

Cape Metropolitan



Western Cape Area



Newsletter

JUDGES MATTER CONDEMNS HEALTH MINISTER Motsoaledi’s attack on the Constitutional court.

In a public statement dated 12th May 2026, JUDGES MATTER, a civil society project of the Democratic Governance and Rights unit at the UCT law faculty, dedicated to monitoring the South African judiciary to ensure transparency and accountability, condemns health minister Motsoaledi’s attack on the Constitutional court.



“The Minister’s comments violate several of his constitutional obligations and must be retracted. Judges Matter condemns Health Minister Aaron Motsoaledi’s comments disparaging Constitutional Court judges in the National Health Insurance (NHI) case currently pending before the court.”

JUDGES MATTER CONDEMNS HEALTH MINISTERcontinue to page 3

Qualicare Newsletter - May 2026 Edition

Inside this issue

- JUDGES MATTER CONDEMNS HEALTH MINISTER Motsoaledi’s attack on the Constitutional court pg 1,3,4
- Cape Town Open Day Event 2026 pg 2
- Motsoaledi apologises after saying ConCourt judges benefit from private healthcare system pg 7,9,11
- Choice of new Health boss will test Ramaphosa’s commitment pg 12,14,16,19
- PAIA Annual Reports pg 21
- Teen pregnancies are dramatically dropping. But researchers aren’t sure why pg 25,27,29,31,33
- Efforts to eliminate hepatitis delivers gains but more action needed to meet 2030 targets pg 34,35,37,38
- PathCare Introduces a New Multiplex PCR Panel to Detect Tick-Borne Pathogens pg 39,40,41
- Cheap sex pills enhance performance, but at what cost? pg 42,43,44
- GEMS corner pg 45
- Discovery corner pg 46 - 49
- Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/Qualicare pg 50
- Qualicare Electronic Doctor Network pg 51 - 52
- Docweb Traffic pg 53



QualiCare

Cape Town Open Day Event

Book Your Spot Now!

Seats are disappearing quickly! We're already at 89% capacity and rising! It's a race, everyone; the hourglass is almost out of sand!



TOPICS WILL INCLUDE:

NHI/OHC- Reality from Uncertainty and AI in Healthcare; Womens and Mens Health; Respiratory Related Matters; Medical Aid matters, Fraud Waste and Abuse ; Bias in Peer reviews section 59 ; Asthma & Diabetes

VENUE: BIOMEDICAL RESEARCH INSTITUTE (BMRI), OPPOSITE P5 PARKING AREA ON THE TYGERBERG MEDICAL SCHOOL CAMPUS.

SATURDAY
07HR00 FOR
07HR30 -18HR30

06

**JUNE
2026**

- ✓ CPD Points will be applied for !
 - ✓ Excellent lectures !!
 - ✓ Great Food & interactive environment with exhibitors
 - ✓ An opportunity to connect in person with your colleagues !
 - ✓ Legendary superb prize giving!!
-

Book with your **QualiCare consultant** or reach out to **Shireen Harris** at: shireen@cpcqualicare.co.za

“Speaking at an event commemorating International Nurses Day in KuGompo City (formerly East London) on 11 May, Minister Motsoaledi reportedly questioned whether Constitutional Court judges can fairly decide the NHI case, as they are “beneficiaries” of the private healthcare system by virtue of their membership of Parmed (the Parliament and Provincial Medical Aid Scheme, which is open to judges, members of parliament (including ministers), and members of provincial legislatures (including MECs).”



News24 quotes Minister Motsoaledi as saying: “I was looking at those judges in their eyes (during the NHI court case). They are beneficiaries of the same system that I am talking about, but they must (preside over a) judgment.”

This is a gratuitous attack on the independence and integrity of the Constitutional Court and, by extension, the judiciary.

Section 165(2) of the Constitution is clear that “courts are independent and subject only to the Constitution and the law, which they must apply impartially without fear, favour or prejudice.”



In a long line of cases, including *President of South Africa v SARFU* (1999) and *Bernert v Absa Bank* (2010), the Constitutional Court has emphasised that a judge holding an account with a bank that is a party to litigation does not, without more, give rise to a reasonable apprehension of bias, which is the key ground for a judge’s recusal. The same principle would apply to judges being members of medical aid schemes.

It is hard to imagine that the Minister does not know this. He most likely does know, which is probably why neither he nor his legal team has filed a formal application for the judges’ recusal from the NHI case. Instead, the Minister has taken to public platforms to accuse judges of impropriety and/or bias by virtue of their membership of medical schemes. This is wrong.



Mbekezeli Benjamin, researcher at Judges Matter, remarks:

“As a senior member of the Executive, Minister Motsoaledi has a constitutional responsibility, in terms of section 165(4) of the Constitution, to protect the independence, impartiality, dignity and effectiveness of the courts. His comments fly in the face of this responsibility.”

In addition, he says:

“Considering that the case was only heard a few days ago, and the judges are still considering the matter, Minister Motsoaledi’s comments may also be read as interfering with the functioning of the courts, which is prohibited by section 165(3) of the Constitution. We therefore call on Minister Motsoaledi to either retract these comments or categorically disavow them. He should also issue an unconditional apology.”



MACLEODS



Challenging Frontiers in Healthcare

UP TO
35%
SAVING⁴

**DUAL-ACTION RELIEF
THAT LASTS 24 HOURS.¹**

R77,23
(incl. VAT)⁴



R231,69
(incl. VAT)⁴



**Rupatadine delivers dual-action relief -
combining antihistaminic action with
targeted PAF inhibition to reduce
inflammation.²**

**The Better Choice for allergic rhinitis³,
now more affordable.**



For the use of a Registered Medical Practitioner, Hospital or Laboratory only.
For full prescribing information please refer to the Professional Information approved by the South African Health Products Regulatory Authority.

References:

1. Raputeze approved SAHPRA Professional Information (PI), 26 November 2024.
2. Shamizadeh S, Brockow K, Ring J. Rupatadine: efficacy and safety of a non-sedating antihistamine with PAF-antagonist effects. *Allergo J Int* 2014; 23: 87–95. DOI: 10.1007/s40629-014-0011-7.
3. Sailaxmi V et al. Comparative evaluation of safety and efficacy of oral Rupatadine with oral Fexofenadine in patients of seasonal allergic rhinitis. *Perspectives in Medical Research*. September – December 2016, Vol4, Issue 3.
4. Versus other Rupatadine's. Pharmaceuticals Economic Evaluation Unit email dated 1 December 2025.

HCR: Abex Pharmaceutica (Pty) Ltd, Suite C, Rubenstein Ridge, 617 Rubenstein Drive, Moreleta Park, 0181. Tel: 012 997 6974

Marketed by: Macleods Pharmaceuticals SA (Pty) Ltd. Ground Floor, Office Block 1, Bassonia Estate Office Park (East), 1 Cussonia Drive, Bassonia Rock, Ext 12, Alberton, Gauteng, South Africa, 2061. Tel: +27 11 682 1169

Motsoaledi apologises after saying ConCourt judges benefit from private healthcare system



Health Minister Dr Aaron Motsoaledi has clarified and apologised for comments suggesting Constitutional Court judges hearing challenges to the NHI Act may be biased because they benefit from the private healthcare system.

In a statement on Friday, the department said Motsoaledi sought to clarify recent comments about judges, parliamentarians such as himself and many other prominent and wealthy South Africans being beneficiaries of the current unequal health system.

“This reference was made by the Minister to demonstrate the systemic challenges caused by gross inequalities within the country’s two-tiered health system, characterised by a well-resourced, heavily state-subsidised private sector which caters for a privileged minority, while the majority are dependent on an under-resourced public sector.”

7

Motsoaledi apologises after sayingcontinue to page 9



Practice Management & Medical Billing made simple

www.elle.health

Earn up to R2000
Join our referral program and start earning!

Dedicated Support

Efficient & effective guidance for your practice



Call Centre & On-Site Support

Known for our excellent after-sales services. Our professional and friendly team will be able to assist you with any of your claim queries.

About Elle Health

With more than 30 years of experience, we are your go-to, easy-to-use and intelligent online practice management assistant.



Web-based Practice Management Application

We are here to enhance your office efficiency, reduce payment times and save you money! Direct online integration with Medprax.

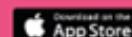
Get in Touch

✉ hello@elle.health 0861 00 elle (0861 00 3553)

📱 @ellehealthza

FREE Telehealth

with our **elle connect** patient APP



“These comments should in no way be construed as second-guessing the judiciary’s ability to remain impartial when adjudicating challenges to the constitutionality of the NHI,” departmental spokesperson Foster Mohale said.

He said the minister wished to state categorically that he had full confidence and trust in the fairness and integrity of the judiciary and its commitment to upholding the rights enshrined in the Constitution and the rule of law.

“If by talking about disparities the Minister is understood to have been attacking the judges the Minister would like to unreservedly apologise and withdraw whatever statements may have been offensive.”



Mohale said Motsoaledi reiterated that he would not only accept but fully respect any verdict from the judges of the Constitutional Court.

“The Minister regrets that these comments may have detracted from the central message he sought to convey, namely that government is committed to the NHI as the viable mechanism for our country to realise universal healthcare coverage in line with the provisions of section 27 of the Constitution which guarantees everyone the right to access healthcare services, including reproductive healthcare.”

“What this means is that we must ensure a health system where every person, no matter their social status, has access to quality health care without having to worry about how they will pay for that care.” The clarification followed remarks Motsoaledi reportedly made at an event commemorating International Nurses Day in KuGompo City, formerly East London, on May 11.

Motsoaledi was questioned whether Constitutional Court judges could fairly decide the NHI case because they were “beneficiaries” of the private healthcare system through membership of Parmed. Parmed is the Parliament and Provincial Medical Aid Scheme, which is open to judges, members of Parliament and members of provincial legislatures.

Motsoaledi reportedly said, “I was looking at those judges in their eyes (during the NHI court case). They are beneficiaries of the same system that I am talking about, but they must (preside over a) judgment.”



All pharmacy. All convenience. Now on WhatsApp.

At Medipost, we understand that your chronic medication is essential to managing your chronic illness.

That is why South Africa's first courier pharmacy is now offering instant support and prompt service through the Medipost Pharmacy WhatsApp chat service. You can order your medication hassle-free and have it delivered to any address in South Africa without interruption.

All you need to do is WhatsApp 012 426 4655

- Register as a patient
- Follow the prompts
- Discuss your pharmacy and health-related needs with us
- Arrange for your free delivery to your preferred address
- Chat directly to an agent
- Get instant support and service in all official languages with South Africa's first courier pharmacy.

Connect with us

 012 426 4655

 012 426 4000

 info@medipost.co.za

 medipost.co.za

 Medipost app

 Medipost

 medipostpharmacy

 medipostpharmacy

Want it? Need it? WhatsApp it.



Medipost
Pharmacy



The comments drew condemnation from Judges Matter, which described them as a “gratuitous attack” on the independence and integrity of the Constitutional Court and, by extension, the judiciary.

“Section 165(2) of the Constitution is clear that ‘courts are independent and subject only to the Constitution and the law, which they must apply impartially without fear, favour or prejudice’.”

“In a long line of cases, including *President of South Africa v SARFU* (1999) and *Bernert v Absa Bank* (2010), the Constitutional Court has emphasised that a judge holding an account with a bank that is a party to litigation does not, without more, give rise to a reasonable apprehension of bias, which is the key ground for a judge’s recusal. The same principle would apply to judges being members of medical aid schemes.”

Judges Matter said it was hard to imagine the minister did not know this.

“He most likely does know, which is probably why neither he nor his legal team has filed a formal application for the judges’ recusal from the NHI case.”

“Instead, the Minister has taken to public platforms to accuse judges of impropriety and/or bias by virtue of their membership of medical schemes. This is wrong.”

Mbekezeli Benjamin, a researcher at Judges Matter, said as a senior member of the executive, Motsoaledi had a constitutional responsibility, in terms of section 165(4) of the Constitution, to protect the independence, impartiality, dignity and effectiveness of the courts.

“His comments fly in the face of this responsibility.”

Judges Matter called on Motsoaledi to retract or categorically disavow the comments.

“He should also issue an unconditional apology,” Benjamin previously said.



CHOICE OF NEW HEALTH BOSS WILL TEST RAMAPHOSA'S COMMITMENT



When push comes to shove, President Cyril Ramaphosa's talk of building a more capable state hasn't always been backed up by the appointment of committed and capable people to key government positions. His decision regarding a new Director-General will speak volumes about how serious he actually is about addressing our many health challenges, writes Spotlight editor Marcus Low.

The mood music from the **National Department of Health (NDoH)** hasn't been good for some time. It hasn't had a clean audit for five years. The **Digital Vibes** scandal, a disputed oxygen tender in which the department had some involvement, and the recent suspension of the Director-General and Chief Finance Officer, have all raised red flags.

There has also been a lack of incisive leadership and coherent long-term planning on urgent crises like the shortage of staff. The ball has been dropped on cost-containment and regulation of the private healthcare sector, with recommendations from the **Health Market Inquiry** published in 2019 having largely been left on the shelf.

SIBIONICS

SIBIONICS GS1 CGM System



Safe for use from 3 years old and above



Calibration free



18 million annual capacity for production



18-month shelf life



Multi-port data sharing



Real-time continuous monitoring



MARD value is 8.7%



14-day wear time



High/low glucose alerts



IP28 waterproof



All-in-one sensor+transmitter



Full dimensional report

Low-hanging fruit, like fixes to regulations determining who can and cannot prescribe different schedules of medicine, has seemingly been ignored. The NDoH is a big organisation, and like any big organisation, needs good management to thrive and fulfil its mandate. The evidence we can see from the outside, and some accounts we've had from people working in and with the department, all suggest things haven't been running smoothly for some time. Which is not to say there aren't several committed and capable people in the department – there are and we've often reported on their work – it is just that they often seem to be swimming against a tide of institutional dysfunction.



The roles here are worth stating clearly. While the Minister of Health should shape health policy direction and make the big picture decisions, the responsibility for managing the department day-to-day and accounting for its finances sits with the Director-General of health. A useful short-hand is to think of the Minister as the Chair of the board, while the Director-General is the CEO. Ministers are politicians, Directors-General are managers of organisations.

Charged and suspended

In March, it was announced that Dr Sandile Buthelezi had been placed on precautionary suspension from the position of Director-General for Health – on the heels of him being charged with fraud, theft, and contravention of the Public Finance Management Act (PFMA).

Chief Financial Officer Phineas Phaswa Mamogale and Deputy Director-General for Tertiary Health and Hospital Services, Dr Malixole Percival Mahlali, are also facing charges of fraud and theft and have also been suspended.

The Hawks are also reportedly investigating Buthelezi for accepting a bribe. Hopefully the law will run its course and we will get clarity on whether or not Buthelezi is guilty of any offences. Buthelezi was appointed to start as Director-General in June 2020 when Dr Zweli Mkhize was Minister of Health. Even though the President appoints Directors-General, we suspect Mkhize hand-picked Buthelezi and that Ramaphosa went along with it.



SIBIONICS



Altys Technology (Pty) Ltd.

Address: 377 Rivonia Boulevard, Edenburg, Johannesburg,
Gauteng, South Africa

Email: wecare@altysgroup.com



SIBIONICS Mobile App



Get it on
Google Play



Download on the
App Store



GET IT ON
AppGallery

CE
0123

Buthelezi and Mkhize had previously worked together in KwaZulu-Natal. Buthelezi was also previously CEO of the South African National Aids Council (SANAC), where Ramaphosa would have encountered him in his earlier role as Deputy President.

There is an impression in some health circles that Buthelezi was a yes-man who almost always went along with the Minister's wishes. The lack of clean audits, the various charges and investigations, and hear-say from various sources, suggests that governance under Buthelezi wasn't great – although we admittedly don't have a full picture since we are not in the department.

More than one person has said they miss the days when Malebona Precious Matsoso was DG for Health.



Mkhize's resignation was forced in August 2021 by a Special Investigating Unit report on the Digital Vibes scandal, but Buthelezi stayed on after he was cleared in a disciplinary inquiry.

Directors-General are appointed for five years at a time, so Buthelezi still had some time on the clock when Dr Aaron Motsoaledi returned as Minister of Health after the 2024 elections. As we argued at the time, Motsoaledi, more than most Ministers, needs to work with a DG who can tell him "no" when the situation demands it and protect the department from being distracted from its core functions by the political winds of the day.

From what we've heard, Buthelezi was not that kind of Director-General. Maybe then it is not surprising that his contract was extended for a year – it would originally have ended in May 2025.

Buthelezi will almost certainly remain suspended until his extended contract ends at the end of May 2026. In the meantime, Dr Nicholas Crisp has been appointed as the Acting Director-General of health for a period of three months.

bebird

Reimagining Ear Care: Smart, Camera-Assisted Hygiene at Home

What if you could show your patients exactly what you see inside their ear?

Visual explanation is a powerful clinical tool, yet in ear examinations, patients are often reliant on verbal descriptions alone. Being able to demonstrate findings in real time, whether it's earwax build-up, irritation or early signs of infection, can significantly improve patient understanding and overall engagement with care. Emerging smart ear-care technologies are making this level of visualisation more accessible, both in practice and beyond.

bebird, a smart ear-care brand, has developed devices designed to enhance both precision and visibility in ear hygiene and examination. Its EarSight Plus device combines a high-definition camera with a flexible, probe-like tip and smartphone connectivity, enabling doctors to capture and display live images of the ear canal. This real-time visual feedback allows practitioners to guide patients through what is being observed, creating a more transparent and educational consultation experience.





Beyond chairside use, the technology also supports continuity of care. Through the bebird app, images and videos can be recorded and securely shared, allowing for follow-up assessments, remote guidance or patient monitoring over time. This is particularly valuable in cases of recurrent earwax impaction or ongoing ear health concerns, where visual tracking can support more informed clinical decision-making.

There is also a growing role for patient participation. With appropriate guidance, patients can use the same technology at home to better understand their ear health and maintain routine hygiene. This creates a more collaborative care model, where patients are not only informed but actively involved, while still operating within a framework of professional oversight.

The EarSight Plus is designed for versatility, with interchangeable tips suited to different users and an ergonomic, flexible design intended to support ease of use. Its intuitive interface further lowers the barrier to adoption, making it a practical addition to both clinical and at-home care settings.

Smart ear-care technologies like bebird are helping to bridge the gap between examination, education and ongoing management. By enabling doctors to visualise, document and share what was previously unseen, these tools have the potential to enhance diagnostic clarity, strengthen patient communication and support better long-term outcomes.

Effective ear hygiene remains an important component of overall patient wellbeing, yet earwax build-up and inappropriate cleaning practices continue to present frequently in clinical settings. Traditional methods, including cotton swabs and improvised tools, carry well-established risks, often pushing wax deeper into the ear canal and increasing the likelihood of discomfort, impaction or infection. In this context, tools that support safer, more precise and better-guided approaches represent a meaningful step forward in both patient care and clinical practice.

To purchase or for more information visit www.bebirdsa.co.za or <https://ivohealth.co.za/product/earsight-plus/>

Are we building a capable state?

The position was recently advertised, with an application deadline of 30 March. Given Crisp's three-month appointment, it is likely to be a while before we'll know who the new DG will be.

As with any organisation with serious problems, the appointment of a new leader provides a unique opportunity to turn things around. Hire the right person and the department can start a meaningful process of professionalising and building capacity. Appoint the wrong person, and the department is doomed to another five years of muddling along, or worse.



Much of the work of building a more capable state has to do with clarifying lines of authority and creating mechanisms that prevent undue political interference. In this regard, Ramaphosa's recent signing of two public service reform Acts into law is very welcome, but we need more.

While appointing DGs for long periods is good for stability, we need better mechanisms to remove underperforming ones – one idea is to explicitly tie annual contract renewals to the audit outcomes of their departments.

But legal and structural changes will only take us so far. A capable state will ultimately have to be run by capable people. There will no doubt be pressure on Ramaphosa to appoint this or that person because they are loyal ANC members or because the Minister prefers him or her.

If Ramaphosa is serious about building a more capable state, and a more effective National Department of Health, he will not allow himself to be swayed by such insularity. Running an organisation such as the NDoH is not only a job that impacts the health of everyone in South Africa, both in the public and private sector, it is also just an extremely difficult job – it requires a world-class manager.

Ultimately, appointing the country's top health official, and ensuring that the National Health Department functions better, is a life and death matter. Let's hope that this time round the President treats it as such.





Ready to experience superior customer service?

At Kawari Wholesaler and Distributer, we are a premier provider of wholesale, distribution, and warehousing solutions in South Africa. Our promise to you is to deliver a professional and superior customer service experience that our clients depend on.

We have introduced a new WhatsApp chat service to simplify our communications with you and ensure that your wholesale and distribution needs are met hassle-free and seamlessly.

Benefits of our WhatsApp chat service:

- Place orders
- Request information
- Log an enquiry
- Lodge a complaint
- Follow up
- Chat directly to an agent

Connect with us today via WhatsApp at 012 426 4657 to experience professional and efficient services seamlessly.

Contact us:

- Email: orders@kawari.co.za
- Website: <https://kawari.co.za/>
- Facebook: <https://www.facebook.com/kawaripharma>
- Telephone: 012 426 4001

PAIA Annual Reports



1



IMPORTANT DATES

- Opens: 1 April 2026
- Closes: 30 June 2026

2



ATTENTION ALL ORGANISATIONS

Failure to submit results in compliance risk

3



ACTION CHECKLIST

- ✓ Prepare your PAIA Annual Report
- ✓ Review and verify all information
- ✓ Submit before **30 June 2026**

4



NEED ASSISTANCE

Contact

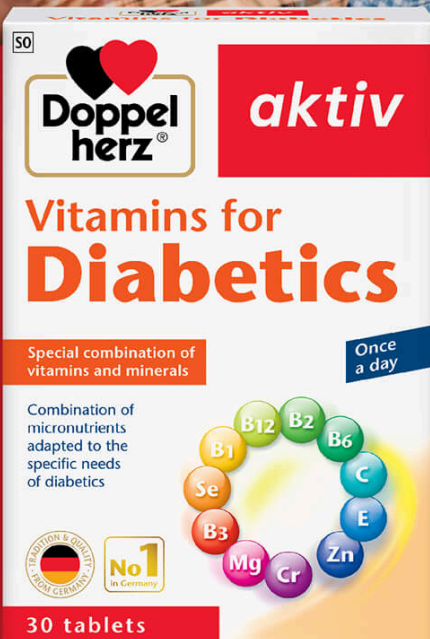
✉ enquiries@inforegulator.org.za

☎ 010 023 5200

to ensure your submission is completed accurately and on time.



No 1 Brand
in Germany*



NEW

Tailored vitamin and mineral support for people with diabetes

- ✔ With antioxidants (vitamin C, vitamin E, selenium)
- ✔ B-complex vitamins
- ✔ Chromium

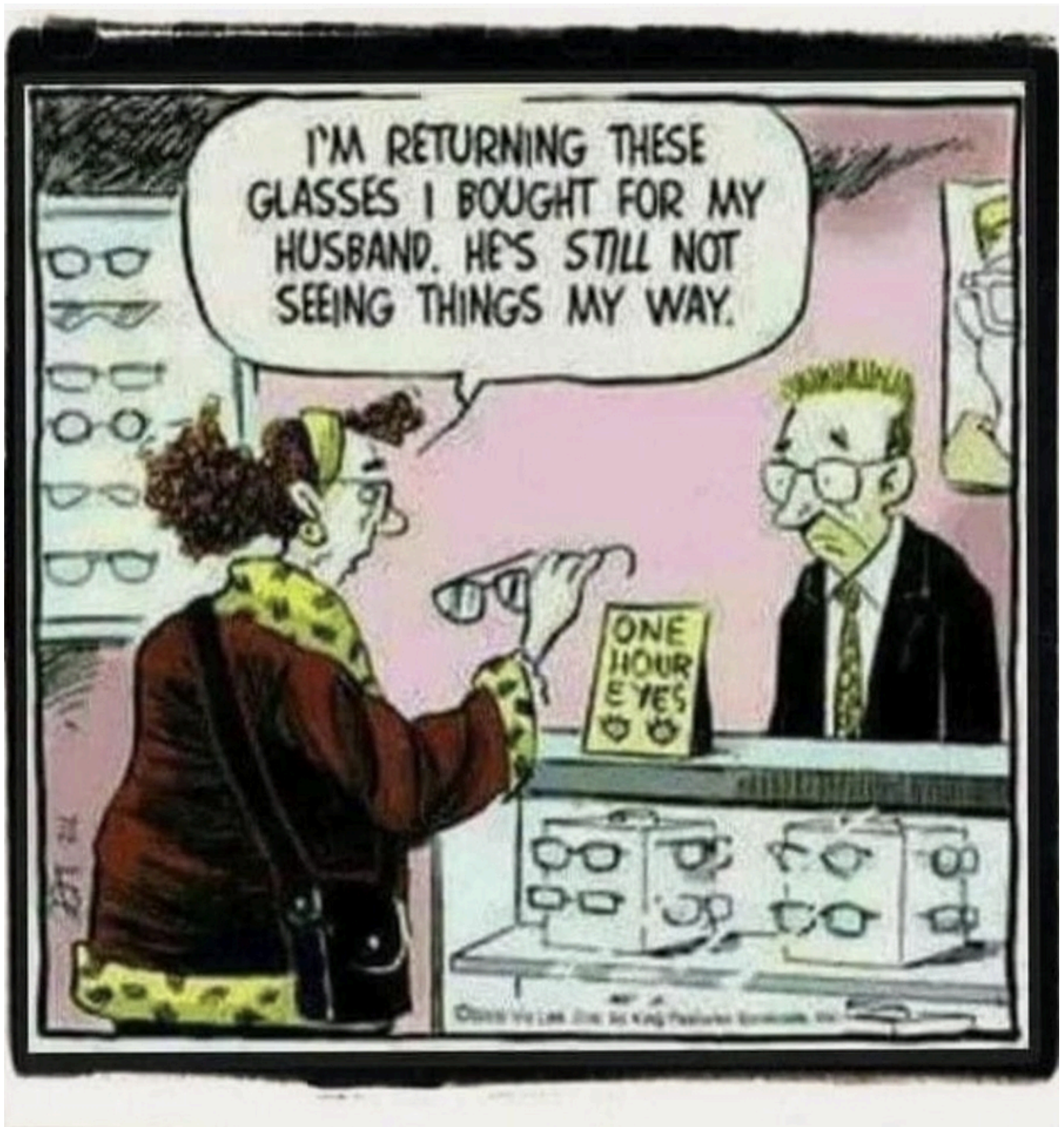
ivohealth
 0860 456 123 | www.ivohealth.co.za | www.doppelherz.co.za
 @ivohealth @doppelherz_southafrica | doppelherz@ivohealth.co.za
 Available at selected pharmacies in South Africa and Namibia

More products



Slow-release formulation allows gradual nutrient release ensuring sustained supply that benefits absorption. Doppelherz is Germany's No. 1 brand in the general healthcare market in food retail + drugstores Source: NielsenIQ MarketTrack. Based on database general healthcare market, AGM, sales value, for the period February 2024 - January 2025, Food retail + Drugstores, Germany (Copyright © 2025, NielsenIQ (Germany) GmbH). Contents per tablet: Thiamine mononitrate (vitamin B1) 2 mg, riboflavin (vitamin B2) 1.6 mg, niacin (vitamin B3) 18 mg, calcium-D-pantothenate providing pantothenic acid (vitamin B5) 6 mg, pyridoxine hydrochloride providing pyridoxine (vitamin B6) 3 mg, cyanocobalamin (vitamin B12) 9 µg, L-ascorbic acid (vitamin C) 200 mg, DL-α-tocopheryl acetate providing D-α-tocopherol (vitamin E) 42 mg, D-biotin (vitamin H) 150 µg, folic acid 450 µg, magnesium oxide providing magnesium 200 mg, zinc gluconate providing zinc 5 mg, chromium (III) chloride providing chromium 60 µg, sodium selenate providing selenium 50 µg. Complementary medicine, health supplement for humans. This unregistered medicine has not been evaluated by SAHPRA for its quality, safety or intended use.

ON A BRIGHTER NOTE





BUREAU | PMB | ADVISORY


The Ultimate Medical Bureau For High-Net-Worth Medical Practitioners

Allow us to unlock your wealth by elevating your net worth.

As team we work with and empower your practice staff to ensure the most favorable outcome when looking at Medical Aid reimbursements.

We handle your medical billing, so you can focus on your patients, with your Medical Practice's back-office always in our expert hands.

Contact us:

 086 147 4339

 hello@gridwealth.co.za

 www.gridwealth.co.za

#workedformywealth #poweredbygridwealth #financialfreedom

Teen pregnancies are dramatically dropping. But researchers aren't sure why

New research shows a steep decline in adolescent pregnancy rates across all nine provinces from 2021 to 2025, reversing course from previous years. It's good news, even if it's not clear why it's happening.



- [New research](#) published in the South African Medical Journal found adolescent birth rates dropped 16% across all nine provinces between April 2021 and March 2025 — reversing a worrying upward trend identified in a [2022 analysis](#).
- The steepest decline was among girls aged 10 to 14, whose birth rates fell by nearly 40%.
- Despite the good news about dropping rates, South Africa's adolescent pregnancy rate remains more than [five times the global high-income country average](#). And researchers cannot yet explain what's driving the decline.

When public health researcher Peter Barron and his team sat down to update [their 2022 analysis](#) — which had found birth rates among teenagers climbing year on year in every province — they expected a straightforward exercise.



When staying-power counts



LASTS UP TO
36h^{1,2}

TADALAFIL ADCO for the treatment of ED¹



- Demonstrates improvement in EF for up to 36 hours post-dose^{1,2}
- Tadalafil improves psychological outcomes²
- Preferred by patients and their partners over sildenafil²

¹In a meta-analysis comparing tadalafil with sildenafil for the treatment of ED.

ED – erectile dysfunction; EF – erectile function

References: 1. TADALAFIL ADCO Professional Information, October 2022. 2. Gong B, Ma M, Xie W, et al. Direct comparison of tadalafil with sildenafil for the treatment of erectile dysfunction: a systemic review and meta-analysis, *Int Urol Nephrol* 2017;49:1731-1740.

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

 TADALAFIL 5 mg ADco, Each film-coated tablet contains 5 mg tadalafil, Reg No.: 52/7.1.5/0084.080,  TADALAFIL 20 mg ADco. Each film-coated tablet contains 20 mg tadalafil, Reg No.: 52/7.1.5/0085.081.

Adcock Ingram Limited, Co., Reg. No.: 1949/034385/06, Private Bag X69, Bryanston, 2021. Customer Care: 0860 ADCOCK/232625. www.adcock.com 2023062910293836, July 2023.

new



Tadalafil Adco

Tadalafil 5 mg/20 mg tablets

The patient's choice for ED^{2*}

adcock ingram
generics

Instead, the researchers were left scratching their heads. The [rates of births by girls aged 10 to 19 declined](#) every year, in every province, reversing the worrying trend their 2022 work showed. Dramatically.

The study, which was [published in the South African Medical Journal earlier this month](#), found an overall decline of 16% between April 2021 and March 2025, with births by the youngest girls, aged 10 to 14, dropping by nearly 40%.

It should have been straight up good news for the researchers. But Barron was baffled. “In public health, when you start getting 5 to 10% drops, that makes your crap detector go on red alert,” he says. “You start thinking: is the data correct? So we looked at it from a number of different angles, and everything suggested it was.



We were trying to find out the reason — delving into the information, trying to see if there were changes in institutions or provinces and districts. But it was across the board.”

Barron went to some of the country’s leading demographic modellers to ask what could be causing it. But they couldn’t explain it either.

“It’s the elephant in the room,” says Barron, who says he nearly scrapped the study because there was nothing solid the researchers could pin to the dramatic decrease.

But the numbers tell an important story on their own. One that affects everything from the number of children the education department needs to budget for in schools to socioeconomic indicators, such as sexual and gender-based violence.

The researchers found that in 2024/25 one in every 24 girls aged 15 to 19 gave birth. Urban versus rural also showed interesting trends, with steeper declines in the more rural provinces compared with the more urban; termination of pregnancy rates, meanwhile, were higher in more urban provinces. For example, in 2025, the rate for girls aged 15 to 19 in the Northern Cape was about 61 per 1 000, compared with about 38 per 1 000 in Gauteng.

But even with the declines, the numbers remain far too high, says Barron.

[World Bank data from 2024](#) showed South Africa’s adolescent pregnancy rate is more than five times the global high-income country average. While these rates are among the lowest in Africa, it is higher when compared with other middle-income countries, such as India, Vietnam and Argentina.

Tanya Pampalone spoke with Barron about what the numbers mean, why they matter and why the data is difficult to gather.

Keep your finger on the pulse of your practice.

We know that practice administration takes up too much of your time - time away from patient care, professional development and family. **CGM MEDEDI's Task Organiser** gives you quick access to all practice admin - **all in one place!**



Work in one place



Stay organised



Action it now

Ready to take control of your practice?

0861 633 334 • hello.za@cgm.com

CGM MEDEDI

Billing and Practice Management

Why does the adolescent pregnancy rate matter so much as an indicator of what's happening in a country?

The World Health Organisation uses it as [one of the sustainable development goal indicators](#), because it's a good measure of a number of things — how empowered young girls are, rates of sexual violence, literacy, access to contraception, life skills education, parental support. A whole range of things society needs to get right.

Girls who become pregnant tend to drop out of school early, so their life choices become constrained; they haven't got education, and they're often not well-equipped to look after children. Then you get a generational carry-over. Children of adolescent girls also tend to do worse than children of women in their 20s.

The finding about the youngest girls — those aged 10 to 14 — dropping by nearly 40% was very pleasing, because by definition, almost all of those pregnancies would constitute statutory rape.



What are the broader implications of a falling birth rate for South Africa?

It has both negative and positive implications for society — that's why countries have censuses. You need to be able to project into the future. For South Africa, a lower birth rate is actually a good thing in many respects; the [population has grown exponentially](#) over the last 50 years, and the greater the population, the more resources are required to sustain it. The backlog in housing gets decreased. In five years' time, when fewer children hit school age, you may find there are now too many schools — but if you kept the budgets the same, you'd be able to decrease class sizes. There are real benefits.

The longer-term economic implications are more complex. Developed countries face serious problems when the economic base shrinks and there are fewer breadwinners to sustain an ageing population — unless you get migration from outside. That's a very different question for South Africa than it is for Europe or the United States (US).



A calming touch

Introducing CLOBAZAM ADCO

Indicated for the treatment of anxiety in neurotic patients, for pre-operative medication, and it may be effective in relieving the acute symptoms of alcohol withdrawal syndrome¹

May be used as an adjuvant in epilepsy*¹

- Unlike other benzodiazepines, **CLOBAZAM ADCO** has less sedative effects²
- Mild to moderate adverse events²
- Cost saving of 15 % versus originator³



NEW
Clobazam
Clobazam ADCO

*The dosage of CLOBAZAM ADCO should be determined by monitoring the EEG and plasma levels of the other medicines.¹

References: 1. CLOBAZAM ADCO 10 & 20 mg tablets Professional Information, 27 June 2023. 2. Faulkner MA. Comprehensive overview: efficacy, tolerability, and cost-effectiveness of clobazam in Lennox-Gastaut syndrome. *Ther and Clin Risk Manage* 2015;11:905-914. 3. Generics dictionary. http://www.generics.co.za/frontend/generics?utf8=%E2%9C%93&q%5Bactive_ingredient_name_eq%5D=CLOBAZAM (Accessed: 03 October 2023).

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

☑ CLOBAZAM 10 ADCO. Each tablet contains 10 mg of clobazam. Reg. No.: 552.6/0546. ☑ CLOBAZAM 20 ADCO. Each tablet contains 20 mg of clobazam. Reg. No.: 552.6/0547.

adcock ingram
generics

17819 Adcock Ingram Limited, Reg. No.: 1949/034385/06 Private Bag X69, Bryanston, 2021. Customer Care: 0860 ADCOCK/232625. www.adcock.com
2023080110303342, August 2023.

Did the numbers align with other trends?

The overall birth rate for all women has also decreased over this period. And for women over 20, the rate of decrease has been faster than the decrease among adolescents. From a peak of just **over a million deliveries around 2020 or 2021, the numbers drop year on year.** Overall, it's fallen by about 20%. I've got no plausible reason to explain this. Something like COVID could have flicked a switch — but we don't know whether people were having less sex, or spending more time outdoors. This is just speculation.



What about the differences between urban versus rural provinces?

In the rural provinces, the birth rate has dropped faster than in the urban provinces, and that's also unexplained.

Termination of pregnancy is a different story — that's where access is everything. The rates in rural provinces have been variable, and that's much more easily explained. If you're in Limpopo or Mpumalanga and you've only got three or four institutions doing terminations, and one of those closes for whatever reason — sometimes nurses or doctors say they don't want to perform them — then access reduces and people can't get the terminations they need. They haven't got the choice that's available in urban areas.

But the birth rate decline is the big driver behind the drop in adolescent pregnancies, even accounting for the increase in terminations, which is a much smaller factor going in the opposite direction.

The data itself is complicated, with multiple databases and different time periods. Is that part of the problem?

The department of health reports from April 1 to March 31, to fit with the fiscal year. Then there's data from the department of home affairs, which is largely on a calendar basis. Over time, these two things should equal out — but at any one point, with different time periods, you're going to get slightly different numbers.

If, on an annual basis, the departments of health, home affairs and education got together and had a quick meeting to talk about the numbers and publish them in a transparent, easy-to-understand manner, it would solve many of the problems. It wouldn't solve the problem of adolescent pregnancy — but it would at least give a coherent basis from which people can start talking about it.

CGM MEDEDI
Billing and Practice Management



Practice
PERFECT

THE **PERFECT** PAIR

A centralised practice toolkit **plus** EHRs for a fully paperless practice.

www.cgm.com/za-perfectpair



Practice marketing



Online bookings



Patient onboarding



Video consults



Advanced e-Scripts



Easy payments



Medical billing



Electronic health records

Ready to take control of your practice?

Contact us on 0861 633 334 • hello.za@cgm.com



How might US funding cuts to HIV and sexual health services affect these numbers going forward?

The US wasn't funding much in the way of routine family planning services. But there has been a [meaningful decrease in condom supply](#); In rural areas where the public sector is the main distributor, that matters enormously.

There's something else worth flagging: [lenacapavir — the new injectable HIV prevention drug being rolled out](#) — will do nothing to reduce pregnancy. It prevents HIV infection, but it's not a condom, which prevents pregnancy, HIV, and all the other STIs like chlamydia and gonorrhoea that are [rising in South Africa](#). Condoms have been shown over and over again to be one of the most [cost-effective methods of HIV and pregnancy prevention](#). But they're not popular.

The hope is that when someone comes in to get their lenacapavir injection, someone in the health system asks them about contraception at the same time. That kind of integration would make a real difference.

So could we see the rate climb again?

It's possible. The total number of births is decreasing — but the rate for women aged 20 to 39 is decreasing faster than for adolescents. That means the adolescent share of all births has actually increased.

What we need now is the 2026 data from the department of health, which should be coming out in the next month or two. That will tell us a great deal about where we're headed.

Efforts to eliminate hepatitis delivers gains but more action needed to meet 2030 targets



Global efforts to combat viral hepatitis are delivering measurable progress in reducing infections and deaths, but the disease remains a major global health challenge, according to a new World Health Organization (WHO) [report](#) released today at the World Hepatitis Summit.

Viral hepatitis B and C – the two infections responsible for 95% of hepatitis-related deaths worldwide – claimed 1.34 million lives in 2024, the latest data show. At the same time, transmission continues, with more than 4900 new infections every day, or 1.8 million each year. The 2026 Global hepatitis report documents significant gains made since 2015. The annual number of new hepatitis B infections has dropped by 32% and hepatitis C-related deaths have fallen by 12% globally. Hepatitis B prevalence among children under five has also decreased to 0.6%, with 85 countries achieving or surpassing the 2030 target of 0.1%.

These achievements reflect the impact of sustained, coordinated global and national action following the adoption of WHO viral hepatitis elimination targets by Member States at the World Health Assembly in 2016. However, the report warns that current rates of progress are insufficient to meet all 2030 elimination targets, underscoring the urgent need to accelerate prevention, testing, and treatment efforts worldwide.

34

Efforts to eliminate hepatitis delivers gains butcontinue to page 35



“Around the world, countries are showing that eliminating hepatitis is not a pipedream, it's possible with sustained political commitment, backed by reliable domestic financing,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “At the same time, this report shows that progress is too slow and uneven. Many people remain undiagnosed and untreated due to stigma, weak health systems and inequitable access to care. While we have the tools to eliminate hepatitis as a public health threat, urgent scale-up of prevention, diagnosis and treatment is needed if the world is to meet the 2030 targets.”

Global burden and gaps in response

Updated WHO estimates indicate that 287 million people were living with chronic hepatitis B or C infection in 2024.

That year, 0.9 million people were newly infected with hepatitis B. The WHO African Region accounted for 68% of new hepatitis B infections, yet only 17% of newborns in the region received the hepatitis B birth-dose vaccination.

A further 0.9 million hepatitis C infections were recorded in 2024. People who inject drugs accounted for 44% of new infections, highlighting the urgent need for stronger harm reduction services and safe injection practices.

Of the 240 million people with chronic hepatitis B in 2024, fewer than 5% were receiving treatment. Only 20% of people with hepatitis C have been treated since 2015, when a new 12-week treatment with a cure rate of about 95% became available.



CHILD PROTECTION MONTH 2026



May 2026

May 2026 has been designated **Child Protection Month** in South Africa.



The purpose of this month is to raise awareness about the rights, safety, and well-being of children, and to encourage all members of society to actively protect them from **abuse, neglect, exploitation, and violence.**



Protecting children is a shared responsibility.

Parents, caregivers, schools, and communities are urged to:



REMAIN VIGILANT



RECOGNISE SIGNS OF HARM



REPORT CONCERNS EARLY

“

Every child has the right to be safe, heard and protected.

”



IF YOU SUSPECT A CHILD MAY BE AT RISK, REPORT IT IMMEDIATELY TO SAPS OR ANY OF THE SERVICES BELOW:



SAPS EMERGENCY

10111



DEPT OF SOCIAL DEVELOPMENT (24HR)

0800 428 428

Childline 116

CHILDLINE SA

116



Child Welfare

CHILD WELFARE SA

0861 424 453

As a result of limited access to prevention and care, in 2024 an estimated 1.1 million people died from hepatitis B and 240 000 from hepatitis C. Liver cirrhosis and hepatocellular carcinoma were the main causes of hepatitis related deaths. A large share of hepatitis B-related deaths occurred in the African and Western Pacific Regions.

Ten countries – Bangladesh, China, Ethiopia, Ghana, India, Indonesia, Nigeria, the Philippines, South Africa and Viet Nam – accounted for 69% of hepatitis B related deaths worldwide in 2024. Hepatitis C-related deaths are more geographically dispersed. In 2024, ten countries accounted for 58% of the global total: China, India, Indonesia, Japan, Nigeria, Pakistan, the Russian Federation, South Africa, the United States of America and Viet Nam.



As a result of limited access to prevention and care, in 2024 an estimated 1.1 million people died from hepatitis B and 240 000 from hepatitis C. Liver cirrhosis and hepatocellular carcinoma were the main causes of hepatitis related deaths. A large share of hepatitis B-related deaths occurred in the African and Western Pacific Regions.

Ten countries – Bangladesh, China, Ethiopia, Ghana, India, Indonesia, Nigeria, the Philippines, South Africa and Viet Nam – accounted for 69% of hepatitis B related deaths worldwide in 2024. Hepatitis C-related deaths are more geographically dispersed. In 2024, ten countries accounted for 58% of the global total: China, India, Indonesia, Japan, Nigeria, Pakistan, the Russian Federation, South Africa, the United States of America and Viet Nam.

Proven solutions

Despite these challenges, progress in countries such as Egypt, Georgia, Rwanda, and the United Kingdom demonstrates that eliminating hepatitis as a public health problem is achievable with sustained commitment and investment.

Highly effective tools are already available:

- **hepatitis B vaccine** protects more than 95% of vaccinated people against both acute and chronic infections;
- **long-term antiviral treatment for hepatitis B** can help effectively manage chronic infection and prevent severe liver disease; and
- **hepatitis C short-course curative therapy** lasting 8-12 weeks can cure more than 95% of infections.

“The data shows that progress is possible but also reveals where we are falling short. Every missed diagnosis and untreated infection due to chronic viral hepatitis represents a preventable death,” said Dr Tereza Kasaeva, Director, WHO Department for HIV, TB, Hepatitis and Sexually Transmitted Infections. “Countries must move faster to integrate hepatitis services for people living with hepatitis B and C into primary care, and to reach the communities most affected.”



The report identifies priority actions to accelerate hepatitis elimination as a public health threat. These include scaling up treatment for chronic hepatitis B infection, particularly in the WHO African and Western Pacific regions, and expanding access to hepatitis C treatment in the WHO Eastern Mediterranean Region.

It also calls for stronger political commitment and financing, improved coverage of hepatitis B birth-dose vaccination and expanded antiviral prophylaxis to prevent mother-to-child transmission of HBV infection, particularly in the WHO African Region. In addition, the report emphasizes the need to improve injection safety in both health-care settings and community practices, including through strengthened harm reduction services for people who inject drugs.

The 2026 Global hepatitis report is accessible at:

<https://iris.who.int/server/api/core/bitstreams/6f6caedc-37a0-49ee-a02a-df9c3b78ff42/content>

THE PATHCARE NEWS

Approach To Investigating Blood Culture-Negative Endocarditis (BCNE)

PathCare Introduces a New Multiplex PCR Panel to Detect Tick-Borne Pathogens

BACKGROUND

Infective endocarditis (IE) is a globally prevalent condition associated with high morbidity and mortality(1,2). Although historically rare, the annual estimated incidence has increased to 13.8 cases per 100 000 patients, attributable to an increased incidence of degenerative valve disease, intravenous drug use and healthcare-associated invasive procedures(1-3). Despite being uncommon, the diagnosis and management require extensive investigations, and treatment is prolonged, requiring more than one antibiotic targeting the cultured organism. When routine blood cultures fail to isolate the causative organism, known as "Blood Culture-Negative Endocarditis (BCNE)", diagnosis and treatment become particularly challenging, often leading to poorer outcomes (2-4).

The prevalence of BCNE varies by geographical area and the socio-economic context. In South Africa, more than a third of cases are noted to be culture negative (2,4,5). This is commonly due to antibiotic administration before appropriate culture collection, suboptimal culture collection techniques and the presence of fastidious, slow-growing or non-culturable zoonotic organisms. Rarely, non-infectious endocarditis may occur, as a diagnosis of exclusion, in the setting of autoimmune disease such as SLE, anti-phospholipid syndrome, cardiac tumours, underlying malignancy or in those with hypercoagulable states.

Tick-borne and other zoonotic infections are an increasingly recognised but frequently underdiagnosed cause of BCNE, particularly in settings with significant animal and vector exposure such as Southern Africa. Pathogens including *Coxiella burnetii*, *Bartonella* spp. and *Rickettsia* spp. are fastidious or non-culturable using standard blood culture techniques and therefore commonly present as culture-negative disease. These infections often have a subacute and non-specific clinical course and require targeted serological or molecular testing for diagnosis. Failure to consider these organisms may delay appropriate treatment and contribute to the poorer outcomes observed in BCNE.

INVESTIGATION OF SUSPECTED BCNE

1. Culture-based methods

An astute history-taking, in combination with positive blood cultures and suggestive echocardiography, remains the optimal method for diagnosing and treating IE. Enquire about specific epidemiological links and risk factors, including exposure to animals (pets and livestock), occupation and dietary habits, e.g. ingesting unpasteurized milk.

When cultures remain negative, the following should be considered:

- i. Collect blood cultures optimally.
 - Before any antibiotics are administered
 - Obtain as soon as symptoms occur
 - Collect two or more sets (each set comprising 1 aerobic and 1 anaerobic culture) (3,6)
 - Each bottle should contain 8-10mL of blood (3)
- ii. Alert the laboratory that IE is suspected.
 - This ensures prolonged incubation of cultures (e.g. fungal cultures require extended incubation)
 - Alerts laboratory personnel to be observant for organisms that pose a biosafety threat (e.g. *Brucella* species) or fastidious organisms (e.g. HACEK group).
 - Prompts the laboratory to consider PCR testing, now recognized as a major criterion for IE diagnosis (4,6)
- iii. If antibiotics were administered before culture: Consider ceasing antibiotics and repeating blood cultures in stable patients with subacute symptoms, no evidence of local or distant complications, and receiving a very short course of antibiotics (1)

THE PATHCARE NEWS

2. Non-culture-based methods

Test	Sample type	TAT [ⓧ]	Request code	Diagnostic method
Serology	Serum sample 1 x SST	4 days	ZSBARHENG ZSBARHENM ZSBARQUIG ZSBARQUIM	<i>Bartonella henselae</i> and <i>B. quintana</i> IgG and IgM# [Titres performed if antibodies detected]
		48hrs	SQF	<i>Coxiella burnettii</i> (Q-Fever) IgM Phase I/II and IgG Phase I/II [Titres performed if antibodies detected]
		24-48hrs	SBRUC	<i>Brucella abortus</i> , IgG and IgM
	Serum sample 1 x SST	4 days	SAGAL	Serum galactomannan (Suggests Invasive Aspergillosis, not diagnostic)
	Serum sample 1 x SST	24-48hrs	SBETA	Serum (1,3)-beta-D-glucan (Fungitell) (Suggests Invasive Candidiasis, not diagnostic)
Molecular/ PCR	Tissue* or Prosthetic valve	24-48hrs	PPCRRIC M2328	Tick-borne disease Multiplex PCR panel
		2-5 days	PM16SRRNA/ PMFUNGI	PanBacterial PCR (16S PCR)/ PanFungal PCR
	EDTA Whole Blood	24-48hrs	PPCRRIC M2328	Tick-borne disease Multiplex PCR panel
		24-48hrs	PPCRRIC M2328	Qualitative PCR for specific aetiology (<i>Brucella species</i>)
Other rare causes to consider				
Slow growing and rapidly growing Mycobacter- ial spp.	EDTA Whole Blood	2-6 weeks	MTBR	Mycobacterial blood culture
	Tissue* [¶]	24-48hrs	MTBR +C5057	TB investigation (TB PCR, AFB and TB culture)
Chlamydia spp.	- <i>C. pneumoniae</i> - <i>C. trachomatis</i> - <i>C. psittaci</i>		Please contact your local clinical microbiologist to discuss testing options.	
Mycoplasma spp	- <i>M. hominis</i>		Please contact your local clinical microbiologist to discuss testing options.	

[ⓧ] Note: The turnaround time (TAT) illustrated in the table accommodates ‘batched’ and ‘referred’ tests, and is an estimate. Some results may be available sooner. Please discuss with your local clinical microbiologist.

#Common aetiology amongst African cohorts ⁽³⁾.

*Refers to native heart valve post valve replacement /endocardial tissue, both received in **normal saline** or a wound eschar from a tick bite. This can also include a swab of a skin lesion in suspected Bartonella species.

Remember to send a separate sample, in formalin, for Histopathological analysis

THE PATHCARE NEWS

PATHCARE INTRODUCES THE NOVEL TICK-BORNE DISEASE MULTIPLEX PCR PANEL

Recently, the International Society for Cardiovascular Infectious Diseases (ISCVID) proposed updates to both the major and minor criteria of the Modified Duke Criteria, reflecting a growing recognition of the diagnostic value of molecular based techniques in IE.^(4,6)

In alignment with these developments, PathCare will now offer a multiplex PCR assay capable of simultaneously detecting several tick-borne pathogens, many of which are recognized causes of BCNE, while also enhancing our diagnostic capability for other clinically significant tick-borne infections, e.g. Tick-bite fever.

The assay targets include:

<i>Rickettsia spp.</i>	<i>Borrelia miyamotoi</i>	<i>Borrelia burgdorferi sensu lato complex</i>
<i>Anaplasma phagocytophilum</i>	<i>Ehrlichia spp.</i>	Tick-borne encephalitis virus
<i>Babesia spp.</i>	<i>Coxiella burnetii</i>	<i>Bartonella spp.</i>

Clinical indications:

This assay should be considered in:

- Cases of suspected infective endocarditis, where **blood cultures remain negative** after 48-72 hours of incubation.
- Cases with significant epidemiological risk factors such as **tick exposure, animal contact, or travel to endemic areas.**
- For **confirmatory diagnosis** in cases where screening serology is positive.

Specimen requirements:

- **Preferred specimens:** Tissue biopsies including cardiac valve tissue and eschars, whole blood (EDTA) and CSF
- **Minimum volume:** 3–5mL (blood); tissue samples should be placed in sterile containers in normal saline.

This assay provides significant cost efficiencies for both patients and healthcare funders by applying a single PCR tariff to a comprehensive diagnostic panel. It enables an expanded and clinically valuable diagnostic work-up, particularly for the identification of tick-borne pathogens such as Rickettsia species, while also enhancing the investigation of blood culture–negative endocarditis. In addition, the assay is automatically performed alongside qualitative single-target requests at no additional cost, further improving cost-effectiveness and diagnostic yield.

References

1. Delgado, V.; Ajmone Marsan, N.; de Waha, S.; et al. Eur. Heart J. 2023, 44, 3948–4042.
2. Pecoraro, A. J. K.; Pienaar, C.; Herbst, P. G.; et al. BMJ Open 2021, 11, e053169.
3. De Simone, D. C.; Garrigos, Z. E.; Marx, G. E.; et al. J. Am. Heart Assoc. 2025, 14, e040218.
4. Endres, W. V.; Mkoko, P.; Ntsekhe, M. S. Afr. Med. J. 2025, 115, 31–36.
5. Pecoraro, A. J.; Doubell, A. F. Cardiovasc. Diagn. Ther. 2020, 10, 252.
6. Fowler, V. G.; Durack, D. T.; Selton-Suty, C.; et al. Clin. Infect. Dis. 2023, 77, 518–526.

Compiled by: Dr Nonkululeko Mntla and the PathCare Microbiology Team

Cheap sex pills enhance performance, but at what cost?

What started as a quick fix to improve his sexual performance turned into a medical emergency for Sizwe Mthembu (42) in November 2025. After taking two sex enhancer pills he bought for R15 from a street vendor on Victoria Street in Durban, he developed a prolonged and painful erection that lasted more than 24 hours.

“I was terrified,” he says. “That’s when I went to a doctor and was diagnosed with priapism, a condition I did not know anything about before.”

Dr Ntlotleng Mabena, a medical practitioner, explains that taking such pills without proper medical assessment can be especially risky for individuals with underlying health conditions or those taking other medications.



These products can result in complications such as severe headaches, dizziness, dangerously low blood pressure, and, in some cases, a prolonged erection known as priapism, which requires urgent medical attention.

“Priapism is caused by high dosages of these unregulated pills. When someone experiences this kind of erection, blood flow is restricted, preventing oxygen from reaching tissues. Over time, this can cause tissue damage,” she explains.

Some immediate at-home remedies for priapism include stopping any sexual stimulation, walking around, or applying an ice pack to the inner thighs (but not directly on the genitals) to relax blood vessels. However, if these methods do not work and the erection persists for four hours or more, it’s crucial to seek medical help immediately.

“These pills are dangerous because we do not know how they are made or what dosages they contain,” she says. “Sometimes manufacturers use excessively high or low dosages, which can lead to serious complications such as strokes or heart attacks.”



Increasing demand

Mthembu hasn't used any sexual performance enhancers since. But others swear by these products.

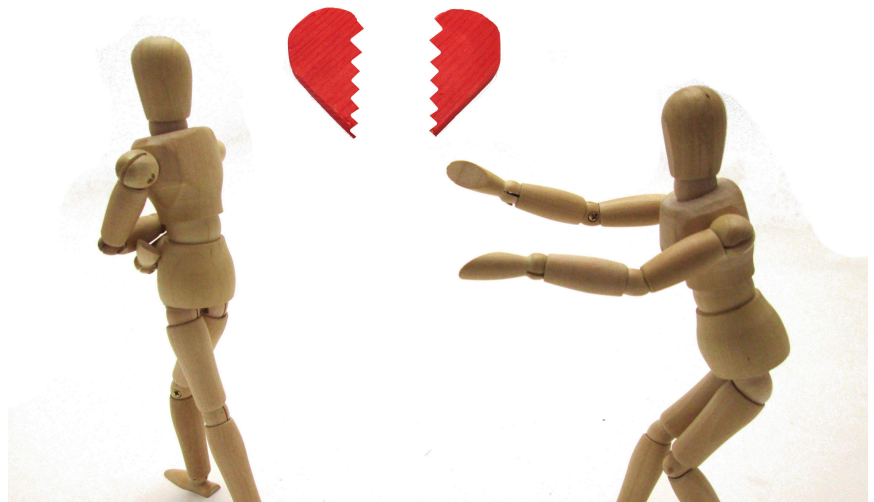
At spaza shops, taxi ranks and informal markets, men regularly purchase products that promise enhanced sexual performance.

Mbongeni Mazibuko (52) tells Health-e News that he began using sex enhancement pills four years ago after starting a relationship with a woman half his age.

"I wanted to perform better and not lose her. I used to buy these pills for R20 to R30 each from a street vendor at Durban Station every time I knew she was going to visit me," he says. "The results were amazing; I could achieve an erection that lasted longer than before."

But Mazibuko's story didn't have a happy ending.

"Everything changed when she found the pills and confronted me; that is when she broke up with me."



Pharmacist Nomzamo Matosse says many male customers frequently request sexual enhancement products without prescriptions or proper medical guidance. She explains that unregulated sex pills can lead to serious side effects due to unknown ingredients, which may sometimes be present in high doses.

"In many cases, customers come to the pharmacy seeking stronger enhancers because they claim that herbal or natural products they tried did not work," she says.

Dennis Friday, who owns a spaza shop in the Embo area, confirms that he sells these products and that demand is particularly high from Friday to Monday. He says popular products include Red Cobra and penis-shaped cobra tablets.

He claims that most of his customers, typically aged between their early thirties and late fifties, seem to be well-informed about how to use the pills, including their instructions and potential side effects. However, he says that customers rarely ask questions about safety when purchasing these products.



Although he would not disclose where he sources the pills, Friday insists that the products he sells are regulated.

The South African Health Products Regulatory Authority (SAHPRA) did not respond to our enquiries, but has previously [warned consumers](#) not to buy illicit and dangerous sexual enhancer medicines sold online, at health shops, retail pharmacies and markets. Medicines such as Viagra, Dynafll, and Avigra are approved by SAHPRA and must be prescribed by a doctor.

Despite the risks, some users continue to rely on these products. Sthembiso Mlaba* (42) from KwaNyuswa, weighing 102 kg, says he uses these products occasionally to ensure his weight doesn't impede his sexual performance. The products he uses include a liquid substance that he applies to his genitals.

"I make sure I follow instructions, even though I buy from different vendors," he says. "I haven't experienced any problems so far."

Matosse emphasised that what may seem like a quick solution could lead to serious long-term consequences; she urged the public to seek professional medical advice and avoid unregulated sex pills, warning that sexual health should be approached with proper care, not quick fixes.

But why take the risk?

Clinical psychologist Anele Siswana says the increasing use of unregulated sex pills is also driven by psychological and social pressures. Many men feel pressured to meet unrealistic expectations about sexual performance.

"People are navigating a culture that equates sexual performance with worth, masculinity, and success," he says.

He adds that reliance on sex pills can lead to psychological dependency, performance anxiety, and reduced self-confidence.

"When someone begins to rely on a pill to feel capable, it can erode their confidence and create the belief that they cannot perform without it," he explains.



GEMS Flu and Pneumococcal Vaccine

Timely vaccination remains one of the most effective ways to protect members from severe respiratory infections.



GEMS Flu Vaccine

The Flu Vaccine is covered from the risk benefit for GEMS members and their dependants. Vaccination against the flu remains the best defence.

GEMS Flu Vaccine Benefits:

- ✓ *The flu vaccine is paid from the Risk benefit and will not deplete members' savings or day-to-day benefits.*
- ✓ *Available to all GEMS members and their dependants across ALL options.*
- ✓ *One flu vaccine per beneficiary per benefit year for everyone 6 months and older.*

Administration Tariff Codes:

Discipline	Administration codes	Notes
General Practitioner	0017	To be charged together with the Vaccine NAPPI codes if there was no consultation
Pharmacy	0022	To be claimed on the same script number as the Vaccine NAPPI code
Nurse	99378	To be charged together with the Vaccine NAPPI codes if there was no consultation

Flu Vaccine: Once per year per beneficiary.

GEMS Pneumococcal Vaccine

Vaccination against pneumococcal disease remains the best defense. Please encourage your patients to get vaccinated.

GEMS Vaccine Benefits

The Pneumococcal vaccine claims for eligible beneficiaries will be paid from preventative risk-benefits and will not affect members' savings or day-to-day benefits across ALL options.

Beneficiaries are considered high-risk if they are above 65 years of age with or without any chronic illness or below 65 with one or more of the following conditions:

- *Chronic heart disease, including congestive heart failure and cardiomyopathies.*
- *Chronic lung diseases such as chronic obstructive pulmonary disease, asthma, emphysema (chronic lung disease secondary to smoking)*
- *Diabetes mellitus*
- *Cerebrospinal fluid leaks*
- *Cochlear implant(s)*
- *Alcoholism*
- *Chronic liver disease*
- *Immunodeficiencies acquired at birth or later in life, such as HIV infection.*
- *Chronic renal failure or nephrotic syndrome Various types of Cancer such as Leukaemia, Lymphoma, multiple myeloma, Hodgkin's disease, or other generalised and metastatic malignancies*
- *Medication-induced immunosuppression because of treatments such as radiation therapy, chemotherapy, and long-term use of corticosteroids*
- *Solid organ transplant*

Visit www.gems.gov.za/Healthcare-Providers/Preventative-screening for applicable tariff codes.

DISCOVER THE
BRILLIANCE
OF
GEMS

Contact details

- 📞 0860 43 6777
- ✉ enquiries@gems.gov.za
- 🌐 www.gems.gov.za

- 📺 @GEMSMEDICALAID1
- 📺 @GEMSMEDICALAID
- 📺 Government Employees Medical Scheme



Use the QR Code to download the GEMS Practitioner App






DOCTOR 360°

Enhancing and protecting the person behind the profession

Discovery cares about your wellbeing and brings you **precision-designed offerings, personalised for your needs**, and created exclusively for doctors, to proactively enhance your overall wellbeing, through **financial management, physical health, and mental wellness**. We invite you to discover this new dimension of care.

 **FINANCIAL 360°**

 **PHYSICAL 360°**

 **EMOTIONAL 360°**

 **FINANCIAL 360°**

This bespoke benefit offering provides **doctors in both the public and private sectors** with access to a range of **flexible and holistic financial solutions**.

WORTH
make your money matter

Finance Academy is a uniquely customised, digitally enabled, financial education course offering bought to you by **Healthy Company for Doctors and Worth**. This **CPD accredited 18 course** offering provides doctors with personal and professional financial training.




Scan the QR code and sign up today.

WELL

WELL by Merchant Capital is a business funding solution created for healthcare professionals. As a valued healthcare professional applying through Discovery Health, you get **exclusive access to preferential rates and a seamless application process**.



Call **010 140 3242** or click on card for more information.


 **PHYSICAL 360°**

Customise your **fitness routine to match your lifestyle and earn rewards** through **Vitality Active Rewards**, the world's leading in-app programme.

Vitality Active Rewards for Doctors is an exclusive in-app wellness programme for doctors, available **free of charge**. Sign up today by scanning the QR code and earn Discovery Miles for going the extra mile. **Click on card for more information**.



Scan the QR code and sign up today.

 **EMOTIONAL 360°**

Don't suffer in silence; let's help you **prioritise your mental health** with the offering below, available **free of charge**.

The Young Doctor Mental Health Helpline gives you free access to mental health support.

- Providing **free telephonic counselling**, nationwide referrals and information to all medical students and young doctors
- **24-hour service**, open 7 days a week, 365 days a year
- Providing **crisis intervention and suicide prevention**
- **Assisting with all mental health issues** (depression, anxiety, trauma, substance abuse, bipolar, OCD, ADHD, etc)



Make your mental health a priority. Call **0800 323 323**.



Discovery CORNER



Screening and Preventative Care Benefits

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator'), is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership of the Scheme.

Preventative screening tests

Having these specific tests (up to the specified number) does not affect your day-to-day benefits and you should not have any out-of-pocket expenses.

Mammograms

One mammogram every two years*, paid up to a maximum of the LA Health Rate or yearly screening for high-risk members. In addition, high-risk members also have access to additional tests where they meet the clinical entry criteria. These tests are:

- A breast MRI scan
- BRCA testing (once-off) for those with a genetic risk.

Consultations and related costs are paid from your available day-to-day benefits. Once you have reached the frequency limit for these tests, any additional screening and preventative test will be paid from your available day-to-day benefits.

Pap smear

One Pap smear every three years*, paid up to a maximum of the LA Health Rate. We provide yearly screening for high-risk members so that they can schedule their regular follow ups for appropriate screening. You must be referred by an appropriate provider for the test.

**If you had your screening mammogram and/or Pap smear done in 2024 and are not at high-risk, your next mammogram and/or Pap smear will pay from the Preventative Care Benefit in 2026 or later.*

Prostate-Specific Antigen (PSA) test

One test a year, paid up to a maximum of the LA Health Rate. You must be referred by an appropriate provider for the test.

HIV blood tests

This includes Rapid, ELISA and Western blot tests. The Scheme provides unlimited cover for HIV screening tests, paid up to a maximum of the LA Health Rate.

Colorectal Screening

You have access to one Faecal Occult or Immunochemical test, every 2 years, if you are between 45 and 75 years old.

Cervical and colorectal cancer screening self-sampling kit

The self-sampling kit eliminates the need for a doctor’s referral, allowing members to perform the test privately in their own homes. The kit can be obtained:

- Directly from participating pathology laboratories, including Ampath (Dr Du Buisson, Kramer, Swart and Bouwer) and Lancet.
- From a participating pharmacy, such as MediRite, Clicks, or any local pharmacy that stocks the self-sampling screening kit.
- From your GP’s rooms, where you have the option to either collect the kit and perform the sampling at home, or complete the sampling at the GP’s rooms.

An administration fee for the kit will be submitted to the Scheme by the pharmacy or GP. This fee is covered under the Major Medical Benefit. Please note that this does not include the laboratory testing fee. The cost of testing the sample will be funded from the benefits allocated for Pap smear and Colorectal Screening tests.

If you meet criteria, as high-risk, you will have further access to one Colonoscopy screening for colorectal cancer.

Pharmacy Screening Benefit

You have cover for the following group of tests at any pharmacy in the Scheme’s Network:

- Blood glucose
- Blood pressure
- Cholesterol
- Body mass index or weight assessment
- One LDL Cholesterol test for members at risk each year

The Scheme will pay for all these tests if you have them done on the same day, or for any one of them if it is done separately.

OR

The Scheme will pay for one flu vaccination per year for every registered beneficiary.

If you are registered for one of the following chronic conditions, the Scheme will pay for a flu vaccine even if you have already used your Pharmacy Screening Benefit:

- Asthma
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease (COPD)
- Chronic renal disease
- Coronary artery disease
- Diabetes (Types 1 and 2)
- HIV

Screening for Seniors

You qualify for one Senior screening assessment and one seasonal flu vaccine each year if you are older than 65 years.

Kid's Screening

You are covered for the following growth assessment tests for children up to 18 years old, at any Network pharmacy, paid up to the LA Health Rate:

- Weight assessment (Body mass index), including counselling when necessary
- Basic hearing test
- Basic dental screening
- Milestone tracking for children between the ages of 2 and 8 years.

How to get the most out of the benefits available to you

Find a pharmacy in the Network on www.lahealth.co.za > Find a healthcare professional.

Have all the screening tests done at the same time at a Network Pharmacy. However, if you choose not to use a Network provider, we will pay from the day-to-day benefits up to the Scheme Rate, if available, and any shortfalls will be for your own pocket.

What this benefit may expose you to

The preventive tests, including the mammogram, Pap smear, Prostate Specific Antigen and HIV tests are paid by the Scheme, up to the LA Health Rate. You will be responsible for any shortfall if the healthcare provider charges more than the LA Health Rate.

The Screening and Preventative Care Benefit does not cover the cost of any related consultations. Consultations are covered from your available day-to-day benefits.

If you have a Pap smear or mammogram done, and the outcome of the test is related to a Prescribed Minimum Benefit condition, the Scheme will pay for the consultation without using your day-to-day benefits.

An appropriately registered healthcare professional must do these preventative screenings. You can visit any pathologist or radiologist to have the tests done.

Contact us

You can contact us on 0860 103 933 or visit www.lahealth.co.za for more information.

Queries or complaints

You may lodge a complaint or query with LA Health Medical Scheme directly on 0860 103 933 or address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the LA Health Medical Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance. Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za



Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/QUALICARE

Dear Colleagues,

As we approach the new era of increased Government involvement in Health Care Delivery, we anticipate an increase in the speed of implementation of NHI Holding membership of the CPC/Qualicare Network, the largest and most widely representative Medical Network of Healthcare Providers in the Western Cape comprising Doctors, Dentist and Allied Health Care Professionals alike will, we believe, stand in good stead as Government looks to setting up the new Health Care Delivery system for South Africa.

Associate members of CPC/Qualicare offers you the following opportunities:

- Full access to our Monthly newsletter in electronic format.
- Free advertising in our monthly newsletter of your practice related information (max 200 words).
- Free advertising for a locum service, with no commission charges payable.
- Reduced fees to attend our CPC/Qualicare function, at Associate Member's rate.
(Approximately 30% lower than Non-members rates)
- CPC/Qualicare is committed to providing our members and shareholders with all of their CPC requirements each year. Associate Members receive reduced cost of CPD offerings and other CME offerings compared to non-member rates.
(Approximately 30% lower than non-member rates).
- Free listing your practice as part of CPC/Qualicare's Western Cap Electronic Network, your practice will be listed as part of CPC/Qualicare at no charge.
(Worth R6000.00 per annum)
- 2 Free stationary items worth R150.00 per month in the form of 1 Prescription pad - 100 leaves, 1 Sick certificate pad - 100 leaves and the ability to purchase further stationary at 30% below current market prices.
- Preferential rates on certain Practice management software systems depending on vendor.
- Inclusion into the CPC/Qualicare Mass email service to receive important health care updates.
- Certain personal banking offerings from commercial banks.
- NHI future possibilities for your practice...Watch this space as NHI starts to roll out!!
- Preferred wholesale and facilitation of opening new accounts with them.
- Assistance with registration of an Integrated Pollution and Waste Information System IPWIS off the Western Cape Government.
- Assist with late medical aid payments, claw-backs, and withholds, as well as advice on practice admin and responses to forensic investigations.

Cost of Associate Membership

- Dentist R355.00 VAT inclusive, per month
- Allied Health Care Professionals R355.00 VAT inclusive, per month

All fees payable by debit order only. Minimum membership period is 12 months with a 3-month notice period thereafter.

Please note that we also offer reduced membership fees for **first time Medical Practitioners (GP's)** in **private practice** for their first year of membership.

Should you be interested in this offering, please email Louna at pa@cpcqualicare.co.za and one of our 5 consultants will make contact with you shortly.

Warm regards,

Dr. Tony Behrman, CEO of CPC/Qualicare

Qualicare Electronic Doctor Network.

Free electronic listing (valued at R6,000.00 per year) of your practice, geographic location, special areas of interest and pictures of your practice can be featured on our Electronic Doctor Network which is only available to CPC/Qualicare Members and Shareholders!!

Our highly successful electronic doctors network see www.qualicaredoctors.co.za has rapidly expanded across the Western Cape Province, and to date has approximately 200 doctors.

As a Member or Shareholder you are still entitled, **at NO charge**, to list your practice on the "EDN" showing your name, practice name, GPS coordinates, areas of special interests, and any specific features which you would like to bring to the attention to prospective patients then please complete and return the form below at your earliest convenience should you be interested to join the growing network.

This is a limited offer open only to Shareholders and Members which is worth over R6,000.00 per year and is brought to you as a member or shareholder benefit at no charge.

Practitioners Details

*** Compulsory to complete – for a successful listing.**

*First Name: _____

*Surname: _____

*Professional Degrees e.g. M.B.ChB. _____

Professional Body Memberships: _____

*HPCSA Number: _____

*Board of HealthCare Funders PCNS Number: _____

DOH Disp Lic Number (if applicable): _____

Areas of Special Interest and Focus: e.g. Paediatrics, Bariatrics, Occupational Health: _____

Contact Details

*Contact Number: (Practice) _____

*Email Address: _____

*Alternative Number: _____

Fax number: _____

Practice Details

*Practice Name: _____

Group PCNS: _____

*Practice Address: _____

GPS Location: _____

Please also provide:

1. **Photo of yourself** - So that the patient can familiarize themselves with the Dr they are going to see.
2. **Photo of the outside of the Practice** – So the patient will recognize the correct building and know what to look out for when coming to visit the practice.
3. **A short bio – interests, hobbies & education** – This gives the patient some trust as they will feel they know you and will feel at home.

Please feel free to contact Annerè van Pletzen CPC/Qualicare Consultant at annere@cpcqualicare.co.za

I permit CPC/Qualicare to list my name, surname, the name of my practice, my practice details, and further details provided by me in this application, and my GPS Coordinates on the “Electronic CPC/Qualicare Doctor Network” at no cost to me or my practice (tick the appropriate block).

Yes I do agree to the above, in terms of POPIA Act 4 of 2013

Click on the link to complete the form:

<https://www.qualicaredoctors.co.za/new-form/>



QualiCare



01 April 2026 - 30 April 2026



Summary

Reported period Month February 2026

First visit 01 May 2026 - 00:04

Last visit 30 May 2026 - 23:59

	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Viewed traffic *	3,177	4,34 (1.34 visits/visitor)	14,261 (3,34 Pages/Visit)	47,202 (11,07 Hits/Visit)	32,09GB (7896,83 KB/Visit)
Not viewed traffic *			14,979	36,154	28,63 MB



Disclaimer:

The entire contents of the CPC/Qualicare Newsletter is based upon the latest and most up to date information at the time of sending.

Due to the fluency of the situation, information changes daily. Please visit our website for more updated information.

This Newsletter is subject to the provisions of the Protection of Personal Information (POPI) Act (Act 4 of 2013), as well as the General Data Protection Regulations of the European Union (GDPR EU). The content of this site and/or attachments, must be treated with confidentiality and only used in accordance with the purpose for which they are intended.

Neither CPC/Qualicare (PTY)LTD or CPC Holdings (PTY)LTD, their Directors & staff accept any liability whatsoever for any loss, whether it be direct, indirect or consequential, arising from information made available in this Newsletter or actions resulting therefrom. Any disclosure, re-transmission, dissemination or any other use of this information is prohibited.

Images & Articles:

Articles:

1. Ref: Judges Matter

Judges Matter conducts applied research and advocacy to monitor the appointment of judges and magistrates, their discipline for misconduct, and how the judiciary is governed and administered. More information is available on Judges Matter and on X: @WhyJudgesMatter.

2. <https://iol.co.za/news/politics/2026-05-16-motsoaledi-apologises-after-saying-concourt-judges-benefit-from-private-healthcare-system/>

3. <https://samdp.co.za/nhi-south-africa-awaits-the-5-7-may-constitutional-court-ruling/>

4. <https://bhekisisa.org/health-news-south-africa/2026-04-23-teen-pregnancies-are-dramatically-dropping-but-researchers-arent-sure-why/>

5. <https://www.who.int/news/item/28-04-2026-efforts-to-eliminate-hepatitis-delivers-gains-but-more-action-needed-to-meet-2030-targets>

6. <https://health-e.org.za/2026/04/28/cheap-sex-pills-enhance-performance-but-at-what-cost-sex-pills/>

7. <https://www.citizen.co.za/business/aaron-motsoaledi-nh-r74-million-legal-cases/>

Images:

www.canva.com

1. <https://bhekisisa.org/wp-content/uploads/2026/04/Feature-image-23-April-.png>

2. <https://media.citizen.co.za/wp-content/uploads/2026/05/Aaron-Motsoaledi.jpg>

3. <https://samdp.co.za/wp-content/uploads/2026/04/SAMDP-NHI-Court-Ruling-5-7-May.webp>

4. <https://bhekisisa.org/wp-content/uploads/2026/04/Blaming-the-wrong-girl-for-getting-pregnant.png>

5. <https://health-e.org.za/wp-content/uploads/2026/04/001-Sandile-L.-Mbili-2-2048x1199.jpg>

6. <https://media.citizen.co.za/wp-content/uploads/2026/04/aaron-motsoaledi-health-minister.jpg>

