

Early 2026 Health Review

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Primary healthcare workers, including Community Healthcare Workers (CHWs), consistently identify one of their most persistent challenges as supporting patients to adhere to long-term medical treatment. Many patients report that a lifetime of daily oral medication can be physically and psychologically exhausting. This phenomenon, often described as “treatment fatigue”, frequently results in irregular adherence or complete disengagement from care. In the context of chronic conditions such as HIV, inconsistent adherence has had serious consequences, including viral resistance, treatment failure, and continued transmission.

South Africa’s former Minister of Health, Dr Aaron Motsoaledi, has on several occasions publicly appealed to people living with HIV to remain on treatment and urged those who are HIV-negative to take preventative measures. He has repeatedly emphasised that, in public health terms, prevention remains more effective and less costly than cure.

In 2025, a major development in global and local HIV prevention and treatment emerged. South Africa initiated processes to acquire and register a long-acting anti-HIV injectable medication known as lenacapavir, commonly referred to as LEN. Lenacapavir is a capsid inhibitor developed by Gilead Sciences and represents a new class of antiretroviral medicines. It is widely anticipated in South Africa because of its potential to reduce the burden of daily pill-taking by offering sustained protection through infrequent dosing.

Internationally, lenacapavir was first approved in the European Union in August 2022 for use in heavily treatment-experienced people living with HIV. The United States Food and Drug Administration granted approval in December 2022 for treatment indications. In June 2025, regulatory authorities in the United States approved a twice-yearly injectable formulation of lenacapavir for HIV prevention (PrEP), marking a significant milestone in biomedical HIV prevention.

While South Africa continues to face funding pressures and uncertainties in its HIV response due to shifting global health priorities and changes in international donor commitments, the country has maintained its focus on expanding prevention options. Rather than signalling a retreat from the HIV response, national health authorities have reiterated their commitment to innovation, sustainability, and domestic leadership in combating the epidemic.

In South Africa, adolescent girls and young women remain disproportionately vulnerable to HIV infection, largely because of entrenched socioeconomic inequalities, gender-based violence, and limited access to healthcare and education. This vulnerability does not exclude other populations, but it is particularly acute among young women who are exposed to age-disparate relationships, where older male partners often have higher HIV prevalence rates. Reproductive health organisations, including Marie Stopes South Africa, have highlighted the scale of teenage pregnancy as an indicator of these vulnerabilities. According to data cited

on its website, approximately 11,500 babies were born to girls aged 10 to 19 between 2020 and 2023.

South Africa continues to carry the largest HIV epidemic globally in absolute numbers. Although prevalence varies by population group and geography, the overall burden remains significant. Marginalised and institutionalised populations are also heavily affected. Research published and indexed by the National Library of Medicine indicates that HIV prevalence among incarcerated individuals in South Africa is approximately 17.7%, substantially higher than in the general population. This underscores the structural and systemic dimensions of the epidemic.

Given these intersecting realities, the approval of lenacapavir represents a potentially transformative intervention. Long-acting PrEP options are expected to improve adherence, reduce new infections, and expand choice for individuals who struggle with daily oral medication. As of January 2026, lenacapavir has been formally registered and approved by the South African Health Products Regulatory Authority (SAHPRA) for use as pre-exposure prophylaxis (PrEP). The injectable formulation is administered twice a year, positioning it as one of the longest-acting HIV prevention tools currently available.

While lenacapavir is not a cure, its introduction strengthens South Africa's HIV prevention arsenal and brings the country closer to the long-term goal of ending HIV as a public health threat.

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