OF HEALTH REPORT ON THE IMPACT OF THE CURRENT STRIKE ACTION ON HIV AND TB TREATMENT</p>	<p>Dr. S.M. Zungu (HOD: Health) presented on this item.</p> <p>Dr. Zungu stated that at this point the current strike action is affecting mainly 12 of the Province's hospitals out of approximate 73 hospitals in total. She stated that these hospitals are mainly the hospitals in the eThekweni area. She further stated that there are approximately four (4) Community Health Centres which are also affected. She stated that with the strike action approaching three (3) weeks, TB patients who obtain their treatment from these affected hospitals have been seriously impacted. Dr. Zungu stated that, as a means of dealing with this situation, the Department of Health is currently encouraging these patients to obtain their medication from mobile clinics. She stated that as the strike action continues the impact will be more severe.</p> <p><i>Comments and discussions following this report included:</i></p> <ul style="list-style-type: none"> ○ Dr. Gumede stated that they have initiated discussions with the eThekweni District office that should put in place a plan that utilizes Municipal clinics. This measure will be used more for those patients who require medication refills. He stated that this plan is going to require effective coordination so as to effectively manage how referrals are handled from the various areas which are closed. 	
<p>COMMENTS BY THE CHAIRPERSON</p>	<ul style="list-style-type: none"> ○ The Chairperson stated that the Department of Health should look into the possibility of further outlets, over and above the Municipal clinics, which can be brought on board to fill the gap created by the strike action. The Chairperson stated that if this is possible an announcement should be made to this effect. ○ The Chairperson stated that until we have a solution to deal with this strike action it may prove difficult to engage the public on this issue. He stated that once an effective solution has been established we will then engage with the public and inform them accordingly. He stated that notwithstanding the public announcements which will be made by MEC. Dhlomo, once a solution is determined Prof Gqaleni and Bishop Phillips will also engage the public on behalf of the KPCA in terms of communicating the identified solution. It was further resolved that the District Mayors 	<p>DOH MEC Dhlomo Prof Gqaleni Bishop Phillips District Mayors</p>

AGENDA ITEM	DISCUSSIONS	RESPONSIBILITY
	<p>should also link up with the Department of Health in terms of identifying a solution, and once one has been established in their various Districts they can communicate it through their offices.</p>	
<p>CLOSING COMMENTS BY THE CHAIRPERSON AND THE DEPUTY CHAIRPERSON</p>	<p>In closing the Chairperson thanked the team from DPSA for being part of this Council meeting and for their contribution to the work that is taking place in the Province. He thanked all the District Mayors for their presentations. The Chairperson highlighted that it is important that it be the District Mayors who present on work in their Districts so it is made clear where the leadership of this campaign lies. The Chairperson stated that although a number of the Members of the Executive Council have been called out to attend to urgent issues, they are always available to provide support for purposes of dealing with the HIV and AIDS campaign. He stated that the Province seeks to create a far more visible campaign, and as a result, he requested all members of the Provincial Council on AIDS to be out and visible in this fight.</p> <p>The Chairperson stated that at the next KPCA meeting the Council should be able to deal with the following issues:</p> <ul style="list-style-type: none"> ○ The integration of home-based care and community workers; ○ The behavioral change campaigns which encompass the youth ambassadors; and ○ A firmer stance on the issues surrounding the NGO sector and the Religious Sector. 	<p>DOH Office of the Premier Secretariat</p>
<p>CLOSURE</p>	<p>There being no further business the meeting closed.</p>	

SUMMARY OF THE RESOLUTIONS

ITEM	DISCUSSION	RESPONSIBILITY
MATTERS ARISING	<ul style="list-style-type: none"> ○ It was resolved that Prof Gqaleni, together with MEC for Health, HOD for Health, and the Religious Sector, should work together on the proposal of the Involvement of Traditional Health Practitioners (THP's) which was presented by Prof Gqaleni. This proposal is then to be discussed at the next Provincial Council on AIDS meeting. This discussion should also include how the Religious Sector can be integrated in terms of supporting this aspect of the HCT campaign. ○ The issue of selecting a number of THP's and training them to conduct testing is to be debated at the next KPCA meeting. 	<p>PROF GQALENI MEC FOR HEALTH HOD FOR HEALTH BISHOP R. PHILLIPS</p> <p>KPCA MEMBERS</p>
THE PROGRESS REPORTS FROM DISTRICTS	<ul style="list-style-type: none"> ○ The following Business Sector member is to form part of the KPCA: <ul style="list-style-type: none"> ▪ Dr. G. Mchunu (Durban Chamber Foundation) ○ The following Civil Society members are now to form part of the Secretariat of the KPCA: <ul style="list-style-type: none"> ▪ Ms. Zandile Gcabashe ▪ Ms. Jacqui Khumalo ▪ Dr. Lucas Ngoetjana ○ It was resolved that a meeting with all sectors needs to be held so that the KPCA can determine the representatives of each sector, and also to facilitate alignment of sector plans and programmes with the Flagship Programme. The issue of reporting by the various sectors should also be discussed so that reporting happens at a District level which will ensure that statistics are accurate, comprehensive and holistic. ○ Due to the non-representation of a number of Districts by their District Mayors, it was resolved that should the District Mayor be unable to attend due to some unavoidable circumstance, either the Deputy District Mayor or the District Speaker should attend on the District Mayor's behalf. District Mayors can no longer send District Officials as their representatives. ○ It was resolved that the Secretariat is to send out correspondence to those District Mayors who were not present informing them of the above resolution. 	<p>SECRETARIAT</p> <p>ALL DISTRICTS</p> <p>SECRETARIAT</p>

ITEM	DISCUSSION	RESPONSIBILITY
	<ul style="list-style-type: none"> It was resolved that the KPCA needs to create mechanisms so as to assist the eThekweni District resolve the issues which they are facing. It was resolved that, with regards to the mobilization of NGOs, the Office of the Premier will take on this initiative and obtain the buy-in of the NGO sector. With regards to the challenges faced by this sector, the Office of the Premier was tasked with assisting this sector in the resolution of these challenges. It was resolved that engagement with the religious sector should take place so that concrete programmes in this sector can be established and integrated with the Flagship Programme. A comprehensive plan is to be put forward at the next KPCA meeting with regards to this sector. 	<p>SECRETARIAT</p> <p>OFFICE OF THE PREMIER</p> <p>BISHOP PHILLIPS</p>
ACCELERATED IMPLEMENTATION OF THE COMPREHENSIVE PROGRAMME TO FIGHT HIV AND AIDS IN KZN, CAPRISA 004 STUDY & PROGRESS REPORT ON MMC AND HCT CAMPAIGNS	<ul style="list-style-type: none"> It was resolved that the Department of Health is to work with Municipalities in terms of driving the establishment, and ensuring the functionality, of HCT Testing Sites in Municipalities. It was resolved that the Men Talking to Boys, and Women Talking to Girls initiative is one which should be adopted in each and every District. This initiative is to take the form of consultation forums where dialogue is encouraged. With regards to the presentation by the Department of Health which highlighted that, on average, girls between the ages of 14 and 24 are partaking in inter-generational sexual activity which is increasing the prevalence of HIV in this age group, it was resolved that engagement needs is to take place between the Department of Health, the academic sector, and any other relevant stakeholders, so that the development of targeted programmes can be developed and initiated to address this issue. 	<p>DEPARTMENT OF HEALTH (DOH)</p> <p>ALL DISTRICTS</p> <p>DOH ACADEMIC SECTOR</p>
THE REPORT ON KWAZULU-NATAL AIDS SPENDING ASSESSMENT AS PART OF NASA (NATIONAL AIDS SPENDING ASSESSMENT)	<ul style="list-style-type: none"> It was resolved that the NASA document is to be referred to the Director-General of the Province and the Heads of Department as it deals with the allocation of funds. They are then to analyse this document and formulate responses on what spending the Province must shift, if any, and how that shift should be undertaken. This analysis is to be presented at the next PCA meeting. In response to the DPSA's proposal to further analyse and track the financial resources attributed to HIV and AIDS, it was resolved that should there be resources to undertake this further study then the KPCA gives the authority to undertake this analysis. The DPSA is to report to the KPCA, the Director-General of the Province, and the Heads of Department with regards to this study. Where it is required, the Director- 	<p>DIRECTOR-GENERAL (OTP) HEADS OF DEPARTMENTS</p> <p>DPSA</p>

ITEM	DISCUSSION	RESPONSIBILITY
	<p>General and the Heads of Department will then take appropriate action so that by the next KPCA meeting Government will have formulated an appropriate response.</p> <ul style="list-style-type: none"> ○ The Deputy Chairperson highlighted that PEPFAR has a number of programmes which they are funding in the Province, however, these are not reflected in the NASA Study. It was resolved that a mechanism which determines what PEPFA's funding has amounted to needs to be established, and this should be reflected in the NASA study so that this research can be a more accurate reflection. 	DPSA
PARTNERSHIP DAY AGAINST HIV AND AIDS IN OCTOBER 2010	<ul style="list-style-type: none"> ○ The KPCA resolved that this year's Partnership Day is to take the form of a review of the work done since the Partnership Day in 2009. The Chairperson highlighted that this day holds great importance because the Province needs to tighten its partnerships with its various sectors and stakeholders. 	SECRETARIAT
WORLD AIDS DAY 2010	<ul style="list-style-type: none"> ○ The KPCA resolved that the World AIDS Day 2010 would take the same form as last year and the decentralized structures would continue to apply. The Secretariat is now to formulate appropriate programmes so as to ensure that this day is effective. 	SECRETARIAT
DEPARTMENT OF HEALTH REPORT ON THE IMPACT OF THE CURRENT STRIKE ACTION ON HIV AND TB TREATMENT	<ul style="list-style-type: none"> ○ With regard to the current strike action, it was resolved that the Department of Health should look into identifying further outlets, over and above Municipal clinics, which can be brought on board to fill the gap created by the strike action with regards to the dispensing of medication refills. It was further resolved that once an effective solution has been established, Prof Gqaleni and Bishop R. Phillips would assist MEC Dhlomo in terms of announcements informing the public of the identified solution. It was resolved that District Mayors should also link up with the Department of Health in terms of identifying a solution, and once one is established they should communicate it to their Districts. 	DOH MEC DHLOMO PROF GQALENI BISHOP PHILLIPS DISTRICT MAYORS
CLOSING COMMENTS BY THE CHAIRPERSON AND THE DEPUTY CHAIRPERSON	<p>It was resolved that at the next KPCA meeting the Council should deal with the following issues:</p> <ul style="list-style-type: none"> ○ The integration of home-based care and community workers; ○ The behavioral change campaigns which encompass the youth ambassadors; and ○ A firmer stance on the issues surrounding the NGO sector and the Religious Sector. 	DOH OFFICE OF THE PREMIER SECRETARIAT