



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



FIRST ISSUE SEPTEMBER 2024 NEWSLETTER

KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS





KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER

Table of content

Foreword By Director-General	3-4
KZN HIV and AIDS, TB, Teenage Pregnancy and GBVF Research Indaba	5-6
HIV and AIDS, TB And STI's Provincial Implementation Plan	7-8
District Civil Society Forum Elections For 2023	9-10
Adolescents And Young People (AYP)	11
KZN Civil Society Forum Election Indaba	12,13 and
World AIDS Day Policy In Action	14
World AIDS Day Commemoration 2023	15-16
Build Up Activities For World TB Day	17-18
World TB Day Build Up Activities At Richmond	19
World TB Day Commemoration And Launch Of Zikhalakanjani Campaign	20
Commemoration Of World Tb Day "You And I Can End TB"	21-22

QUOTE

"Every good thing you do creates,ripples that you may not see.Do them anyway,"

Unknown



FOOD FOR THOUGHT

Mpox (monkeypox)

What we know

01 DECEMBER 2023



- Mpox is an infectious disease caused by the monkeypox virus (MPXV), a species of the genus *Orthopoxvirus*, family *Poxviridae*. Two different clades exist: clade I and II.
- Symptoms can include a rash, fever, and body aches, among others.
- It spreads from person to person or from exposure to infected animals or materials.

- Most people will recover within 2-4 weeks with appropriate care.
- Since 2022, person-to-person transmission has been sustained in a global outbreak.
- Exposure due to contact with animals occurs in a few countries in East, Central and West Africa.

- In the global outbreak, mpox has occurred primarily but not exclusively among men who have sex with men; anyone who has close contact with someone who has mpox may be at risk.
- Both clades I and II are sexually transmissible.

THE DISEASE

Common symptoms

Common symptoms of mpox are:

- Skin rash or mucosal lesions accompanied by:



- Skin lesions can range from one to hundreds or thousands, and last two to four weeks.
- The skin rash looks like blisters or raised firm lesions, affecting the face, palms of the hands, soles of the feet, groin, genital and/or anal regions.
- Mucosal lesions are found in the mouth, throat, anus, rectum, or on the genitals, or on the eyes.
- Rectal pain is a common feature.

Disease severity

Severe mpox may occur in:

- Persons who are immunosuppressed
- Children
- Pregnancy

May lead to complications:

- Bacterial infection of skin, eyes or lungs
- Inflammation of:



- brain (encephalitis)
- heart (myocarditis)
- lungs (pneumonia)
- urinary passages (nephritis)
- genital organs (e.g. balanitis)
- rectum (proctitis)

May lead to:

- scarring
- blindness
- death

The case fatality ratio (CFR), deaths among cases, ranges from <1% to >1% in different contexts. In the global outbreak, the CFR is 0.2%.

Clade I may cause more severe disease.

Sexual health, HIV, and mpox

- People living with well-controlled HIV who have mpox are not at higher risk of serious illness than people without HIV.
- People whose immune system is weakened, such as those with undiagnosed or untreated HIV, are at risk of more serious illness with mpox.
- A person with mpox should be screened for HIV and other sexually transmitted infections (STIs) to allow for diagnosis and treatment.
- Unusual skin or mucosal lesions should be assessed for mpox by a health care provider.

TRANSMISSIBILITY

Human to human spread

A person with mpox can spread it to others until the rash and lesions have fully healed.

Person-to-person transmission of mpox occurs via:

- Direct contact with skin or mucosal lesions (in the mouth or genitals of a person with mpox); these contacts include:
 - face-to-face kissing or brushing
 - mouth-to-mouth kissing
 - skin-to-skin touching, hugging, or vaginal/anal sex
 - mouth-to-skin contact (oral sex or kissing the skin)
 - respiratory secretions, droplets or possibly short-range aerosols from prolonged close contact
- Indirect contact with:
 - contaminated bedding, clothing or linens, utensils, surfaces, other objects
 - contaminated sharps such as medical needles or tattoo equipment
- Vertical transmission (mother-to-child)
 - during pregnancy
 - through the placenta
 - during or after delivery

Animal to human transmission in Africa



- The monkeypox virus can be transmitted from small mammals such as squirrels or monkeys to people. The animal reservoir is not well understood.
- Exposure occurs through direct contact with animals or their body fluids through bites or scratches or from consumption of uncooked bushmeat
- Infection from animals can lead to further spread within a family or household

People at risk include:

- Individuals with new or multiple casual sexual partners
- Gay, bisexual and other men who have sex with men
- Sex workers
- Health workers without appropriate PPE
 - caring for patients with mpox
 - collecting specimens from patients
 - research or clinical laboratory personnel performing diagnostic testing
- Outbreak response team members
- In East, Central and West Africa, people in contact with wild animals in forest areas
- Partners, family members and children in the household of someone with mpox

High risk environments



Social gatherings or events may expose people to close, prolonged or frequent interactions with others. Such gatherings or contexts are an opportunity to reach people at risk.

People may be at risk where close physical contact occurs, which may include sexual contact with new or multiple partners.

Contexts where risk may be higher include congregate settings with crowding such as residential or correctional facilities or camps for refugees or displaced persons.

For gatherings of any size or congregate settings, a risk-based approach should be used to assess information and risk communication needs, opportunities for preventive measures such as vaccination and other risk mitigation measures to put in place.

Pathogen



- The monkeypox virus, a DNA virus, is an orthopoxvirus (other orthopoxviruses include variola virus, vaccinia, cowpox virus, and others).
- There are two identified clades of the virus, clades I and II. Clade II has two subclades, Ila and Iib.
- Clade I virus is seen in Central and East Africa.
- Clade II virus is seen in West Africa and other countries affected by the global mpox outbreak. Subclade Iib is the primary variant circulating in the global outbreak.

GLOBAL SPREAD

During the global outbreak ongoing since May 2022, more than 92 000 laboratory-confirmed cases of mpox, including over 110 deaths, were reported to WHO from 116 countries across all six WHO regions. Outbreaks continue as the virus circulates globally. Africa reports thousands of suspected cases and hundreds of deaths.



VACCINES

Vaccination remains a major response strategy to protect against mpox. Mpox vaccines provide 86-90% protection against mpox infection and reduce severity of disease. Mass vaccination is not recommended. Immunization strategies should be tailored following a detailed risk and feasibility assessment and reviewed regularly.

Primary preventive (pre-exposure) vaccination (PPV) is recommended for groups at high risk for exposure to mpox.

Post-exposure preventive vaccination (PEPV) is recommended for contacts of cases within four days of first exposure (and up to 14 days in the absence of symptoms).

Vaccines approved for prevention of mpox are LC16-A8B, MVA-BN and Orthopoxvacc.

ACAM2000 may be used.

For individuals for whom replicating (LC16) vaccines are contraindicated, non-replicating vaccines (MVA-BN) should be used.

PUBLIC HEALTH & SOCIAL MEASURES

To prevent infection, people should

- Stay informed about the risk of mpox in your community. Know the symptoms and check yourself regularly.
- Have open conversations with close contacts, including sexual partners, where it is safe to do so.
- If you are at risk, get vaccinated if this is available to you.
- Seek health advice and monitor closely for symptoms if exposed. Get tested if you have symptoms compatible with mpox.
- Refrain from close contact with individuals who have mpox. If close contact cannot be avoided, appropriate personal protective equipment should be worn.
- Do not share bedding, clothing, or towels with sick people.
- Wash hands frequently with soap and water or an alcohol-based hand sanitizer.
- Follow the guidance of your health care provider or national public health authority when diagnosed with mpox. Follow infection prevention control measures to stop transmission; this may include isolation.
- Avoid contact with sick or dead wildlife. Do not use dead animals for medicinal, religious, or cultural practices.
- Cook all foods containing meat parts properly before eating.
- Keep taking steps to protect yourself and others, even after you have been vaccinated.
- Help combat misinformation by sharing only reliable, evidence-based and non-stigmatizing information from trustworthy sources.
- If you are a contact, self-monitor for symptoms for 21 days. Quarantine onsite is not required.

DIAGNOSTICS

Laboratory confirmation of mpox is done by PCR of skin or mucosal lesion material. If the absence of skin or mucosal lesions, PCR can be done on an aspirate, urine, or rectal swab. While a PCR-positive mucosal swab confirms mpox, a negative result may not rule out MPV infection.

PCR testing can distinguish between virus clades. Sharing of genome sequences is essential to follow the geographic spread of virus lineages and genetic evolution of the virus.

Molecular point of care (POC) tests are being validated for use in field settings. POC antigen testing is not yet available for mpox.

Limited access to PCR testing in some settings severely hinders surveillance of mpox, leading to underestimation of disease incidence in these settings.



TREATMENT

Patients should be treated symptomatically with optimal supportive care to alleviate symptoms and prevent complications:

- Antipyretics for fever
- Oral, topical or other analgesics for pain management
- Localized care to keep skin clean and prevent bacterial infection of lesions
- Adequate nutrition and hydration
- Nutritional support is especially important for children.

- New antiviral agents for severe disease (e.g. tecovirimat) are available for use under monitored emergency or compassionate use protocols or in clinical trials.



For more information, visit:
www.who.int/health-topics/monkeypox



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



DR NONHLANHLA O MKHIZE

FOREWORD BY THE DIRECTOR-GENERAL

KwaZulu-Natal Provincial Government administration, led by the Director-General, Dr. Nonhlanhla. O Mkhize, is proud to announce the production of the first issue of the Provincial Council on AIDS newsletter.

This newsletter is aimed at showcasing the work that has been achieved by the KwaZulu-Natal Provincial Council on AIDS (PCA). The PCA comprised of the new Chairperson Premier Mr. Thamsanqa Ntuli and Co-chair Mr. Richard Shandu, Government departments, Civil society, District Aids Councils, development partners and Private sector. The newsletter is centred around covering events and activities that have and continue to be taking place in the province to strive towards and achieve the goal of ending AIDS as a public threat by 2030.

The PCA is a joint effort in the HIV and AIDS TB, STI's response. Gender Based Violence remains a challenge as a structural driver for HIV and STI's. The UNAIDS 95-95-95 goal remain the highest measure in fighting the scourge. The Province has done well in achieving the first 95 which aims at diagnosing 95% of all HIV positive individuals. Again, the Province is doing well on the third 95 which aims at achieving viral suppression for 95% of those treated.

The second 95 which talks to provisioning of Antiretroviral Therapy (ART) for 95% of those diagnosed with HIV remains a challenge. Currently none of the eleven Districts in



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER

KwaZulu-Natal has achieved this target, and there is a need to close this gap. Linkage to care becomes critical for all people tested HIV positive. They all need to be initiated on ART's and adhere to treatment in order for their viral load to be suppressed. Let us join hands in protecting KwaZulu-Natal women, children and all vulnerable groups from HIV and AIDS, TB, STI's and GBVF. Community led monitoring is an integral part of Community Based services. Operation Sukuma Sakhe remains service delivery approach, this requires us to continue to put the KZN citizens in the center.

Let us join hands with the World on Global Alliance to End AIDS in Children by 2030.

Together We Can Do More.



KZN HIV, TB, TEENAGE PREGNANCY and GBVF RESEARCH INDABA

The lack of a provincial research agenda to be implemented along with the Provincial Implementation Plan (PIP) for HIV and AIDS, TB, and STI's (2017-2022) came as one of the shortcomings in the end-term review of the PIP. Suggesting the critical need for the 2023-2028 PIP for HIV and AIDS, TB, and STI's to be implemented and aligned with a research agenda for the province. As it stands, there is a poor collaborative relationship between the research institutions, programme implementers, government departments and the AIDS Council, hence research findings are not effectively harnessed to inform and improve programme implementation to improve the HIV and AIDS, TB, and STI's response.

Hence the Provincial Council on AIDS (PCA) held a Research Indaba whose main purpose was to have a multisectoral engagement, foster and build a strategic partnership, collaboration, and synergy between the AIDS Councils, Civil Society, government departments, programme implementers, higher institutions of learning, research institutions, and linkage to the community in addressing issues of early pregnancies, new HIV infections, GBVF and Mental Health among AYP as it related to the HIV and ADS, TB and STI's response. This was a critical step towards bridging the gap between research findings, policy and programmes.

The two-day engagement highlighted the urgent need and eagerness from institutions, Civil Society and Government to have a community-centred approach in developing, and implementing programs, conducting research, and disseminating findings. Using community-centred approaches in research and programmes will ensure that interventions or research efforts are contextually relevant and sensitive to local needs.

Further, community involvement will foster trust and build relationships between researchers, program developers, and community members. This trust is essential for the effectiveness, success and sustainability of programs or research initiatives. The main conclusion from the Research Indaba was that the PCA will coordinate the formation of a Multisectoral Research Task Team to guide, review and promote the development, implementation and dissemination of the Multisectoral Provincial Research Agenda in the province.



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



Figure 1: KZN Research Indaba took place on 09-10 November 2023 at Blue Waters Hotel in Durban. The Indaba was attended by the Office of the Premier, higher institutions of learning and research institutions, implementing partners, UNICEF, UNFPA, SANAC, Civil Society Forum Sectors and government departments. The two-day engagement revolved around bridging the gap between research and the programmes being implemented on HIV and AIDS, TB and STI's in the province particularly in areas pertaining to Adolescents and Young People (AYP).



HIV and AIDS, TB AND STI's PROVINCIAL IMPLEMENTATION PLAN

The Provincial Implementation Plan (PIP) 2023-2028 is aligned to the National Strategic Plan for HIV, TB and STI's 2023-2028. The Plan guides the provincial response and brings together all interventions implemented by various stakeholders.

The first draft of the PIP was presented and approved by the social cluster and political cluster. Wide stakeholder consultation was conducted in the development of the PIP. A steering committee was appointed to drive the process of the PIP to ensure fairness and transparency.

The Provincial Implementation Plan builds on lessons learned from the previous PIP 2017 to 2022 and promote new and urgent focus to reduce inequalities for all people living with HIV.

It addresses Gender Based Violence and Femicide, Human Rights violation and mental health.

The KwaZulu-Natal Provincial government formed a steering committee which led the development of the Provincial Implementation Plan 2023-2028 (PIP). Eleven Districts were consulted and people with disabilities and young people had their own separate consultation.

The PIP is a strategic objective that aims to reduce barriers to accessing health and social services. The KwaZulu-Natal Provincial Implementation Plan is the "People's PIP", it places the communities in the centre and it is Youth driven.



Provincial consultation with Civil Society.



UGu District consultation.



Consultation with King Cetshwayo District.



Persons with disabilities consultation.



Consultation with Traditional Health Practitioners



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



Mr. Mavundla from AFSA engaging with the audience during the consultation at eThekweni Metro



Consultation with eThekweni Metro



Consultation with District coordinators



Consultations with UThukela District



Consultation with Zululand District



Consultation with PLHIV



Consultation with Faith Based Organisations



Consultation with Faith Based Organisations



DISTRICT CIVIL SOCIETY FORUM ELECTIONS FOR 2023

KZN Civil Society Forum is part of the South African National Council, which is made up of 18 sectors (PLHIV, LGBTQ, Sex Workers, Disability, Children, Men, Women, THP, SAC, Faith Based, Traditional Health Practitioners, Law and Human Rights, Labour, Youth, NGO's, Higher Health, Research). PCA is guided by the Provincial Implementation Plan as the multisectoral plan for the HIV and AIDS, STI's and TB response across province at the provincial level. The Provincial Implementation Plan serves as one plan guiding the provincial multisectoral response. A call for CSF elections was made to align the new CSF leadership with the new NSP (2023-2028).

The KZN PCA Secretariat delegated by focal people at both Provincial and District levels to lead and coordinate the CSF elections from the local, District up to the Provincial stages. The consultations and plenaries for the Civil Society took place on February 2023. KZN held its CSF Elections at the District level between September and November 2023, electing its structures and District EXCO's led by the PCA Secretariat. All the District elections were completed, fair, and democratic sectors were satisfied with the leaders they chose. Further to the District's elections, a KZN Provincial CSF Indaba was held with elections of the new CSF Provincial executive structure and the process was led by the PCA supported by the IEC KZN.

The Indaba was a success, and the new leadership will be leading the HIV and AIDS, TB, and STI's response until 2028 as per the NSP and PIP. A huge congratulations to the newly elected CSF Provincial and District leadership as they lead with communities and accelerate response on the HIV and AIDS, STI's and TB in the Province towards also achieving the goal of "Ending AIDS by 2030"



Ilembe District Leadership: Chairperson Mr. Richard Shandu, Co-chairperson Pretty Nxumalo, Deputy chairperson Thandi Mthiyane, Secretary General Philani Ngcobo, Deputy secretary Ntokozo Shezi, Resource mobilizer Mzazi Mthembu, Coordinator Ntobe Ngwane.



UMgungundlovu District Leadership: chairperson John Sekhonaye, Co – chairperson Mzamo Zondi, Deputy chair Zikhona Nyathi, Secretary General Nondumiso Ngcobo, Deputy secretary Tracy Sibisi, Resource mobilizer Nomfundo Msomi, Coordinator Racheal



Elected Leadership of Ethekwini CSF: Nkosikhona Ndlovu Chairperson, Co-chairperson Phumelele Ngcobo, Deputy chairperson Zonke Ndlovu, Secretary General Lindiwe Ndlovu, Deputy secretary Sazi Jali, Resource mobilizer Zweli Mabaso, Co Ordinator Sandile Khumalo.



Zululand District Leadership: Chairperson Thabile Zulu, Co-chairperson Gugu Khumalo, Deputy chairperson Mr T Mhlanga, Secretary General Gloria Nene, Deputy secretary Mandla Hlatshwayo, Coordinator Dudu Zwane.



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



Mzinyathi District leadership: Chairperson Rev Caleb Ndlovu, Co- chairperson Ronnie Khumalo, Deputy Chair Musa Makhathini, Secretary General Linda Mthembu, Deputy Secretary Nonkululeko Mkhize, Resource Mobilizer Rev W Sithole, Coordinator Sifiso Mhlungu.



UMkhanyakude Leadership: Chairperson Saziso Nhleko, Co-chairperson Xolile Nsele, Deputy chairperson Nokuthula Dladla, Secretary General Nonhlanhla Mthimkhulu, Deputy secretary Sanele Mngomezulu, Resource mobilizer Menzi Qwabe, Coordinator Alex Ntuli



Amajuba District Leadership: Chairperson Marcia Evans, Deputy chair Nompumelelo Sibiya, secretary General Zanele Mpungose, Deputy secretary Siyabonga Zikhali, Resource mobilizer Lindokuhle Mhlongo, Coordinator Minenhle Gumbi.



UGU District Leadership: Chairperson Zama Shange, Co-chairperson Mabusi Gwete, Deputy chairperson Thabani Khalala, Secretary General Nosipho Nkuphisa, Deputy Secretary Zinhle Ndimeni, Resource Mobilizer Nomzamo Gwala, Coordinator Nomaqhiza Nyathi



Harry Gwala Leadership: Chairperson Nomzamo Ngidi Co-chairperson Khanyisile Sitshange, Deputy chairperson Sphelele Dlamini, Secretary General Tankiso Motseki, Deputy Secretary Enoch Shezi, Resource mobilizer Nozuko Ngcawini, Co-ordinator Sindisiwe Dlamini-Mthethwa.



UThukela District Leadership: Chairperson Thandazile Maphalala, Co-chairperson Makhithi Zikode, Deputy chair Sethabile Zulu, Secretary general Xoli Msimango, Deputy Secretary Gcino Gwala, Resource mobilizer Sthembiso Mtshali, Coordinator Zander Van Heerden



ADOLESCENTS AND YOUNG PEOPLE (AYP)

Adolescents and Young People Champions programme is an initiative that aims to improve participation and inclusion of young people in multisectoral response to HIV and AIDS, TB, and STI's. The programme was implemented at UThukela, eThekweni, Zululand and uMgungundlovu Districts.

The first group was elected in December and placed in District AIDS Council. They assumed their duties in January 2024. Their purpose is to elevate voices of young people and ensuring adequate youth involvement and participation in the HIV and AIDS, TB and STI's response.



The pictures show images from the training of the new group of AYP Champions which took place on 31 January to 02 February 2024 in Durban. AYP Champions and Youth sector were capacitated on youth programmes, role of youth in the HIV and AIDS, TB and STI's in the Province, stakeholder engagement, community mapping, advocacy and the new Youth HIV Prevention Strategy: #ZikhalaKanjani.



KZN CIVIL SOCIETY FORUM ELECTION INDABA

The Office of the Premier hosted the Civil Society Forum Indaba at the Drakensberg's Alpine Heath Resort on 13 and 14 March 2024. The aim of the Indaba was to conduct elections for the appointment of the new leadership of KwaZulu-Natal's Civil Society Forum (CSF), since the current leadership is in line with the Provincial Implementation Plan for 2023 to 2028. Indaba also focused on stimulating discussions among participants on both days, with speakers presenting on different topics that are aimed at ending the AIDS epidemic.



Chief Director: Mr Sibusiso Nzimande welcoming the delegates at Civil Society Forum Indaba



Figure 1 : Panel discussion by members from different sectors chaired by outgoing chairperson of Civil Society Forum Indaba



Head of PCA Secretariat Director Mrs. Gugu Shabangu addressing delegates at Civil Society Forum Indaba



Delegates listening attentively





FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



IEC representative informing delegates about the process of voting



IEC representative informing delegates about the process of voting



Delegate casting their votes



Gagasi FM conducting interviews at Civil Society Indaba after elections



Delegate casting their votes



Ballot box with Results



FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



Discussions around election results.



Discussions around election results.



Celebrations begins after the announcement of results



Closing remarks by Mr. Shandu, a newly elected chairperson for PCA Civil Society forum.



Delegates of the CSF Indaba celebrating the results of elections.



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER

WORLD AIDS DAY POLICY IN ACTION “LET COMMUNITIES LEAD”

Policy in action took place at iLembe District led by SANAC together with KZN PCA, Civil Society and Government official from departments. Various programmes were done across the Districts targeting children, women, PLHIV Higher Health. Sports, Arts and Culture, and all sectors of Civil Society. These programmes built towards the World AIDS Day.



Delegates addressed by Deputy President during Higher Health session.



Dialogue among women during policy in action at Mandeni.



PLHIV creating awareness during policy in Action



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



Launch of the vending machine by Deputy President.



Activity led by Sports Arts and Culture during policy in action



Visit to Blessed Gerard's Care Centre Hospice Children's Home.



PLHIV addressing the audience, presenting the conversation Map.



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER

WORLD AIDS DAY COMMEMORATION 2023 “ LET COMMUNITIES LEAD.”

KwaZulu-Natal Provincial Government hosted World AIDS Day in 2023. It was led by the Deputy President. The commemoration took place in Mandeni, KwaNgcedomhlophe Sports ground. World AIDS day is commemorated on the 1st of December every year, in 2023 Kwazulu-Natal Province was chosen to host the World AIDS Day. The event was attended by more than 4000 people from all sectors of society.



Maidens welcoming the Deputy President and the Premier.



Arrival of the Deputy President and the Premier at the launch of Global Alliance to End AIDS in Children.



From left: Premier of KZN, Deputy Minister, Deputy President, and his wife.



From left: Premier of KZN, Deputy Minister, Deputy President, and his wife.



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



Deputy President and his entourage engaging with children during the launch of Global Alliance to End AIDS in Children.



Deputy President addressing delegates during World AIDS Day.



Deputy President leading delegates visit at Sundumbili CHC.



MEC for Health Nomagugu Simelane chairing the programme during the World AIDS Day

Deputy President's wife addressing Children during the launch of Global Alliance to End AIDS in Children.



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER

WORLD TB DAY BUILD UP ACTIVITIES AT RICHMOND



Clean up campaign at Bhongoza informal settlement led by departmental reps and Civil Society Sector members.



Soup and bread was provided to the Bhongoza community during the clean up campaign.



Men's Sector Dialogue in Hopewell on the 20th of March 2024.

Chairperson of UMagungundlovu engaging with people using drugs.



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER

WORLD TB DAY COMMEMORATION and LAUNCH OF ZIKHALAKANJANI CAMPAIGN

On 27 April 2024 young men and women gathered at the memorial hall at the Richmond Silahl sportsground, to launch Zikhalakanjani Youth HIV prevention strategy.

Zikhalakanjani is a Youth HIV prevention strategy whose main priority is the communication of Socio-Behavioural Change messaging that will improve active youth participation in the HIV and AIDS response, and concurrently improve AYP (adult and young people) -related indicators.

Some of the dignitaries present at the launch included the Premier of KwaZulu-Natal, Nomusa Dube-Ncube, MEC for Health, Nomagugu Simelane, UMGungundlovu Mayor of Richmond Cllr M Ngcongo, MPL Speaker of KwaZulu-Natal Legislature, Ms N N Boyce, and the South African National AIDS Council Acting CEO, Nelson Dlamini.

On this particular day there was an unveiling of the vending machines that contain sexual and reproductive health products such as, contraceptives, PrEP, condoms, lubricants, femidoms, assistive devices etc,. These machines will be placed in different areas in the Province of KwaZulu-Natal. In future these machines will be places in different area of the province in Kwazulu-Natal.



In the middle is Premier, left , MEC for Health and speaker of KZN Legislature



Dr Sandile Tshabalala addressing the audience at the launch of Zikhalakanjani campaign.



Acting CEO Nelson Dlamini from SANAC addressing the audience at the launch of Zikhalakanjani campaign



Delegates at the launch of Zikhalakanjani campaign.



COMMEMORATION OF WORLD TB DAY “YOU AND I CAN END TB”

The community of Richmond in UMgungundlovu District converged at Isilahla sportsground to commemorate World TB Day. The event took place on 27 April 2024 and was hosted by the Office of the Premier in collaboration with other departments and developmental social partners.

World TB Day is a global commemoration that aims to create public awareness about Tuberculosis, an airborne disease which, despite being curable, is the number one cause of mortality and morbidity in KwaZulu-Natal and South Africa as a whole.

Richmond within UMgungundlovu District compared to other districts in the Province of KwaZulu-Natal has the highest number of Tuberculosis cases. Tuberculosis is a killer disease but can still be cured if detected early and people take and finish the treatment.

The Premier of KwaZulu-Natal Ms Nomusa Dube-Ncube together with the MEC for Health Ms Nomagugu Simelane Speaker of KZN Legislature Ms N N Boyce and local leadership addressed the community of UMgungundlovu District during the commemoration of World TB Day.

In her speech the Premier emphasized that nowadays and age we should not expect people to die from TB when there is treatment available in hospitals and clinics with high advanced technology and medication designed to cure Tuberculosis. People should take precaution to avoid spreading TB and urgently consult with doctors if they suspect they are sick.



Premier Nomusa Dube-Ncube engaging with members of the community at Isilahla sports ground.



Handing over of garden tools to women empowerment group.





KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



Officials from the departments collaborated with developmental social partners such as PEPFAR , Global Fund, UNAIDS , USAIDS, Health systems Trust, THINK, TBHIV care, to provide services to the community at iSilahla Sports ground during World TB Day.



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



KZN PCA

FIRST ISSUE SEPTEMBER 2024 NEWSLETTER



Officials from HIV and AIDS Directorate in the Office of the Premier

Acknowledgement:

Chief Editor: Director:	Mrs Gugu Shabangu
Sub-editor/ Journalist:	Ms. Nathi Mahlangu
Graphic Designer:	Mr. Khwezi Senene
Photographer:	Mr. Gcina Ndwane
Contributors:	Ms. Sthembile Dlamini
	Ms. Colisile Mathonsi
	Ms. Buyi Khumalo

Issued by Priority Programme Directorate: HIVan-
dAIDS, TB and STI's Office of the Premier
Moses Mabhidha Building Pietermaritzburg 3200

Contact details:

Tel: 033-3414876

email: nathi.mahlangu@kznpremier.gov.za

